

EXPRESS MED



ExpressMed Premier HSA

Comprehensive coverage with an HSA Account

*This plan meets the requirements of the
Patient Protection and Affordable Care Act of 2010.*

HEALTH PLAN
EXPRESS

Where America Buys Health Insurance

ExpressMed Premier HSA Program

When you choose an **ExpressMed Premier HSA** insurance program from World Insurance Company (World), you'll get more than solid, reliable health insurance coverage, you'll also get the right balance of **cost, coverage and convenience.**

What is an HSA?

An HSA – or Health Savings Account – is a tax-advantaged account funded by you, allowable when you purchase a special type of insurance known as an HSA-qualified health plan.

Money in the account belongs to you, can be used for qualified medical expenses and can be rolled over each year.

The **ExpressMed Premier HSA** Program is Comprised of Two Money-Saving Components:

1 A specific type of health insurance plan called an HSA-qualified plan

- You get *Comprehensive Major Medical* coverage that protects you financially from major accidents and illnesses
- You get the convenience of a **Family Deductible** – not individual deductibles for each family member
- Provides a range of allowable deductibles and maximum out-of-pocket expenses (established by the federal government) which allows you to qualify for an HSA account


2 A special tax-advantaged Health Savings Account (HSA)

- Amount you contribute each year can be deducted from income tax
- Helps pay for everyday qualified health care costs, for example:
 - ✓ *Your deductible*
 - ✓ *Out-of-pocket expenses*
 - ✓ *Eyeglasses and contact lenses*
 - ✓ *Prescriptions and over-the-counter medicines*
 - ✓ *Dental treatments*
 - ✓ *Chiropractic treatments*
 - ✓ *Hearing aids*
 - ✓ *Long Term Care insurance*

For additional information about IRS-allowable expenses, please visit the IRS website at www.irs.gov and click on **“Forms and Publications.”**

- Funds carry over each year and grow on a tax-deferred basis

Quick Tip



Use your HSA Account to pay medical expenses for you and your family

Even if they are not covered under your HSA-qualified plan, you can withdraw money tax free to pay for qualified health care costs for you and your tax-dependent family members.

Quick Tip



Ways to fund your HSA account

1. Immediately establish your account with at least a minimum deposit.
2. Put money into your account when you need it - like when you have a doctor bill to pay - then pay your doctor from the account. **OR...**
3. Put money in your account regularly, so it's there when you need it.
4. In 2011, you can contribute up to \$3,050 annually for yourself, \$6,150 for your family.

If you are between the ages of 55 and 65, you can contribute or **“catch up”** an additional amount of \$1,000 in 2011.

How An HSA Can Reduce Your Income Taxes...

Get Triple Tax Savings with an HSA:

1. The money you contribute into your HSA Account is tax deductible.
2. Earnings in your account are tax deferred.
3. Withdrawals for qualified expenses remain tax free.

Calculate Your HSA Savings

Federal Tax Table

Taxable Income	Taxable Income	Your Marginal Tax Bracket
Single	Married Filing Jointly	
\$0 - \$8,375	\$0 - \$16,750	10%
\$8,375 - \$34,000	\$16,750 - \$68,000	15%
\$34,000 - \$82,400	\$68,000 - \$137,300	25%
\$82,400 - \$171,850	\$137,300 - \$209,250	28%
\$171,850 - \$373,650	\$209,250 - \$373,650	33%
\$373,650 +	\$373,650 +	35%

Based on 2010 tax table which is subject to change.

Source: Internal Revenue Service (www.irs.gov)

HSA Federal Income Tax Savings Calculator

Example

Step A	HSA Contribution Amount	\$ <u>(\$1,000)</u>
Step B	Federal Marginal Tax Bracket	x <u>(.25)</u> %
Step C	Estimated Federal Income Tax Savings (Multiply A x B)	= \$ <u>(\$250)</u>

You may also receive tax savings based on your state income tax.

HSA Features from HealthEquity®

We've chosen HealthEquity to provide you with extra HSA features. If you open a HealthEquity HSA Account, you'll have:

- ✓ **No Monthly Service Fee** – when you fund your account with \$50 or more and your coverage remains in force
- ✓ **Access to Your Claims Online**
- ✓ **Account Management Tools** – and the ability to pay your provider online
- ✓ **Debit Card and Online HSA Account Access**
- ✓ **Various Investment Management Options**
- ✓ **Easy Health Assessment Program** – helps you get a better handle on your current health ... and shows you smart ways to take better care of yourself
- ✓ **Symptom Checker** – helps you diagnose and understand a health-related condition
- ✓ **Care Guides** – understand the best way to care for various health conditions
- ✓ **Hospital Comparison Tool** – research and compare hospitals based on cost and quality

Signing up for a HealthEquity HSA Account is easy. Simply ask your agent.

As always, please consult your tax advisor regarding tax deductibility. This brochure outlines the advantages of HSAs and health insurance plans that are HSA-qualified in general and does not constitute tax advice.

Quick Tip

HSA Account

An HSA Account is not a “use it or lose it” account. The money carries over year after year. All withdrawals for qualified medical expenses remain tax free, even in retirement.

You can choose to let your HSA funds grow for retirement. At age 65, you can take your money out for any reason. You pay only standard income tax on the amount you withdraw not used for qualified medical expenses.

Quick Tip

Opening Your HSA Account

1. Choose an HSA-qualified health plan that best meets your individual needs.
2. Once your HSA-qualified plan is effective, open an HSA Account with HealthEquity or the financial institution of your choice.
3. Then fund your account in the manner you choose once your medical plan becomes effective.

ExpressMed Premier HSA Comprehensive Plan

The HSA Plan Provides You:

Tax Advantages

The money you put into your HSA Account can be deducted each year from your taxes, and your HSA Account earns tax deferred interest. Plus, any money withdrawn from the account remains tax free as long as it's used to pay for qualified medical expenses.

Simplicity of a Single Family Deductible

The *ExpressMed Premier HSA* plan gives you one simple deductible for the entire family — no separate deductible for each family member.

No Lifetime Maximum

Your plan pays for all eligible medical expenses you incur in your lifetime.

2-Year Rate Protection

Help protect your rates for two years with this option. This kind of rate stability makes budgeting so much easier.

Preventive Services

To help you maintain your good health, many preventive services are paid at 100%.

Discounted Costs for Health Care

World has negotiated lower, discounted rates on covered health care treatment for you through our network of preferred providers.

Freedom To Choose Your Own Doctors

You can choose your own doctors and hospitals. Coverage is provided whether treatment is received inside or outside the network. We do encourage the use of network preferred providers whenever possible to ensure that you receive maximum benefits and cost savings.

This Coverage is Yours to Keep, Wherever You Go

When you purchase an individual health insurance plan it's not tied to your job. Your plan is yours to keep wherever you go.

ExpressMed Premier HSA Comprehensive Plan

You'll save money when using doctors within your PPO network because World Insurance Company has negotiated **special discounts ... which means you'll pay less.**

Freedom to choose your own doctors

Coverage is provided whether treatment is received inside or outside the network. We do encourage the use of network providers whenever possible to ensure that you receive maximum benefits and cost savings.

If you use doctors outside the PPO network, you'll pay a greater share of covered expenses. In-network and out-of-network benefit differences are noted in the "Customize Your Protection" pages. In-network and out-of-network deductibles and coinsurance are accumulated separately.

Finding out if your doctor is in your PPO network is easy. You have 3 options ...

Ask your doctor

Your doctor has a complete listing of all the PPO networks in which he or she participates

Visit www.worldinsco.com

- Click on "Find a Provider"
- Select your PPO network
- Click on the network's link and search for your doctor

Ask your agent

Your agent will be happy to give you the PPO network information you need



ExpressMed Premier HSA Comprehensive Plan

Your prescription drug benefits begin immediately

Simply present your Express Scripts drug card at a participating pharmacy

You can find a list of participating pharmacies — along with your plan's formulary list — at www.express-scripts.com. “Formulary” is a list of eligible outpatient drugs.

The preferred list may include Generic and Brand Name drugs. Generic drugs have the same active ingredients as Brand Name drugs — but generally cost less. Both Generic and Brand Name drugs are approved by the Food & Drug Administration.

There are also Specialty drugs — high-cost medications and biologicals that are often used to treat complex clinical conditions. They usually require close management by a physician because of their potential side effects and need for frequent dosage adjustments.



Summary of Covered Expenses

Coverage On or Off the Job, 24 Hours a Day, 7 Days a Week



All benefits are per person and **subject to deductible and coinsurance** unless noted.

Covered Expenses	
Inpatient Hospital Confinement and Administered Services and Supplies	Covered
Outpatient Surgery and Administered Services and Supplies	Covered
Emergency Room Services and Supplies <i>You pay the \$100 access fee (per visit). The access fee is waived if you are directly admitted to the hospital. (Access fee not applicable in Illinois.)</i>	Covered
Urgent Care Facility Services and Supplies	Covered
Office Visits	Covered
Preventive Services <i>As provided by the Patient Protection and Affordable Care Act of 2010, this benefit includes, but is not limited to, mammography, cervical and colorectal cancer screenings, childhood immunizations and cholesterol screenings.</i>	Covered <i>not subject to deductible and coinsurance</i>
Outpatient Prescription Drugs <i>Specialty drugs are always subject to deductible and coinsurance</i>	Covered
X-Ray & Laboratory Performed in a Physician's Office	Covered
Outpatient MRIs, CAT and PET Scans	Covered
Ground Ambulance and Air Ambulance	Covered
Durable Medical Equipment	Covered
Home Health Care <i>Up to 40 visits per calendar year.</i>	Covered
Hospice <i>Up to \$100 per day on an outpatient basis; up to \$200 per day on an inpatient basis with a \$5,000 Lifetime Maximum Benefit.</i>	Covered
Skilled Nursing <i>Up to 60 days per calendar year.</i>	Covered
Radiation/Chemotherapy	Covered
Breast Reconstruction	Covered
Acute Rehabilitation	Covered
Organ Transplants	Covered
Outpatient Occupational, Physical and Speech Therapies <i>\$50 per visit - up to 100 visits per calendar year for all therapies combined.</i>	Covered
Emergency Foreign Travel <i>\$100,000 Lifetime Maximum Benefit.</i>	Covered
Treatment of Allergies <i>Up to \$500 per calendar year.</i>	Covered
Treatment of Sleep Apnea <i>\$2,000 Lifetime Maximum Benefit.</i>	Covered
Treatment of Growth Disorders <i>\$15,000 Lifetime Maximum Benefit.</i>	Covered
Spinal Manipulation (on an outpatient basis) <i>Up to \$50 per visit, and \$500 per calendar year.</i>	Covered
Sterilization <i>\$500 Lifetime Maximum Benefit. There is a 12-month waiting period.</i>	Covered

Customize Your Protection with These Options

All benefits are per person, per calendar year and available for the HSA Comprehensive Plan.

Benefit Selections

The benefit selection options were designed with the HSA-qualified plan federal guidelines in mind. Please note, the out-of-network deductible is two times in-network.

Individual

Deductible	Coinsurance		In-network	Out-of-network
<input type="checkbox"/> \$1,500 <input type="checkbox"/> \$3,050 <input type="checkbox"/> \$5,950	100%/0%	You pay:	0%	20% of \$22,500
		We pay:	100%	80% of \$22,500, then 100%
<input type="checkbox"/> \$1,500	90%/10%	You pay:	10% of \$44,500	30% of \$29,667
		We pay:	90% of \$44,500, then 100%	70% of \$29,667, then 100%
<input type="checkbox"/> \$3,050	90%/10%	You pay:	10% of \$29,000	30% of \$19,333
		We pay:	90% of \$29,000, then 100%	70% of \$19,333, then 100%
<input type="checkbox"/> \$1,500	50%/50%	You pay:	50% of \$8,900	50% of \$17,800
		We pay:	50% of \$8,900, then 100%	50% of \$17,800, then 100%
<input type="checkbox"/> \$3,050	50%/50%	You pay:	50% of \$5,800	50% of \$11,600
		We pay:	50% of \$5,800, then 100%	50% of \$11,600, then 100%

Family

Deductible	Coinsurance		In-network	Out-of-network
<input type="checkbox"/> \$3,000 <input type="checkbox"/> \$6,150 <input type="checkbox"/> \$7,500 <input type="checkbox"/> \$11,900	100%/0%	You pay:	0%	20% of \$44,500
		We pay:	100%	80% of \$44,500, then 100%
<input type="checkbox"/> \$3,000	90%/10%	You pay:	10% of \$89,000	30% of \$59,333
		We pay:	90% of \$89,000, then 100%	70% of \$59,333, then 100%
<input type="checkbox"/> \$6,150	90%/10%	You pay:	10% of \$57,500	30% of \$38,333
		We pay:	90% of \$57,500, then 100%	70% of \$38,333, then 100%
<input type="checkbox"/> \$7,500	90%/10%	You pay:	10% of \$44,000	30% of \$29,333
		We pay:	90% of \$44,000, then 100%	70% of \$29,333, then 100%
<input type="checkbox"/> \$3,000	50%/50%	You pay:	50% of \$17,800	50% of \$35,600
		We pay:	50% of \$17,800, then 100%	50% of \$35,600, then 100%
<input type="checkbox"/> \$6,150	50%/50%	You pay:	50% of \$11,500	50% of \$23,000
		We pay:	50% of \$11,500, then 100%	50% of \$23,000, then 100%
<input type="checkbox"/> \$7,500	50%/50%	You pay:	50% of \$8,800	50% of \$17,600
		We pay:	50% of \$8,800, then 100%	50% of \$17,600, then 100%

All benefits are per person, per calendar year and available for the HSA Comprehensive Plan.

■ Indicates this benefit is included in your plan. Customize your benefits if you choose.

Benefit Selections	
<p>Initial Rate Protection <i>The Initial Rate Period benefit locks in your initial premium (unless there is a change of residence, benefits, networks or covered persons, or we are required by law to change benefits or limitations in your coverage).</i></p>	<p><input checked="" type="checkbox"/> 1 year initial rate period <input type="checkbox"/> 18 month initial rate period (available with deductibles of \$1,500 or greater) <input type="checkbox"/> 2 year initial rate period (available with deductibles of \$3,000 or greater) <i>(Only the 1 year initial rate period is available in Colorado.)</i></p>
<p>Preventive Services <i>Out-of-network preventive services are subject to deductible and coinsurance.</i></p>	<p><input type="checkbox"/> No waiting period <input type="checkbox"/> 6 month waiting period</p>

Additional Benefits			
<p>Accident Expense Benefit <i>Pays first-dollar benefits for covered injuries right away, meaning you don't pay coinsurance or deductibles before benefits are paid. Benefit must be less than or equal to deductible.</i></p>	<p><input type="checkbox"/> \$500 <input type="checkbox"/> \$2,000 <input type="checkbox"/> \$5,000</p>	<p><input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$10,000</p>	<p><input type="checkbox"/> \$1,500 <input type="checkbox"/> \$3,000</p>
<p>Term Life <i>This benefit provides you (and your family if selected) with annually renewable term life insurance coverage. It may be converted to a World Insurance Company whole life policy. The term life rider is available to children age 19 - 27 if enrolled as a full-time student and financially dependent on you.</i></p>	<p><input type="checkbox"/> Individual - \$15,000 <input type="checkbox"/> Plus Family: Spouse \$7,500 Child 14 days to 6 months \$250 Child 6 months to 27 years \$1,000 <input type="checkbox"/> Individual - \$25,000 <input type="checkbox"/> Plus Family: Spouse \$12,500 Child 14 days to 6 months \$500 Child 6 months to 27 years \$2,000</p>		
<p>Critical Illness Benefit <i>Cash benefits paid directly to you to spend as you wish if you're diagnosed with a critical illness. Benefits will be paid according to the schedule in your insurance contract.</i></p>	<p><input type="checkbox"/> \$25,000</p>		
<p>Short-Term Convalescent Care Benefit <i>Pays a daily cash benefit to help with expenses if you're confined in a nursing home or assisted living facility. There is a 20-day waiting period before benefits will be paid.</i></p>	<p><input type="checkbox"/> Daily benefit of \$_____ available in \$10 increments from \$100 to \$200 Lifetime Maximum Benefit: <input type="checkbox"/>90 days <input type="checkbox"/>180 days <input type="checkbox"/>360 days</p>		
<p>Maternity <i>Helps pay pregnancy-related expenses such as prenatal care, delivery, newborn hospital costs and postpartum care after delivery. Benefits will be payable for pregnancies beginning after a 6-month waiting period.</i></p>	<p><input type="checkbox"/> \$2,500 maternity deductible with 0% coinsurance <i>(the out-of-network deductible is \$5,000)</i> <i>(only available with 100%/0% coinsurance option when the deductible is \$3,050 or less for individuals and \$7,500 or less for families)</i></p>		

Exclusions & Limitations

Important Information About Your Plan

The exclusions and limitations listed below are typical, but your state may have slight differences. Please see your insurance contract for specific details.

- Coverage will not be provided for pre-existing conditions (*except as required by law*); treatment, services and/or supplies not covered under the plan; or expenses incurred before the Issue Date or after the coverage terminates, except as provided.

No benefits will be provided for:

- pregnancy, prenatal care or normal childbirth, except for covered complications of pregnancy or as specifically provided
- routine newborn or well-child care, except as specifically provided
- any drug (*including birth control pills*), supply, treatment, or procedure used for the prevention of conception and/or childbirth
- services or supplies not needed for medical treatment, except as specifically provided
- expenses resulting from or engaging in an illegal act or occupation or committing or attempting to commit a felony
- illness or injury caused by or resulting from use of alcohol, illegal drugs, voluntary use of any controlled substance or use of prescription or over-the-counter drugs that are not taken in the dosage or purpose prescribed
- illness or injury resulting from participation in a high-risk activity for pay or commercial purposes including, but not limited to: skydiving, parachuting, bungee jumping, rodeo participation or organized contests of speed
- infertility treatment or any treatment to promote conception
- over-the-counter drugs, whether or not prescribed by a physician
- routine hearing care, artificial hearing devices or other means of enhancing, creating or restoring auditory comprehension
- routine vision care; glasses; contact lenses; vision therapy, exercise or training, except as specifically provided
- surgery to correct visual acuity including, but not limited to, LASIK and other laser surgery
- treatment of mental or nervous disorders, except as specifically provided
- expenses resulting from suicide, attempted suicide or intentional self-inflicted injury
- appliances for or medical or surgical expenses of the jaw
- dental care, except as specifically provided
- treatment of temporomandibular joint dysfunction (TMJ) and craniomandibular joint dysfunction (CMD)
- treatment of hair loss, acne or rosacea and related conditions
- treatment or complications from treatment that are not medically necessary
- expenses incurred during military service or participation in war, whether declared or not
- breast reduction or augmentation or complications, except as specifically provided
- bunions; removal of corns, calluses or toenails; foot inserts; or orthopedic shoes or supportive devices for the feet
- cosmetic services, cosmetic peels, and reconstructive or plastic surgery that does not alleviate a functional impairment
- private duty nursing or having a standby provider
- services, supplies or treatment related to sex transformation, gender reassignment, or sexual function
- transportation, living expenses, services or supplies for personal convenience or custodial care, except as specifically provided
- treatment for a hernia, removal of adenoids and/or tonsils, varicose veins, hemorrhoids, middle ear disorders or disorders of the reproductive system for the first six months the coverage is in force unless deemed as emergency care
- treatment of a developmental delay, behavior modification or learning disabilities
- treatment payable or reimbursable by Medicare Parts A-D or other governmental program except Medicaid
- treatment, services or supplies for which no charge would be made if you did not have health insurance
- treatment, services or supplies provided by a person ordinarily living in your home, a member of your immediate family or your employer or business partner
- treatment, supplies or services that are defined as experimental or investigational
- weight modification programs or surgical treatment of obesity
- work-related illness or injury eligible for benefits under worker's compensation or similar laws
- treatment, services or supplies received outside the United States, including drugs, except as specifically provided
- treatment of growth disorders, except as specifically provided

Additional exclusions and limitations apply to the outpatient prescription drug benefit. See your contract for details.

Questions and Answers About the ExpressMed HSA Program

Q: I've applied for coverage. What happens next?

A: Once we receive your request for coverage, a representative may contact you to review the health questions you answered on the application. When your coverage is approved, your benefits begin immediately and you'll receive a kit in the mail that includes all the information you need to start using your plan – including your ID card. You'll receive your Express Scripts prescription drug card and Lab Card Select benefit card separately in the mail. When you use Lab Card Select, you'll receive additional discounts on your lab tests. (*Lab Card Select not available in North Carolina.*)

Q: What happens if I have a serious illness or injury?

A: If you have a serious illness or injury requiring ongoing care, you can choose to receive additional help from a registered nurse through our Extra Care Program. Our registered nurses will respond to your health care needs and help coordinate care between you and your health care providers. Whether you want to take part in the Extra Care Program is completely up to you; you and your physician always remain in charge of your health care.

Q: What about my children? How long can they keep their ExpressMed coverage?

A: Your children can keep coverage until they turn 26* at which time they can choose a similar World Insurance Company health plan of their own.

**In most states - please check your plan for specifics in your state.*

Q: What happens to my HSA if I leave my World health plan?

A: You own the HSA, so you keep the account, even if you change health insurance plans or insurance companies. The monthly service fee will now apply. If you're no longer enrolled in an HSA-qualified health plan, you are not eligible to make new contributions to your HSA, but you can continue to withdraw funds for qualified medical expenses.

Q: What should I do if I find an error on my hospital bill?

A: Simply call Customer Service. If you find an error of \$50 or more on your hospital bill, we'll give you 50% of the savings, up to a \$500 reward per hospital stay.



Disclosure Information

Access Fee

This is the dollar amount that you must pay each time you receive certain treatments, services and supplies. The access fee is subtracted from covered expenses before applying any deductible or coinsurance percentage. An access fee will not be reimbursed by us nor does it count toward satisfying any deductible, coinsurance percentage or other out-of-pocket limit.

Critical Illness

The lifetime benefit amount is payable at 100% for end-stage renal failure, blindness, heart attack, permanent paralysis, stroke, life-threatening cancer condition, loss of limbs and major organ transplant including: liver, kidney, lung, heart, pancreas or bone marrow; 25% is payable for first coronary artery bypass surgery and 10% for first angioplasty. Benefits are reduced by 50% when a covered insured turns age 70.

Preauthorization

You must call for authorization prior to inpatient and outpatient surgeries or any scheduled hospital or skilled nursing stay, home health or hospice care, or transplants or replacements. See your insurance contract for a complete list. Authorization is not required before treatment in an emergency situation; however, a later authorization is required. For human organ or bone marrow transplants or replacements, authorization is required at the time your doctor first indicates a transplant or replacement may be needed. Benefits may be reduced if preauthorization procedures are not followed or treatment is unauthorized. *(Provisions may vary by state.)*

Pre-existing Condition

This coverage is designed to pay for accidents that occur or sickness that first manifests itself after the date of issue. We will not pay for a pre-existing condition or disease for up to 12 months after issue which is not admitted on the application. Pre-existing condition means a condition for which medical advice was given or treatment was recommended by a physician within a 12-month period prior to the issue date of coverage for that covered person. Pre-existing conditions admitted on the application will be covered after the issue date unless excluded by name or specific description. Any false statement, misrepresentation or omissions in the application may result in benefits being denied or the contract being rescinded, subject to the Time Limit on Certain Defenses. The pre-existing conditions limitation does not apply to covered persons who are under 19 years of age. *(Provisions may vary by state.)*

Premiums and Renewability

You may renew the coverage for any covered person by paying the premiums as they come due. We may decline to renew the coverage for nonpayment of premiums, fraud, intentional misrepresentation, loss of eligibility, if we cancel the master policy, or if we discontinue all policies/certificates of the same type in a specific state or nationwide. See your insurance contract for additional details. Initial premium rates will remain unchanged from coverage issue date through the Initial Rate Period unless there is a change of residence, benefits, networks, or covered persons, or we are required by law to change benefits or limitations in your policy/certificate. These changes would result in modifications to your coverage and a change in premiums during the Initial Rate Period. We also reserve the right to change premium rates on any renewal date after the Initial Rate Period has expired.

Benefits and premiums will vary depending on plan, coverage choices and optional benefits you select. Applications are individually underwritten, and each person is assigned a rate class. Should a rate class premium change be necessary in the future, it will only be made if made on all forms in the same class as determined by us and not on an individual basis. At most ages, the premium will increase because a covered person is one year older. Such premium changes will accumulate but will not be made during the Initial Rate Period selected, unless a premium change is necessary during the Initial Rate Period because of a change of residence, benefits, networks, or covered persons, or because we are required by law to change benefits or limitations in your policy/certificate.

Other Coverage

If you have other coverage or become eligible for Medicare, benefits may be reduced *(not applicable to any life insurance benefits provided in conjunction with the plan)*. Plan provisions determine whether the benefits of this coverage are considered before or after those of the other coverage.

State Variations

Please review these state variations which summarize the major differences in coverage by state. Refer to your insurance contract for complete details.

Alabama, Missouri and Virginia

- Preauthorization is not applicable.
- Spinal manipulation is covered the same as any other illness.
- Covered expenses include mammography, pelvic exams and pap smears, screenings for prostate and colorectal cancer, clinical cancer trials, bone mass measurements, newborn hearing screenings, childhood immunizations, treatment of alcoholism and chemical dependency (*limited benefit*), and diabetes care and treatment.
- Contraceptive drugs are covered under the prescription drug benefit.

Arizona

- The pre-existing conditions definition is modified to be a condition for which medical advice was given or treatment was recommended within a 24-month period prior to the issue date of coverage; or that produced symptoms within a 12-month period prior to the issue date of coverage. Pre-existing conditions are not covered during the first 2 years. After 2 years, benefits are payable unless specifically excluded from coverage.
- Covered expenses include clinical cancer trials, mammograms and diabetes care and treatment.
- Contraceptive drugs are covered under the prescription drug benefit.

Colorado

- For ZIP Codes 816, only the 100% option, \$5,950 deductible for individuals and the \$11,900 deductible for families are available.
- The home health care benefit is limited up to 60 visits per calendar year.
- Inpatient and outpatient hospice care (combined) is limited to 3 benefit periods and a lifetime maximum of \$30,000.
- Bereavement support services are limited to \$1,150.
- Preauthorization is not applicable.
- Covered expenses *not subject to deductible or coinsurance* include mammography, cervical and colorectal cancer screenings, childhood immunizations, cholesterol screening, alcohol misuse screening and behavioral counseling intervention and tobacco use screening and cessation interventions. A copayment will be applied for these services.
- Covered expenses also include cervical cancer vaccination, diabetes care and treatment, childhood supervision services (*not subject to deductible*), prostate cancer screening (*not subject to deductible*), clinical cancer trials, cleft lip and palate, early intervention services (*limited benefit*) and prosthetic devices.
- Any waiting periods for preventive services are not applicable.
- The optional maternity benefit is not available. Maternity is covered the same as any other illness.
- A health plan description form is available for review upon request.
- An Access Plan is maintained that gives details of how we make certain our insureds receive needed, appropriate care. If you would like to review the Access Plan for the preferred provider plan you selected, please call our Customer Service Center.

Delaware

- The pre-existing conditions definition is modified to be a condition for which medical advice was given, treatment was recommended or that produced symptoms within a 5-year period prior to the issue date of coverage.
- Covered expenses include screenings for ovarian, prostate and colorectal cancer, pap smears, mammography, diabetes care and treatment, child immunizations, lead poisoning screening, hearing screening for newborns, clinical cancer trials, serious mental illness and drug and alcohol dependency.
- Contraceptive drugs are covered under the prescription drug benefit.

Florida

- Preauthorization is not applicable.

- Spinal manipulation is covered the same as any other illness.
- Covered expenses include mammography, pelvic exams and pap smears, screenings for prostate and colorectal cancer, clinical cancer trials, bone mass measurements, newborn hearing screenings, treatment of alcoholism and chemical dependency (*limited benefit*), diabetes care and treatment, dental anesthesia, diagnosis and treatment of osteoporosis, cleft lip and palate, newborn care and treatment, postmastectomy care and treatment of temporomandibular joint dysfunction (TMJ) and craniomandibular joint dysfunction (CMD).
- Covered expenses (*not subject to deductible*) include children's preventive health care services and immunizations.
- Contraceptive drugs are covered under the prescription drug benefit.

Illinois

- All access fees for eligible expenses are not applicable.
- Covered expenses include breast implant removal, inpatient treatment of alcoholism, dental anesthesia, mammography (*not subject to deductible, copayment, access fee or coinsurance if received in-network*), bone mass measurements, annual cervical or pap smear, screening tests and exams for colorectal, prostate and ovarian cancer, diabetes care and treatment, HPV vaccine and clinical breast exams.
- Contraceptive drugs are covered under the prescription drug benefit.

Indiana

- The pre-existing conditions definition is modified to be a condition for which medical advice, diagnosis, care or treatment was received or recommended within a 6-month period prior to the issue date of coverage.
- Covered expenses include mammography, clinical cancer trials, hearing aids, screening for colorectal and prostate cancer, cleft lip and palate treatment for children and treatment for a pervasive development disorder.

Iowa

- Covered expenses include mammography, prosthetic devices and diabetes care and treatment. Child health supervision services are covered (*not subject to deductible*).
- Contraceptive drugs are covered under the prescription drug benefit.

Kentucky

- Preauthorization is not applicable.
- Hospice treatment and spinal manipulation are covered the same as any other illness.
- The home health care benefit is limited up to 60 visits per calendar year.
- The pre-existing conditions definition is modified to be an illness or injury and related complications for which medical advice, consultation, diagnosis, care or treatment was sought, received or recommended from a provider or for which prescription drugs were prescribed during the 6-month period immediately prior to a covered person's application for coverage. Pre-existing conditions are not covered during the first 12 months. After 12 months, benefits are payable unless specifically excluded from coverage.
- Covered expenses include treatment or services rendered by ambulatory surgical centers, dental anesthesia, treatment of autism (*limited benefit*), treatment of breast cancer by high-dose chemotherapy with bone marrow or stem cell transplantation, cochlear implants, diabetes care and treatment, diagnosis and treatment of endometriosis and endometritis, bone density testing, hearing aids (*limited benefit*), mammography, pap smears, procedures relating to temporomandibular joint disorders (TMJ) and craniomandibular joint disorders (CMD) and screening for colorectal cancer.
- An optional mental disorders benefit is available which covers the treatment of mental illness in the same manner as any other illness.

Louisiana

- Spinal manipulation as well as outpatient occupational, physical and speech therapy is covered the same as any other illness.
- Preauthorization is not applicable.
- Covered expenses *not subject to deductible* include mammography, pap smears, childhood immunizations and prostate cancer screening.
- Covered expenses also include colorectal cancer screening, clinical cancer trials, diabetes care and treatment, bone mass measurement, dental anesthesia, cleft lip and palate, hearing aids for children, diagnosis and treatment of attention deficit/hyperactivity disorders (*limited benefit*) and prosthetic devices (*limited benefit*).
- The term life benefit covers children beginning at birth.

Michigan

- The pre-existing conditions definition is modified to be a condition for which medical advice was given, treatment was recommended or received or that produced symptoms within a 6-month period prior to the issue date of coverage.
- Covered expenses include breast cancer diagnostic services and diabetes care and treatment.

Missouri (see *Alabama*)

Mississippi

- The pre-existing conditions definition is modified to be a condition for which medical advice, diagnosis, care or treatment was given, recommended or received within a 12-month period prior to the issue date of coverage; or that would have caused a person to seek medical advice, diagnosis, care or treatment within a 6-month period prior to the issue date of coverage.
- Spinal manipulation is covered the same as any other illness.
- Covered expenses include mammography, diabetes care and treatment, child health supervision services (*not subject to deductible, copayment or coinsurance*), temporomandibular joint dysfunction and craniomandibular joint disorder (*limited benefit*) and treatment of alcoholism (*limited benefit*).
- An optional mental illness benefit is available. Ask your agent for details.

Nebraska

- Any access fees for eligible expenses other than for emergency room services and supplies are not applicable.
- The pre-existing conditions definition is modified to be a condition for which medical advice was given, treatment was recommended or that produced symptoms within a 2-year period prior to the issue date of coverage.
- Covered expenses include hearing tests for newborns, diabetes care and treatment, childhood immunizations (*not subject to coinsurance or copayments*), mammograms, colorectal cancer screening, and treatment of temporomandibular joint disorders and craniomandibular disorders (*limited benefit*).
- For a 90-day supply of a prescription from a participating mail order pharmacy, copays are three times the applicable drug copay.
- An optional alcoholism benefit is available. Ask your agent for details.

Nevada

- The pre-existing conditions definition is modified to be a condition for which medical advice, diagnosis, care or treatment was recommended or received during the 6-month period prior to the issue date of coverage. Pre-existing conditions are not covered during the first 2 years. After 2 years, benefits are payable unless specifically excluded from coverage.
- Covered expenses include clinical cancer trials, mammography, diabetes care and treatment, pap smears, screening for colorectal and prostate cancer, dental anesthesia, temporomandibular joint treatment (*limited benefit*), alcohol or drug abuse and severe mental illness.
- Contraceptive drugs are covered under the prescription drug benefit.

North Carolina

- Preauthorization is not applicable.
- The pre-existing conditions definition is modified to be a condition for which medical advice, diagnosis, care or treatment was given or recommended within a 12-month period prior to the issue date of coverage. Pre-existing conditions are not covered during the first 12 months of coverage. After 12 months, benefits are payable unless specifically excluded from coverage.
- Covered expenses include screening for prostate, colorectal, ovarian and cervical cancer, diabetes care and treatment, dental anesthesia, bone mass measurements, mammography, procedures to treat any bone or joint of the jaw, face or head (*limited benefit*), clinical trials, hearing screening for newborns and treatment of mental illnesses.
- Contraceptive drugs are covered under the prescription drug benefit.
- The optional maternity benefit is not available.

North Dakota

- The pre-existing conditions definition is modified to be an illness or injury and related complications for which medical advice, consultation, diagnosis, care or treatment was sought, received or recommended from a provider or for which prescription drugs were prescribed during the 6-month period immediately prior to the issue date of coverage.
- Covered expenses include screening for prostate cancer, treatment of temporomandibular joint disorder (TMJ) and craniomandibular disorder (CMD) (*limited benefit*), dental anesthesia and mammography.
- The optional maternity benefit is not available. Maternity benefit coverage that covers a normal pregnancy and childbirth the same as any other illness is available. Ask your agent for details.

Ohio

- The optional term life benefit is not available.
- The maternity waiting period for the optional maternity benefit is 180 days.
- Covered expenses include alcoholism treatment (*limited benefit*), mammography, child health supervision services, biologically based mental illness and cervical cancer screening.
- The 360-day option is not available on the short-term convalescent care benefit.

Oklahoma

- The optional term life benefit is not available.
- Preauthorization is not applicable.
- The pre-existing conditions definition is modified to be a condition for which medical advice was given, treatment was recommended or that produced symptoms within a 5-year period prior to the issue date of coverage. Pre-existing conditions are not covered during the first 2 years of coverage. After 2 years, benefits are payable unless specifically excluded from coverage.
- Covered expenses include bone density tests, mammography (*not subject to deductible, coinsurance or copayments*), diabetes care and treatment, childhood immunizations (*not subject to deductible, coinsurance or copayments*), postmastectomy care, dental anesthesia, prostate screening (*not subject to deductible*), colorectal exams, child health supervision services, hearing screening/aids for children.

Pennsylvania

- Preauthorization is not applicable.
- The pre-existing conditions definition is modified to be a condition for which medical advice was given, treatment was recommended or that produced symptoms within a 5-year period prior to the issue date of coverage. Pre-existing conditions are not covered during the first 2 years. After 2 years, benefits are payable unless specifically excluded from coverage.
- Covered expenses include postmastectomy care, mammography and diabetes care and treatment.
- Covered expenses (*not subject to deductible*) include gynecological, pelvic and breast exams, pap smears, and child health supervision services.

South Carolina

- The pre-existing conditions definition is modified to be a condition for which advice was given or treatment recommended within a 5-year period prior to the issue date of coverage; or that produced symptoms within a 12-month period prior to the issue date of coverage. Pre-existing conditions will not be covered during the first 2 years of coverage.
- Covered expenses include mammography, pap smears, prostate cancer screening, postmastectomy care, cleft lip and palate and diabetes care and treatment.
- An optional mental/nervous disorder benefit is available. Ask your agent for details.

South Dakota

- Covered expenses include prostate cancer screening, diabetes care and treatment, mammography, dental anesthesia and treatment and diagnosis of biologically-based mental illnesses.
- An optional alcoholism benefit is available. Ask your agent for details.

Tennessee

- Spinal manipulation is covered the same as any other illness.
- The pre-existing conditions definition is modified to be a condition for which medical advice was given, treatment was recommended or that which produced symptoms within a 5-year period prior to the issue date of coverage. Pre-existing conditions are not covered during the first 2 years. After 2 years, benefits are payable unless specifically excluded from coverage.
- Covered expenses include autism spectrum disorders, diabetes care and treatment, dental anesthesia, bone mass measurements, mammography, screening for prostate and colorectal cancer, bone marrow transplants, chlamydia screening and audiologist and speech pathologist services.
- The optional maternity benefit is payable for deliveries occurring after the maternity waiting period.

Texas

- Covered expenses also include mammograms, screenings for cervical, prostate and colon cancer, newborn hearing screenings (*not subject to deductible*), childhood immunizations (*not subject to deductible, copayment or coinsurance*), diabetes care and treatment, prosthetic devices, clinical cancer trials, reconstructive surgery for craniofacial abnormalities caused by congenital defects for covered dependents 18 or younger, osteoporosis treatment, care and treatment of acquired brain injuries and minimum required hospital stays following a mastectomy.
- The optional maternity benefit is not available.
- The home health care benefit is limited up to 60 visits per calendar year.
- Preauthorization is not applicable.
- Contraceptive drugs are covered under the prescription drug benefit.
- The optional term life benefit amounts for child coverage are \$700 and \$1,400.
- Any waiting periods for preventive services are not applicable.
- The optional short-term convalescent care benefit is not available.

- An optional mental or emotional illness benefit is available. Ask your agent for details.
- An optional rehabilitative and habilitative therapy benefit is available. Ask your agent for details.

This is a Consumer Choice Health Benefit Plan. It does not provide, either in whole or in part, state-mandated health benefits normally required in Texas. This plan may provide you more affordable insurance; however, may also provide you with fewer health benefits than those normally included as state-mandated benefits.

A plan is available which covers all state-mandated benefits. Ask your agent for details.

The state-mandated benefits not included are the following: Medically necessary care and treatment of hearing loss or impairment of speech or hearing, medically necessary diagnostic and/or surgical treatment of temporomandibular joint dysfunction (TMJ), telemedicine medical services or telehealth services, medically necessary inpatient or outpatient treatment of serious mental illness, care and treatment of chemical dependency, and certain tests for early detection of cardiovascular disease.

Virginia (*see Alabama*)

West Virginia

- The pre-existing conditions definition is modified to be a condition for which advice was given, treatment recommended or that produced symptoms within a 2-year period prior to the issue date of coverage. Pre-existing conditions will not be covered during the first 2 years of coverage.
- The home health care benefit is limited up to 100 visits per calendar year.
- Covered expenses include mammography, pap smears, screening for cervical and colorectal cancer, child immunization services (*not subject to deductible or copayment*), clinical cancer trials, diabetes care and treatment, dental anesthesia, hearing screening for newborns, and temporomandibular and craniomandibular disorders.
- Contraceptive drugs are covered under the prescription drug benefit.
- An optional mental or nervous disorder benefit is available. Ask your agent for details.

Wisconsin

- Covered expenses include kidney disease treatment, including transplants (*limited benefit*), child immunizations (*not subject deductible or coinsurance*), autism spectrum disorders (*limited benefit*), lead poisoning screening, mammography, temporomandibular disorders (*limited benefit*), clinical cancer trials, diabetes care and treatment, mental or nervous disorders and alcoholism or substance abuse (*limited benefit*).
- The exclusion for spinal manipulation is removed.

Wyoming

- The pre-existing conditions definition is modified to be a condition for which advice was given or treatment recommended within a 6-month period prior to the issue date of coverage.
- Covered expenses include clinical cancer trials, diabetes care and treatment and comprehensive adult wellness benefits (*limited benefit not subject to deductible*).

Protection from a Financially Strong Company

World Insurance Company delivers customized health care solutions at an affordable price to individuals and families across the nation.

Establishing trust with our customers and providing them peace of mind is one of the reasons World (Omaha, NE) has been in business for more than 100 years. World helps groups, individuals, families, small businesses and associations with their major medical health insurance needs at an affordable price. World Insurance Company is rated "A-" (Excellent) by industry analyst A.M. Best Company for its financial stability.*

**Our A- (Excellent) rating (April 2010) is the fourth highest of 15 possible ratings given by A.M. Best Company. As an independent non-government company, A.M. Best does not recommend products or services but does provide independent opinions of a company's overall financial strength.*



Your Satisfaction is Guaranteed

You have our guarantee that your protection through World Insurance Company's program is of the highest quality and gives you customized benefits at an economical price. If you are not 100% satisfied with your coverage, you may return your policy or certificate of coverage within 10 days of receiving it and your money will be promptly refunded.

In AL, AZ, DE, FL, IL, IN, IA, MI, MO, MS, NE, NV, NC, OH, OK, PA, SC, TN, TX, VA, WI and WY available to members of the Advisory Care Association.

This brochure provides a description of some of the important features of your plan. The benefits, exclusions and limitations listed are typical, but your state may have slight differences. The insurance contract sets forth in detail the rights and obligations of both you and the Company. For further details about this or other available coverage, please contact your agent. Plan availability varies by state.

This is a solicitation of insurance and an agent may contact you.

© 2011 World Insurance Company, 11808 Grant Street, Omaha, Nebraska 68164, (402) 496-8000.

® World Insurance and logo are registered servicemarks of World Insurance Company.

Forms: AC4800W, AC4800W-OK, AC4800W-PA, AC4800W-TN, AC4800W-PPO, AC4801W, A4800W-I, A4808W-I
F4302 0111

06 114 3353 0111 US