

WMI MUTUAL INSURANCE COMPANY - UTAH 1500 60/45 PLAN

Applies to new plan years of policies sold on or after 4/1/2010

MEDICAL/Rx DEDUCTIBLE, AND OUT-OF-POCKET MAXIMUM	INDIVIDUAL	FAMILY
Calendar Year Medical Deductible/Rx Deductible (applies unless specifically stated otherwise; Rx benefits optional)	\$1,500 (\$250)	\$3,000 (N/A)
Out-of-Pocket Maximum (includes medical deductible)	\$3,000	\$6,000
Annual Maximum Per Person (for essential benefits)	\$2,000,000	N/A
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 25%. For brand drugs, the member pays the greater of \$50 or 50% after deductible. Prescription drugs are ineligible for the \$500 pre-deductible medical benefit.		
Medical Deductible applies to all services below unless specifically stated otherwise.	PLAN PAYS	
PROFESSIONAL SERVICES (for all services marked with * see footnote)	PPO	NON-PPO
Office Visit/Urgent Care Clinic*	60%	45%
Well Baby (as set forth in the policy)	100% (not subject to deductible)	60% (not subject to deductible)
Well Child (as set forth in the policy)	100% (not subject to deductible)	45% <small>(deductible waived up to combined total of \$500*)</small>
Preventive Care (as set forth in the policy)	100% (not subject to deductible)	45% <small>(deductible waived up to combined total of \$500*)</small>
Maternity Care*	60%	45%
FACILITY SERVICES (for all services marked with * see footnote)	PPO	NON-PPO
Inpatient* (semi-private room accommodations, hospital services and supplies, maternity care, skilled nursing facility, etc.)	60%	45%
Outpatient* (surgery and related services, diagnostic x-ray and laboratory, etc.)	60%	45%
Emergency Room*	60%	45%
Inpatient Mental Illness (small employers)** Eligible expenses are paid at up to a maximum of 15 days each calendar year.	50%	
Outpatient Mental Illness (small employers)** Eligible outpatient visits are limited to 25 visits covered by plan per calendar year.	50%	
Inpatient Treatment of Alcohol or Substance Abuse (small employers)**	Eligible expenses are paid at 50% and are covered by the plan to a maximum of 5 days in any 12 month period. There is also a lifetime maximum of 10 inpatient days.	
Outpatient Treatment of Alcohol or Substance Abuse (small employers)**	Eligible expenses are paid at 50% and are covered by the plan to a maximum of 20 visits per calendar year.	
Inpatient and Outpatient Treatment of Mental Illness (large employers)**^	60%	45%
Inpatient and Outpatient Treatment of Alcohol or Substance Abuse (large employers)**^	60%	45%
^ There are three employer options for mental illness, alcohol and substance abuse for small employers (employers with 50 or fewer employees): (1) The one listed above; (2) no mental health or Rx benefit; or (3) catastrophic coverage. A separate individual and family out-of-pocket maximum applies when the catastrophic coverage option is selected.		
^^ There are two employer options for mental illness, alcohol and substance abuse for large employers (employers with 51 or more employees): (1) the one listed above ("parity"); or (2) no mental illness and alcohol or substance abuse treatment or Rx benefit.		
MISCELLANEOUS (for all services marked with * see footnote)	PPO	NON-PPO
Ambulance Services* (limited to benefit of \$2,500 per occurrence for ground and \$15,000 per occurrence for air)	60%	45%
Laboratory charges and x-rays*	60%	45%
Durable Medical Equipment* (Maximum benefit is \$3,000 per calendar year. Certain types of equipment are paid at 50% up to a maximum benefit of \$7,500 per calendar year. See policy for specific details.)	50%	
Chiropractic* (Plan payment will not exceed \$2,000 per calendar year; \$2,000 limitation does not apply for treatment rendered within 6 months of spinal surgery.)	60%	45%
Prosthetics* (Only the initial prosthesis is eligible to a maximum plan payable amount of \$5,000.)	50% for a natural limb or eye lost while insured	
Diabetes* (expenses related to diagnosis, monitoring, treatment, control, and education for self-management of diabetes)	60%	
Colonoscopies (Subject to the guidelines of the American Cancer Society)	100% (not subject to deductible)	45% <small>(deductible waived up to combined total of \$500*)</small>
Mammograms (subject to the following guidelines: one baseline for women between ages 35 and 39; annually for women 40 years or older)	100% (not subject to deductible)	45% <small>(deductible waived up to combined total of \$500*)</small>
Circumcision* (if performed within 30 days of birth or adoption to a maximum payment of \$150)	60%	45%
Sleep Studies* (This benefit is limited to a lifetime maximum plan payment of \$1,000.)	60%	45%
Sleep Apnea* (This benefit is limited to a lifetime maximum plan payment of \$5,000.)	60%	45%
Organ Transplants	Please see policy for specific details	

*The calendar year deductible is waived up to a combined total of \$500 for all medical services (except where otherwise specified). The \$500 pre-deductible benefit for these services is per person per calendar year. Deductible applies once the \$500 benefit has been met. Amounts paid by the insured for these services prior to the satisfaction of the \$500 benefit do not apply toward the satisfaction of the deductible.

This is a partial summary of benefits only. The benefit booklet contains complete benefits, exclusions and limitations and is the governing document. Preexisting conditions are excluded from coverage for a period of 12 months (18 months for late enrollees), however, credit will be given toward the satisfaction of the preexisting condition exclusionary period for prior creditable coverage. Children 18 and younger are exempt from the preexisting condition exclusion.