WorldCARE™ **Flex Advantage at-a-Glance**

	PPO Plan Designs						Traditional Plan Design
	Flex Advantage 100 (PPO)		**Flex Advantage 80 (PPO)**		**Flex Advantage 60 (PPO)** *(Limited Benefit plan in GA.)*		**Flex Advantage Traditional 80**
	In-Network	***Out-of-Network***	***In-Network***	***Out-of-Network***	***In-Network***	***Out-of-Network***	
Available Deductibles (Maximum of 3 per family, per calendar year)	$2,500, $5,000, $10,000, $16,000*, $25,000*	2 times PPO ded.. This ded. accumulates separately from the PPO ded.	$500, $1,000, $1,500, $2,500, $5,000, $10,000	2 times PPO ded.. This ded. accumulates separately from the PPO ded.	$500, $1,000, $1,500, $2,500, $5,000, $10,000	2 times PPO ded.. This ded. accumulates separately from the PPO ded.	$500, $1,000, $1,500 $2,500, $5,000, $10,000
Coinsurance	100%	70/30 to $10,000, subject to Usual and Customary.	80/20 to $5,000	50/50 to $10,000, subject to Usual and Customary. *(In GA, coinsurance is 60/40.)*	60/40 to $10,000	50/50 to $20,000, subject to Usual and Customary. *(In GA, coinsuance is 60/40.)*	Any provider 80/20 to $10,000, subject to Usual and Customary.
Out-of-Pocket (Maximum of 3 per family, per calendar year) *(In addition to deductible)*	Deductible plus $0	Out-of-Network deductible plus $3,000; plus charges in excess of Usual and Customary.	Deductible plus $1,000	Out-of-Netowrk deductible plus $5,000 *($4,000 in GA)*; plus charges in excess of Usual and Customary.	Deductible plus $4,000	Out-of-Network deductible plus $10,000 *(in GA, Out-of-Pocket max. is $8,000)*; plus charges in excess of Usual and Customary.	Ded. plus $2,000; plus charges in excess of Usual & Customary. *Usual & Customary coverage limit does not apply to providers in the network listed on covered person's ID card.*
Lifetime Max.	$2,000,000 or optional $5,000,000.		$2,000,000 or optional $5,000,000.		$2,000,000.		$2,000,000.
Physician's Office Visit	Subject to deductible and coinsurance.		Subject to deductible and coinsurance.		Subject to deductible and coinsurance.		Subject to ded. and coinsurance.
	OPTIONAL: **Physician Office Visit Copay Benefit[1] or Physician Office Visit /DXL Copay Benefit[2]** [1]**PPO Provider**: $30 copay, limited to 2 visits per calendar year. After the 2 visits max., the charges will be subject to ded. and coinsurance. Non-PPO – Subject to Out-of-Network ded. coinsurance levels. [2]**PPO Provider**: $30 copay, no max. on number of visits per calendar year. Non-PPO – Subject to Out-of-Network ded. and coinsurance levels. This benefit also provides diagnostic, X-ray and lab (DXL) benefits up to a max. of $200 per covered person, per calendar year without ded. and coinsurance; amounts in excess of $200 will be subject to the deductible and coinsurance						
Prescription Drugs	Subject to deductible and coinsurance		Subject to deductible and coinsurance		Subject to deductible and coinsurance		Subject to ded. and coinsurance
	OPTIONAL: Benefit to provide prescription drug copays – Subject to separate $200 Rx ded. per person, per calendar year. **Generic** - $15 or 20%* (no Rx ded. on generic); **Brand Name *(formulary)*** - $35 or 50%*; **Brand Name *(non-formulary)*** - $50 or 50%* **of the drug's cost, whichever is greater.* State variations apply. On GA policies, the max. copayment percentage is 40%.						
Maternity Benefits***	Not covered, unless Maternity Benefit option is selected; then this benefit, available for all ded. (except $16,000 and $25,000 ded.), provides coverage to help pay expenses associated with a normal pregnancy, childbirth, and newborn hospital expenses *(In Vitro Fertilization in the state of AR, TX)*. Up to 8 units of coverage can be purchased to provided benefits. Benefits are determined by the coverage year in which the pregnancy ends. Please check your policy/certificate for any state-mandated benefits that apply.						
Emergency Room Copayment	If you visit an Emergency Room for an ***Illness***, you pay a $100 copayment in addition to your plan ded. and coinsurance. The $100 copayment does not apply to accidents. If you are admitted directly from the Emergency Room into the hospital as an inpatient, the copayment is waived.						
Option to Increase Lifetime Maximum to $5,000,000	Available						
Outpatient Accident Rider	Available						
Term Life Insurance Rider*	Available						
Foreign Travel Emergency	Coverage for the first 60 days with a $100,000 limit, subject to the same ded. and coinsurance limits as the base plan.						
Rate Guarantee	12 month rate guarantee period.						

Not available in all states* * Not available in Ohio or Oklahoma* ****Not available in all states. Please verify availability on proposal software.*

For use with F4151 and F4152-TX. Agent Use Only – Not intended for consumers. State variations may apply.