

# WMI MUTUAL INSURANCE COMPANY – MONTANA MRA 90/80 PLANS

Applicable to non-grandfathered, non-metal plan

MEDICAL & RX DEDUCTIBLE, OUT-OF-POCKET MAXIMUM	INDIVIDUAL	FAMILY
Calendar Year Deductible and Rx Deductible (Medical deductible applies unless specifically stated otherwise. Rx deductible is per person, there is no family maximum.)	\$150 (Rx \$50) \$300 (Rx \$75) \$500 (Rx \$100) \$1,000 (Rx \$2000)	\$450 \$900 \$1,500 \$3,000
Out-of-Pocket Maximum (includes deductible)	\$150 Deductible \$300 Deductible \$500 Deductible \$1,000 Deductible	\$2,000 \$2,400 \$3,000 \$4,000
Prescriptions Prescription deductible is waived for generic drugs, but applies to all brand drugs. For generic drugs, the member pays the greater of \$10 or 20%; for brand drugs, the member pays the greater of \$30 or 30% after deductible. (For prescription deductible, please refer to deductible information listed above.)		
	PLAN PAYS	
PROFESSIONAL SERVICES	PPO	NON-PPO
Office Visit	90%	80%
Well Baby (not subject to deductible)	100%	80%
Well Child (not subject to deductible)	100%	80%
Preventive Care (as set forth in the policy: PPO not subject to deductible; NON-PPO, not subject to deductible for \$150, \$300 plans, after deductible on \$500 and \$1,000 plans)	100%	80%
Maternity Care	90%	80%
Urgent Care Clinic/Emergency Room	90%	80%
FACILITY SERVICES	PPO	NON-PPO
Inpatient (semi-private room accommodations, hospital services and supplies, maternity care, skilled nursing facility, etc.)	90%	80%
Outpatient (surgery and related services, diagnostic x-ray and laboratory, etc.)	90%	80%
Inpatient Treatment of non-Severe Mental Illness* (Eligible expenses are paid up to a maximum of 21 days each calendar year.)	90%	80%
Outpatient Treatment of non-Severe Mental Illness* (Eligible outpatient visits are limited to 20 visits per calendar year.)	90%	80%
Inpatient and Outpatient Treatment of Severe Mental Illness*	90%	80%
Inpatient and Outpatient Treatment of Alcohol or Substance Abuse*	90%	80%
Medical detoxification*	90%	80%
Inpatient and Outpatient Treatment of Severe and non-Severe Mental Illness**	90%	80%
Inpatient and Outpatient Treatment of Alcohol or Substance Abuse**	90%	80%
Medical detoxification**	90%	80%
* These are the benefits for small employers (employers with 50 or fewer employees).		
** There are two employer options for large employers (employers with 51 or more employees): (1) The option shown above ("parity"), or (2) No benefits for mental illness, treatment for alcohol or substance abuse or medical detoxification.		
MISCELLANEOUS	PPO	NON-PPO
Ambulance Services	90%	80%
Durable Medical Equipment (Not to exceed purchase cost)	80%	
Chiropractic	90%	80%
Prosthetics	80% for a natural limb or eye lost while insured	
Colonoscopies (subject to the Guidelines of the American Cancer Society)	100% (not subject to deductible)	80%
Mammograms (This benefit is available for a baseline for women between ages 35 and 39, and annually for women 40 or older.)	100% (not subject to deductible)	100% of the first \$70 and thereafter at 80% after deductible
Circumcision	90%	80%
Sleep Studies	90%	80%
Sleep Apnea	90%	80%
Organ Transplants	Please see policy for specific details	

This is a partial summary of benefits only. The benefit booklet contains complete benefits, exclusions and limitations and is the governing document.

(REV 2014)