

WorldCARE™ HD Advantage

With Comprehensive HSA Benefit Option
Available only to members of the National Consumer Alliance Association



High-deductible
Health Insurance Plans for
use with Health
Savings Accounts

Single Family Deductible

Health Insurance
for
Families
and
Individuals



Your Partner in Individual
Health Insurance Since 1903™



WorldCARE™ HD Advantage

High-deductible Health Insurance Plans
Eligible For Use With Health Savings Accounts

What is an HSA Plan?

An HSA plan usually consists of two parts:

- A qualified, high deductible health insurance plan, such as WorldCARE™ **HD Advantage**. The limits for this health insurance plan are in conjunction with an HSA plan, set by the federal government which determines what deductibles and out-of-pocket amounts are allowed.
- A Health Savings Account (HSA) at the financial institution you choose. You deposit money into the account and use the funds to pay for qualified medical expenses today and in the future. The federal government allows tax advantages for the money in an HSA account.

To be eligible for an HSA, you must have a qualified health insurance plan, such as the **HD Advantage**, and not be covered under any other major medical insurance plan or Medicare. Only U.S. citizens and National Consumer Alliance Association (NCA) members under age 65 are eligible to apply for World's **HD Advantage**.

Why Choose an HSA Plan?

- Save on your health insurance premium by choosing a high deductible plan, such as the **HD Advantage** – spending your healthcare dollars wisely means purchasing only what you need. Higher cost sharing in the form of a higher deductible means a lower cost health insurance plan. Because of a higher deductible, you pay for less serious medical services, like a physician office visit, and your plan protects you from the financial devastation of a major illness or accident.
- Simplicity of single family deductible – families share everything else, why not a deductible? The **HD Advantage** gives families the flexibility to accumulate expense into one, simple deductible for the entire family. Once the amount has been satisfied, everyone in the family has met their deductible.
- Tax advantages* – the plan allows you to pay for medical expenses on a tax favored basis by opening up an HSA money account at the financial institution of your choice:
 - The money deposited is tax deductible (even if you do not itemize). The amount you can deposit each year is determined by the federal government.
 - The interest you earn is tax-deferred. Any money you do not use can be carried forward from year to year, earning tax-deferred interest.
 - The withdrawals are tax free if you use them for qualified medical expenses as determined by the federal government. These can include expenses which are applied to your deductible and coinsurance (but not paid by the plan). In addition, the money can be used for items not covered by your health insurance plan such as dental/ eye exams, eye glasses, contacts, and corrective-vision surgery. At age 65, you can use the funds for non-medical expenses without a tax penalty.

To realize all of these benefits you must first obtain a qualified high-deductible, health insurance plan, such as WorldCARE **HD Advantage**.

** Please consult your tax advisor regarding tax deductibility. This brochure outlines the advantages of HSAs and high-deductible health insurance plans in general and does not constitute tax advice.*



The National Consumer Alliance Association

The National Consumer Alliance Association (NCA) was established in 1987. NCA gives members access to valuable products and services at affordable prices. In addition to the association benefits and services, membership in NCA affords you the opportunity to apply for quality health insurance plans underwritten by World Insurance Company.

WorldCARE HD Advantage: Solid Protection from a Solid Company

When you select a high-deductible health insurance plan from World Insurance Company, you're choosing a company that has provided health insurance to individuals and families since 1903.

We have built our reputation on quality, affordability and excellent service, and we continue this commitment with our **HD Advantage** plans.

How Do I Get Started? – It's Easy!

1. Purchase an HD Advantage plan. With your World agent's help, select the plan and deductible to match your needs.

2. Open up an HSA money account at a participating financial institution and deposit money, once your **HD Advantage** plan is effective with World.

You open up an HSA money account at any financial institution offering this type of account. In some cases it might be your local bank – imagine having your checking, savings, and HSA account all in one convenient location.

3. Pay for qualified medical expenses with money in the HSA account.



It's Easy to Apply!

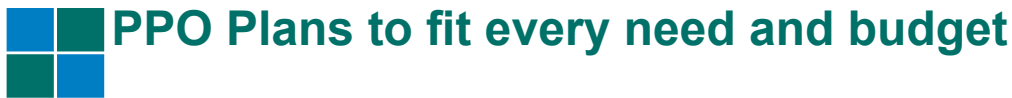
To apply for WorldCARE health insurance protection, simply complete an application with your World agent. For a premium rate quote contact your World agent or call us toll-free at: 800-600-7760.

Value-Added Features

These features offer value-added services, such as national PPO discounts, 24-hour nurse line, a discount drug card (a non-insurance benefit), 24-hour protection, initial 12-month rate guarantee, virtually no network claim forms, foreign travel emergency benefit and optional benefit enhancement riders.

Also, if you use a non-PPO provider to receive medically necessary emergency services (emergency as defined in the policy/certificate), because you are unable to select a PPO provider due to your medical condition, we will provide benefits for covered emergency room services at the PPO level.

Please note: Expenses eligible for tax-favored payment using Health Savings Account (HSA) funds are detailed in Internal Revenue Service publication 502, "Medical and Dental Expenses." It is available from the IRS at 800-TAX-FORM (800-829-3676) or www.irs.gov. (Simply type "502" in the "Search Forms and Publications" box on the home page.) Because acceptance for health insurance is subject to approval by World based on your health history, please do not cancel any existing health insurance or fund your HSA until you receive and accept your approved insurance policy/certificate from World. World Insurance Company does not offer or administer HSA accounts, nor do we endorse a particular provider of these accounts. Our role is solely to provide high-deductible health insurance plans that are qualified for use with HSAs.



Preferred Provider Organization (PPO) refers to a network of physicians, clinics and hospitals that have agreed to provide World clients with medical care at negotiated prices. If you plan to use physicians and hospitals in World’s PPO network in your state, an **HD Advantage** PPO plan is your best option. For a directory of PPO providers, go to www.worldinsco.com. With **HD Advantage** PPO, you pay lower premium rates than for comparable non-PPO plans. You’ll want to visit PPO providers to receive the highest coverage percentage (plus a possible negotiated lower cost), since any expenses at non-PPO providers will be covered at a lower percentage. Additional advantages of using PPO providers: you almost never have to file a claim when you use a PPO physician, clinic or hospital:

PPO Plans Available (Basic Limited Plan unless the optional Comprehensive HSA Benefit is selected)						
Lifetime Maximum for all plans – \$2 million with option to increase to \$5 million						
Calendar Year Maximum (per covered person) – \$100,000, \$250,000 or up to lifetime maximum ²						
Individual Plans	In-PPO			Out-of-PPO		
	Deductible each year	Then you pay	Maximum amount you pay ¹	Deductible each year	Then you pay	Maximum amount you pay ¹
HD Advantage 100	\$1,500	0%	\$1,500	\$3,000	20% of \$20,500	\$7,100
	\$2,900	0%	\$2,900	\$5,800	20% of \$20,500	\$9,900
	\$5,600	0%	\$5,600	\$11,200	20% of \$20,500	\$15,300
HD Advantage 80	\$1,500	20% of \$20,500	\$5,600	\$3,000	40% of \$20,500	\$11,200
	\$2,900	20% of \$13,500	\$5,600	\$5,800	40% of \$13,500	\$11,200
Family Plans	In-PPO			Out-of-PPO		
	Deductible each year	Then you pay	Maximum amount you pay ¹	Deductible each year	Then you pay	Maximum amount you pay ¹
HD Advantage 100	\$3,000	0%	\$3,000	\$6,000	20% of \$41,000	\$14,200
	\$5,800	0%	\$5,800	\$11,600	20% of \$41,000	\$19,800
	\$7,500 ²	0%	\$7,500	\$15,000	20% of \$41,000	\$23,200
	\$11,200	0%	\$11,200	\$22,400	20% of \$41,000	\$30,600
HD Advantage 80	\$3,000	20% of \$41,000	\$11,200	\$6,000	40% of \$41,000	\$22,400
	\$5,800	20% of \$27,000	\$11,200	\$11,600	40% of \$27,000	\$22,400
	\$7,500 ²	20% of \$18,500	\$11,200	\$15,000	40% of \$18,500	\$22,400

Additional Coverage Information for PPO plans (Basic Limited Plan not available in LA³)		
	Basic Plan	With Optional Comprehensive HSA Benefit
Inpatient Medical; Ambulance	Covered	Covered
Blood or Plasma; Diabetes Treatment	Covered	Covered
Cast, Trusses, Crutches	Covered (out-of-hospital not covered)	Covered
Physician Office Visits	Not Covered	Covered
Emergency Room	Subject to deductible and coinsurance, plus \$100 copayment if visit is for <i>illness</i> and patient is not admitted directly into hospital as inpatient.	
Wellness Benefit	Not Covered	Covered
Foreign Travel	Not Covered	Covered
Out-of-Hospital Prescription Drugs (Rx)	Not Covered (discount drug card included)	Covered
Outpatient Medical	Limited Coverage (see covered expenses on page 5)	Covered

PPO and non-PPO deductibles and coinsurance amounts accumulate separately. Expenses at non-PPO providers are subject to the Usual and Customary charge limitation described in the back of this brochure. ¹Refers to each calendar year. This includes deductibles. The maximum out-of-pocket amounts may change annually based on federal guidelines for HSA-eligible plans. ²Some options may not be available in your state. ³All plans for Louisiana automatically have the Comprehensive HSA Benefit added.

Discount Drug Card Included With Your HD Advantage Plan

You will automatically receive a discount drug card (a non-insurance benefit) with your **HD Advantage** policy/certificate. The card entitles you to discounts on prescription drugs at any pharmacy in World's extensive nationwide pharmacy network, Express Scripts, including more than 90 percent of the nation's pharmacies. There is no cost to you for the discount card.

This is a basic limited plan unless the optional Comprehensive HSA Benefit is selected. Please note that expenses from non-PPO providers are subject to the usual and customary charge limitation described in the back of this brochure. Generally speaking, the "usual and customary" charge is the amount we would expect most physicians to charge for a particular medical procedure, service or supply. Each year refers to calendar year.

CUSTOMIZE WITH OPTIONAL BENEFITS*

On any HD Advantage plan, you can increase your coverage with these options:

Comprehensive HSA Benefit provides additional benefits.

This optional benefit provides:

1. **Rx Benefits** – subject to deductible and coinsurance. Prescription drugs or medicines for a covered illness or injury when prescribed by a physician and dispensed by a licensed pharmacist.
2. **Physician Office Visit Benefits** – subject to deductible and coinsurance for medical services provided by a physician.
3. **Outpatient Services** – subject to deductible and coinsurance. Services include, but are not limited to, physical, occupational, speech and manipulative therapy, and diagnostic testing.
4. **Wellness Benefits** – a maximum of \$150 first dollar coverage for wellness benefits per covered person, per calendar year. Eligibility starts for each covered person 6 months after the plan is effective for that covered individual. (Does *not* apply to Traditional Plans.)
5. **Foreign Medical Care** – Emergency care only. Pays covered expenses for emergency care that begins within the first 60 consecutive days of a trip outside the United States. Subject to deductible and coinsurance, and limited to \$100,000 lifetime maximum.

Maximum Benefit Option increases lifetime maximum to \$5 million.

Your **HD Advantage** policy/certificate's lifetime coverage maximum is \$2 million per covered person. The Maximum Benefit Option increases the lifetime maximum to \$5 million. It also increases the per-organ transplant maximum from \$500,000 to \$1,000,000 at nationwide Centers of Excellence, facilities that specialize in specific types of transplants and can provide you with quality care on a cost efficient basis.

Term Life Benefit Option adds life insurance coverage.

The Term Life Benefit Rider provides you and/or your spouse with annually renewable term life insurance coverage in benefit amounts of \$10,000, \$25,000 or \$50,000. Plus, you'll also enjoy the option of converting your term-life policy to a World whole life policy. *Not available in Georgia, Ohio and Oklahoma.*

Outpatient Accident Benefit

With the Outpatient Accident Benefit Rider, your plan pays 100 percent of expenses for a covered injury, not to exceed the deductible amount you choose (\$500, \$1,000, \$1,500, \$2,000, \$2,500, \$3,000 or \$5,000) per calendar year for treatment of injuries on an outpatient basis, with no deductible or coinsurance. Additional benefits are subject to your deductible and coinsurance. (*Not all levels are available in all states*)

Expenses covered under this rider include:

- Services, supplies, and physician's care;
- X-ray and laboratory tests; and
- Treatment or services received in a hospital emergency room, urgent care center, physician's office, or ambulatory surgical center or facility.

**Optional Benefits also are available on traditional plans described on page 8.*

Covered Expenses at a Glance – for Basic Plan¹

1. Inpatient Hospital, Surgical and Medical Expenses when confined to a hospital as an inpatient:

- a. Hospital daily room and board not to exceed the usual and customary semiprivate room charge of the hospital
- b. Intensive Care Unit, Cardiac Care Unit and Specialized Burn Unit confinement. Benefits for Intensive Care Unit, Cardiac Care Unit and Specialized Burn Unit (Out-of-Network benefits will not exceed three times the usual and customary semiprivate room charge of the hospital; and are limited to 30 continuous days for each type of confinement during any one period of hospital confinement)
- c. Post-mastectomy care
- d. Miscellaneous services and supplies as follows:
 - blood, plasma and derivatives, if not replaced
 - initial replacement of natural limbs and eyes when loss occurs while the covered person is insured under this policy/certificate
 - initial permanent lens immediately following cataract surgery, except the replacements will not be covered
 - casts, non-dental splints, trusses, crutches and braces (except dental or orthodontic braces)
 - rental or purchase (whichever costs less as determined by us) of durable medical equipment and supplies
 - oxygen and its administration
- e. Surgical services provided by a physician
- f. Anesthesiologist service for a covered surgery
- g. Laboratory tests, X-rays and radiology
- h. Prescription drugs and medicines prescribed by a physician
- i. Physicians visits while confined in the hospital for a covered service.

2. Outpatient Surgical Expenses, as follows:

- a. Surgery by a physician in an outpatient facility;
- b. Charges for services (including laboratory tests and X-rays), supplies, prescription drugs, oxygen and durable medical equipment for which an outpatient facility charges when related to and provided on the same day as the outpatient surgery
- c. Anesthesiologist's service for a covered surgery in an outpatient facility

3. Other Expenses:

- a. Prosthetic devices or reconstructive surgery incident to a covered mastectomy
- b. Hemodialysis
- c. Outpatient pre-admission and outpatient pre-surgical testing, hospital confinement or outpatient surgical procedure performed in an outpatient facility
- d. Outpatient diagnostic testing, limited to computerized transverse tomography (CAT scans) and magnetic resonance imaging (MRI)
- e. X-ray and radiation therapy, cobalt and chemotherapy treatment
- f. Local licensed ground ambulance service or air ambulance service within the 48 contiguous states (certified as medically necessary by a physician) to the nearest hospital that is qualified to treat the covered injury or illness. Air ambulance service is only covered due to a life-threatening illness or injury; and is limited to \$5,000 per covered person per calendar year.
- g. Breast implant removal when the removal is a medically

necessary treatment

- h. Naprapathic services
- i. Low-dose mammography for the presence of occult breast cancer, as follows:
 - for women age 35-39 – a single baseline mammography
 - for women age 40 and older – one mammography per calendar year
- j. Treatment of diabetes
- k. Home health care. Such care:
 - must be a part of a written home health care plan of care
 - must be prescribed by a physician in lieu of hospital confinement
 - is limited to 40 home health care visits per covered person per calendar year
- l. Hospice treatment and services. Benefits will be paid for expenses actually incurred not to exceed the following limitations:
 - \$100 per day for outpatient hospice treatment
 - \$200 per day for room and board and treatment while an inpatient in a hospice
 - limited to a maximum lifetime benefit of \$5,000 for outpatient and inpatient hospice treatment, combined

Hospice treatment and services are subject to the following requirements and limitations:

- the attending physician must certify that the covered person has a terminal illness and life expectancy of 6 months or less
- we will determine the eligibility for, and will administer, the hospice treatment and services benefits
- treatment and services must be provided within 6 months from the date the covered person entered or reentered the hospice treatment program or our approved hospice care provided

4. Skilled Nursing Facility Benefit:

- a. Benefits will be paid when the covered person incurs room and board and miscellaneous charges in a skilled nursing facility following a hospital confinement. Benefits will not be paid for more than one-half the semiprivate room and board rate of the hospital where previously confined; not to exceed 60 days in a calendar year.
- b. Covered expenses are those that are medically necessary, usual and customary and that meet all of the following requirements:

- the preceding hospital confinement lasted continuously for at least three days
- the skilled nursing facility admission begins within seven days after discharge from the hospital
- the confinement is medically necessary for the care of a covered person
- the covered person is under the direct treatment of a physician

c. Exclusions — In addition to the General Exclusions and Limitations and Covered Expenses Subject to Limitations skilled nursing facility benefits will not be paid for:

- the excess for room and board charges above one-half the hospital semiprivate rate that would have been paid in lieu of the skilled nursing facility; or service for custodial care

This is not a complete list. Please refer to the policy/certificate for additional and state mandated benefits.

Covered Expenses at a Glance – for plans with optional Comprehensive HSA Benefit

These benefits are in addition to benefits covered under the basic plan.

- Rx Benefits – Prescription drugs or medicines for a covered illness or injury when prescribed by a physician and dispensed by a licensed pharmacist.
- Outpatient Services – Services include, but are not limited to, physical, occupational, speech and manipulative therapy, and diagnostic testing. Occupational, physical and speech therapy: \$50 per visit to \$2,000 maximum per calendar year



- Wellness Benefits – a maximum of \$150 first dollar coverage for wellness benefits per covered person, per calendar year. Eligibility starts for each covered person 12 months after the plan is effective for that covered individual.
- Durable medical equipment and supplies
- Medical services and supplies, those provided by a physician
- Urgent care treatment
- X-ray and laboratory services

** Available without the Comprehensive HSA Benefit*

Limited Benefits are provided for:

All covered expenses referenced in this section are subject to deductible and coinsurance; the office visit copayment, if any, does not apply; expenses that exceed the maximums shown are not considered covered expenses and will not apply to the out-of-pocket limit.

- Allergy testing and injections: \$500 of covered expenses per calendar year
- Foreign medical care: Emergency care only. Pays covered expenses for emergency care that begins within the first 60 consecutive days of a trip outside the United States. Subject to deductible and coinsurance, and limited to \$100,000 lifetime maximum
- Growth disorders: maximum lifetime benefit of \$25,000 of covered expenses
- Sleep apnea treatment: maximum lifetime benefit of \$2,000 of covered expenses
- Spinal manipulation: \$25 per visit to \$500 maximum per calendar year
- Sterilization: maximum lifetime benefit of \$500 of covered expenses. Sterilization is not covered during the first 12 months the policy/certificate is in force

Please refer to the policy/certificate for additional and state mandated benefits.



Non-Covered Expenses at a Glance for all Plans

- Any drug, including birth control pills, supply, treatment or procedure that prevents conception and/or childbirth
- Amounts in excess of the usual and customary charges made for treatment, services or supplies covered under the policy/certificate
- Any drug or other item used for the treatment of hair loss
- Any loss sustained or contracted in consequence of the covered person's being intoxicated or under the influence of any narcotic, unless administered on the advice of a physician
- Care in government institutions unless a covered person is obligated to pay for such care
- Charges incurred by a covered person while on active duty in the Armed Services
- Charges incurred for the voluntary termination of pregnancy
- Charges that are eligible for payment by Medicare or any other government program, except Medicaid
- Charges for blood or blood plasma that has been replaced
- Charges for breast reduction or augmentation or complications arising from these procedures
- Cosmetic or reconstructive procedures, except cosmetic or reconstructive required to restore a part of the body that has been altered as a result of the following events or conditions; a) injury; b) surgery; or c) disease that is first diagnosed while the covered person was insured under the policy/certificate. Such events or conditions must occur while the covered person is insured under the policy/certificate; and for which benefits were paid in accordance with the provisions of the policy/certificate.
- Dental care or treatment, except for dental care or treatment required as a result of a covered injury to natural teeth
- Diagnosis and treatment of infertility
- Expenses incurred before the Policy/Certificate Effective Date
- Expenses incurred after the policy/certificate terminates
- Expenses incurred to treat complications resulting from treatment or conditions that are not covered under the policy/certificate
- Expenses you or your covered dependent(s) are not required to pay, which are covered by other insurance, or that would not have been billed if no insurance existed
- Expenses that are payable under worker's compensation or employer's liability laws
- Expenses that are payable under any motor vehicle no-fault law insurance policy or certificate
- Expenses resulting from a declared or undeclared war, or voluntary participation in a riot or insurrection
- Expenses incurred while engaging in an illegal act or occupation or during the commission, or the attempted commission, of a felony
- Expenses that are not medically necessary to the care or treatment of illness or injury
- Expenses resulting from suicide or attempted suicide, whether sane or insane, or intentional self-inflicted injury
- Experimental, investigational, or unproven treatment or services
- For the following conditions during the first six months the policy/certificate is in force, unless such conditions are treated on an emergency basis: hernia, removal of adenoids and/or tonsils, hemorrhoids, myringotomy or tympanotomy (tubes in ears); or disorders of the reproductive organs
- Gastric bypass surgery and gastric stapling
- Illness or injury sustained by voluntary use of illegal drugs or hallucinogenics
- Medications and drugs, including vitamins and vitamin mineral supplements, available over-the-counter (OTC) whether or not by a physician's prescription order
- Nonsurgical treatment by any method for jaw joint problems (including temporomandibular joint dysfunction (TMJ), TMJ pain syndromes, craniomandibular disorders, myofascial pain dysfunction or other conditions of the joint linking the jaw bone (mandible) and skull and the complex muscles, nerves and other tissues related to the joint
- Orthodontia or other treatment involving the teeth and supporting structures
- Physical exams or other services or supplies not needed for medical treatment, except as covered under the policy/certificate
- Pregnancy or normal childbirth, except complications of pregnancy
- Prescription drugs or medicines, except as provided in your policy/certificate.
- Programs, treatment, or procedures for tobacco use cessation
- Prophylactic treatment, including surgery or diagnostic testing
- Radial keratotomy or correction of refractive error; eye refractions. vision therapy; routine vision exams to assess the initial need for, or changes to prescription eyeglasses or contact lenses; the purchase, fitting or adjustment of eyeglasses or contacts lenses; frames or contact lenses for the treatment of aphakia
- Rest and/or recuperation cures or care in an extended care facility, convalescent nursing home, skilled nursing facility, or home for the aged
- Routine newborn or well-child care
- Routine physical or premarital examination, except as provided in your policy/certificate
- Routine hearing exams to assess the need for or a change to hearing aids; the purchase, fittings or adjustment of hearing aids
- Services, supplies or treatment related to sex transformation or reversal of sterilization; nor for sex dysfunction or inadequacies
- Services and/or supplies furnished and/or provided by a member of covered person's immediate family
- Services or supplies that are covered under an extension of group health benefits provision by a previous employer-related health plan, health insurance plan, or other coverage arrangement
- Services or treatment not prescribed by a physician or for the services or treatment not covered under the policy/certificate
- Services or supplies for personal convenience, including custodial care or homemaker services, except as provided for in the policy/certificate
- Treatment of acne or rosacea, unless medically necessary
- Treatment of complications arising from or connected in any way with a surgical or medical treatment or procedure that is not a covered surgical or medical treatment or procedure under the terms of the policy/certificate, whether or not the covered person was insured under the policy/certificate at the time the non-covered treatment or procedure was performed
- The treatment of mental and nervous disorders
- The treatment of chemical dependency, substance abuse and/or drug addiction
- Transportation charges, except as specifically provided for in the policy/certificate
- Treatment received outside of the United States, except as covered under the policy/certificate
- Treatment of weak, strained, flat, unstable, or unbalanced feet, metatarsalgia, bunions or the removal of one or more corns, calluses or toenails, or treatment of toenail fungus, unless medically necessary
- Treatment of autism
- Weight loss programs, diet or treatment of obesity, unless medically necessary

HD Advantage basic plan doesn't cover (In addition to noncovered items listed previously)

- Cochlear implant procedures
- Allergy testing, except as provided in your policy/certificate
- Growth disorder or abnormally short stature, including, but not limited to, growth hormone deficiency therapy (GHDT), except as provided in your policy/certificate
- Sterilization or the reversal of sterilization, except as provided in your policy/certificate
- Treatment of sleep apnea except as provided in your policy/certificate
- Surgical treatment of varicose veins
- Private duty nursing
- Plantar fasciitis
- Expenses incurred for medical services provided by or received from a physician, except as provided in your policy/certificate
- Treatment of blepharochalasis (droopy eyelids)
- Spinal manipulation, including, but not limited to, manipulation for spinal subluxation and any associated treatment or services, except as provided in your policy/certificate

May not be applicable in all states. Please refer to your policy/certificate for additional information.



Traditional Plans

If you don't plan to use PPO physicians and hospitals, you'll want an **HD Advantage** Traditional non-PPO plan.

With this type of plan, your deductible and co-insurance amounts will remain the same regardless of which physician, clinic or hospital provides treatment or services in the United States. You will be responsible, however, for any charges above the Usual and Customary amount described later in this brochure.

If you do use a PPO provider, you will save money by accessing discounted rates World has negotiated with the PPO networks, and expenses will not be subject to the Usual and Customary charge limitation.

Traditional Plans Available (basic limited plan unless the optional Comprehensive HSA Benefit is selected)			
Lifetime Maximum for all plans – \$2 million with option to increase to \$5 million			
Calendar Year Maximum (per covered person) – \$100,000, \$250,000			
Individual Plans	Deductible each year	Then you pay	Maximum amount you pay¹
HD Advantage 100	\$1,500	0%	\$1,500
	\$2,900	0%	\$2,900
	\$5,600	0%	\$5,600
HD Advantage 80	\$1,500	20% of the next \$20,500	\$5,600
	\$2,900	20% of the next \$13,500	\$5,600
Family Plans	Deductible each year	Then you pay	Maximum amount you pay¹
HD Advantage 100	\$3,000	0%	\$3,000
	\$5,800	0%	\$5,800
	\$7,500 ²	0%	\$7,500
	\$11,200	0%	\$11,200
HD Advantage 80	\$3,000	20% of the next \$41,000	\$11,200
	\$5,800	20% of the next \$27,000	\$11,200
	\$7,500 ²	20% of the next \$18,500	\$11,200
Additional Coverage Information for Traditional Plans (Basic Plan not available in LA³)			
	Basic Plan	Plan With Optional Comprehensive HSA Benefit	
Inpatient Medical; Ambulance	Covered	Covered	
Blood or Plasma; Diabetes Treatment	Covered	Covered	
Cast, Trusses, Crutches	Covered (out-of-hospital not covered)	Covered	
Physician Office Visits	Not Covered	Covered	
Emergency Room	Subject to deductible and coinsurance, plus \$100 copayment if visit is for <i>illness</i> and patient is not admitted directly into hospital as inpatient.		
Wellness Benefit	Not Covered	Not Covered	
Foreign Travel	Not Covered	Covered	
Out-of-Hospital Prescription Drugs (Rx)	Not Covered (discount drug card included)	Covered	
Outpatient Medical	Limited Coverage (see covered expenses on page 5)	Covered	

PPO and non-PPO deductibles and coinsurance amounts accumulate separately. Expenses at non-PPO providers are subject to the Usual and Customary charge limitation described in the back of this brochure. Generally speaking, the "Usual and Customary" charge is the amount we would expect most physicians to charge for a particular medical procedure, service or supply. ¹Each calendar year, includes deductible. These amounts may change annually based on federal guidelines. ²Some benefit options may not be available in your state. ³All plans for LA automatically have the Comprehensive HSA Benefit added.

Please refer to your policy/certificate for specific and complete coverage information.

Optional benefits listed on page 4 apply to traditional plans. Covered and non-covered expenses, discussed on pages 5, 6 and 7, apply to traditional plans also.

Terms to Know...

Pre-existing Condition

A pre-existing condition is a condition for which a covered person received medical advice or treatment within a 24-month period, or which produced symptoms within a 12-month period, prior to that covered person's certificate effective date of coverage. Pre-existing conditions are not covered during the first two years, unless they were fully disclosed on the insurance application and not excluded from coverage by name or specific description.

For Georgia Residents – A pre-existing condition is a condition for which a covered person received medical advice or treatment within a five-year period, or which produced symptoms within a five-year period, prior to that covered person's policy date of coverage. Pre-existing conditions are not covered during the first two years, unless they were fully disclosed on the insurance application and not excluded from coverage by name or specific description.

For Louisiana Residents – A pre-existing condition is a condition a) for which medical advice was given or treatment was recommended by a physician, or received from a physician within a 12-month period prior to the covered person's policy date; or b) that produced symptoms within a 12-month period prior to the covered person's policy date. Pre-existing conditions are not covered during the first 12 months, unless they were fully disclosed on the insurance application and not excluded from coverage by name or specific description.



Usual and Customary (U&C)

The Usual and Customary amount is the charge for medical procedures, services and supplies World determines to be a reflection of the current statistical sampling of charges for medical procedures, services and supplies made in the same or comparable area. Charges in excess of the U&C are your responsibility and will not be paid by World. You are not subject to the U&C when you use PPO providers.

Hospital

As used in this brochure, hospital refers to a general, licensed hospital. Certain institutions, such as a clinic or rest home, may not be covered. The policy/certificate outlines specific provisions in your state.

Deductible

The amount of covered expenses the covered person must pay each calendar year before benefits are payable under this certificate.

Inpatient

A person who is admitted, lodged, fed and receives services and treatment in a hospital, skilled nursing facility or hospice facility on an inpatient basis as opposed to services and treatment provided on an outpatient basis.

Outpatient

Refers to services and treatment provided to a covered person on an outpatient basis by a hospital, skilled nursing facility*, hospice* or other outpatient facility as opposed to confinement as an inpatient.

**Not applicable to Basic plan.*



Other Important Facts

Renewability of Coverage

We will renew or continue coverage in force at the option of the covered member, except in cases of nonpayment of premiums, fraud, loss of eligibility due to the covered member discontinuing association membership, a covered person moving out of an area in which we offer coverage (e.g. an area without PPO providers on a PPO plan); if we cancel the master policy; or if we discontinue all policies/certificates of the same type in a specific state or nationwide, as described in the Modifications or Discontinuance of Coverage section of the policy/certificate.

The Premium Rate is Subject to Change

All premiums are based upon attained age (may vary by state). Initial premium rates are guaranteed for the first 12 months of coverage. Thereafter, we reserve the right to periodically adjust the premium rates charged for coverages under the policy/certificate. Premium rates are calculated based upon a variety of factors such as new business rates, provider network, geographic location, age, gender, tobacco usage status, medical trend, durational rating factors, health

status of the entire block of insureds in which you are included, and other factors as permitted under state law. You cannot be singled out for a premium increase based on your claims experience.

24-Hour Coverage

HD Advantage policy/certificate provisions are in effect 24 hours a day. *(if Workers' Compensation is not required)*

HSA-Eligible Plan Deductibles

World Insurance Company adjusts their high-deductible (HSA-eligible) plans in accordance with Federal Guidelines. At times, World may opt to raise deductibles above the minimum Federal requirements. The increases may be more than the minimum requirements which would carry over to the next year.

About World Insurance Company

Established in 1903, World Insurance Company is a trusted name in the insurance industry. World Insurance Company earned an "A-" (Excellent) from industry analyst A.M. Best* for its financial stability. Ask your agent about the entire family of World Insurance products: Flex Advantage Medical, Value Advantage Medical, Individual Dental and Short-Term Medical.

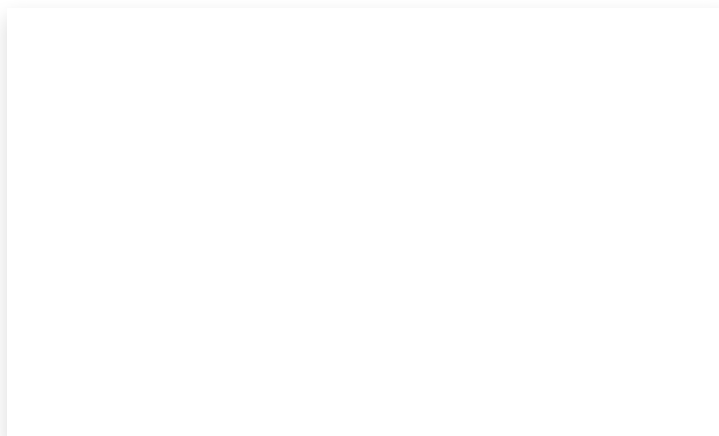
*A.M. Best is the leading independent non-government provider of insurance company ratings. The A- (Excellent) rating is the fourth highest of fifteen possible ratings that range from A++ (Superior) to F (Liquidation). World's rating was affirmed in January 2007.

HealthEquity® is a full-service company delivering client and account services which make it easy for you to manage your HSA dollars. The combination of these products help consumers in two ways: 1) World Insurance Company's high deductible health insurance plan may help reduce your premiums for health insurance; and 2) HealthEquity® provides an easy-to-use, tax-advantaged Health Savings Account that allows you an effective way to pay for qualified health-related expenses on a tax-favored basis.



As a World Insurance Company customer, you pay no fees for HealthEquity services for your HSA account or access to the HealthEquity Web site for the first year. HealthEquity provides several other tools to help you manage your healthcare costs. Whether you sign up for your HSA through HealthEquity or through another financial institution, as a World Insurance customer, you will still receive these services at no additional charge. Ask your agent.

For more information on your plan or other World Insurance Company products, please contact your World Service representative:



Your benefits and premiums will vary depending on the plan, coverage choices, and each optional benefit selected.

Underwritten by:



Your Health Insurance
Partner Since 1903™

World Insurance Company • P.O. Box 3160 • Omaha, Nebraska • 68103
800.786.7557 • www.worldinsco.com

This brochure provides a brief description of the important facts about HD Advantage high-deductible health insurance plans. The policy/certificate itself, however, sets forth in detail the rights and obligations of both you and World Insurance Company. Please read your policy/certificate carefully.