

Colorado



WorldCARE™
Value Advantage



Service.

Value.

Integrity.

Health Insurance for
Individuals and Families.



Your Partner in Individual
Health Insurance since 1903™



HEALTH INSURANCE YOU CAN DEPEND ON

Finding health insurance that's an affordable value and protects you and your family against a major medical expense, is a concern for most Americans. Many individuals are willing to pay for smaller expenses, such as physician office visits and prescription drugs, but they want the advantage of protection against large medical expenses.

Providing affordable protection has been World Insurance Company's top priority since 1903.

With Value Advantage plans, you'll get the security you want, at a price you can afford.



WorldCARE™ Value Advantage - Major Medical Plans

Major medical insurance is designed to help individuals and families pay for large medical expenses.

Providing up to \$1 million lifetime coverage per covered person (up to \$5 million with the Maximum Benefit Increase option), Value Advantage offers two simple plans:

- **Value Advantage 70** pays 70% at participating PPO providers after selected calendar year deductible.
- **Value Advantage 50** pays 50% at participating PPO providers after selected calendar year deductible.

Value Added Features

Both plans offer value-added features, such as PPO discounts for physician visits, Rx discount card, 24-hour protection, initial 12-month rate guarantee, 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 transfer to a PPO provider.

It's Easy to Apply!

To apply for WorldCARE Value Advantage health insurance protection, simply complete an application with your World agent. For a premium rate quote contact your World agent or call World's Marketing Customer Service toll-free at 800-600-7760. All applications are subject to acceptance or approval by the insurer.

Value Advantage

PPO Plans Available

Lifetime Maximum for all plans – \$1 million with option to increase to \$5 million¹

Calendar Year Maximum (per covered person) – \$100,000, \$250,000 or lifetime maximum

	In-PPO			Out-of-PPO		
	Deductible each year	Then you pay	Maximum amount you pay ²	Deductible each year	Then you pay	Maximum amount you pay ²
Value Advantage 70	\$1,000	30% of \$10,000	\$4,000	\$3,000	50% of \$10,000	\$8,000
	\$1,500	30% of \$10,000	\$4,500	\$4,500	50% of \$10,000	\$9,500
	\$2,500	30% of \$10,000	\$5,500	\$7,500	50% of \$10,000	\$12,500
	\$5,000	30% of \$10,000	\$8,000	\$15,000	50% of \$10,000	\$20,000
	\$7,500	30% of \$10,000	\$10,500	\$22,500	50% of \$10,000	\$27,500
	\$10,000	30% of \$10,000	\$13,000	\$30,000	50% of \$10,000	\$35,000
Value Advantage 50	\$1,000	50% of \$10,000	\$6,000	\$3,000	70% of \$10,000	\$10,000
	\$1,500	50% of \$10,000	\$6,500	\$4,500	70% of \$10,000	\$11,500
	\$2,500	50% of \$10,000	\$7,500	\$7,500	70% of \$10,000	\$14,500
	\$5,000	50% of \$10,000	\$10,000	\$15,000	70% of \$10,000	\$22,000
	\$7,500	50% of \$10,000	\$12,500	\$22,500	70% of \$10,000	\$29,500
	\$10,000	50% of \$10,000	\$15,000	\$30,000	70% of \$10,000	\$37,000

Additional Coverage Information for PPO plans

Inpatient Hospital	Subject to deductible and coinsurance after a \$500 access fee per admission (maximum of four per covered person/per calendar year). See Benefit Increase option below. ³
Outpatient Medical *Not applicable to chemo and dialysis	Subject to deductible and coinsurance after a \$250 access fee per day (maximum of 4 per covered person/per calendar year)*. See Benefit Increase option below. ³
Emergency Room	Subject to deductible and coinsurance after a \$250 additional copayment. Waived if patient is 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.
Physician Office Visits	Physician office visits, diagnostic lab and x-ray subject to deductible and coinsurance. See Benefit Increase option below. ⁴
Prescription Drugs	Not covered. Rx discount card provided. See Benefit Increase option below. ⁵

Please note that calendar year deductibles (up to three per family) and coinsurance limits are per covered person, and PPO and out-of-PPO deductibles and coinsurance amounts accumulate separately. Expenses at out-of-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.)

¹Optional benefit must be purchased to increase lifetime maximum.

² Each calendar year, includes deductible.

Optional: Benefit Increase Option

³**Inpatient and Outpatient:** Waives the \$500 Inpatient Access Fee and \$250 Outpatient Access Fee.

⁴**Physician Office Visits:** Option provides a \$40 copay for PPO physician office visits. Out-of-PPO subject to deductible and coinsurance. Diagnostic lab and x-ray subject to deductible and coinsurance.

⁵**Prescription Drugs:** 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

OPTIONAL BENEFIT ENHANCEMENTS TO FIT YOUR NEEDS



You can increase your coverage with these options:

Maximum Benefit option increases

lifetime maximum to \$5 million: Your Value Advantage policy's lifetime coverage maximum is \$1 million per covered person. The Maximum Benefit Option increases the lifetime maximum to \$5 million per person.

Benefit Increase option provides copay benefits, prescription drug coverage and eliminates the access fee:

The Benefit Increase option includes an outpatient prescription copay benefit, a physician office visit copay for in-network providers and a waiver of access fees.

The physician office visit copay benefit provides a \$40 copayment benefit for in-network office visits (no limit on number of visits per year). Out-of-Network visits are subject to out-of-network deductible and coinsurance levels.

The Rx copay benefit provides outpatient prescription drug copayment benefits after a separate \$500 Rx deductible per covered person, per calendar year is satisfied. Under this benefit, prescription drugs cost you \$10 plus 20 percent of the remaining charge for generic, \$25 plus 50 percent of the remaining charge for brand formulary drugs and \$35 plus 50 percent of the remaining charge for brand non-formulary. There is a \$2,500 per covered person, per calendar year benefit maximum.

The inpatient and outpatient access fees are eliminated with this Benefit Increase option. The option does not waive the Emergency Room Access fee.

Outpatient Accident Benefit option offers first-dollar coverage for injuries:

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.

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.

Term Life Benefit option adds life

insurance coverage: The Term Life Benefit Rider provides you and/or your spouse with annually renewable term life insurance coverage in benefit amounts of \$10,000, \$25,000 or \$50,000. Plus, you'll also enjoy the option of converting your term-life policy to a World whole life policy.



Covered Expenses for Value Advantage

Subject to deductible and coinsurance or optional riders if selected.

- Hospital semi-private room and board.
- 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.
- Inpatient prescription drugs.
- Intensive, cardiac, burn or other specialized care unit (out-of-network limited to three times the usual semi-private room charge and up to 30 continuous days).
- Medical services and supplies.
- 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 covered illness or injury).
- Anesthetics and their administration.
- Annual cervical exam.
- Blood or blood plasma, if not replaced.
- Breast reconstruction surgery or prosthetic devices following a covered mastectomy.
- Casts, non-dental splints, trusses, crutches or nonorthodontic braces.
- Colorectal cancer screening.
- 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.
- Urgent care treatment.
- X-ray and radiation therapy, cobalt and chemotherapy treatment.
- 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.
- Home health care: 60 visits per calendar year.
- Hospice treatment and services: Limited to three benefit periods (a period of three months during which hospice



services are provided on a regular basis) and a maximum lifetime benefit of \$30,000.

- Organ transplants: \$500,000 per-organ maximum at a designated transplant facility (\$1 million per-organ maximum with purchase of optional Maximum Benefit Increase Option). 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.

Please refer to the policy for additional benefits. Additional state mandated benefits may apply.

Covered after an initial waiting period:

- Hernia; removal of adenoids and/or tonsils, varicose veins, hemorrhoids; or disorders of the reproductive organs are covered after an initial six month waiting period that the policy is in force, except as treated in emergencies.



Non-Covered Expenses at a Glance

WorldCare Value 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.
- Allergy testing.
- Autism treatment.
- Birth control pills and any other drug, treatment, or procedure that prevents childbirth, including voluntary termination of pregnancy.
- Blepharochalasis (droop eyelids) treatment.
- 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.
- Cochlear implant procedures.
- 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.
- 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 eye-glasses, contact lenses, hearing aids or lenses for treatment of aphakia or radial keratotomy.
- Growth disorder or abnormally short stature, including, but not limited to, growth hormone deficiency therapy (GHDT).
- Hair loss treatment.
- Hernia; removal of adenoids and/or tonsils, 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.
- 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.
- Plantar fasciitis.
- Pre-existing conditions, except as covered under the policy/ certificate.
- Prescription drugs or medicines, unless the prescription drug benefit is provided under this certificate.
- Preventive treatment, physical exams, and other tests not required as part of medical treatment, including routine physical or premarital examination.
- Private duty nursing.
- Prophylactic treatment.
- 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.
- Sleep apnea treatment.
- Spinal manipulation, including, but not limited to, manipulation for spinal subluxation and any associated treatment or services.
- Surgical treatment of varicose veins.
- 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.

Please read your policy for an inclusive list of non-covered/limited/excluded expenses.

Terms to Know...

Pre-existing Condition: A pre-existing condition is a condition for which medical advice was given or treatment was recommended by a physician within a 12-month period prior to the Policy Date of Coverage for that covered person, or for which prescription medication was taken within a 12-month period prior to the Policy Date of Coverage for that covered person. Pre-existing conditions are not covered during the first 12 months. After 12 months, benefits are payable unless specifically excluded from coverage. Conditions fully disclosed on the application and not excluded from coverage by name or specific description are covered, subject to the provisions of the policy. Any period of time that a covered person was covered under qualifying creditable coverage will be applied to this 12-month period.

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 person, except in cases of nonpayment of premiums, fraud, 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 Value Advantage policy provisions are in effect 24 hours a day.

It's Easy to Apply!

To apply for WorldCARE Value Advantage health insurance protection, simply complete an application with your World agent. For a premium rate quote contact your World agent or call World's Marketing Customer Service 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 for serving individual health insurance needs of individuals and families.

Ask your agent about the entire family of World Insurance products, including HSA eligible plans:

- WorldCARE Family of Major Medical products
- Short-Term Medical

This brochure provides a brief description of the important facts about WorldCARE Value 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 Home Office located in Omaha, Nebraska.



World Insurance Company • P.O. Box 3160 • Omaha, Nebraska • 68103
YOUR PARTNER IN INDIVIDUAL HEALTH INSURANCE SINCE 1903™

Colorado law requires carriers to make available a Colorado Health Plan Description Form, which is intended to facilitate comparison of health plans. The forms must be provided at the time of application and automatically within three (3) business days to a potential policyholder who has expressed interest in a particular plan. The carrier also must provide the form, upon oral or written request, and within three (3) business days, to any person who is interested in coverage under or who is covered by a health benefit plan of the carrier.

If you would like to review the "access plan" for the preferred provider network you selected, please call our customer service center toll-free at 1-800-786-7557 or write to us at World Insurance Company, P.O. Box 3160, Omaha, Nebraska 68103.



World**CARE**[™]
Value Advantage



Important Notice!

Physician Office Visits for Value Advantage 70 and 50 are not covered. Discounts may be available at PPO providers. Diagnostic lab and x-ray subject to deductible and coinsurance. Unless *Benefit Increase Option* is selected.

The *Benefit Increase Option* provides a \$40 copay for PPO physician office visits. Out-of-PPO subject to deductible and coinsurance.

F1037 (9-06)

To be used in conjunction with F4201, F4201-CO, F4201-GA, F4201-MS, F4201I-NC and F4202-TX



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