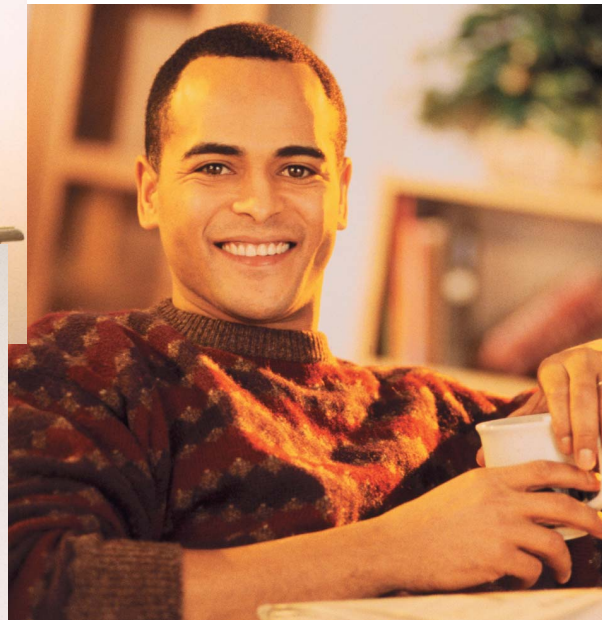


World**CARE**

 *HDHP*



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





World**CARE** HDHP



What is a High-Deductible Health Insurance Plan?

A high-deductible health insurance plan is a major medical insurance policy/certificate that the federal government considers eligible for use with a Medical Savings Account. The federal government determines the available deductibles and out-of-pocket maximums for these plans.

What is a Medical Savings Account?

A Medical Savings Account (MSA) gives you a tax-efficient way to pay current medical expenses and save money for future expenses.

Best of all, it's simple:

- You purchase a high-deductible health insurance plan – such as a WorldCare HDHP plan – that fits the federal government's guidelines for use with Medical Savings Accounts.
- You then set up a Medical Savings Account to draw on for your medical expenses. The money you deposit into the account is deductible on your federal income taxes.

You can draw on the account to pay for a wide range of eligible medical expenses – including qualified expenses not covered under your health insurance plan.

Any money you do not spend earns tax-deferred interest and can be carried forward from year-to-year. At age 65, you also can use the funds for non-medical expenses with no tax penalty.

What are the Financial Advantages?

A high-deductible health insurance plan (such as WorldCare HDHP) paired with a Medical Savings Account gives you three important financial advantages*:

- Lower income taxes now: Your health insurance premiums and the money you deposit into your Medical Savings Account are federal income-tax deductible.
- Tax-deferred savings growth: Your Medical Savings Account earns interest on a tax-deferred basis – and it's tax-free if the money is used for qualified medical expenses.
- Pre-tax dollars to pay eligible medical expenses that include:
 - your insurance plan's deductible and coinsurance
 - qualified expenses not covered under your insurance plan. *For example: Dental and eye care (eyeglasses, contacts, corrective-vision surgery) are not covered by most health insurance plans – but you can pay for them from your tax-favored Medical Savings Account.*
 - premiums for long-term care insurance.

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

Who is Eligible?

To gain the benefits of a high-deductible health insurance plan and Medical Savings Account, you must be self-employed and not covered under any other major medical insurance plan or Medicare.

Any U.S. citizen and National Consumer Alliance Association (NCA) member under age 65 is eligible to apply for World's high-deductible health insurance plans, but only those meeting the criteria above can deduct premiums from federal income taxes* and open a Medical Savings Account.





WorldCare HDHP: 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 WorldCare HDHP plans.

With any WorldCare HDHP health insurance plan, you choose either single or family coverage. After your selected deductible:

- WorldCare HDHP 100 pays 100% at participating physicians and hospitals.
- WorldCare HDHP 80 pays 80% at participating physicians and hospitals.
- WorldCare Traditional HDHP 100 pays 100% at any physician and hospital.
- WorldCare Traditional HDHP 80 pays 80% at any physician and hospital.

Once you reach your selected out-of-pocket limit with any of these plan designs, WorldCare HDHP pays 100% of covered expenses to a \$2 million lifetime maximum.

How Do I Get Started? – It's Easy as 1-2-3

1. Review the WorldCare HDHP health insurance plans on the next page. Select the plan and the deductible to match your needs.
2. Apply for the health insurance plan you select with your World agent.
3. Open a Medical Savings Account with the financial institution of your choice.

Once your health insurance is effective with World, you can make tax-deductible deposits into your Medical Savings Account. You then withdraw money from the account to pay for the qualified medical expenses you choose.

Please note: Your annual tax-deductible* deposits can be up to 65% of the insurance deductible with a single health insurance plan, and up to 75% of the deductible if you have a family plan. Expenses eligible for tax-favored payment using MSA 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 Medical Savings Account until you receive and accept your approved insurance policy/certificate from World. World Insurance Company does not offer or administer Medical Savings 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 Medical Savings Accounts.





Choose the Health Insurance Plan That's Right For You!

Coverage at a Glance for PPO Plans		
	WorldCare HDHP 100	WorldCare HDHP 80
–Lifetime Maximum–	Choice of \$2 million or \$5 million	
–Deductible– –Out of Pocket Maximum–	Determined annually by Federal government. Please see brochure insert, F1555 for current details.	
–Physician Office Visits– –Prescription Drugs– –Inpatient Hospital– –Outpatient Medical–	In-PPO: 100% after deductible. (You pay \$0) Out-of-PPO: 80% after deductible (You pay 20% up to your out-of-pocket maximum)	In-PPO: 80% after deductible. (You pay 20% up to your out-of-pocket maximum) Out-of-PPO: 60% after deductible (You pay 40% up to your out-of-pocket maximum)
–Emergency Room–	In-PPO: 100% after deductible Out-of-PPO: 80% after deductible Plus \$100 copayment if visit is for an illness and patient is not admitted directly into hospital as inpatient.	In-PPO: 80% after deductible Out-of-PPO: 60% after deductible Plus \$100 copayment if visit is for an illness and patient is not admitted directly into hospital as inpatient.
–Foreign Travel Emergency– (Emergency care that begins during first 60 days outside U.S.)	In-PPO: 100% after deductible Out-of-PPO: 80% after deductible \$100,000 lifetime maximum	In-PPO: 80% after deductible Out-of-PPO: 60% after deductible \$100,000 lifetime maximum

Please note that 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.

Coverage at a Glance for Traditional Plans		
	WorldCare Traditional HDHP 100	WorldCare Traditional HDHP 80
–Lifetime Maximum–	Choice of \$2 million or \$5 million	
–Deductible– –Out of Pocket Maximum–	Determined annually by Federal government. Please see brochure insert, F1555 for current details.	
–Physician Office Visits– –Prescription Drugs– –Inpatient Hospital– –Outpatient Medical–	100% after deductible. (You pay \$0)	80% after deductible. (You pay 20% up to your out-of-pocket maximum)
–Emergency Room–	100% after deductible \$100 copayment if visit is for an illness and patient is not admitted directly into hospital as inpatient.	80% after deductible Plus \$100 copayment if visit is for an illness and patient is not admitted directly into hospital as inpatient.
–Foreign Travel Emergency– (Emergency care that begins during first 60 days outside U.S.)	100% after deductible \$100,000 lifetime maximum	80% after deductible \$100,000 lifetime maximum

Expenses are subject to the usual and customary charge limitation described in the back of this brochure, unless they are incurred at providers in World's PPO network listed on your policy/certificate ID card. 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.

Discount Drug Card Included With Your WorldCare HDHP Plan

You will automatically receive a discount drug card with your WorldCare HDHP 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.



Should I Choose a PPO or Traditional Health Plan?

PPO stands for "Preferred Provider Organization," a network of physicians, clinics and hospitals that have agreed to provide World clients with medical care at negotiated prices.

PPO

If you plan to use doctors and hospitals in World's PPO network in your state, a WorldCare PPO plan is your best option.

With a PPO plan, you pay lower premium rates than for comparable non-PPO plans. You'll want to visit PPO providers to receive the highest coverage percentage, since any expenses at non-PPO providers will be covered at a lower percentage.

Additional advantages of using PPO providers include:

- You never have to file a claim when you use a PPO physician, clinic or hospital: The provider files the claim.
- You're not subject to the Usual & Customary charge limitations described later in this brochure.

Covered Expenses at a Glance

• Ambulance service to the nearest hospital qualified to treat the illness or injury (air ambulance limited to \$5,000 per occurrence) • Anesthetics and their administration • Blood or blood plasma, if not replaced • Breast implant removal for medically necessary treatment of a covered illness or injury • Breast reconstruction surgery or prosthetic devices following a covered mastectomy. • Casts, non-dental splints, trusses, crutches or non-orthodontic braces • Diabetes treatment • Durable medical equipment and supplies • Hospital semi-private room and board • Intensive, cardiac, burn or other specialized care unit (out-of-network limited to three times the usual semi-private room charge and up to 30 continuous days) • Initial permanent lens immediately following cataract surgery • Replacement of natural limbs and eyes when loss occurs while covered under the certificate • Mammography • Post-mastectomy care • Medical services and supplies, both inpatient and those provided by a physician • Oxygen and its administration • Prescription drugs • Urgent care treatment • X-ray and laboratory services • X-ray and radiation therapy, cobalt and chemotherapy treatment.

Please refer to the policy/certificate for additional benefits.

Limited Benefits are provided for:

• Allergy testing and injections: \$500 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: \$25,000 maximum lifetime benefit • Home health care: 40 visits per calendar year • Hospice treatment and services: \$5,000 maximum lifetime benefit • Organ transplants: \$500,000 per-organ maximum at a designated transplant facility (\$1 million per-organ maximum with purchase of optional Maximum Benefit Increase). Subject to policy/certificate lifetime maximum • Occupational, physical and speech therapy: \$50 per visit to \$2,000 maximum per calendar year • Skilled nursing facility: up to 60 days in a calendar year • Sleep apnea treatment: \$2,000 maximum lifetime benefit • Spinal manipulation: \$25 per visit to \$500 maximum per calendar year • Sterilization: \$500 maximum lifetime benefit.

Covered after a waiting period:

• Hernia; removal of adenoids and/or tonsils; varicose veins; hemorrhoids; myringotomy or tympanotomy (tubes in ears); or disorders of the reproductive organs not covered during the first six months the policy/certificate is in force, except as treated in emergencies. Sterilization is not covered during the first 12 months the policy/certificate is in force.

What if you're traveling out-of-state? You can still be covered at PPO levels by visiting any provider in the nationwide Beech Street network. This only applies when you're outside your home state.

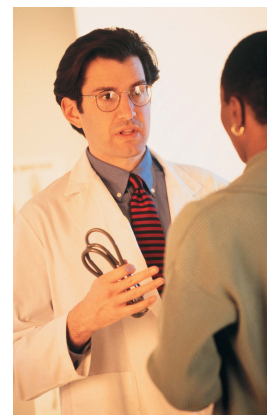
For a directory of PPO providers, go to www.worldinsco.com or ask your agent.

Traditional

If you don't plan to use PPO physicians and hospitals, you'll want a Traditional non-PPO plan.

With these plans, your coverage percentage is the same at any physician, clinic or hospital in the USA. You will be responsible, however, for any charges above the Usual and Customary amount described in the back of 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.





CUSTOMIZE WITH OPTIONAL BENEFITS



On any WorldCare HDHP plan, you can increase your coverage with these options:

Maximum Benefit Option increases lifetime maximum to \$5 million: Your WorldCare HDHP 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 Riders add 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.





Non-Covered Expenses at a Glance

WorldCare HDHP does not cover:

- Acne treatment.
- Alcoholism treatment, chemical dependency, substance abuse, drug addiction treatment, or any loss sustained in consequence of being intoxicated or under the influence of any narcotic or hallucinogenic, unless administered by a physician.
- Autism treatment.
- Birth control pills and any other drug, treatment, or procedure that prevents childbirth, including voluntary termination of pregnancy.
- Blood or blood plasma that has been replaced.
- Care or treatment not prescribed by a physician or not medically necessary, or services or treatment not covered under the policy/certificate.
- Charges eligible for payment by Medicare or any government program, except Medicaid, including care in government institutions unless you are obligated to pay for such care.
- Charges in excess of the Usual and Customary amount.
- Conditions specifically excluded by riders or exclusions attached to your policy/certificate.
- Cosmetic or reconstructive procedures, services, or supplies, including breast reduction or augmentation and complications arising from such procedures, except as covered in your policy/certificate.
- Dental care or treatment, including orthodontia or other treatment involving teeth and supporting structures.
- Expenses for conditions or complications arising from conditions not covered under the policy/certificate, including surgical or medical treatment.
- Expenses incurred before your policy/certificate effective date or after your certificate terminates.
- Expenses incurred while on active duty in the armed services.
- Expenses incurred from declared or undeclared war, or voluntary participation in a riot or insurrection.
- Expenses incurred while engaging in an illegal act or occupation, or during commission or attempted commission of a felony.
- Expenses payable under any motor vehicle insurance policy.
- Expenses payable under workers' compensation or employers' liability law.
- Expenses resulting from suicide or attempted suicide and/or intentionally self-inflicted injuries.
- Expenses you, or your covered dependent, are not required to pay, which are covered by other insurance, including services or supplies covered under an extension of group health benefits provision from another plan, or which would not have been billed if no insurance existed.
- Experimental, investigational, or unproven services or treatment.
- Eye refractions, vision therapy, the purchase or fitting of eyeglasses, contact lenses, hearing aids or lenses for treatment of aphakia or radial keratotomy.
- Hair loss treatment.
- Hernia; removal of adenoids and/or tonsils; varicose veins; hemorrhoids; myringotomy or tympanotomy (tubes in ears); or disorders of the reproductive organs within the first six months your policy/certificate is in force, except as treated in emergencies.
- Infertility diagnosis and treatment, and any attempt to induce fertilization by other than natural means, such as invitro fertilization, artificial insemination or similar procedures.
- Medications and drugs, including vitamins and vitamin mineral supplements, available over-the-counter (OTC), and prescription drugs or medicines not provided by the Prescription Drug Benefit, if included with your policy/certificate.
- Mental or nervous disorders.
- Metatarsalgia; bunions; removal of corns, calluses, or toenails; treatment of weak, strained, flat, unstable, or unbalanced feet or toenail fungus.
- Nonsurgical treatment 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 of muscles, nerves and other tissues related to the joint.
- Preexisting conditions, except as covered under the policy/certificate.
- Preventive treatment, physical exams, and other tests not required as part of medical treatment, including routine physical or premarital examination.
- Rest and/or recuperation cures or care in an extended care facility, convalescent nursing home, skilled nursing facility, or home for the aged, whether or not part of a hospital, and services or supplies for personal convenience, including custodial care or homemaker services, except as provided for in your policy/certificate.
- Routine newborn expenses, complications of a fetus, and pregnancy or childbirth, except for complications of pregnancy.
- Services and/or supplies furnished and/or provided by a member of your immediate family.
- Sex transformations, sex dysfunctions, or reversal of sterilization.
- Tobacco cessation treatment, programs, procedures, or supplies.
- Transportation charges, except as provided in the policy/certificate.
- Treatment received outside the United States, except emergency treatment as described in this brochure.
- Weight loss programs, diets, or treatment of obesity, including gastric bypass surgery and gastric stapling.

Terms to Know...

Preexisting Condition: A preexisting 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 person's Policy/Certificate Effective Date of Coverage.

Preexisting conditions are not covered during the first two years. The exception is that preexisting conditions are covered immediately (subject to policy/certificate provisions) if (a) they were fully disclosed on the insurance application and (b) 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.

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 dependent ceasing to meet the definition of a covered dependent, 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

Premiums are based on attained ages and change yearly for each covered person, except while the policy/certificate is in its initial 12-month rate guarantee period. Premiums also may change if you change your place of residence. Other than at these times, we can change premium rates only if we take the same action on all policies/certificates of the same type issued to persons of your class and area where you then live. You will not be singled out for a premium increase based on your claims experience.

24-Hour Coverage (if Workers' Compensation is not required)

WorldCare HDHP policy/certificate provisions are in effect 24 hours a day.

It's Easy to Apply!

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

About World Insurance Company

Established in 1903, World Insurance Company has built a century-long reputation for quality, affordability and integrity. Ask your agent about the entire family of World Insurance products:

- WorldCare Medical
- Short-Term Medical
- Dental
- Medicare Supplement
- Life

This brochure provides a brief description of the important facts about WorldCare HDHP 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. The policy/certificate approved in your state also may have specific provisions that may vary from the standard version. Please read your policy/certificate carefully.



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Making a World of Difference Since 1903