

WorldCARE™

Affinity Advantage



Health Insurance Solutions for Members Like You



Your Health Insurance
Partner Since 1903™

Affinity Advantage™ Copay
Comprehensive, flexible protection.

Affinity Advantage™ HSA
For use with Health Savings Accounts.



WorldCARE™ Affinity Advantage

Comprehensive and Flexible Health Insurance for You and Your Family

What aspects of a health insurance plan are important to you? The protection of a multi-million dollar lifetime coverage maximum? Knowing that visits to your doctor are covered after a small copay amount? Perhaps what is important to you is the peace of mind knowing that your monthly prescription drug expenses are covered after a small copay and deductible. Whatever the benefits may be that make a health insurance plan important to you and your family, World Insurance Company—a leader in major medical health insurance—can provide the plan of protection you want and need.

What is an Affinity Program?

Affinity basically means that you belong to a special group of individuals. Whether that is an association, business entity or social group—we consider this special. And this special affiliation enables you to purchase our Affinity Advantage health insurance products. We hope you will find these special plans a good fit for your needs.

Introducing **Affinity Advantage Copay** and **Affinity Advantage HSA** plans from World Insurance Company...available exclusively to members like you. Although these two plans are very different in many ways, they both provide comprehensive protection for you and your family against the high cost of health care. And best of all, because of your membership, these coverages are available to you.

About World Insurance Company

Established in 1903, World Insurance Company, Omaha, NE, is a trusted name in the insurance industry. The company is rated "A-" (Excellent) by industry analyst A.M. Best* for its financial stability. World offers a variety of individual, group and senior health products.

**A.M. Best is the leading independent non-government provider of insurance company ratings. The A- (Excellent) rating is the fourth highest of fifteen possible ratings that range from A++ (Superior) to F (Liquidation). February 2006*

About the AEA

Established in 1987, the American Entrepreneur Association gives members access to high-quality products and services at reasonable prices. You must be an AEA member to be eligible to apply for health insurance from World Insurance Company. Eligibility to apply for health insurance from World Insurance Company is just one AEA membership benefit; your membership also entitles you to take advantage of many other member benefit programs. Your AEA membership kit will contain complete details on the discounted products and services available to you. Taking advantage of these discounts will be as easy as showing your AEA card or providing your member number!

WorldCARE Affinity Advantage Copay

Comprehensive, flexible protection.

Coverage designed to help offset the costs associated with a catastrophic illness or accident, and to minimize what you pay for smaller, routine medical expenses.

All Affinity Advantage Copay major medical plans provide up to \$2 million in lifetime coverage per insured person, with the option of increasing this benefit to \$5 million per insured person.

Your Affinity Advantage Copay coverage is strongest with doctors, hospitals and clinics within World Insurance Company's approved PPO networks in your state. Plans available through your membership include:

Affinity Advantage Copay 100 –	Pays 100% (coinsurance) of covered expenses at participating providers after selected calendar year deductible is met.
Affinity Advantage Copay 80 –	Pays 80% (coinsurance) of covered expenses at participating providers after selected calendar year deductible is met.
Affinity Advantage Copay 50 –	Pays 50% (coinsurance) of covered expenses at participating providers after selected calendar year deductible is met.



WorldCARE Affinity Advantage HSA

High-deductible health insurance plans for use with Health Savings Accounts.

Affinity Advantage HSA is specially designed to qualify as a high-deductible health insurance plan according to federal guidelines—a higher deductible may mean a lower premium for you. You pay for less serious medical services, like a physician office visit, and your plan protects you from the financial devastation of a major illness or accident.

The simplicity of a single family deductible. Families share everything else, why not a deductible? The Affinity Advantage HSA program gives families the flexibility to consolidate individual health deductibles into one, simple deductible for the entire family.

Tax advantages*... HSA-eligible plans allow you to pay for medical expenses on a tax favored basis by opening up an HSA money account at the financial institution of your choice.

- The money is tax deductible (even if you don't itemize). The amount you can deposit each year is determined by the federal government.
- The interest you earn is tax-deferred. Any money you do not use can be carried forward from year to year, earning tax-deferred interest.
- The withdrawals are tax-free if you use them for qualified medical expenses as determined by the federal government. These can include expenses which are applied to your deductible and coinsurance. In addition, the money can be used for items not covered by your health insurance plan such as dental/eye exams, eye glasses, contacts and corrective-vision surgery. At age 65, you can use the funds for non-medical expenses without a tax penalty.

*Please consult your tax advisor regarding tax deductibility. This brochure outlines the advantages of HSAs and high-deductible health insurance plans in general and does not constitute tax advice.

Choose the Affinity Advantage Copay Plan that's Right for You...

	Coinsurance (World pays)		Deductible (You pay)		Stop-Loss (Coinsurance limit)		Maximum Out-of-Pocket (Includes deductible)	
	In-Network	Out-of-Network	In-Network	Out-of-Network (3x in-network)	In-Network	Out-of-Network	In-Network	Out-of-Network
Affinity Advantage Copay 100	100%	70%	\$2,500	\$7,500	-	\$10,000	\$2,500	\$10,500
			5,000	15,000			5,000	18,000
			7,500	22,500			7,500	25,500
			10,000	30,000			10,000	33,000
Affinity Advantage Copay 80	80%	50%	\$1,000	\$3,000	\$10,000	\$20,000	\$3,000	\$13,000
			2,500	7,500			4,500	17,500
			5,000	15,000			7,500	25,000
			7,500	22,500			9,500	32,500
			10,000	30,000			12,000	40,000
Affinity Advantage Copay 50	50%	50%	\$1,000	\$3,000	\$10,000	\$20,000	\$6,000	\$13,000
			2,500	7,500			7,500	17,500
			5,000	15,000			10,000	25,000
			7,500	22,500			12,500	32,500
			10,000	30,000			15,000	40,000

Lifetime Maximum for all plans: \$2 million with the option of increasing to \$5 million.

Annual Maximum for all plans: \$100,000; \$250,000 or up to Lifetime Maximum.

Additional Coverage Information for Copay Plans:

Physician Office Visits	<i>In-Network Provider:</i> Subject to deductible and coinsurance levels. <i>Out-of-Network Provider:</i> Subject to out-of-network deductible and coinsurance levels.
X-Rays and Lab Services	<i>In-Network Provider:</i> Subject to deductible and coinsurance levels. <i>Out-of-Network Provider:</i> Subject to out-of-network deductible and coinsurance levels.
Prescription Drugs	Subject to deductible and coinsurance.
Emergency Room Care	Expenses for emergency room care will be covered—subject to deductible and coinsurance, plus a \$250 access fee (actual may vary)—if the visit is for <i>illness</i> and the patient is not admitted directly into the hospital as an inpatient. The \$250 fee will be waived if confined to the hospital within 24 hours.
Wellness Benefits—Keeping Yourself Healthy	Affinity Advantage Copay will pay up to \$150 for in-network wellness care expenses, per person, per calendar year (after an initial six month waiting period). Procedures include routine physicals, screenings, and immunizations.
Coverage Outside of the Country	Subject to deductible and coinsurance, benefits will be paid for covered expenses such as medically necessary emergency hospital confinement and emergency medical care received while outside the United States (emergency care must begin during the first 60 days outside the U.S.). \$100,000 lifetime maximum.

Benefit Enhancements for Affinity Advantage Copay Plans

You can increase your coverage with these options:

Maximum Benefit Option

Your Affinity Advantage Copay policy/certificate's lifetime benefit maximum is \$2 million per covered person. The Maximum Benefit Option increases the lifetime maximum benefit to \$5 million per covered person. It also increases the per-organ transplant maximum from \$500,000 to \$1 million 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.

Physician Office Copay Benefit

This option is available at all deductible levels. Copay options include:

1. \$35 copay, limited to three visits. After the three visit maximum, charges are subject to deductible and coinsurance.
2. \$35 copay, unlimited visits.
3. \$50 copay, limited to three visits. After the three visit maximum, charges are subject to deductible and coinsurance.
4. \$50 copay, unlimited visits.

Prescription Drug Copay Benefit

Four (4) options available for Prescription Drugs include the following (state variations apply):

1. **Deductible:** Generic \$0, brand \$250; **Copay:** \$10 or 20%* for generic, \$25 or 50%* for brand name (formulary), and \$40 or 50% for brand name (non-formulary).
2. **Deductible:** Generic \$0, Brand \$250; **Copay:** \$15 or 20%* for generic, \$35 or 50%* for brand name (formulary), and \$50 or 50%* for brand name (non-formulary).
3. **Deductible:** Generic \$0, brand (formulary) \$250, brand (non-formulary) \$500;

Copay: \$10 or 20%* for generic, \$25 or 50%* for brand name (formulary), and \$40 or 50%* for brand name (non-formulary).

4. **Deductible:** Generic \$0, brand (formulary)\$250, brand (non-formulary) \$500; **Copay:** \$15 or 20%* for generic, \$35 or 50%* for brand name (formulary), and \$50 or 50%* for brand name (non-formulary).

*of the drug's cost (whichever is greater)

Outpatient Accident Benefit

With the Outpatient Accident Benefit Option, your plan pays 100% of expenses for a covered injury, not to exceed the amount you choose (\$500, \$1000, \$1500, \$2000, \$2500 or \$3000) 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. Your benefit may not exceed your chosen deductible.

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

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. Not available in Ohio and Oklahoma.

Increasing Wellness Benefit Option

The Wellness Benefit provides a maximum of \$100 first-dollar coverage for wellness care benefits during the first calendar year; \$200 the second calendar year; \$300 the



third (and subsequent) calendar year(s). There is no waiting period for this benefit.

X-Ray and Lab Benefit Option

There are two options available for additional coverage for in-network x-ray and lab services (out-of-network services are subject to deductible and coinsurance):

1. \$150 first-dollar benefits per person per calendar year; the remaining charges are subject to deductible and coinsurance.
2. \$50 copay per type of exam/test per session.

Maternity Benefit Option

This optional benefit, available for all deductibles, provides coverage to help pay expenses associated with a normal pregnancy, childbirth and newborn hospital expenses. Up to eight (8) units of coverage can be purchased to provide benefits from \$250 (for one unit, year one) to \$4000 (for eight units, year three and after). Benefits are determined by the coverage year in which the pregnancy ends. In vitro fertilization is included in Arkansas and Texas. Please check your policy/certificate for any additional state-mandated benefits that may apply.

Maternity Benefit Option Coverage

Coverage year	1 Unit	2 Units	3 Units	4 Units	5 Units	6 Units	7 Units	8 Units
1	\$250	\$500	\$750	\$1,000	\$1,250	\$1,500	\$1,750	\$2,000
2	\$375	\$750	\$1,125	\$1,500	\$1,875	\$2,250	\$2,625	\$3,000
3 and after	\$500	\$1,000	\$1,500	\$2,000	\$2,500	\$3,000	\$3,500	\$4,000

Choose the Affinity Advantage HSA Plan that's Right for You...

		Coinsurance (World pays)		Deductible (You pay)		Stop-Loss (Coinsurance limit)		Maximum Out-of-Pocket (Includes deductible)	
		In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Affinity Advantage HSA 100	Single	100%	70%	\$1,500	\$3,000	-	\$18,750	\$1,500	\$8,625
				2,700	5,400			2,700	11,025
				5,250	10,500			5,250	16,125
	Family	100%	70%	\$3,000	\$6,000	-	\$37,500	\$3,000	\$17,250
				5,450	10,900			5,450	22,150
				7,500	15,000			7,500	26,250
Affinity Advantage HSA 80	Single	80%	50%	\$1,500	\$3,000	\$20,000	\$16,000	\$5,500	\$11,000
				2,700	5,400	14,000	11,200		
				\$3,000	\$6,000	\$40,000	\$32,000		
	Family	80%	50%	5,450	10,900	27,750	22,200	\$11,000	\$22,000
				7,500	15,000	17,500	14,000		

Lifetime Maximum for all plans: \$2 million with the option of increasing to \$5 million.
Annual Maximum for all plans: \$100,000; \$250,000 or up to Lifetime Maximum.

Additional Coverage Information for HSA Plans:

	Comprehensive HSA Benefit Option	Basic Plan
Physician Office Visits	<i>In-Network Provider:</i> Subject to deductible and coinsurance levels. <i>Out-of-Network Provider:</i> Subject to out-of-network deductible and coinsurance levels.	Not Covered
X-Rays and Lab Services	<i>In-Network Provider:</i> Subject to deductible and coinsurance levels. <i>Out-of-Network Provider:</i> Subject to out-of-network deductible and coinsurance levels.	Limited (refer to Covered Expenses)
Prescription Drugs	Subject to deductible and coinsurance.	Not Covered
Emergency Room Care	Expenses for emergency room care will be covered—subject to deductible and coinsurance, plus a \$100 access fee (actual may vary)—if the visit is for <i>illness</i> and the patient is not admitted directly into the hospital as an inpatient. The \$100 fee will be waived if confined to the hospital within 24 hours.	
Wellness Benefits—Keeping Yourself Healthy	Affinity Advantage HSA will pay up to \$150 for in-network wellness care expenses, per covered person, per calendar year (after an initial six month waiting period). Procedures include routine physicals, screenings, and immunizations.	Not Covered
Coverage Outside of the Country	Subject to deductible and coinsurance, benefits will be paid for covered expenses such as medically necessary emergency hospital confinement and emergency medical care received while outside the United States (emergency care must begin during the first 60 days outside the U.S.). \$100,000 lifetime maximum.	Not Covered

Benefit Enhancements for Affinity Advantage HSA Plans

You can increase your coverage with these options:

Comprehensive HSA Benefit

Add the Comprehensive HSA Benefit to the basic HSA plan and increase your protection. This addition provides physician office visits, outpatient drug benefits, foreign travel coverage benefits and much more.

1. **Rx Benefits** – subject to deductible and coinsurance. Prescription drugs or medicines for a covered illness or injury when prescribed by a physician and dispensed by a licensed pharmacist.
2. **Physician Office Visit Benefit** – subject to deductible and coinsurance for medical services provided by a physician in the physician's office.
3. **Outpatient services** – subject to deductible and coinsurance. Services

include, but are not limited to, physical, occupational, speech and manipulative therapy and diagnostic testing.

4. **Wellness Benefits** – Affinity Advantage HSA will pay up to \$150 for in-network wellness care expenses, per person, per calendar year. Procedures include routine physicals, screenings, and immunizations.
5. **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 a \$100,000 lifetime maximum.

Maximum Benefit Option

Your Affinity Advantage HSA policy/certificate's lifetime benefit maximum is \$2 million per covered person. The Maximum Benefit Option increases the lifetime benefit maximum to \$5 million per covered person. It also increases the per-organ transplant maximum from \$500,000 to \$1 million 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.

Outpatient Accident Benefit Option

With the Outpatient Accident Benefit Rider, your plan pays 100% of expenses for a covered injury, not to exceed the amount you choose (\$500, \$1000, \$1500, \$2000, \$2500 or \$3000) 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

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. Not available in Ohio and Oklahoma.



Affinity Advantage Plans Do Cover:

- Ambulance service to the nearest hospital qualified to treat the illness or injury (air ambulance limited to \$5000 per occurrence).
- Anesthetics and their administration.
- Blood or blood plasma, if not replaced.
- Breast implant or removal for medically necessary treatment of a covered illness or injury.
- Breast reconstruction surgery for prosthetic devices following a covered mastectomy.
- Casts, non-dental splints, trusses, crutches or non-orthodontic braces (out of hospital not covered on HSA Basic Plan).
- Diabetes treatment.
- Durable medical equipment and supplies (limited benefits on HSA Basic Plan).
- Emergency out-of-network services.
- Hospital semi-private room and board.
- Initial permanent lens immediately following cataract surgery.
- Intensive, cardiac, burn or other specialized care unit.
- Replacement of natural limbs and eyes when loss occurs while covered under the policy/certificate.
- Mammography.
- Medical services and supplies, both inpatient and those provided by a physician.
- Post-mastectomy care.
- Oxygen and its administration.
- Prescription drugs (outpatient prescription drugs not covered on HSA Basic Plan).
- Urgent care treatment.
- X-ray and radiation therapy, cobalt and chemotherapy treatment.
- X-ray and laboratory services (limited coverage under HSA Basic Plan).

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

Limited Benefits Provided for:

All covered expenses referenced in this section are subject to deductible and coinsurance; the physician's office visit copayment, if any, does not apply; expenses that exceed the maximums shown are not considered covered expenses and will not apply to the out-of-pocket limit.

Copay and HSA Basic Plans:

- Home health care: 40 visits per calendar year.
- Hospice treatment and services: \$5000 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).
- Skilled nursing facility: up to 60 days in a calendar year.

Copay Plan and HSA Basic Plan with Comprehensive HSA Benefit:

- Allergy testing and injections: \$500 per calendar year.
- Chiropractic care: \$25 per day to \$500 per calendar year maximum.
- Foreign medical care: Emergency care only. Pays covered expenses for emergency care that begins within the first 60 days of a trip outside the United States. Subject to deductible and coinsurance, and limited to a \$100,000 lifetime maximum.
- Growth disorders: \$25,000 maximum lifetime benefit.
- Occupational, physical and speech therapy: \$50 per visit to \$2000 maximum per calendar year.
- Sleep apnea treatment: \$2000 maximum lifetime benefit.
- Spinal manipulation: \$25 per visit to \$500 maximum per calendar year.
- Sterilization: \$500 maximum lifetime benefit. Sterilization is not covered during the first 12 months the policy/certificate is in force.



Discount Drug Card Included with Your Affinity Plan!

With all Affinity Advantage plans, you will receive a discount drug card with your policy/certificate. This 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.

Affinity Advantage Plans Do 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 by the policy/certificate.
- Dental care or treatment, including orthodontia or other treatment involving teeth and supporting structures except for dental care or treatment required as a result of a covered injury to natural teeth.
- 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 the 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.
- Non-surgical 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, except as covered under the policy/certificate.
- 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, and as covered if optional Maternity Benefit Option is selected.
- 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.

HSA Basic Plan Also Does Not Cover:

- Cochlear implant procedures.
- Allergy testing, except as provided in your policy/certificate.
- Growth disorder or abnormally short stature, including, but not limited to, growth hormone deficiency therapy (GHDT), except as provided in your policy/certificate.
- Sterilization or the reversal of sterilization, except as provided in your policy/certificate.
- Treatment of sleep apnea except as provided in your policy/certificate.
- Surgical treatment of varicose veins.
- Private duty nursing.
- Plantar fasciitis.
- Expenses incurred for medical services provided by or received from a physician, except as provided in your policy/certificate.
- Treatment of blepharochalasis (droopy eyelids).
- Spinal manipulation, including, but not limited to, manipulation for spinal subluxation and any associated treatment or services, except as provided in your policy/certificate.

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

With WorldCARE Affinity Advantage HSA, you can opt to sign up with HealthEquity, our HSA associate, and receive 24 months of account service free! This includes: online access to a host of health management tools, an HSA money account, and debit card and investment management options. To sign up for a HealthEquity HSA money account, simply complete a HealthEquity Health Savings Account Authorization Form (W1286) and submit it with your application.

1. **Purchase an Affinity Advantage HSA Plan.** Select the plan and deductible to match your needs.
2. **Open up an HSA money account** at a participating financial institution and make a deposit (once your Affinity Advantage HSA Plan is effective with World). You can open up an HSA money account at any financial institution offering this type of account. In some cases, it might be your local bank.
3. **Pay for qualified medical expenses** with money in the HSA account—expenses such as:
 - Ambulance service
 - Braces and crutches
 - Home modifications for handicapped
 - Contact lenses
 - Oxygen/oxygen equipment
 - Vision correction surgery
 - Nursing homes
 - Orthopedic shoes, hearing aids and batteries

About HealthEquity

HealthEquity is a consumer-focused health care services company that enables health insurers, benefits administrators, employers and financial institutions to provide their employees and consumers with a personal Health Savings Account integrated into their health plan's claims platform, allowing easy payment of claims and tax record-keeping.

There's no additional cost when you have a WorldCARE Affinity Insurance product. Ask your agent for more details about how HealthEquity's online health management tools can help you manage your health needs.

Value-Added Services

WorldDoc*

WorldDoc is an innovative online tool that helps you take more control over your health care treatment. As a World Insurance insured customer, you can access the WorldDoc Web site through the HealthEquity® Web site—www.healthequity.com. There you will find information on the following topics:

Health and Symptom Evaluation Tools

– You can evaluate symptoms and find possible causes or examine your overall health and set personal health goals. WorldDoc enables you to create report cards detailing risk factors in areas such as overall health, diabetes, congestive heart failure, and more.

Medical Library – The extensive collection of physician-authored medical articles share a wealth of information about common health problems.

Web-based Rx Research – This tool helps you research prescription drugs and may help you find lower cost or generic alternatives.

Pharmacy Library – This resource contains information to help you compare all aspects of and learn more about more than 17,000 medications.

* WorldDoc is not a World Insurance Company product and is owned by WorldDoc Inc. Las Vegas, NV

Disclaimer: Services described on this Web page are general descriptions and are available to insureds of World Insurance Company, Omaha, Nebraska. Please review your policy/certificate for limitations. Services may not be available in all states and may be discontinued at World's discretion.

Lab Card® Select

Lab Card Select allows your members to take their healthcare decisions into their own hands. By offering your members Lab Card Select, you give them the opportunity to save money by choosing to receive Quest Diagnostics high-quality laboratory testing at a reduced rate. When this voluntary benefit is utilized,

the Lab Card Select program can save members 20% - 40% or more on outpatient laboratory testing services.

- Reduces laboratory testing costs to both members and payors.
- Offers quality laboratory testing while saving money.
- Designed specifically for high-deductible plans, health saving accounts and consumer-driven healthcare.
- Easy for member and payor.

It's easy to use...

1. Show your card to your provider or physician's office representative.
2. Your physician collects the lab specimen and sends it to a participating Quest Diagnostic laboratory.
3. The specimen is processed and results are sent back to your physician within 24 hours.
4. You save on your labs!

Extra Care Program

When you or a loved one is diagnosed with a serious injury or illness, having the support and assistance you need to understand your contract benefits and covered treatment options is important.

At World, our availability to a dedicated team of Registered Nurses (RNs), most of whom are Certified Case Managers, helps you and your healthcare provider understand the contract benefits, answer questions about your benefit coverage, and provide information about available network physicians and medical services that may help a complex medical situation.

World's Care Managers can provide assistance with a number of serious injuries and illnesses such as:

- Cancer
- Disease Management like Asthma and Diabetes
- Catastrophic Illness/Hospice Care
- Transplant
- Rehab/Home Health Care Services

Calendar Year

A calendar year begins January 1 and ends December 31 of the same year. During the first calendar year, the calendar year begins when insured and ends December 31 of that year.

Coinsurance

The coinsurance is the percentage of all covered expenses the covered person is required to pay after the deductible has been satisfied.

Deductible

The amount of covered expenses the covered person must pay for before benefits are payable under this policy/certificate.

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.

Outpatient

This refers to services and treatment provided to a covered person on an outpatient basis by a hospital, skilled nursing facility, hospice or other outpatient facility as opposed to confinement as an inpatient.

Stop-Loss

After the deductible, the maximum dollar amount of covered expenses to which the covered person's coinsurance is applied. *Example (Affinity Advantage Copay 80): After the deductible, plan pays 80% of the next \$5000 in covered expenses and the covered person pays 20% (of the \$5000 Stop-Loss amount) or \$1000.*

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 12-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.

Louisiana resident: 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 are your responsibility and will not be paid by World. You are not subject to any U&C reduction when you use PPO providers.

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 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/certificate. 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, duration 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 Worker's Compensation is not required)

Affinity Advantage™ policy provisions are in effect 24 hours a day. Excludes expenses payable under worker's compensation or employers' liability laws.

Underwritten by:



Your Health Insurance
Partner Since 1903™

World Insurance Company • P.O. Box 3160 • Omaha, Nebraska • 68103
800.786.7557 • www.worldinsco.com