

ExpressMed



ExpressMed Premier HSA

*Comprehensive coverage
for use with an HSA Account*

ExpressMed Premier HSA Program

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

ExpressMed Premier HSA

Prescription Drug Coverage
Office Visits Coverage

Wellness Services Options

- Up to \$250 per calendar
(subject to deductible and coinsurance)
- \$50 copay, up to \$500 per calendar year
- No copay, up to \$500 per calendar year

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 a complete list of qualified health care costs, please visit 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.

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

2008 Federal Tax Table

Taxable Income	Taxable Income	Your Marginal Tax Bracket
Single	Married Filing Jointly	
\$0 - \$8,025	\$0 - \$16,050	10%
\$8,025 - \$32,550	\$16,050 - \$65,100	15%
\$32,550 - \$78,850	\$65,100 - \$131,450	25%
\$78,850 - \$165,550	\$131,450 - \$200,300	28%
\$165,550 - \$357,700	\$200,300 - \$357,700	33%
\$357,700 +	\$357,700 +	35%

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

HSA Federal Income Tax Savings Calculator

Example

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

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 Program

You'll save money when using doctors within your PPO network because World Insurance Company (World) 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

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.

The HSA Plan Includes These Value Added Benefits ...

• 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.

• 3-Year Rate Guarantee

Your rates will not change for three years if you choose this option. One- and two-year options are also available. This kind of rate stability makes budgeting so much easier.

• Wellness Benefits

To help you maintain good health, the plans help pay for routine physicals, screenings and immunizations.

• Lifetime Maximum

Your plan pays \$3 million for all eligible medical expenses you incur in your lifetime, or you may choose to increase your amount to \$5 million.

• 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.

Premier HSA 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.**

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.</i>	Covered
Urgent Care Facility Services and Supplies	Covered
Office Visits	Covered
Wellness Services	Covered up to \$250 per calendar year <i>(subject to deductible and coinsurance) alternate benefit selections available</i>
Outpatient Prescription Drugs <i>Specialty drugs are always subject to deductible and coinsurance</i>	Covered
Outpatient X-Ray & Lab	Covered
Outpatient MRIs, CAT and PET Scans	Covered
Ground Ambulance and Air Ambulance <i>Air Ambulance Benefit up to \$10,000 per calendar year.</i>	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 <i>When performed in a Center of Excellence - \$1,000,000 per transplant maximum. When not performed in a Center of Excellence - \$100,000 Lifetime Maximum Benefit.</i>	Covered
Outpatient Occupational, Physical and Speech Therapies <i>\$50 per visit - up to \$2,000 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 Option		In-network	Out-of-network
<input type="checkbox"/> \$1,500 <input type="checkbox"/> \$2,900 <input type="checkbox"/> \$5,600	<input type="checkbox"/> 100%/0% Option	You pay:	0%	20% of \$20,500
		We pay:	100%	80% of \$20,500, then 100%
<input type="checkbox"/> \$1,500	<input type="checkbox"/> 90%/10% Option	You pay:	10% of \$41,000	30% of \$27,333
		We pay:	90% of \$41,000, then 100%	70% of \$27,333, then 100%
<input type="checkbox"/> \$2,900	<input type="checkbox"/> 90%/10% Option	You pay:	10% of \$27,000	30% of \$18,000
		We pay:	90% of \$27,000, then 100%	70% of \$18,000, then 100%
<input type="checkbox"/> \$1,500	<input type="checkbox"/> 50%/50% Option	You pay:	50% of \$8,200	50% of \$16,400
		We pay:	50% of \$8,200, then 100%	50% of \$16,400, then 100%
<input type="checkbox"/> \$2,900	<input type="checkbox"/> 50%/50% Option	You pay:	50% of \$5,400	50% of \$10,800
		We pay:	50% of \$5,400, then 100%	50% of \$10,800, then 100%

Family

Deductible	Coinsurance Option		In-network	Out-of-network
<input type="checkbox"/> \$3,000 <input type="checkbox"/> \$5,800 <input type="checkbox"/> \$7,500 <input type="checkbox"/> \$11,200	<input type="checkbox"/> 100%/0% Option	You pay:	0%	20% of \$41,000
		We pay:	100%	80% of \$41,000, then 100%
<input type="checkbox"/> \$3,000	<input type="checkbox"/> 90%/10% Option	You pay:	10% of \$82,000	30% of \$54,667
		We pay:	90% of \$82,000, then 100%	70% of \$54,667, then 100%
<input type="checkbox"/> \$5,800	<input type="checkbox"/> 90%/10% Option	You pay:	10% of \$54,000	30% of \$36,000
		We pay:	90% of \$54,000, then 100%	70% of \$36,000, then 100%
<input type="checkbox"/> \$7,500	<input type="checkbox"/> 90%/10% Option	You pay:	10% of \$37,000	30% of \$24,667
		We pay:	90% of \$37,000, then 100%	70% of \$24,667, then 100%
<input type="checkbox"/> \$3,000	<input type="checkbox"/> 50%/50% Option	You pay:	50% of \$16,400	50% of \$32,800
		We pay:	50% of \$16,400, then 100%	50% of \$32,800, then 100%
<input type="checkbox"/> \$5,800	<input type="checkbox"/> 50%/50% Option	You pay:	50% of \$10,800	50% of \$21,600
		We pay:	50% of \$10,800, then 100%	50% of \$21,600, then 100%
<input type="checkbox"/> \$7,500	<input type="checkbox"/> 50%/50% Option	You pay:	50% of \$7,400	50% of \$14,800
		We pay:	50% of \$7,400, then 100%	50% of \$14,800, then 100%

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; 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
- routine physical exams or other 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)
- smoking cessation programs
- 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: What about my children? How long can they keep their ExpressMed coverage?

A: Your children can keep coverage until they turn 27 as long as they are unmarried, enrolled full-time in an accredited school and financially dependent on you. Otherwise, coverage will end on their 19th birthday.* Your children 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: Since the money I put into my HSA isn't subject to tax, can I contribute as much as I want?

A: There is a limit - the government caps the amount you can deposit in an HSA. In 2008, you can contribute up to \$2,900 annually for yourself – and/or \$5,800 for your family. However, if you are between the ages of 55 and 65, you can contribute an extra \$900 in 2008.

Q: Does the money in my HSA earn interest?

A: Yes. Your HSA can grow over time. Your funds earn interest on a tax-deferred basis. HealthEquity and most financial institutions offer investment alternatives once your account reaches a certain balance.

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. 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 expenses can I pay for with my HSA?

A: Your HSA can be used to pay for most qualified medical expenses, as defined by IRS Publication 502. These expenses include, but are not limited to, medical plan deductibles, qualified Long Term Care policy premiums, diagnostic services covered by your plan, over-the-counter drugs, LASIK surgery and some nursing services. You can also use HSA dollars for COBRA premiums and health premiums if you are unemployed.

Keep receipts for your HSA purchases to show that you used your HSA funds for qualified medical expenses in case you are audited by the IRS and your HSA expenses are questioned. Receipts provide the best proof. Under HSA regulations, you are responsible for determining which expenses are considered "qualified medical expenses." Please consult your tax advisor for guidance.

When you become age 65, you can use the account to purchase any health insurance other than a Medigap policy. You may not, however, continue to make contributions to your HSA once you are enrolled in Medicare.

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

Disclosure Information and State Variations

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.

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. *(Provisions may vary by state.)*

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

- 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 and devices 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.

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, 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 are guaranteed from coverage issue date for the Rate Guarantee Period you select so long as your area of residence, benefit selections and covered persons remain the same. We reserve the right to change premium rates on any renewal date after the Rate Guarantee Period chosen has expired. Benefits and premiums will vary depending on plan, coverage choices and optional benefits which 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 Rate Guarantee Period selected.

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.

After 2 years, benefits are payable unless specifically excluded from coverage. Conditions fully disclosed on the application and not excluded by name or specific description are covered subject to the provisions of the policy.

- Covered expenses include clinical cancer trials, mammograms and diabetes care and treatment.
- Contraceptive drugs are covered under the prescription drug benefit.

Delaware

- The pre-existing conditions definition is modified to be a condition for which medical advice was given or treatment was recommended within a 5-year period prior to the issue date of coverage; or that which produced symptoms within a 5-year period prior to the issue date of coverage. Conditions fully disclosed on the application and not excluded by name or specific description are covered subject to the provisions of the policy.
- 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.
- Contraceptives 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. Conditions fully disclosed on the application and not excluded by name or specific description are covered subject to the provisions of the policy.
- Covered expenses include mammography, 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 and diabetes care and treatment. Child health supervision services are covered (*not subject to deductible*).
- Contraceptive drugs and devices are covered under the prescription drug benefit.

Michigan

- The pre-existing conditions definition is modified to be a condition for which medical advice was given or treatment was recommended or received within a 6-month period prior to the issue date of coverage; or that produced symptoms within a 6-month period prior to the issue date of coverage. Conditions fully disclosed on the application and not excluded by name or specific description are covered subject to the provisions of the policy.
- Covered expenses include breast cancer diagnostic services and diabetes care and treatment.

Missouri

- 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 and devices are covered under the prescription drug benefit.

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. Conditions fully disclosed on the application and not excluded by name or specific description are covered subject to the provisions of the policy.
- 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*).
- Cancer drug therapy is covered under the prescription drug benefit.

Ohio

- The Optional Term Life Benefit is not available.
- The maternity waiting period for the Optional Maternity Expense Benefit is 180 days.
- Covered expenses include alcoholism treatment (*limited benefit*), mammography, child health supervision services, biologically based mental illness and cervical cancer screening.

Pennsylvania

- Preauthorization is not applicable.
- The pre-existing conditions definition is modified to be a condition for which medical advice was given or treatment was recommended within a 5-year period prior to the issue date of coverage; or that produced symptoms within a 5-year period prior to the date of issue. Pre-existing conditions are not covered during the first 2 years. After 2 years, benefits are payable unless specifically excluded from coverage. Conditions fully disclosed on the application and not excluded by name or specific description are covered subject to the provisions of the policy.
- 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. Conditions fully disclosed on the application and not excluded by name or specific description are covered subject to the provisions of the policy.
- Covered expenses include mammography, pap smears, prostate cancer screening, postmastectomy care, cleft lip and palate, diabetes care and treatment and for the care and treatment of psychiatric conditions (*limited benefit*).

Wisconsin

- The pre-existing conditions definition is modified to be a condition for which advice was given, treatment recommended or produced symptoms within a 5-year period prior to the issue date of coverage. Pre-existing conditions will not be covered during the first 2 years of coverage. Conditions fully disclosed on the application and not excluded by name or specific description are covered subject to the provisions of the policy.
- Covered expenses include kidney disease treatment, including transplants (*limited benefit*), child immunizations (*not subject deductible or coinsurance*), 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. Conditions fully disclosed on the application and not excluded by name or specific description are covered subject to the provisions of the policy.
- 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 (January 2008) 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.

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.

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Forms: AC4800W, AC4800W-PPO
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