

# WorldCARE

# *Flex*



Health insurance for individuals and families.

Affordable, quality protection.

Flexibility to match coverage to your needs.

Available to members of the National Consumer Alliance Association.



# World**CARE** *Flex*

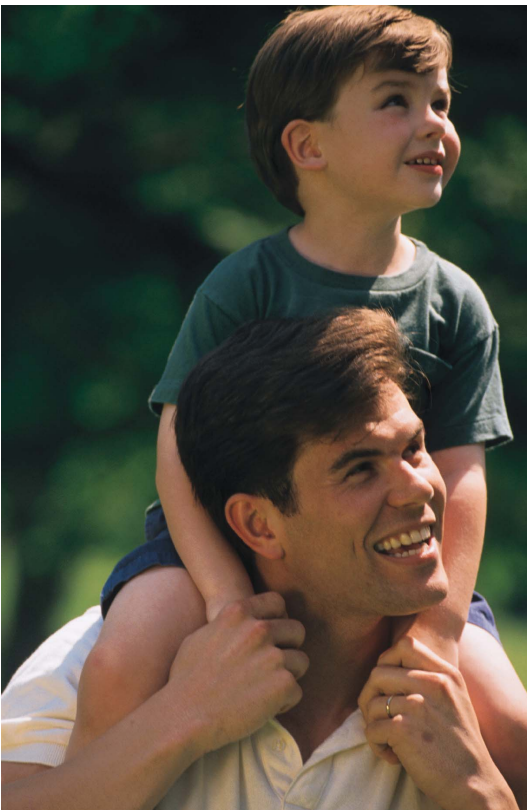
## **HEALTH INSURANCE BUILT FOR YOU**

Today more than ever, you need health insurance that's reasonably-priced and provides solid coverage. 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.

At World Insurance Company, meeting the need for affordable, quality health insurance has been our top priority since 1903.

This commitment continues today with:

- WorldCare Flex, a family of four health insurance plans



### **WorldCare Flex - Major Medical Type Plans**

WorldCare Flex health insurance is designed to help individuals and families pay for large medical expenses, physician visits and prescription drugs.

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

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

- **WorldCare Flex 100** pays 100% at participating providers
- **WorldCare Flex 80** pays 80% at participating providers
- **WorldCare Flex 70\*** pays 70% at participating providers

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

- **WorldCare Flex Traditional 80** pays 80% at any provider

\*Limited Benefit Hospital/Surgical Plan

## **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.

# 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 doctors and hospitals in World’s PPO network in your state, a WorldCare Flex PPO plan is your best option.

With WorldCare Flex 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 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.

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](http://www.worldinsco.com) or ask your agent.



## Traditional

If you don’t plan to use PPO physicians and hospitals, you’ll want a WorldCare Flex 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

You can increase your coverage with these options:

**Maximum Benefit Option increases lifetime maximum to \$5 million:** Your WorldCare Flex policy’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.

**Outpatient Accident Benefit Rider offers first-dollar coverage for injuries:** With the Outpatient Accident Benefit Rider, WorldCare Flex pays up to \$500 or \$1,000 (you choose the level of coverage) 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.

**Physician Office Visit Copay Benefit (WorldCare Flex 100, 80 and 70 Limited Benefit):** The Physician Office Visit Copay Benefit provides two in-network physician office visits per calendar year for a \$35 per visit copayment. After the two visit maximum, the charges will be subject to deductible and coinsurance. Out-of-Network visits are subject to out-of-network deductible and coinsurance levels. This optional benefit is available at all deductible levels.

**Prescription Drug Benefit (WorldCare Flex 100, 80 and 70 Limited Benefit; and WorldCare Flex Traditional 80):** This optional benefit, available for all deductibles, provides prescription drug copayment benefits after a separate \$100 RX deductible per calendar year is satisfied. Under this optional benefit, prescription drugs cost you \$20 or 20 percent\* for generic, \$35 or 40 percent\* for brand name (formulary) and \$50 or 40 percent\* for brand name (non-formulary) drugs. State variations apply.

\*of the drug’s cost, whichever is greater.

# You can choose the major medical insurance plan that's right for you

<b>Coverage at a Glance for PPO Plans</b>			
	<b>WorldCare Flex 100</b>	<b>WorldCare Flex 80</b>	<b>WorldCare Flex 70*</b>
<b>Lifetime Maximum</b>	Choice of \$2 million or \$5 million	Choice of \$2 million or \$5 million	Choice of \$2 million or \$5 million
<b>Calendar Year Deductibles</b> (PPO and non-PPO deductibles accumulate separately)	Choice of \$2,500, \$5,000, \$10,000. Additional \$500 deductible for non-PPO.	Choice of \$500, \$1,000, \$1,500, \$2,500, \$5,000. Additional \$500 deductible for non-PPO.	Choice of \$500, \$1,000, \$1,500, \$2,500, \$5,000. Additional \$500 deductible for non-PPO.
<b>Calendar Year Coinsurance</b> (World pays/you pay)	In-PPO: 100%/0% Out-of-PPO: 70%/30% to \$10,000	In-PPO: 80%/20% to \$5,000 Out-of-PPO: 60%/40% to \$10,000	In-PPO: 70%/30% to \$10,000 Out-of-PPO: 60%/40% to \$20,000
<b>Calendar Year Out-of-Pocket Maximum</b> (Your maximum payment after deductible. Copayments for physician office visits, drugs and emergency room are not included in maximum).	In-PPO: \$0 Out-of-PPO: \$3,000 plus charges above usual and customary.	In-PPO: \$1,000 Out-of-PPO: \$4,000 plus charges above usual and customary.	In-PPO: \$3,000 Out-of-PPO: \$8,000 plus charges above usual and customary.
<b>Physician Office Visits</b>	Subject to deductible and coinsurance.	Subject to deductible and coinsurance.	Subject to deductible and coinsurance.
<p><b>Optional: Physician Office Visit Copay Benefit</b></p> <p><b>In-Network</b> - \$35 copay, limited to two visits per calendar year. After the two visit maximum, the charges will be subject to deductible and coinsurance.</p> <p><b>Out-of-Network</b> - Subject to out-of-network deductible and coinsurance levels. <i>Optional benefit is available at all deductible levels.</i></p>			
<b>Prescription Drugs</b>	Subject to deductible and coinsurance.	Subject to deductible and coinsurance.	Subject to deductible and coinsurance. Covers generic only.
*of the drug's cost, whichever is greater.	<p><b>Optional: Benefit to provide prescription drug copays</b> Subject to separate \$100 RX deductible per calendar year</p> <p><b>Generic</b> - \$20 or 20%*</p> <p><b>Brand Name (formulary)</b> - \$35 or 40%*</p> <p><b>Brand Name (non-formulary)</b> - \$50 or 40%*</p> <p><i>State variations apply.</i></p>		
<b>Inpatient Hospital</b>	Subject to deductible and coinsurance.	Subject to deductible and coinsurance.	Subject to deductible and coinsurance.
<b>Outpatient Medical</b>	Subject to deductible and coinsurance.	Subject to deductible and coinsurance.	Subject to deductible and coinsurance.
<b>Emergency Room</b>	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.	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.	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.
<b>Foreign Travel Emergency</b> (Emergency care that begins during first 60 days outside U.S.)	Subject to deductible and coinsurance; \$100,000 lifetime maximum.	Subject to deductible and coinsurance; \$100,000 lifetime maximum.	Subject to deductible and coinsurance; \$100,000 lifetime maximum.

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.

\*Limited Benefit Hospital/Surgical Plan

# You can choose the major medical insurance plan that's right for you

<b>Coverage at a Glance for Traditional Plans</b>	
<b>WorldCare Flex Traditional 80</b>	
<b>Lifetime Maximum</b>	Choice of \$2 million or \$5 million
<b>Calendar Year Deductibles</b>	Choice of \$500, \$1,000, \$1,500, \$2,500, \$5,000
<b>Calendar Year Coinsurance</b> (World pays/you pay)	80%/20% to \$10,000
<b>Calendar Year Out-of Pocket Maximum</b> (Your maximum payment after deductible. Copayments for physician office visits, drugs and emergency room are not included in maximum).	\$2,000 Plus charges above usual and customary.
<b>Physician Office Visits</b>	Subject to deductible and coinsurance.
<b>Prescription Drugs</b>  *of the drug's cost, whichever is greater.	Subject to deductible and coinsurance.  <div style="border: 1px solid black; border-radius: 15px; padding: 10px; text-align: center;"> <p><b>Optional: Benefit to provide prescription drug copays</b>            Subject to separate \$100 RX deductible per calendar year  <b>Generic</b> - \$20 or 20%*  <b>Brand Name (formulary)</b> - \$35 or 40%*  <b>Brand Name (non-formulary)</b> - \$50 or 40%*  <i>State variations apply.</i></p> </div>
<b>Inpatient Hospital</b>	Subject to deductible and coinsurance.
<b>Outpatient Medical</b>	Subject to deductible and coinsurance.
<b>Emergency Room</b>	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.
<b>Foreign Travel Emergency</b> (Emergency care that begins during first 60 days outside U.S.)	Subject to deductible and coinsurance; \$100,000 lifetime maximum.

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 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.

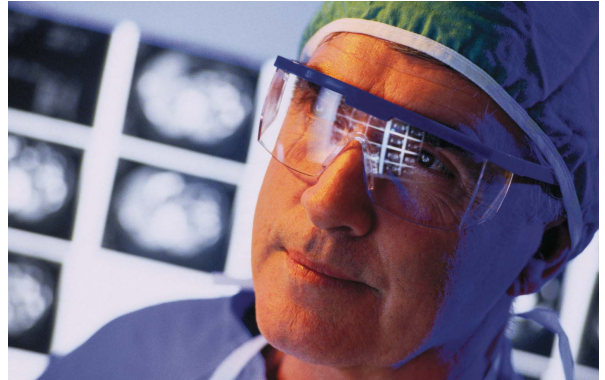
## Discount Drug Card Included with Your Certificate

If your coverage does not include the Prescription Drug Copayment feature, or covers only generic drugs, you will receive a discount drug card with your policy. 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.

# Covered Expenses at a Glance

## WorldCare Flex PPO and WorldCare Flex Traditional

- 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 a maximum 30 continuous days).
  - Medical services and supplies, both inpatient and those provided by a physician.
  - X-ray and laboratory services.
  - 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.
  - 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.
  - Oxygen and its administration.
  - Prescription drugs.
  - Urgent care treatment.
  - X-ray and radiation therapy, cobalt and chemotherapy treatment.
  - Annual pap smear.
  - Annual prostate-specific antigen test for a covered male age 40 or older.
- Please refer to the policy for additional benefits.



### **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: \$100 per day outpatient/\$200 per day inpatient; \$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: After 12 consecutive months covered, \$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 is in force, except as treated in emergencies. Sterilization is not covered during the first 12 months the policy is in force.

# Non-Covered Expenses at a Glance

WorldCare Flex PPO, WorldCare Flex Traditional and WorldCare Flex Limited

## WorldCare Flex 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 covered in your 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 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/certificate.
- 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), and prescription drugs or medicines not provided by the Prescription Drug Benefit, if included with your policy.
- Mental or nervous disorders.
- Metatarsalgia; bunions; removal of corns, calluses, or toenails; treatment of weak, strained, flat, unstable, or unbalanced feet or toenail fungus.
- Pre-existing 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.
- 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...

**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 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); or if we discontinue all policies of the same type in a specific state or nationwide.

### The Premium Rate is Subject to Change

Premiums are based on attained ages and change yearly for each covered person, except while the policy 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 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 Flex policy provisions are in effect 24 hours a day.

## It's Easy to Apply!

To apply for WorldCare Flex 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 Flex Medical
- Short-Term Medical
- Dental
- Medicare Supplement
- Life

*This brochure provides a brief description of the important facts about WorldCare Flex plans. The policy itself, however, sets forth in detail the rights and obligations of both you and World Insurance Company. The policy approved in your state also may have specific provisions that may vary from the standard version. Please read your policy carefully.*

