

WMI MUTUAL INSURANCE COMPANY – UTAH 70/55 PLANS

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

MEDICAL DEDUCTIBLE, Rx DEDUCTIBLE, AND OUT-OF-POCKET MAXIMUM		INDIVIDUAL	FAMILY
Calendar Year Deductible and Rx Deductible (Medical deductible applies unless specifically stated otherwise. Rx deductible is per person, no family maximum.)		\$1,000 (Rx \$250) \$2,500 (Rx \$500)	\$3,000 \$7,500
Out-of-Pocket Maximum (includes Deductible)	\$1000 Deductible	\$2,000	\$4,000
	\$2500 Deductible	\$5,000	\$10,000
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. (For prescription deductible, please refer to deductible information above.)			
		PLAN PAYS	
PROFESSIONAL SERVICES (Medical deductible applies unless specifically stated otherwise.)		PPO	NON-PPO
Office Visit/Urgent Care Clinic (not subject to deductible)		70%	55%
Well Child (as set forth in the policy; not subject to deductible)		100%	55%
Preventive Care (as set forth in the policy; not subject to deductible)		100%	55%
Maternity Care		70%	55%
FACILITY SERVICES (Medical deductible applies unless specifically stated otherwise.)		PPO	NON-PPO
Inpatient (semi-private room accommodations, hospital services and supplies, maternity care, skilled nursing facility, etc.)		70%	55%
Outpatient (surgery and related services, diagnostic x-ray and laboratory, etc.)		70%	55%
Emergency Room		70%	55%
Inpatient Mental Illness (small employers)* Eligible expenses are paid at up to a maximum of 15 days each calendar year.		70%	55%
Outpatient Mental Illness (small employers)* Eligible outpatient visits are limited to 20 visits covered by plan per calendar year.		70%	55%
Inpatient Treatment of Alcohol or Substance Abuse (small employers)*		Eligible expenses are paid at 50% after deductible 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% after deductible and are covered by the plan to a maximum of 20 visits per calendar year.	
Inpatient and Outpatient Treatment of Mental Illness (large employers)**		70%	55%
Inpatient and Outpatient Treatment of Alcohol or Substance Abuse (large employers)**		70%	55%
* 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 (Medical deductible applies unless specifically stated otherwise.)		PPO	NON-PPO
Supplemental Accident Expense Benefit (\$300 per accident; not subject to deductible)		70%	55%
Ambulance Services (limited to benefit of \$2,500 per occurrence for ground ambulance and \$15,000 for air ambulance)		70%	55%
Laboratory charges and X-rays (when performed in conjunction with inpatient services, emergency room services, or surgical center services)		70%	55%
Laboratory charges and X-rays (when not performed in conjunction with inpatient services, emergency room services, or surgical center services)(not subject to deductible)		70%	55%
Durable Medical Equipment (Maximum benefit is \$3,000 per calendar year. Certain types of equipment are paid at 70% up to a maximum benefit of \$7,500 per calendar year. See policy for specific details.)		70%	
Chiropractic (This benefit is limited to \$2,000 per calendar year; \$2,000 limitation does not apply for treatment rendered within six months of spinal surgery.)		70%	55%
Prosthetics (Only the initial prosthesis is eligible to a maximum plan payable amount of \$5,000.)		70% for a natural limb or eye lost while insured	
Colonoscopies (subject to the guidelines of the American Cancer Society)		100% (not subject to deductible)	55%
Mammograms (subject to the following guidelines: one baseline for women between ages 35 and 39; every two years for women 40 through 49; and annually for women 50 years or older)		100% (not subject to deductible)	55%
Circumcision (if performed within 30 days of birth or adoption to a maximum payment of \$150)		70%	55%
Sleep Studies (This benefit is limited to a lifetime maximum plan payment of \$1,000.)		70%	55%
Sleep Apnea (This benefit is limited to a lifetime maximum plan payment of \$5,000.)		70%	55%
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. 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.