

Montana WPMA 1500 (60/45) Plan

Medical Deductible, Rx Deductible, and Out-of-Pocket Maximum	Individual	Family
Calendar Year Deductible	\$1,500	\$3,000
Rx Deductible is per person (no family maximum) (Optional Benefit)	\$250	N/A
Out-of-Pocket Maximum (includes deductible)	\$3,000	\$6,000
Lifetime Maximum Per Person	\$2,000,000	N/A
Professional Services	PLAN PAYS:	
	PPO	Non-PPO
	THE CALENDAR YEAR DEDUCTIBLE IS WAIVED UP TO A COMBINED TOTAL OF \$500 FOR ALL MEDICAL SERVICES (EXCEPT WHERE OTHERWISE SPECIFIED)	
Office Visit*	60%	45%
Well Child	80% (Deductible waived, see policy for details).	60% (Deductible waived, see policy for details).
Preventive Care (Insureds 19 or older have \$300 annual maximum)*	60%	45%
Maternity Care*	60%	45%
Urgent Care Clinic/Emergency Room*	60%	45%
Facility Services	PLAN PAYS:	
	PPO	Non-PPO
	THE CALENDAR YEAR DEDUCTIBLE IS WAIVED UP TO A COMBINED TOTAL OF \$500 FOR ALL MEDICAL SERVICES (EXCEPT WHERE OTHERWISE SPECIFIED)	
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 non-Severe Mental Illness*	60%	45%
	Eligible expenses are paid at up to a maximum of 21 days each calendar year.	
Outpatient non-Severe Mental Illness*	60%	45%
	Eligible outpatient visits are limited to 25 visits each calendar year.	
Inpatient and Outpatient Treatment of Alcohol or Substance Abuse*	60%	45%
	Subject to a maximum payment by the plan of \$6,000 for a 12-month period until a lifetime maximum inpatient benefit of \$12,000 is met, after which the maximum annual outpatient benefit is \$2,000.	
Medical Detoxification*	60%	45%
	Subject to terms and limitations as set forth for any other illness and not subject to the annual lifetime and annual maximums for inpatient and outpatient treatment for alcoholism and drug addiction.	
Miscellaneous	PLAN PAYS:	
	PPO	Non-PPO
	THE CALENDAR YEAR DEDUCTIBLE IS WAIVED UP TO A COMBINED TOTAL OF \$500 FOR ALL MEDICAL SERVICES (EXCEPT WHERE OTHERWISE SPECIFIED)	
Prescriptions (Optional Benefit)	After the per person deductible, the member pays the greater of \$10 or 25% for generic prescription drugs and the greater of \$50 or 50% for brand prescription drugs. (For prescription deductible, please refer to deductible information listed above.) Annual Prescription Drug Maximum is \$3,000. Prescription drugs are ineligible for the \$500 pre-deductible benefit.	
Ambulance Services*	60%	45%
	The benefit for ground ambulance is limited to \$1,000 per occurrence and the benefit for air ambulance is limited to \$10,000 per occurrence.	
Durable Medical Equipment*	50% up to a maximum benefit of \$3,000 per Calendar Year. Certain types of Equipment are paid at 50% up to a maximum benefit of \$7,500 per Calendar Year. Please see policy for specific details.	
Prosthetics*	50% for a natural limb or eye which is lost while insured. (Only the initial prosthesis is eligible to a maximum payable amount of \$5,000 by plan.)	
Colonoscopies*	60%	45%
	Subject to the guidelines of the American Cancer Society	
Mammograms	Mammograms are payable by the plan at 100% of the first \$70, and thereafter at the levels for all other medical services for a baseline for women between ages 35 and 39, and annually for women 40 or older.	
Circumcision*	60%	45%
	If performed within 30 days of birth or adoption to a maximum plan payment of \$150.	
Sleep Studies*	50% of eligible expenses to a lifetime maximum of \$1,000.	
Sleep Apnea*	50% of eligible expenses to a lifetime maximum plan payment of \$5,000.	
Diabetes*	60%	45%
	Expenses are limited to those related to diagnosis, monitoring, treatment, control, and education for self-management of diabetes.	
Chiropractic*	60%	45%
	Plan payment will not exceed \$1,000 per calendar year (\$1,000 limitation does not apply for treatment rendered within six months of spinal surgery)	
Organ Transplants	Please see policy for specific details.	

*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.