



# WorldCARE™ Value Advantage at-a-Glance

	Value Advantage 70		Value Advantage 70 with Benefit Increase Options		Value Advantage 50		Value Advantage 50 with Benefit Increase Options	
	<i>In-Network</i>	<i>Out-of-Network</i>	<i>In-Network</i>	<i>Out-of-Network</i>	<i>In-Network</i>	<i>Out-of-Network</i>	<i>In-Network</i>	<i>Out-of-Network</i>
Available Deductibles (Maximum of 3 per family, per calendar year)	\$1,000, \$1,500, \$2,500, \$5,000, \$7,500, \$10,000	3 times In-Network deductible. (NC - 2 times In-Network deductible)	\$1,000, \$1,500, \$2,500, \$5,000, \$7,500, \$10,000	3 times In-Network deductible. (NC - 2 times In-Network deductible)	\$1,000, \$1,500, \$2,500, \$5,000, \$7,500, \$10,000	3 times In-Network deductible. (NC - 2 times In-Network deductible)	\$1,000, \$1,500, \$2,500, \$5,000, \$7,500, \$10,000	3 times In-Network deductible (NC - 2 times In-Network deductible)
Coinsurance	70/30 of next \$10,000	50/50 of next \$10,000	70/30 of next \$10,000	50/50 of next \$10,000	50/50 of next \$10,000	30/70 of next \$10,000	50/50 of next \$10,000	30/70 of next \$10,000
Out-of-Pocket (in addition to deductible. Copayment for optional physician office visits, drugs, access fees and emergency room are not included in max.)	\$3,000	\$5,000; plus charges in excess of Usual and Customary.	\$3,000	\$5,000; plus charges in excess of Usual and Customary.	\$5,000	\$7,000; plus charges in excess of Usual and Customary.	\$5,000	\$7,000; plus charges in excess of Usual and Customary.
Lifetime Max.	\$1 million or optional \$5 million.							
Annual Max.*	\$100,000, \$250,000 or up to Lifetime Maximum per person, per calendar year.							
Physician's Office Visit	Subject to ded and coinsurance. Discounts may be available. Diagnostic lab and X-Ray subject to ded. and coinsurance.	Subject to ded. and coinsurance. Diagnostic lab and X-Ray subject to ded. and coinsurance.	\$40 copay – Diagnostic lab and X-Ray subject to ded. and coinsurance.	Subject to ded. and coinsurance. Diagnostic lab and X-Ray subject to ded. and coinsurance.	Subject to ded. and coinsurance. Discounts may be available. Diagnostic lab and X-Ray subject to ded. and coinsurance.	Subject to ded. and coinsurance. Diagnostic lab and X-Ray subject to ded. and coinsurance.	\$40 copay – Diagnostic lab and X-Ray subject to ded. and coinsurance.	Subject to ded. and coinsurance. Diagnostic lab and X-Ray subject to ded. and coinsurance.
Prescription Drugs	Not covered – Rx discount card provided.		Subject to separate \$500 Rx ded. per year, max. benefit of \$2,500 per person, per calendar year. <b>Generic</b> – \$10, plus 20% of remaining charge; <b>Brand Name (formulary)</b> – \$25, plus 50% of remaining charge; <b>Brand Name (non-formulary)</b> – \$35, plus 50% of remaining charge.		Not covered – Rx discount card provided.		Subject to separate \$500 Rx ded. per year, max. benefit of \$2,500 per person, per calendar year. <b>Generic</b> – \$10, plus 20% of remaining charge; <b>Brand Name (formulary)</b> – \$25, plus 50% of remaining charge; <b>Brand Name (non-formulary)</b> – \$35, plus 50% of remaining charge.	
Inpatient Hospital	\$500 access fee per admission; then subject to ded. and coinsurance (max. of 4 per covered person/per calendar year).		Subject to deductible and coinsurance.		\$500 access fee per admission; then subject to ded. and coinsurance (max. of 4 per covered person/per calendar year).		Subject to deductible and coinsurance.	
Outpatient Medical (not applicable to Chemo or Dialysis)	\$250 access fee per admission; then subject to ded. and coinsurance (max. of 4 per covered person/per calendar year).		Subject to deductible and coinsurance.		\$250 access fee per admission; then subject to ded. and coinsurance (max. of 4 per covered person/per calendar year).		Subject to deductible and coinsurance.	
Emergency Room	Subject to deductible and coinsurance after a \$250 copayment. Copayment is waived if patient is admitted directly into hospital as inpatient.							
Foreign Travel	Coverage for Emergency Treatment within the first 60 days outside the U.S. with a \$100,000 lifetime limit, subject to the same deductible and coinsurance limits as the base plan.							
Rate Guarantee	12 month rate guarantee period.							

\* Not available in all states.

**To be used with F4201, F4201-CO, F4201-MS, F4201I-NC, and F4202-TX.**  
*Agent Use Only – Not intended for consumers. State variations may apply.*