



WorldCARE™ HSA Qualified at-a-Glance - Individual

	PPO Plan Designs - Individual					
	100		80		60	
	<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 You Pay (each calendar year))	\$1,500/\$1,500 \$2,900/\$2,900 \$5,600/\$5,600	\$3,000/\$7,100 \$5,800/\$9,900 \$11,200/\$15,300	\$1,500/\$5,600 \$2,900/\$5,600	\$3,000/\$11,200 \$5,800/\$11,200	\$1,500/\$5,600 \$2,900/\$5,600	\$3,000/\$11,200 \$5,800/\$11,200
Coinsurance	100/0	80/20 to maximum you have to pay, subject to usual and customary.	80/20 to maximum Out-of-Pocket of \$5,600.	60/40 to maximum Out-of-Pocket of \$11,200, subject to usual and customary.	60/40 to maximum Out-of-Pocket of \$5,600.	50/50 to maximum Out-of-Pocket of \$11,200, subject to usual and customary.
Lifetime Maximum	\$2 million or optional \$5 or \$10 million.					
Annual Maximum	\$1 million or \$5 million, or up to a Lifetime Maximum per person, per calendar year.					
Physician's Office Visit	Subject to deductible and coinsurance for medical services provided by a physician.					
Prescription Drugs	Subject to deductible and coinsurance, Rx discount card provided.					
Inpatient Hospital	Subject to deductible and coinsurance.					
Outpatient Medical	Subject to deductible and coinsurance.					
Emergency Room	Subject to deductible and coinsurance after a \$100 copayment. Copayment is waived if patient is admitted directly into hospital as inpatient, or due to an accident.					
Wellness Benefit	No Benefits					
	<p>OPTIONAL: ¹\$300 copay; then \$300 per calendar year. (Paid on the First-Dollar basis, subject to 6 month waiting period.) ²\$500 per calendar year (Paid on the First-Dollar basis.)</p>					
Rate Guarantee	12 month					
	OPTIONAL: 2 or 3 year rate guarantee, with \$2,900 deductible or higher.					
Foreign Travel	Subject to deductible and coinsurance. \$100,000 Lifetime Maximum.					
Additional Benefits:						
Accident Expense Benefit	Pays First-Dollar Benefit in amounts of \$500, \$1,000, \$1,500, \$2,000, \$2,500, \$3,000 \$5,000, \$10,000					
Term Life	¹ Individual – \$15,000. Plus Family: Spouse - \$7,500; Child, 14 days to 6 months – \$250; Child - 6 months to 27 years – \$1,000. ² Individual – \$25,000. Plus Family: Spouse - \$12,500; Child, 14 days to 6 months – \$500; Child - 6 months to 27 years – \$2,000.					
Short-Term Convalescent Care Benefit	Daily Cash Benefit available in \$10 increments – from \$100 to \$200 (20-day waiting period). 90-day Lifetime Maximum Benefit.					
Critical Illness Benefit	Cash Benefit paid to Insured in amount of \$25,000, if diagnosed with a critical illness.					
Accidental Death Benefit	Cash Benefit paid in the event of a fatal accident in amounts of \$2,500, \$5,000, \$7,500, \$10,000, \$15,000, \$25,000, \$50,000, \$100,000					
Maternity Benefit	\$2,500 maternity deductible with 0% coinsurance. (Only available with 100% coinsurance option when the deductible is \$2,900 or less for individual and \$7,500 or less for families. 6 month waiting period.)					

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