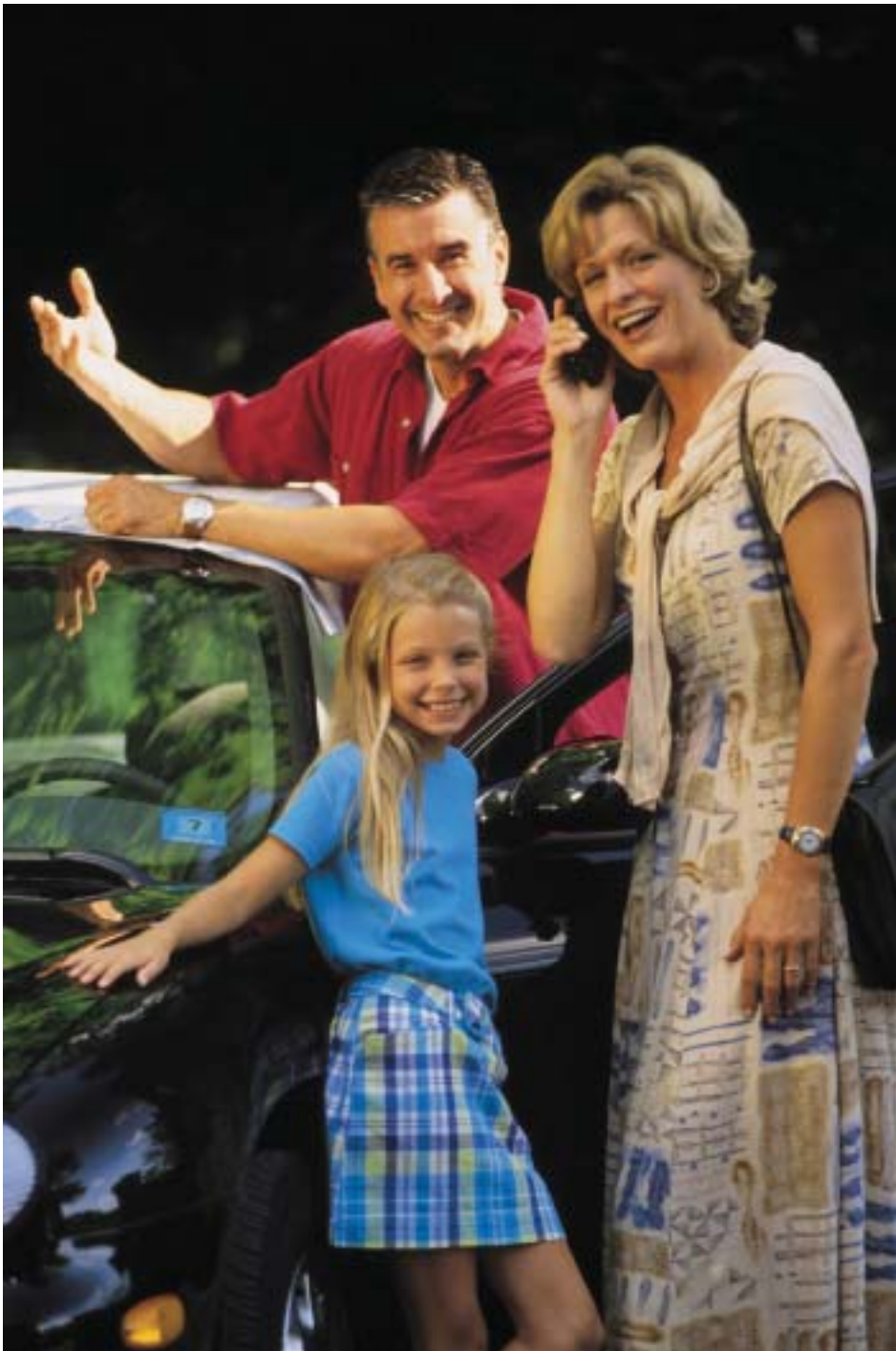


World**CARE**

# Flex Advantage

Available to members of the National Consumer Alliance Association.



Comprehensive

Quality

Flexible

Health Insurance for  
Individuals and Families



*Your Partner in Individual  
Health Insurance Since 1903*



## Health Insurance Built For You!

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

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

Our commitment continues today with Flex Advantage, a family of four major medical insurance plans, and Flex Advantage Limited, a hospital/surgical plan that provides benefits for expenses incurred as a hospital inpatient.

## Flex Advantage - Major Medical Plans

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

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

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

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

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

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

## Flex Advantage Limited – Hospital/Surgical Plan

• **Flex Advantage Limited** pays for selected inpatient hospital and surgery expenses. It provides more limited coverage than the WorldCare major medical plans.

## Value-Added Benefits

These plans offer value-added services, such as national PPO network discounts for physician visits, an Rx discount card, 24-hour protection, wellness benefits (PPO only), initial 12-month rate guarantee, no network claim forms, foreign travel emergency benefit and optional benefit enhancement riders. Also, if you use a non-PPO provider to receive medically necessary emergency services, because you are unable to select a PPO provider due to your medical condition, we will provide benefits for covered emergency room services at the PPO level.

## 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 physicians and hospitals in World’s PPO network in your state, a Flex Advantage PPO plan is your best option. For a directory of PPO providers, go to [www.worldinsco.com](http://www.worldinsco.com).

With Flex Advantage PPO, you pay lower premium rates than for comparable non-PPO plans. You’ll want to visit PPO providers to receive the highest coverage percentage, since any expenses at non-PPO providers will be covered at a lower percentage.

Additional advantages of using PPO providers:

- You never have to file a claim when you use a PPO physician, clinic or hospital: The provider files the claim.
- You’re not subject to the Usual & Customary charge limitations described later in this brochure. (What if you’re traveling outside your home state? You can still be covered at PPO levels by visiting any provider in the nationwide travel PPO network.)

- Each PPO plan provides up to \$250 for eligible, in-network wellness benefits per person, per calendar year and subject to deductible and coinsurance (or copay if optional rider is elected). Wellness Services refer to routine physicals, screenings and immunizations that are appropriate for the age and sex of the covered person, based on generally accepted standards of medical practice, provided by a participating provider and not specifically covered under the policy/certificate.

## Traditional

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

With this plan, your deductible and co-insurance amounts will remain the same regardless of which physician, clinic or hospital provides treatment or services in the United States. You will be responsible, however, for any charges above the Usual and Customary amount described later in this brochure.

If you do use a PPO provider, you will save money by accessing discounted rates World has negotiated with the PPO networks, and expenses will not be subject to the Usual and Customary charge limitation.



## Hospital/Surgical

If you’re looking for protection against hospital and inpatient surgical expenses only – rather than broader coverage – you can save premium dollars with Flex Advantage Limited, our Hospital/Surgical plan.

Flex Advantage Limited covers specific hospital and surgery expenses. Outpatient services generally are not covered, unless you select the optional Outpatient Expense Benefit Rider for coverage of certain outpatient services.

# You can choose the major medical

## Coverage at a Glance for PPO Plans

	Flex Advantage PPO 100	Flex Advantage PPO 80	Flex Advantage PPO 60
<b>Lifetime Maximum</b>	Choice of \$2 million or optional \$5 million	Choice of \$2 million or optional \$5 million	Choice of \$2 million or optional \$5 million
<b>Calendar Year Deductibles</b> (PPO and non-PPO deductibles accumulate separately)	Choice of \$2,500, \$5,000, \$10,000. Out-of-PPO deductible is two times PPO deductible.	Choice of \$500, \$1,000, \$1,500, \$2,500, \$5,000, \$10,000. Out-of-PPO deductible is two times PPO deductible.	Choice of \$500, \$1,000, \$1,500, \$2,500, \$5,000, \$10,000. Out-of-PPO deductible is two times PPO deductible.
<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: 50%/50% to \$10,000	In-PPO: 60%/40% to \$10,000 Out-of-PPO: 50%/50% 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: \$5,000 plus charges above usual and customary.	In-PPO: \$4,000 Out-of-PPO: \$10,000 plus charges above usual and customary.
<b>Physician Office Visits</b> <i>Optional benefit is available at all deductible levels.</i>	Subject to deductible and coinsurance.	Subject to deductible and coinsurance.	Subject to deductible and coinsurance.
<p><b>Optional: Physician Office Visit Copay Benefit<sup>1</sup> or Physician Office Visit/DXL Copay Benefit<sup>2</sup></b></p> <p><sup>1</sup> PPO Provider: \$30 copay, limited to two visits per calendar year. After the two visit maximum, the charges will be subject to deductible and coinsurance. Non-PPO - Subject to out-of-network deductible and coinsurance levels.</p> <p><sup>2</sup> PPO Provider: \$30 copay, no maximum on number of visits per calendar year. Non-PPO - Subject to out-of-network deductible and coinsurance levels. This benefit also provides diagnostic, X-ray and lab (DXL) benefits up to a maximum of \$200 per covered person, per calendar year without deductible and coinsurance; amounts in excess of \$200 will be subject to the deductible and coinsurance.</p>			
<b>Prescription Drugs</b>	Subject to deductible and coinsurance.	Subject to deductible and coinsurance.	Subject to deductible and coinsurance.
<p><b>Optional: Benefit to provide prescription drug copays</b> Subject to separate \$200 Rx deductible per person, per calendar year <b>Generic</b> - \$15 or 20%*; <b>Brand Name (formulary)</b> - \$35 or 50%*; <b>Brand Name (non-formulary)</b> - \$50 or 50%* *of the drug's cost, whichever is greater. • <i>State variations apply.</i></p>			
<b>Wellness Benefit</b> (Eligibility starts six months after plan is effective.) *or copay if optional rider is selected	Up to \$250 for in-network wellness benefits per person, per calendar year. Subject to deductible and coinsurance.*	Up to \$250 for in-network wellness benefits per person, per calendar year. Subject to deductible and coinsurance.*	Up to \$250 for in-network wellness benefits per person, per calendar year. Subject to deductible and coinsurance.*
<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.

# insurance plan that's right for you

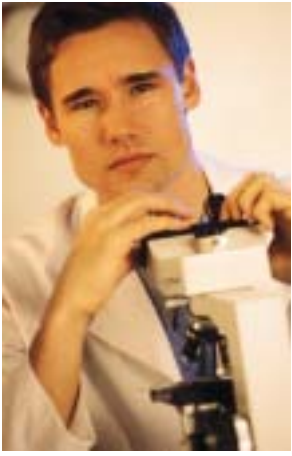
## Coverage at a Glance for Traditional Plans

	Flex Advantage Traditional 80
<b>Lifetime Maximum</b>	Choice of \$2 million or optional \$5 million
<b>Calendar Year Deductibles</b>	\$500, \$1,000, \$1,500, \$2,500, \$5,000, \$10,000
<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>	Subject to deductible and coinsurance.  <div style="border: 1px solid red; border-radius: 15px; padding: 10px; text-align: center;"> <p><b>Optional: Benefit to provide prescription drug copays</b>            Subject to separate \$200 Rx deductible per covered person, per calendar year  <b>Generic</b> - \$15 or 20%*  <b>Brand Name (formulary)</b> - \$35 or 50%*  <b>Brand Name (non-formulary)</b> - \$50 or 50%*            * of the drug's cost, whichever is greater • State variations apply.</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 Policy/Certificate

If your coverage does not include the Prescription Drug Copayment feature, you will receive a discount drug card with your policy/certificate. The card entitles you to discounts on prescription drugs at any pharmacy in World's extensive nationwide pharmacy network, Express Scripts, which includes more than 90 percent of the nation's pharmacies. There is no cost to you for the discount card.



## 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 Flex Advantage policy/certificate's lifetime coverage maximum is \$2 million per covered person. The Maximum Benefit Option increases the lifetime maximum to \$5 million per covered person. It also increases the per-organ transplant maximum from \$500,000 to \$1,000,000 at nationwide Centers of Excellence, facilities that specialize in specific types of transplants and can provide you with quality care on a cost-efficient basis.
- **Term Life Benefit Riders add life insurance coverage:** The Term Life Benefit Rider provides you/your spouse with annually renewable term life insurance coverage in benefit amounts of \$10,000, \$25,000 or \$50,000. Plus, you'll also enjoy the option of converting your term life policy to a World whole life policy.
- **Outpatient Accident Benefit Rider offers first-dollar coverage for injuries:** With the Outpatient Accident Benefit Rider, Flex Advantage 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 (Flex Advantage 100, 80 and 60):** The Physician Office Visit Copay Benefit provides up to two in-PPO physician office visits per calendar year for a \$30 per visit copayment. After the two visit maximum, the charges will be subject to deductible and coinsurance. Out-of-PPO visits are subject to out-of-network deductible and coinsurance levels. This optional benefit is available at all deductible levels.
- **Physician Office Visit Copay/DXL Benefit (Flex Advantage 100, 80 and 60):** This provides physician office visits for a \$30 per visit copayment, with no maximum on the number of visits per calendar year. Out-of-PPO visits are subject to out-of-PPO deductible and coinsurance levels. This optional benefit is available at all deductible levels. This benefit also provides diagnostic, X-ray and lab (DXL) benefits up to a maximum of \$200 per covered person, per calendar year without a deductible or coinsurance.



- **Prescription Drug Copay Benefit (Flex Advantage 100, 80 and 60, and Flex Advantage Traditional 80):** This optional benefit, available for all deductibles, provides prescription drug copayment benefits after a separate \$200 Rx deductible per calendar year is satisfied. Under this optional benefit, prescription drugs cost you \$15 or 20 percent\* for generic, \$35 or 50 percent\* for brand name (formulary) and \$50 or 50 percent\* for brand name (non-formulary) drugs. State variations apply.

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

# Covered Expenses at a Glance

## Flex Advantage PPO and Traditional

- Hospital semiprivate 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.
- Intensive, cardiac, burn or other specialized care unit (out-of-network limited to three times the usual semiprivate room charge and up to 30 continuous days).
- 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.

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

## Limited Benefits are provided for:

- Allergy testing and injections: \$500 per calendar year.
- Chiropractic care: \$25 per day to \$500 per calendar year maximum. Subject to deductible and coinsurance.
- Foreign medical care: Emergency care only. Pays covered expenses for emergency care that begins within the first 60 consecutive days of a trip outside the United States. Subject to deductible and coinsurance, and limited to \$100,000 lifetime maximum.
- Growth disorders: \$25,000 maximum lifetime benefit.
- Home health care: 40 visits per calendar year.
- Hospice treatment and services: \$5,000 maximum lifetime benefit.
- Organ transplants: \$500,000 per-organ maximum at a designated transplant facility (\$1 million per-organ maximum with purchase of optional Maximum Benefit Increase). Subject to policy/certificate lifetime maximum.
- Occupational, physical and speech therapy: \$50 per visit to \$2,000 maximum per calendar year.
- Skilled nursing facility: up to 60 days in a calendar year.
- Sleep apnea treatment: \$2,000 maximum lifetime benefit.
- Spinal manipulation: \$25 per visit to \$500 maximum per calendar year.
- Sterilization: \$500 maximum lifetime benefit.

## Covered after a waiting period:

- Hernia; removal of adenoids and/or tonsils; varicose veins; hemorrhoids; myringotomy or tympanotomy (tubes in ears); or disorders of the reproductive organs are not covered during the first six months the policy/certificate is in force, unless such conditions are treated as an emergency basis. Sterilization is not covered during the first 12 months the policy/certificate is in force.

*May not be applicable in all states. Please refer to your policy/certificate for additional information on limited benefits.*



# Hospital/Surgical Insurance



## Coverage at a Glance for the Hospital/Surgical Plan

	<b>Flex Advantage Limited</b>
<b>Lifetime Maximum</b>	Choice of \$2 million or optional \$5 million
<b>Calendar Year Deductible</b> (PPO and non-PPO deductibles accumulate separately.)	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: 80%/20% to \$10,000 Out-of-PPO: 50%/50% to \$15,000
<b>Calendar Year Out-of-Pocket Maximum</b> (Your maximum payment after deductible.)	In PPO: \$2,000 Out-of-PPO: \$7,500 plus charges above usual and customary.
<b>Physician Office Visits</b>	Not covered.
<b>Prescription Drugs</b>	Not covered except as hospital inpatient.
<b>Inpatient Hospital</b>	Subject to deductible and coinsurance
<b>Outpatient Medical</b>	Not covered.
<b>Emergency Room</b>	Not covered.
<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, 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. **Flex Advantage Limited does not provide coverage for most outpatient care.** For limited outpatient coverage, you may purchase the optional Outpatient Expense Benefit Rider.

## Discount Drug Card

While Flex Advantage Limited only covers prescription drugs on a hospital inpatient basis, you will receive a Discount Drug Card for regular outpatient prescriptions with your policy/certificate. The card entitles you to discounts on prescription drugs at any pharmacy in World’s extensive nationwide pharmacy network, Express Scripts, which includes more than 90 percent of the nation’s pharmacies.

There is no cost to you for the discount card.

# Covered Expenses at a Glance

## Flex Advantage Limited (Hospital/Surgical)

The following expenses are generally covered on a hospital inpatient basis only. Please be aware when purchasing Flex Advantage Limited that you will not receive coverage for most outpatient care.

- Ambulance service to the nearest hospital (air ambulance limited to \$5,000 per occurrence).
- Hospital semiprivate room and board.
- Intensive, cardiac, burn or specialized care unit (out-of-network limited to three times the usual semi-private room charge and up to 30 continuous days).
- Surgical services provided by a physician.
- Other hospital services and supplies, if medically necessary and provided while the covered person is a hospital inpatient, such as: anesthetics and their administration; blood or blood plasma, if not replaced; oxygen and its administration; X-ray and laboratory services; X-ray and radiation therapy, cobalt and chemotherapy.
- Prescription drugs within 30 days after discharge from a hospital as a hospital inpatient.
- Breast reconstruction surgery or prosthetic devices following a covered mastectomy.
- 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.
- Mammography.
- Post-mastectomy care.
- Limited benefits for 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/certificate lifetime maximum.



Please refer to the policy/certificate for additional benefits.

## OPTIONAL BENEFIT ENHANCEMENTS

**Outpatient Expense Benefit Rider for Hospital/Surgical:** Available only with Flex Advantage Limited, the Outpatient Expense Benefit Rider provides coverage on an outpatient basis for the following services, subject to the deductible and coinsurance: outpatient surgical services provided by a physician, diagnostic X-ray and laboratory services, chemotherapy, radiation therapy and kidney dialysis and covered outpatient services and supplies.

**Maximum Benefit Option increases lifetime maximum to \$5 million:** Your Flex Advantage policy/certificate's lifetime coverage maximum is \$2 million per covered person. The Maximum Benefit Option increases the lifetime maximum to \$5 million per covered person. It also increases the per-organ transplant maximum from \$500,000 to \$1,000,000 at nationwide Centers of Excellence, facilities that specialize in specific types of transplants and can provide you with quality care on a cost-efficient basis.

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



# Non-Covered Expenses at a Glance

*Flex Advantage PPO, Traditional and Limited*

## Flex Advantage does not cover:

- Acne treatment.
- Alcoholism treatment, chemical dependency, substance abuse, drug addiction treatment, or any loss sustained in consequence of being intoxicated or under the influence of any narcotic or hallucinogenic, unless administered by a physician.
- Autism treatment.
- Birth control pills and any other drug, treatment, or procedure that prevents childbirth, including voluntary termination of pregnancy.
- Blood or blood plasma that has been replaced.
- Care or treatment not prescribed by a physician or not medically necessary, or services or treatment not covered under the policy/certificate.
- 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/certificate.
- Cosmetic or reconstructive procedures, services, or supplies, including breast reduction or augmentation and complications arising from such procedures, except as provided in the policy/certificate.
- 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/certificate, including surgical or medical treatment.
- Expenses incurred before your policy/certificate effective date or after your policy/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 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/certificate is in force, except as treated in emergencies.
- Infertility diagnosis and treatment, and any attempt to induce fertilization by other than natural means, such as invitro fertilization, artificial insemination or similar procedures.
- Medications and drugs, including vitamins and vitamin mineral supplements available over-the-counter (OTC).
- Mental or nervous disorders.
- Metatarsalgia; bunions; removal of corns, calluses, or toenails; treatment of weak, strained, flat, unstable, or unbalanced feet or toenail fungus.
- Nonsurgical treatment for jaw joint problems including temporomandibular joint dysfunction (TMJ), TMJ pain syndromes, craniomandibular disorders, myofascial pain dysfunction or other conditions of the joint linking the jaw bone (mandible) and skull and the complex of muscles, nerves and other tissues related to the joint.
- Pre-existing conditions.
- Preventive treatment, physical exams, and other tests not required as part of medical treatment, including routine physical or premarital examination.
- Rest and/or recuperation cures or care in an extended care facility, convalescent nursing home, skilled nursing facility, or home for the aged, whether or not part of a hospital, and services or supplies for personal convenience, including custodial care or homemaker services, except as provided in the policy/certificate.
- 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.

In addition to the exclusions listed above, Flex Advantage Limited (the Hospital/Surgical plan) excludes most treatment on an outpatient basis.

## 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 24-month period, or which produced symptoms within a 24-month period, prior to that person's policy/certificate effective date of coverage.

Pre-existing conditions are not covered during the first two years. The exception is that pre-existing conditions are covered immediately (subject to policy/certificate provisions) if (a) they were fully disclosed on the insurance application and (b) not excluded from coverage by name or specific description.

*For Texas residents* – A pre-existing condition is a condition for which medical advice was given or treatment was received from a physician within a 12-month period, prior to the certificate effective date of coverage for that covered person. Pre-existing conditions are not covered during the first 12 months of coverage.

*Louisiana residents only:* A pre-existing condition is a condition a) for which medical advice was given or treatment was recommended by a physician, or received from a physician within a 12-month period prior to the covered person's policy date; or b) that produced symptoms within a 12-month period prior to the covered person's policy effective date.

**Usual and Customary (U&C):** The Usual and Customary (U&C) 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/certificate 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); if we cancel the master policy; or if we discontinue all policies/certificates of the same type in a specific state or nationwide, as described in the Modifications or Discontinuance of Coverage section of the policy/certificate.

### The Premium Rate is Subject to Change

All premiums are based upon attained age. Initial premium rates are guaranteed for the first 12 months of coverage. Thereafter, we reserve the right to periodically adjust the premium rates charged for coverages under the policy. Premium rates are calculated based upon a variety of factors such as new business rates, provider network, geographic location, age, gender, tobacco usage status, medical trend, durational rating factors, health status of the entire block of insureds in which you are included, and other factors as permitted under state law.

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

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

## It's Easy to Apply!

To apply for Flex Advantage health insurance protection, simply complete an application (along with your NCA membership form) with your World agent. For a premium rate quote contact your World agent or call us toll-free at: 800-600-7760.

## About World Insurance Company

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

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

- Flex Advantage Medical
- Value Advantage Medical
- HSA-eligible HDHP plans
- Short-Term Medical
- Individual Dental

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

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*Your Partner in Individual Health Insurance Since 1903*