



WorldCARE™ HD Advantage Basic At-A-Glance (with Comprehensive Option – PPO Plans)

	HD Advantage 100 Individual		HD Advantage 80 Individual		HD Advantage 100 Family		HD Advantage 80 Family	
	<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 Deductible/ Maximum You Have to 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	\$3,000/\$3,000 \$5,800/\$5,800 \$7,500/\$7,500 \$11,200/\$11,200	\$6,000, \$14,200, \$11,600, \$19,800, \$15,000, \$23,200, \$22,400, \$30,600	\$3,000/\$11,200 \$5,800/\$11,200 \$7,500/\$11,200	\$6,000/\$22,400, \$11,600/\$22,400, \$15,000/\$22,400
Coinsurance	100/\$0	80/20 to \$20,500, subject to Usual and Customary.	80/20 to \$20,500, or 80/20 of next \$13,500.	60/40 to \$20,500, or 60/40 of next \$13,500, subject to Usual and Customary.	100/\$0	80/20 to \$41,000 you have to pay, subject to Usual and Customary.	80/20 to \$41,000, or 80/20 of next \$27,000, or 80/20 of next \$18,500, subject to Usual and Customary.	60/40 to \$41,000, or 60/40 of next \$27,000, or 60/40 of next \$18,500, subject to Usual and Customary.
Lifetime Maximum	\$2 million or optional \$5 million.				\$2 million or optional \$5 million.			
Annual Maximum	\$100,000, \$250,000 or none, per person, per calendar year.							
Physician 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.				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.							
Outpatient Accident Rider	Available				Available			
Term Life Insurance Rider	Available				Available			
Foreign Travel	Subject to deductible and coinsurance. \$100,000 Lifetime Maximum.							
Wellness Benefit	Maximum of \$150 first dollar coverage for wellness benefits per covered person, per calendar year. Eligibility starts for each covered person 12 months after plan is effective for that covered person.							
Rate Guarantee	12 months rate guarantee period.				12 months rate guarantee period..			

To be used with F4166 and F4166-TX.
Agent Use Only – Not intended for consumers



WorldCARE™ HD Advantage Basic At-A-Glance (with Comprehensive Option – Traditional Plans)

	HD Advantage 90 Individual – Traditional	HD Advantage 80 Individual – Traditional	HD Advantage 90 Family – Traditional	HD Advantage 80 Family – Traditional
Available Deductible/ Out-of-Pocket Pay (each calendar year)	\$1,500/\$1,500 \$2,900/\$2,900 \$5,600/\$5,600	\$1,500/\$5,600 \$2,900/\$5,600	\$3,000/\$3,000, \$5,800/\$5,800, \$7,500/\$7,500 \$11,200/\$11,200	\$3,000/\$11,200 \$5,800/\$11,200 \$7,500/\$11,200
Coinsurance	100/\$0, subject to Usual and Customary.	80/20 to \$20,500, or 80/20 of next \$13,500, subject to Usual and Customary.	100/\$0, subject to Usual and Customary.	80/20 to \$41,000, or 80/20 of next \$27,000, or 80/20 of next \$18,500, subject to Usual and Customary.
Lifetime Maximum	\$2 million or optional \$5 million.		\$2 million or optional \$5 million.	
Annual Maximum	\$100,000, \$250,000 or none, per person, per calendar year.			
Physician 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.		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.			
Outpatient Accident Rider	Available		Available	
Term Life Insurance Rider	Available		Available	
Foreign Travel	Subject to deductible and coinsurance. \$100,000 Lifetime Maximum.			
Wellness Benefit	Not Covered		Not Covered	
Rate Guarantee	12 months rate guarantee period.		12 months rate guarantee period.	

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