

WMI MUTUAL INSURANCE COMPANY

Patient Protection and Affordability Care Act (“PPACA”) Amendment

This health insurance issuer believes this Plan is a “grandfathered health plan” under the Patient Protection and Affordable Care Act (the Affordable Care Act). As permitted by the Affordable Care Act, a grandfathered health plan can preserve certain basic health coverage that was already in effect when that law was enacted. Being a grandfathered health plan means that your policy may not include certain consumer protections of the Affordable Care Act that apply to other plans (e.g., the requirement for the provision of preventive health services without any cost sharing). However, grandfathered health plans must comply with certain other consumer protections in the Affordable Care Act (e.g., the elimination of lifetime limits on benefits).

Questions regarding which protections apply and which protections do not apply to a grandfathered health plan and what might cause a plan to change from grandfathered health plan status can be directed to WMI Mutual Insurance Company at 1-800-748-5340 or 801-263-8000. You may also contact the Employee Benefits Security Administration, U.S. Department of Labor at 1-866-444-3272 or www.dol.gov/ebsa/healthreform. This website has a table summarizing which protections do and do not apply to grandfathered health plans.

The provisions below are required by federal health care reform. These provisions are effective on January 1, 2011. These provisions replace any language in the Certificate to the contrary. Changes or clarifications will be made on a continuing basis in order to comply with federal or state regulations, guidance, or interpretations as they are developed. Benefits that are mandated by state law that are more generous than those required by federal health care reform will continue in force at the current benefit level.

Dependent Age

The limiting age for a non-disabled dependent child is until attainment of twenty-six (26) years, provided the child is not eligible to enroll in his/her own employer-sponsored health plan. This applies regardless of financial dependency, residency with the parent or with any other person, student status, employment, or any combination of those factors. Eligibility for coverage does not include the spouse or child of such dependent child.

Lifetime Limit

The maximum lifetime benefit (per Insured) of \$2,000,000 is removed. Any other benefit-specific lifetime dollar limit referenced in the Policy pertains only to those health care services and supplies that are not “Essential Benefits” as defined and interpreted in PPACA.

Annual Limit

This policy has a maximum annual benefit (per Insured) of \$2,000,000. This maximum is applicable to the “Essential Benefits” listed below, as they are defined and interpreted in PPACA, provided the services are otherwise eligible according to the terms of the Policy. Any other benefit-specific annual dollar limit referenced in the Policy pertains only to those health care services and supplies that are not “Essential Benefits” as defined in PPACA.

- 1) Ambulatory patient services.
- 2) Emergency services.
- 3) Hospitalization.
- 4) Maternity and newborn care.
- 5) Mental health and substance abuse, including behavioral health treatment.
- 6) Prescription drugs.
- 7) Rehabilitative and habilitative services and devices.
- 8) Laboratory services.
- 9) Preventive and wellness services and chronic disease management.
- 10) Pediatric services, including oral and vision care.

Preexisting Condition

The preexisting condition exclusion is not applicable for children up to, and including, the age of eighteen (18).

Rescission

Coverage may be rescinded if an Insured performs an act, practice, or omission that constitutes fraud or if an Insured makes an intentional misrepresentation of a material fact. At least thirty (30) days advance written notice will be provided to the Insured prior to the rescission of coverage.

WMI MUTUAL INSURANCE COMPANY

Patient Protection and Affordability Care Act (“PPACA”) Amendment 2

This health insurance issuer believes this Plan is a “grandfathered health plan” under the Patient Protection and Affordable Care Act (the Affordable Care Act). As permitted by the Affordable Care Act, a grandfathered health plan can preserve certain basic health coverage that was already in effect when that law was enacted. Being a grandfathered health plan means that your policy may not include certain consumer protections of the Affordable Care Act that apply to other plans (e.g., the requirement for the provision of preventive health services without any cost sharing). However, grandfathered health plans must comply with certain other consumer protections in the Affordable Care Act (e.g., the elimination of lifetime limits on benefits).

Questions regarding which protections apply and which protections do not apply to a grandfathered health plan and what might cause a plan to change from grandfathered health plan status can be directed to WMI Mutual Insurance Company at 1-800-748-5340 or 801-263-8000. You may also contact the Employee Benefits Security Administration, U.S. Department of Labor at 1-866-444-3272 or www.dol.gov/ebsa/healthreform. This website has a table summarizing which protections do and do not apply to grandfathered health plans.

The provisions below are required by federal health care reform. These provisions are effective on the plan renewal on or after January 1, 2014. These provisions replace any language in the Certificate or any previous amendments to the contrary. Benefits that are mandated by state law that are more generous than those required by federal health care reform will continue in force at the current benefit level.

Dependent Age

The limiting age for a non-disabled dependent child is until attainment of twenty-six (26) years. This applies regardless of financial dependency, residency with the parent or with any other person, student status, employment, eligibility for the dependent child to enroll in his/her own employer-sponsored health plan, or any combination of those factors. Eligibility for coverage does not include the spouse or child of such dependent child.

Annual Limit

The maximum annual benefit (per Insured) of \$2,000,000 for essential benefits is removed. Any other benefit-specific dollar limit referenced in the plan pertains only to those health care services and supplies that are not essential benefits as defined in PPACA. For further information about essential benefits, please contact our Claims & Customer Service Department at 1-800-748-5340 or 801-263-8000.

Preexisting Condition

The preexisting condition exclusion is removed and is not applicable for any insured individual. References to “creditable coverage” are also removed.

Waiting Period

The maximum waiting period for a new employee to be eligible for coverage is 90 days. For a waiting period of 60 days or less, coverage will become effective on the first day of the month following the satisfaction of the waiting period. For a waiting period of 90 days, coverage will become effective on the first day of the month preceding the satisfaction of the waiting period.

Conversion

The conversion provision of the plan is removed. Guarantee-issued individual coverage may be obtained through the Health Insurance Marketplace (the “exchange”).