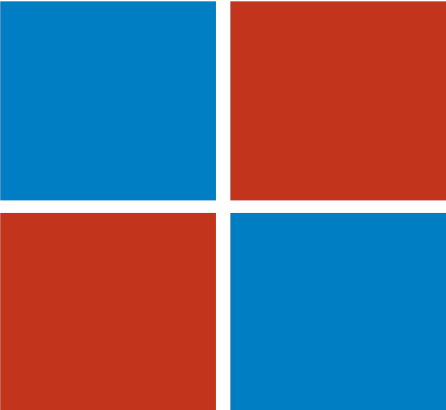


Georgia



WorldCARE™
Flex Advantage

Available only to members of the National Consumer Alliance Association.



Comprehensive

Quality

Flexible

Health Insurance for
Individuals and Families



Your Partner in Individual
Health Insurance Since 1903™



World**CARE**[™]
Flex Advantage

Health Insurance Built For You!

Today more than ever, you want health insurance that provides solid, comprehensive coverage that can minimize what you pay for smaller, routine medical expenses. You also want the option to use any physician, clinic or hospital in America without a referral. And you want the flexibility to match your coverage to your needs and budget.

World Insurance Company meets Americans' needs for predictable costs for medical coverage with quality health insurance. With World, you get what you want.

Our commitment continues today with Flex Advantage, a family of four major medical insurance plans.



Flex Advantage - Major Medical Plans

Major Medical insurance is designed to help individuals and families pay for comprehensive medical expenses, physician office visits and prescription drugs.

Providing up to \$2 million lifetime coverage per covered person (with the option of \$5 million coverage), the Flex Advantage family includes the following plans:

Flex Advantage PPO: Your coverage is strongest at physicians, clinics and hospitals in World's PPO network in your state.

- **Flex Advantage 100** pays 100% at participating PPO providers after selected calendar year deductible.
- **Flex Advantage 80** pays 80% at participating PPO providers after selected calendar year deductible.
- **Flex Advantage 60** pays 60% at participating PPO providers after selected calendar year deductible.

Flex Advantage Traditional: Your coverage is the same at any physician, clinic or hospital in the USA.

- **Flex Advantage Traditional 80** pays 80% at any provider after selected calendar year deductible.

Value-Added Features

These features offer value-added services, such as national PPO network discounts for physician visits, an Rx discount card, 24-hour protection, wellness benefits (PPO only), initial 12-month rate guarantee, 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, 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, until you can reasonably be expected to be transferred to a PPO provider..

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.

Major Medical – PPO vs. TRADITIONAL

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 physicians and hospitals in World’s PPO network in your state, a Flex Advantage PPO plan is your best option. For a directory of PPO providers, go to www.worldinsco.com.

With Flex 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, since any expenses at non-PPO providers will be covered at a lower percentage.

Additional advantages of using PPO providers:

- 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. (What if you’re traveling outside your home state? You can still be covered at PPO levels by visiting any provider in the nationwide travel PPO network.)
- Each PPO plan provides wellness coverage that covers nonstate-mandated, eligible wellness charges up to a maximum of \$250 per covered person, per calendar year. This is not a first-dollar benefit. Applies to

in-network providers only. This benefit is subject to the plan deductible and coinsurance. Only \$250 of wellness charges are considered covered under the plan. If the copay optional rider is selected, the amount in excess of the copay is applied to the \$250 maximum. After the maximum benefit is met, no additional wellness benefits will be considered an eligible charge. There is a six-month waiting period before benefits are covered under the wellness benefit. State-mandated benefits will not be counted toward the \$250 limit.

Traditional

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

With this 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.

OPTIONAL BENEFIT¹ ENHANCEMENTS FOR FLEX ADVANTAGE

Maximum Benefit Option increases lifetime maximum to \$5 million: Your Flex Advantage policy’s lifetime coverage maximum is \$2 million per covered person. The Maximum Benefit Option increases the lifetime maximum to \$5 million per covered person. 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.

Physician Office Visit Copay Benefit (Flex Advantage 100, 80 and 60): The Physician Office Visit Copay Benefit provides, for a \$30 copayment per visit, PPO physician office visits, not to exceed two visits per calendar year. After the two visit maximum, the charges for an in-PPO physician office visit will be subject to deductible and coinsurance. Out-of-PPO visits are subject to out-of-network deductible (except \$16,000 and \$25,000 deductibles) and coinsurance levels. This optional benefit is available at all deductible levels.

Physician Office Visit Copay/DXL Benefit (Flex Advantage 100, 80 and 60): This provides physician office visits for a \$30 per visit copayment, with no maximum on the number of visits per calendar year. Out-of-PPO visits are subject to out-of-PPO deductible and coinsurance levels. This optional benefit is available at all deductible levels (except \$16,000 and \$25,000 deductibles). This benefit also provides diagnostic, X-ray and lab (DXL) benefits up to a maximum of \$200 per covered person, per calendar year without a deductible or coinsurance.

Prescription Drug Copay Benefit (Flex Advantage 100, 80 and 60, and Flex Advantage Traditional 80): This optional benefit, available for all deductibles (except \$16,000 and \$25,000 deductibles), provides prescription drug copayment benefits after a separate \$200 Rx deductible per calendar year is satisfied (no Rx deductible for generic). Under this optional benefit, prescription drugs cost you \$15 or 20 percent* for generic, \$35 or 50 percent* for brand name (formulary) and \$50 or 50 percent* for brand name (non-formulary) drugs. State variations apply. *of the drug’s cost, whichever is greater.

Outpatient Accident Benefit Rider: With the Outpatient Accident Benefit Rider, your plan pays 100 percent of expenses for a covered injury, not to exceed the 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; treatment or services received in a hospital emergency room, urgent care center, physician’s office, or ambulatory surgical center or facility.

Maternity Benefit Option (Flex Advantage 100, 80 and 60, and Flex Advantage Traditional 80): This optional benefit, available for all deductibles (except \$16,000 and \$25,000 deductibles), provides coverage to help pay expenses associated with a normal pregnancy, childbirth, and newborn hospital expenses. Up to eight units of coverage can be purchased to provide benefits up to the amounts shown below. Benefits are determined by the coverage year in which the pregnancy ends. Please check your policy for any state-mandated benefits that apply.

Coverage year	1 Unit	2 Units	3 Units	4 Units	5 Units	6 Units	7 Units	8 Units
1	\$250	\$500	\$750	\$1,000	\$1,250	\$1,500	\$1,750	\$2,000
2	\$375	\$750	\$1,125	\$1,500	\$1,875	\$2,250	\$2,625	\$3,000
3 and after	\$500	\$1,000	\$1,500	\$2,000	\$2,500	\$3,000	\$3,500	\$4,000

Term Life Benefit Riders: The Term Life Benefit Rider provides you/your spouse with annually renewable term life insurance coverage in benefit amounts of \$10,000, \$25,000 or \$50,000.

Mental Disease or Disorder Rider: The rider covers expenses for covered services or supplies resulting from a mental disease or disorder. Covered services and supplies are: a) during the first 30 days of hospital confinement in a calendar year, all services and supplies covered under the policy during an inpatient confinement shall be payable in the same manner as any other covered sickness; b) when not confined in a hospital the first 48 physician visits received in a calendar year.

¹ Available at an additional cost.

You can choose the major medical

Flex Advantage PPO Plans Available

Lifetime Maximum for all plans – \$2 million with option to increase to \$5 million¹

	In-PPO			Out-of-PPO		
	Deductible each year	Then you pay	Maximum amount you pay ⁴	Deductible each year	Then you pay	Maximum amount you pay ²
Flex Advantage 100	\$2,500	0%	\$2,500	\$5,000	30% of \$10,000	\$8,000
	\$5,000	0%	\$5,000	\$10,000	30% of \$10,000	\$13,000
	\$10,000 ³	0%	\$10,000	\$20,000	30% of \$10,000	\$23,000
Flex Advantage 80	\$500	20% of \$5,000	\$1,500	\$1,000	40% of \$10,000	\$5,000
	\$1,000	20% of \$5,000	\$2,000	\$2,000	40% of \$10,000	\$6,000
	\$1,500	20% of \$5,000	\$2,500	\$3,000	40% of \$10,000	\$7,000
	\$2,500	20% of \$5,000	\$3,500	\$5,000	40% of \$10,000	\$9,000
	\$5,000	20% of \$5,000	\$6,000	\$10,000	40% of \$10,000	\$14,000
	\$10,000	20% of \$5,000	\$11,000	\$20,000	40% of \$10,000	\$24,000
Flex Advantage 60 (Limited Hospital Surgical Plan)	\$500	40% of \$10,000	\$4,500	\$1,000	40% of \$20,000	\$9,000
	\$1,000	40% of \$10,000	\$5,000	\$2,000	40% of \$20,000	\$10,000
	\$1,500	40% of \$10,000	\$5,500	\$3,000	40% of \$20,000	\$11,000
	\$2,500	40% of \$10,000	\$6,500	\$5,000	40% of \$20,000	\$13,000
	\$5,000	40% of \$10,000	\$9,000	\$10,000	40% of \$20,000	\$18,000
	\$10,000	40% of \$10,000	\$14,000	\$20,000	40% of \$20,000	\$28,000

Additional Coverage Information for PPO plans

Physician Office Visits <i>Optional benefit is available at all deductible levels.</i>	Subject to deductible and coinsurance.
<p>OPTIONAL Physician Office Visit Copay Benefit: PPO Provider: \$30 copay, limited to two visits per calendar year. After the two visit maximum, the charges will be subject to deductible and coinsurance (Diagnostic X-ray and lab are subject to deductible and coinsurance). Non-PPO - Subject to out-of-PPO deductible and coinsurance levels. Physician Office Visit/DXL Copay Benefit: PPO Provider: \$30 copay, no maximum on number of visits per calendar year. This benefit also provides diagnostic, X-ray and lab (DXL) benefits up to a maximum of \$200 per covered person, per calendar year without deductible and coinsurance; amounts in excess of \$200 will be subject to the deductible and coinsurance. Non-PPO - Subject to out-of-PPO deductible and coinsurance levels.</p>	
Prescription Drugs	Subject to deductible and coinsurance.
<p>OPTIONAL Benefit to provide prescription drug copays: Subject to separate \$200 Rx deductible per person, per calendar year Generic - \$15 or 20%* (no Rx deductible on generic); Brand Name (formulary) - \$35 or 40%*; Brand Name (non-formulary) - \$50 or 40%* *of the drug's cost, whichever is greater.</p>	
Wellness Benefit (Eligibility starts six months after plan is effective.)	Up to \$250 for in-PPO wellness expenses per person, per calendar year. Subject to deductible and coinsurance or copay if optional rider is selected.
Inpatient Hospital	Subject to deductible and coinsurance.
Outpatient Medical	Subject to deductible and coinsurance.
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.
Foreign Travel Emergency (Emergency care that begins during first 60 days outside U.S.)	Subject to deductible and coinsurance; \$100,000 lifetime maximum.
Maternity Benefits	Not Covered, unless Maternity Benefit option is selected. See Optional Benefits.

¹Optional benefit must be purchased to increase lifetime maximum. ²Each calendar year, includes deductible. ³Additional deductibles are available, see the following page or ask your agent. Please note that calendar year deductibles (up to three per family) and coinsurance limits are per covered person, and 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.

insurance plan that's right for you

Flex Advantage Traditional Plans Available			
Lifetime Maximum for all plans – \$2 million with option to increase to \$5 million¹			
	Deductible each year	Then you pay	Maximum amount you pay²
Flex Advantage Traditional 80	\$500	20% of \$10,000	\$2,500
	\$1,000	20% of \$10,000	\$3,000
	\$1,500	20% of \$10,000	\$3,500
	\$2,500	20% of \$10,000	\$4,500
	\$5,000	20% of \$10,000	\$7,000
	\$10,000	20% of \$10,000	\$12,000
Additional Coverage Information for the Traditional Plans			
Physician Office Visits	Subject to deductible and coinsurance.		
Prescription Drugs	Subject to deductible and coinsurance. OPTIONAL Benefit to provide prescription drug copays: Subject to separate \$200 Rx deductible per person, per calendar year Generic - \$15 or 20%* (no Rx deductible on generic); Brand Name (formulary) - \$35 or 40%*; Brand Name (non-formulary) - \$50 or 40%* *of the drug's cost, whichever is greater.		
Inpatient Hospital	Subject to deductible and coinsurance.		
Outpatient Medical	Subject to deductible and coinsurance.		
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.		
Foreign Travel Emergency (Emergency care that begins during first 60 days outside U.S.)	Subject to deductible and coinsurance; \$100,000 lifetime maximum.		
Maternity Benefits	Not Covered, unless Maternity Benefit option is selected. See Optional Benefits.		

¹Optional benefit must be purchased to increase lifetime maximum. ²Each calendar year, includes deductible.

Please note that calendar year deductibles (up to three per family) and coinsurance limits are per covered person. 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 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.

Larger Deductible Amounts

These additional deductible amounts, available on the Flex Advantage PPO 100 and Hospital/Surgical plans, are designed for individuals and families who are looking to share a higher portion of their medical expenses in exchange for coverage against large medical expenses. Additional coverage information is the same for these higher deductible amounts, however, the Rx and Physician Office Visits (and DXL, etc.) and Maternity Benefit optional benefits are not available.

Higher Deductible Amounts Available on PPO 100 and Hospital Surgical Plans						
	In-PPO			Out-of-PPO		
	Deductible each year	Then you pay	Maximum amount you pay³	Deductible each year	Then you pay	Maximum amount you pay³
Flex Advantage 100	\$16,000	0%	\$16,000	\$32,000	30% of \$10,000	\$35,000
	25,000	0%	\$25,000	\$50,000	30% of \$10,000	\$53,000

³Each calendar year, includes deductible.

Covered Expenses at a Glance

Flex Advantage PPO and Traditional

- 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.
- Emergency out-of-network services. If you use an out-of-PPO provider to receive medically necessary emergency services, 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.
- Hospital semiprivate room and board.
- Initial permanent lens immediately following cataract surgery.
- Intensive, cardiac, burn or other specialized care unit (out-of-network limited to three times the usual semiprivate room charge and up to 30 continuous days).
- Replacement of natural limbs and eyes when loss occurs while covered under the certificate.
- Mammography.
- Medical services and supplies, both inpatient and those provided by a physician.
- Post-mastectomy care.
- Oxygen and its administration.

- Prescription drugs.
- Urgent care treatment.
- X-ray and radiation therapy, cobalt and chemotherapy treatment.
- X-ray and laboratory services.

Please refer to your policy for additional information on covered expenses.

Limited Benefits are provided for:

- Allergy testing and injections: \$500 per calendar year.
- Chiropractic care: \$25 per day to \$500 per calendar year maximum. Subject to deductible and coinsurance.
- 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 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. Sterilization is not covered during the first 12 months the policy is in force.

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 are not covered during the first six months the policy is in force, unless such conditions are treated as an emergency basis.

Please refer to your policy for additional information on limited benefits.



Non-Covered Expenses at a Glance

Flex Advantage PPO and Traditional

Flex Advantage 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.
- 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.
- Cosmetic or reconstructive procedures, services, or supplies, including breast reduction or augmentation and complications arising from such procedures, except as provided in the policy.
- 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, including surgical or medical treatment.
- Expenses incurred before your policy effective date or after your policy 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 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).
- 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.
- Pre-existing conditions.
- Preventive treatment, physical exams, and other tests not required as part of medical treatment, including routine physical or premarital examination, except as covered under the policy.
- 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 in the policy.
- 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.
- 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.

Please refer to your policy for additional information on limited benefits.

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 5-year period, or which produced symptoms within a 5-year period, prior to that person's Policy Effective Date of coverage. Pre-existing conditions are not covered during the first 12 months. The exception is that pre-existing conditions are covered immediately (subject to policy 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 any U&C reduction 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 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 covered person moving out of an area in which we offer coverage (e.g., an area without PPO providers on a PPO plan); or if we discontinue all policies of the same type in a specific state or nationwide.

The Premium Rate is Subject to Change

All premiums are based upon attained age. 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. 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.

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

Flex Advantage policy provisions are in effect 24 hours a day.

It's Easy to Apply!

To apply for Flex Advantage 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. All applications are subject to acceptance or approval by the insurer.

About World Insurance Company

Established in 1903, World Insurance Company has built a century-long reputation on quality and integrity.

Ask your agent about the entire family of World Insurance products:

- HD Advantage Medical
- Short-Term Medical
- Value Advantage Medical
- Individual Dental

This brochure provides a brief description of the important facts about Flex Advantage plans. The policy itself, however, sets forth in detail the rights and obligations of both you and World Insurance Company. Please read your policy carefully.



World Insurance Company • P.O. Box 3160 • Omaha, Nebraska • 68103

Your Partner in Individual Health Insurance Since 1903™