

WMI MUTUAL INSURANCE COMPANY - Utah
P.O. Box 572450, Salt Lake City, UT 84157

Amendment No. 2 to Certificate Form UT 70/55 Cert lg ngf (002) v2

The foregoing form is amended as follows:

I. Schedule of Benefits

A. COMPREHENSIVE MAJOR MEDICAL EXPENSE PLAN: The following services and treatments are covered at the benefit levels set forth below subject to the terms, limitations, and exclusions of the policy.

* * *

5. Annual Out-of-Pocket:

(a) Individual Annual Maximum Out-of-Pocket Payout:

	Medical expenses only	Medical and Prescription Drug expenses
		Combined
1000 Plan:	\$2,000	\$9,200 <u>\$10,150</u>
2500 Plan:	\$5,000	\$9,200 <u>\$10,150</u>

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(b) Annual Family Maximum Out-of-Pocket:

	Medical expenses only	Medical and Prescription Drug expenses
1000 Plan:	\$4,000	\$18,400 <u>\$20,300</u>
2500 Plan:	\$10,000	\$18,400 <u>\$20,300</u>

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