



WorldCARE Value Advantage At-a-Glance

	Value Advantage 70		Value Advantage 70 with Benefit Increase Options		Value Advantage 50		Value Advantage 50 with Benefit Increase Options	
	<i>In-Network</i>	<i>Out-of-Network</i>	<i>In-Network</i>	<i>Out-of-Network</i>	<i>In-Network</i>	<i>Out-of-Network</i>	<i>In-Network</i>	<i>Out-of-Network</i>
Available Deductibles (Maximum of 3 per family, per calendar year)	\$1000, \$1500, \$2500, \$5000, \$7500, \$10,000	Three times In-Network deductible <i>(NC – 2 times In-Network Deductible)</i>	\$1000, \$1500, \$2500, \$5000, \$7500, \$10,000	Three times In-Network deductible <i>(NC – 2 times In-Network Deductible)</i>	\$1000, \$1500, \$2500, \$5000, \$7500, \$10,000	Three times In-Network deductible <i>(NC – 2 times In-Network Deductible)</i>	\$1000, \$1500, \$2500, \$5000, \$7500, \$10,000	Three times In-Network deductible <i>(NC – 2 times In-Network Deductible)</i>
Coinsurance	70/30 to \$10,000	50/50 to \$10,000	70/30 to \$10,000	50/50 to \$10,000	50/50 to \$10,000	30/70 to \$10,000	50/50 to \$10,000	30/70 to \$10,000
Out-of-Pocket (in addition to deductible. Copayments for optional physician office visits, drugs, access fees and emergency room are not included in max.)	\$3000 – Maximum of 3 per family, per calendar year	\$5000 plus charges in excess of usual & customary. Maximum of 3 per family, per calendar year.	\$3000 – Maximum of 3 per family, per calendar year	\$5000 plus charges in excess of usual & customary. Maximum of 3 per family, per calendar year.	\$5000 – Maximum of 3 per family, per calendar year	\$7000 plus charges in excess of usual & customary. Maximum of 3 per family, per calendar year.	\$5000 – Maximum of 3 per family, per calendar year	\$7000 plus charges in excess of usual & customary. Maximum of 3 per family, per calendar year.
Lifetime Max.	\$1 million or optional \$5 million		\$1 million or optional \$5 million		\$1 million or optional \$5 million		\$1 million or optional \$5 million	
Annual Max.*	\$100,000, \$250,000 or none. Per person per calendar year.							
Physicians Office Visit	Not Covered – Discounts may be available. Diagnostic lab and X-ray subject to deductible and coinsurance.	Not Covered – Diagnostic lab and X-ray subject to deductible and coinsurance.	\$40 copay – Diagnostic lab and X-ray subject to deductible and coinsurance.	Subject to deductible and coinsurance. Diagnostic lab and X-ray subject to deductible and coinsurance.	Not Covered – Discounts may be available. Diagnostic lab and X-ray subject to deductible and coinsurance.	Not Covered – Diagnostic lab and X-ray subject to deductible and coinsurance.	\$40 copay – Diagnostic lab and X-ray subject to deductible and coinsurance.	Subject to deductible and coinsurance. Diagnostic lab and X-ray subject to deductible and coinsurance.
Prescription Drugs	Not Covered – Rx discount card provided	Not Covered – Rx discount card provided	Subject to separate \$500 Rx deductible per year, maximum benefit of \$2500 per person, per calendar year. Generic - \$10, plus 20% of remaining charge; Brand Name (formulary) - \$25, plus 50% of remaining charge; Brand Name (non-formulary) - \$35, plus 50% of remaining charge		Not Covered – Rx discount card provided	Not Covered – Rx discount card provided	Subject to separate \$500 Rx deductible per year, maximum benefit of \$2500 per person, per calendar year. Generic - \$10, plus 20% of remaining charge; Brand Name (formulary) - \$25, plus 50% of remaining charge; Brand Name (non-formulary) - \$35, plus 50% of remaining charge	
Inpatient Hospital	\$500 access fee per admission then subject to deductible and coinsurance (maximum of 4 per covered person/per calendar year)		Subject to deductible and coinsurance		\$500 access fee per admission then subject to deductible and coinsurance (maximum of 4 per covered person/per calendar year)		Subject to deductible and coinsurance	
Outpatient Medical <i>Not applicable to Chemo or Dialysis</i>	\$250 access fee per day then subject to deductible and coinsurance (maximum of 4 per covered person/per calendar year)		Subject to deductible and coinsurance		\$250 access fee per day then subject to deductible and coinsurance (maximum of 4 per covered person/per calendar year)		Subject to deductible and coinsurance	
Emergency Room	Subject to deductible and coinsurance after a \$250 copayment. Copayment is waived if patient is admitted directly into hospital as inpatient.							
Foreign Travel	Coverage for Emergency Treatment within the first 60 days outside the U.S. with a \$100,000 lifetime limit subject to the same deductible and coinsurance limits as the base plan.							
Rate Guarantee	12 month rate guarantee period							

*Not available in all states.

To be used with F4200 and F4201.

Agent use only. Not intended for consumers. State variations may apply.