

WorldCARE™

Medicare Supplement



Medicare Supplement insurance protection to meet your needs and budget



A wholly-owned subsidiary of
World Insurance Company

***Featuring Plans
A, L, Hd-F, and F***



You could save money with our preferred rating!¹

With Medicare Supplement protection from World Corp Insurance Company (World Corp) (a wholly-owned subsidiary of World Insurance Company [World]), you have a variety of plans to choose from. Choose from basic benefits (Plan A) that's lower-priced up to a comprehensive plan that provides more coverage (Plan F).

In addition to our preferred rating¹ and initial 12-month rate guarantee², you have deductible and cost-sharing features that can lower your premium. Read on for details...

Plan A

Plan A provides basic benefits, including Medicare's Part A hospital and Part B medical co-payments, and your first three pints of blood each year.

Plan L

Plan L includes a cost-sharing feature that lowers your premiums while still providing dependable coverage. Here's how it works: once you've reached the annual out-of-pocket expense limit of \$2,220, Plan L pays 75% of your Medicare-approved covered expenses for the rest of the calendar year.

Preventive Care Benefit!

For some Medicare approved preventive care benefits – like colorectal cancer screening, prostate cancer screening and bone mass measurement screening – Medicare generally pays 75% of the cost after the Part B deductible. Plan L generally pays the remaining costs of the Medicare-approved amounts.

Plan High-deductible F (Hd-F)

Plan Hd-F helps reduce your premium without having to go to a basic Medicare Supplement plan, such as Plan A. Hd-F provides more comprehensive protection and with a higher deductible, you save money on your premium.

How it works...

Hd-F starts paying after you pay the plan's annual deductible for Medicare-approved Parts A and B expenses. The annual deductible set by the Federal government is \$1,900. For more details, see charts later in this document.

Plan F Top choice among consumers!³

Plan F is the most popular plan among consumers and also our most comprehensive. It provides all the basic benefits PLUS Medicare's Part A and Part B deductibles, skilled nursing facility co-payments and foreign travel emergencies. If you're looking for more help protecting your financial security – and greater peace of mind – this may be the plan for you.

¹ In TX and ND, preferred rating is non-tobacco user rates.

² No rate changes your first year of coverage, guaranteed. Your rates may change if you move.

³ According to 2005 Medicare Supplemental Insurance Experience Report, National Association of Insurance Commissioners.

Plan A, L, Hd-F, and F Comparison Chart

Choose the Plan That's Right for You!

Benefit	Plan A Pays	Plan L Pays	Plan Hd-F Pays	Plan F Pays
Medicare Part A hospital deductible <i>(first 60 days per benefit period)</i>	None	75% ¹	100% ²	100%
Medicare Part B deductible	None	None	100% ²	100%
Medicare Part B coinsurance <i>(after \$135 Medicare Part B deductible is met)</i>	100%	75% ¹	100% ²	100%
Medicare Skilled nursing facility coinsurance	None	75% ¹	100% ²	100%
Medicare Part A hospital coinsurance <i>(after \$1024 Medicare Part A deductible is met)</i>	100%	75% ¹	100% ²	100%
Covered hospital expenses after your lifetime reserve days are used <i>(up to a lifetime maximum of an additional 365 days)</i>	None	100% ¹	100% ²	100%
Medicare Part B Excess charges above the Medicare-approved amount	None	None	100% ²	100%
First three pints of blood each year	100%	75% ¹	100% ²	100%
Worldwide foreign travel emergency care <i>(after a \$250 Medicare deductible)</i>	None	None	80% ²	80%
High deductible feature	None	None	Yes	None
Annual Out-of-pocket expense limit	N/A	\$2,220	N/A	N/A

¹ All Plan L charges are paid at 100% of Medicare covered services once the \$2,220 annual out-of-pocket spending limit is met.

² Hd-F starts paying after you pay the plan's annual deductible of \$1,900 for Medicare-approved Parts A and B expenses. Once you reach the annual out-of-pocket limit, the plan pays 100% of the Medicare copayments, coinsurance and deductibles for the rest of the calendar year. The out-of-pocket annual limit does NOT include charges from your provider that exceed Medicare approved amounts, called "Excess Charges." You will be responsible for paying excess charges. The out-of-pocket annual limit will increase each year for inflation.

How your plan works with Medicare Part A

Medicare Part A – Inpatient Expenses *(per benefit period)*

Benefits	Plans:		L ¹		A, F, Hd-F	
	Medicare Pays	A, F, Hd-F ³	WorldCARE Medicare Supplement Pays	L ¹	You Pay ²	L
Hospital Confinement						
<i>First 60 days</i>	All but \$1024 <i>(Medicare Part A Deductible)</i>	Plan A: Nothing Plans F, Hd-F: \$1024		\$768	Plan A: \$1024 Plan F, Hd-F: Nothing	\$256
<i>Days 61-90</i>	All but \$256/day <i>(Medicare Part A coinsurance)</i>	\$256/day		\$256/day	Nothing	Nothing
<i>Days 91-150 (lifetime reserve days)</i>	All but \$512/day	\$512/day		\$512/day	Nothing	Nothing
<i>After all reserve days are used: Additional 365 days lifetime</i>	Nothing	100% of Medicare eligible expenses		100% of Medicare eligible expenses	Nothing	Nothing
<i>Beyond the additional 365 days</i>	Nothing	Nothing		Nothing	All Costs	All Costs
Blood/First 3 pints (blood deductible)	Nothing	100%		75%	Nothing	25%
Skilled Nursing Facility ⁴						
<i>First 20 days</i>	100% of costs	Nothing		Nothing	Nothing	Nothing
<i>Days 21-100</i>	All but \$128/day <i>(skilled nursing coinsurance)</i>	Plan A: Nothing Plans F, Hd-F: \$128/day		\$96/day	Plan A: \$128/day Plans F, Hd-F: Nothing	\$32/day
<i>Beyond 100 days</i>	Nothing	Nothing		Nothing	All costs	All costs
Hospice Care <i>(Available for the terminally ill who elect to receive these services)</i>	All but very limited coinsurance for outpatient drugs and inpatient respite care	Nothing		75% coinsurance	Balance	25% coinsurance

- ¹ All Plan L charges are paid at 100% of Medicare covered services once the \$2,220 annual out-of-pocket spending limit is met.
- ² This is your liability for covered charges. You are responsible for all other non-covered charges including the deductible if you choose the high-deductible F plan.
- ³ Hd-F starts paying after you pay the plan's annual deductible of \$1,900 for Medicare-approved Parts A and B expenses.
- ⁴ Medicare only covers approved skilled nursing care in a Medicare approved facility. Facility licensing terminology may vary by state and may not use "skilled nursing facility" terminology. Based on plan chosen, World Corp Medicare Supplement pays the skilled nursing coinsurance for Medicare-approved stays in facilities certified to provide Medicare skilled nursing care.

How your plan works with Medicare Part B

Deductible Benefits – Plans F, Hd-F and L

(Plan A is subject to \$1024 Medicare Part A benefit period deductible and \$135 Medicare Part B calendar year deductible.)

Benefits	Plans:		F and Hd-F ³		L ¹	
	Medicare Pays	WorldCARE Medicare Supplement Pays	F and Hd-F	L	You Pay ²	
Physician Services and Other Medical Expenses In or Out of the Hospital First \$135 of Medicare-approved expenses each calendar year	Nothing	\$135 <i>(Medicare Part B deductible)</i>	Nothing	Nothing	Nothing	All Costs

Medicare Part B – Medical Expenses (per calendar year after Part B deductible of \$135)

Benefits	Plans:		A, F, Hd-F ³		L ¹	
	Medicare Pays	WorldCARE Medicare Supplement Pays	A, F, Hd-F	L	You Pay ²	
Physician Services and Other Medical Expenses In or Out of the Hospital Remainder of Medicare-approved amounts	Generally 80% <i>(Medicare Part B coinsurance)</i>	100% coinsurance	75% coinsurance	Nothing	25% coinsurance	
Blood/First 3 pints (blood deductible)	Nothing	100%	75%	Nothing	25%	

Medicare Part B – Excess Charges

Benefits	Plans:		F and Hd-F ³		A and L ¹	
	Medicare Pays	WorldCARE Medicare Supplement Pays	F and Hd-F	A and L	You Pay ²	
Covered charges in excess of Medicare approved amounts, up to any charge limitations established by state or federal law	Nothing	100%	Nothing	Nothing	Nothing	All costs

¹ All Plan L charges are paid at 100% of Medicare covered services once the \$2,220 annual out-of-pocket spending limit is met.

² This is your liability for covered charges. You are responsible for all other non-covered charges including the deductible if you choose the high-deductible F plan.

³ Hd-F starts paying after you pay the plan's annual deductible of \$1,900 for Medicare-approved Parts A and B expenses.

Additional Information

Premiums. Your benefits and premiums may vary depending on the plan selected. Initial premium rates are guaranteed for 12 months from coverage issue date. Your premium could change if you move to a different area. After the initial premium rate guarantee period, should a necessary premium change be made, it will only be made on a renewal date and only if it is made on all policies in the same class as determined by us (may vary by state). Premiums may increase because a person is one year older except in AZ, AR, GA, MO and MT.

In Texas. Premiums will increase because a person is one year older if you are age 65 or older when you apply for coverage.

Coverage is available to qualified Medicare beneficiaries under age 65 during their open enrollment period in the states of CO, KY, KS, MS, MO, NC, OK, OR, SD and TX.

Medicare Part A Eligible Expenses for Hospital/Skilled Nursing Facility Care – This includes expenses for semiprivate room and board, general nursing, and miscellaneous services and supplies.

Medicare Part B Eligible Expenses for Medical Services – This includes expenses for physicians services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, and ambulance service.

Benefit Period – A Benefit Period begins the first full day you are hospitalized and ends when you have not been in a hospital or skilled nursing facility for 60 days in a row.

Coinsurance – The amount you may be required to pay for services after you pay any plan deductibles.



Protection to Count On

Complete Freedom. Choose your own physicians and hospitals – no network provider restrictions.

Premium Rate Lock Guarantee. No premium rate changes for your first 12 months of coverage – guaranteed (your rates may change if you move)! After the initial 12-month rate guarantee, rates are subject to change, but you are never singled out for a rate increase.

Preferred Rating.¹ Save money on your premium with preferred rating.

No Waiting Period. No waiting period for pre-existing conditions. Pre-existing conditions admitted on the application will be covered immediately when your coverage is issued. Pre-existing conditions means prior medical conditions that exist before your coverage is issued.

Automatic Updates. Your benefits are automatically updated each year to coordinate with Medicare changes.

Virtually No Claim Forms are Needed. Our fast, accurate claims service means you won't have to fill out any complicated forms. We work directly with your healthcare provider and Medicare.

Guaranteed Renewable for Life. As long as you pay the premium on time, your coverage will continue.

¹ In TX and ND, preferred rating is non-tobacco user rates.

About World Corp Insurance Company

WorldCARE Medicare Supplement Insurance is underwritten by World Corp, which is a wholly-owned subsidiary of World Insurance Company. World has served the insurance needs of its customers for more than 100 years.

As part of World Corp you are ensured the same level of quality service and top-notch insurance products at competitive prices as provided by World Insurance Company.

World Corp is rated B+ (Very Good) from industry analyst A.M. Best[†] for its financial stability. (January 2007)

About World Insurance Company

Our first health insurance policy was issued way back in 1903, and we haven't stopped since. Establishing trust with our insured customers and providing them peace of mind is one of the reasons we've been in business for more than 100 years. Today, World Insurance Company (Omaha, NE) helps groups, individuals, families, small businesses and associations with their major medical health insurance needs. Our ongoing goal is to deliver quality health insurance products at an affordable price.

World Insurance Company is rated "A-" (Excellent) by industry analyst A.M. Best Company[†] for its financial stability. World and World Corp Insurance Company offer 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). Ratings reflect Best's independent opinion of balance sheet strength, operating performance and business profile and are not a recommendation of any specific product or services. January, 2007.

Read your policy carefully. This brochure provides a very brief description of the important policy features; it is not the insurance contract. Your policy contains all of the provisions with which both you and the Company must comply. The policy sets forth in detail the rights and obligations of both you and your insurance company. This is a limited policy designed to cover those expenses which Medicare approves but does not cover. You will have a 30-day free-look period to review your policy. If you decide to send the policy back to us within this period, we will return all premiums.

Neither World Corp Insurance Company nor its agents are affiliated with or endorsed by Social Security, Medicare or any other governmental agency.

For Medicare Supplement plans, the Outline of Medicare Supplement Coverage form is provided.

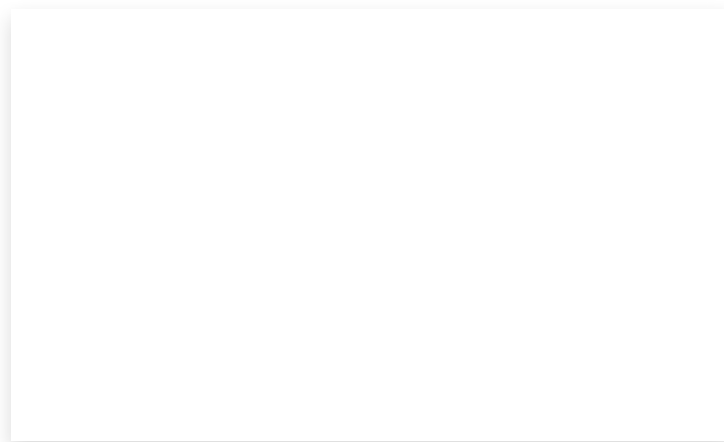
Medicare Supplement insurance plans available through World Corp Insurance Company are: A, L, Hd-F and F. Ask your agent for more details. At your request, an Outline of Coverage will be provided which will compare these plans.

Benefits and premiums under this policy may be suspended for up to 24 months if you become entitled to benefits under Medicaid. You must request that your policy be suspended within 90 days of becoming entitled to Medicaid. If you lose (or are no longer entitled to) benefits from Medicaid, this policy can be reinstated if you request reinstatement within 90 days of the loss of such benefits and pay the required premium.

In Colorado: Colorado law requires carriers to make available a Colorado Health Plan Description Form, which is intended to facilitate comparison of health plans. For Medicare Supplement plans, the Outline of Medicare Supplement Coverage form is provided.

In Texas: If you are in your open enrollment period, you cannot be denied coverage because of health problems. Open Enrollment is the six-month period beginning on the first day of the month in which you are enrolled in Medicare Part B. If you are on Medicare—and under age 65 (due to a disability, for example)—you will also have a six-month open enrollment period when you reach age 65.

For more information on your plan or other World products, please contact
your World Service representative:



Your benefits and premiums will vary depending on the plan,
coverage choices and each optional benefit selected.

Underwritten by:



A wholly-owned subsidiary of World Insurance Company
PO Box 2155, Omaha, Nebraska 68103-2155
Toll-free: 800.822.9993

This brochure was designed to solicit Medicare Supplement insurance and provides a brief description of the important facts about World Corp Medicare Supplement plans. The policy itself sets forth in detail the rights and obligations of both you and World Corp Insurance Company. The policy approved in your state also may have specific provisions that may vary from the standard version. Please read your policy carefully. Not connected with or endorsed by the United States government or the federal Medicare program. Talk to your local agent for more information about the benefits costs and limitations.

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