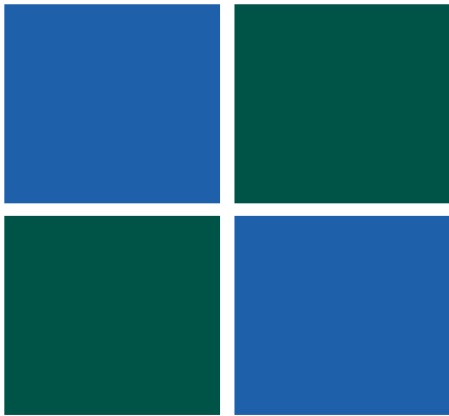


Georgia and Louisiana



WorldCARE™ HD Advantage

Available only to members of the National Consumer Alliance Association.



High-deductible
Health Insurance Plans for
use with Health
Savings Accounts

Single Family Deductible

Health Insurance
for
Families
and
Individuals



Your Partner in Individual
Health Insurance Since 1903™



World**CARE**™
HD Advantage

HIGH-Deductible Health Insurance Plans
Eligible For Use With Health Savings Accounts

What is a HSA Plan?

An HSA plan consists of two parts:

- **A qualified, high deductible health insurance plan**, like World's **HD Advantage**. The standards for this health insurance plan are set by the federal government which determines which deductibles and out-of-pocket amounts are allowed.
- **A Health Savings Account (HSA)** at the financial institution you choose. You deposit money into the account and use the funds to pay for qualified medical expenses today and in the future. The federal government allows tax advantages for the money in an HSA account.



To be eligible for a high-deductible health insurance plan and the HSA, you must have a qualified health insurance plan, like the **HD Advantage**, and not be covered under any other major medical insurance plan or Medicare. Any U.S. citizen and National Consumer Alliance Association (NCA) member under age 65 is eligible to apply for World's **HD Advantage**.

Why Choose an HSA Plan?

- **Save on your health insurance premium** by choosing a high deductible plan, like the **HD Advantage** – spending your healthcare dollars wisely means purchasing only what you need. Higher cost sharing in the form of a higher deductible means a lower cost health insurance plan. You pay for less serious medical services, like a doctor office visit, and your plan protects you from the financial devastation of a major illness or accident.
- **Simplicity of single family deductible** – families share everything else, why not a deductible? The **HD Advantage** gives families the flexibility to accumulate expense into one, simple deductible for the entire family. Once the amount has been satisfied, everyone in the family has met their deductible.
- **Tax advantages*** – the plan allows 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 deposited is tax deductible (even if you do not 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.

To realize all of these benefits you must have a qualified high-deductible, health insurance plan, like World Insurance's **HD Advantage**.

** 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.*

WorldCARE™ HD Advantage: Solid Protection from a Solid Company

When you select a high-deductible health insurance plan from World Insurance Company, you're choosing a company that has provided health insurance to individuals and families since 1903.

We have built our reputation on quality, affordability and excellent service, and we continue this commitment with our HD Advantage plans.

How Do I Get Started? – It's Easy as 1-2-3

1. Become a member of the NCA and purchase a HD Advantage plan. With your World agent's help, select the plan and deductible to match your needs.

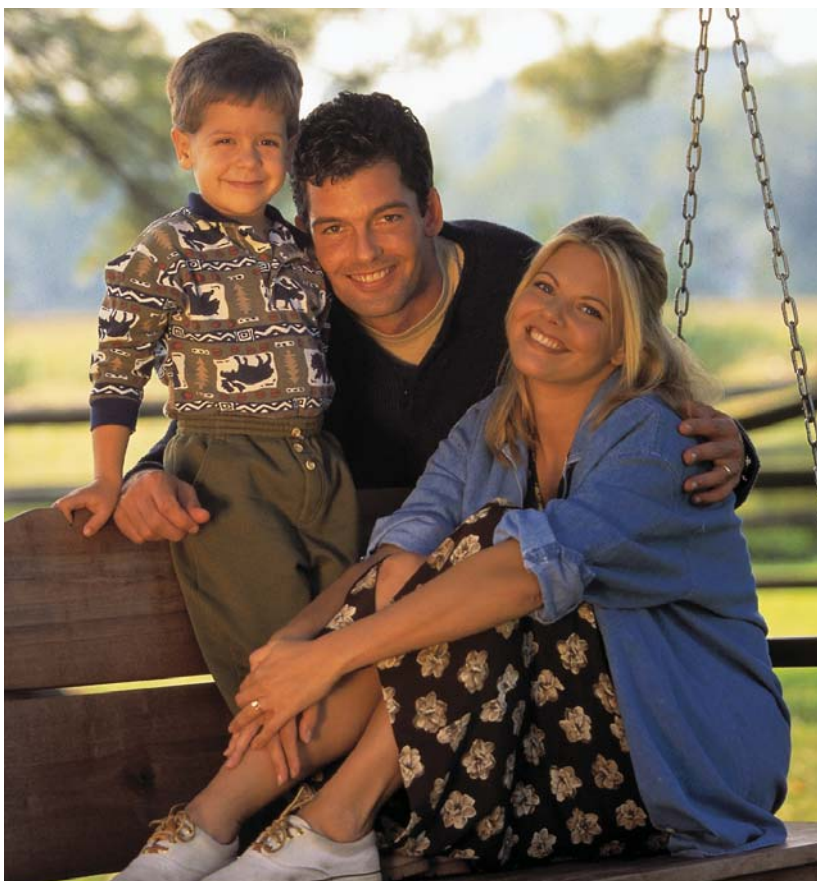
2. Open up a HSA money account at a participating financial institution and deposit money, once your HD Advantage plan is effective with World.

You open up a HSA money account at any financial institution offering this type of account. In some cases it might be your local bank—imagine having your checking, savings, and HSA account all in one convenient location.

3. Pay for qualified medical expenses with money in the HSA account.

Please note: Expenses eligible for tax-favored payment using Health Savings Account (HSA) funds are detailed in Internal Revenue Service publication 502, "Medical and Dental Expenses." It is available from the IRS at 800-TAX-FORM (800-829-3676) or www.irs.gov. (Simply type "502" in the "Search Forms and Publications" box on the home page.)

Because acceptance for health insurance is subject to approval by World based on your health history, please do not cancel any existing health insurance or fund your HSA until you receive and accept your approved insurance policy from World. World Insurance Company does not offer or administer HSA accounts, nor do we endorse a particular provider of these accounts. Our role is solely to provide high-deductible health insurance plans that are qualified for use with HSAs.



The National Consumer Alliance Association

The National Consumer Alliance Association (NCA) was established in 1987. NCA gives members access to valuable products and services at affordable prices. In addition to the association benefits and services, membership in NCA affords you the opportunity to apply for quality health insurance plans underwritten by World Insurance Company.



HD Advantage PPO Plans

Coverage at a Glance for Individual PPO Plans (for eligible expenses)

	HD Advantage PPO 100	HD Advantage PPO 80	HD Advantage PPO 50 <i>Not available in Georgia</i>
Lifetime Maximum	Choice of \$2 million or optional \$5 million		
Deductible/Out-of-Pocket Maximum (each calendar year)	In-PPO: \$1,500/\$1,500, \$2,700/\$2,700 or \$5,250/\$5,250 Out-of-PPO: \$3,000/\$6,750, \$5,450/\$9,200 or \$10,500/\$14,250	In-PPO: \$1,500/\$5,250 or \$2,700/\$5,250 Out-of-PPO: \$3,000/\$10,500 or \$5,450/\$10,500	In-PPO: \$1,500/\$5,250 or \$2,700/\$5,250 Out-of-PPO: \$3,000/\$10,500 or \$5,450/\$10,500
Physician Office Visits Prescription Drugs Inpatient Hospital Outpatient Medical	In-PPO: 100% after deductible. (You pay \$0) Out-of-PPO: 80% after deductible (You pay 20% up to your out-of-pocket maximum)	In-PPO: 80% after deductible. (You pay 20% up to your out-of-pocket maximum) Out-of-PPO: 60% after deductible (You pay 40% up to your out-of-pocket maximum)	In-PPO: 50% after deductible. (You pay 50% up to your out-of-pocket maximum) Out-of-PPO: 30% after deductible (You pay 70% up to your out-of-pocket maximum)
Emergency Room	In-PPO: 100% after deductible Out-of-PPO: 80% after deductible Plus \$100 copayment if visit is for an illness and patient is not admitted directly into hospital as inpatient.	In-PPO: 80% after deductible Out-of-PPO: 60% after deductible Plus \$100 copayment if visit is for an illness and patient is not admitted directly into hospital as inpatient.	In-PPO: 50% after deductible Out-of-PPO: 30% after deductible Plus \$100 copayment if visit is for an illness and patient is not admitted directly into hospital as inpatient.
Wellness Benefit (Eligibility starts six months after plan is effective.)	Subject to deductible and coinsurance, each PPO plan provides up to \$250 in eligible covered expenses for in-PPO wellness services per person, per calendar year.		
Foreign Travel Emergency (Emergency care that begins during first 60 days outside U.S.)	In-PPO: 100% after deductible Out-of-PPO: 80% after deductible \$100,000 lifetime maximum	In-PPO: 80% after deductible Out-of-PPO: 60% after deductible \$100,000 lifetime maximum	In-PPO: 50% after deductible Out-of-PPO: 30% after deductible \$100,000 lifetime maximum

Coverage at a Glance for Family PPO Plans (for eligible expenses)

	HD Advantage PPO 100	HD Advantage PPO 80	HD Advantage PPO 50 <i>Not available in Georgia</i>
Lifetime Maximum	Choice of \$2 million or optional \$5 million		
Family Deductible/Out-of-Pocket Maximum (each calendar year)	In-PPO: \$3,000/\$3,000, \$5,450/\$5,450, \$7,500*/\$7,500 or \$10,500/\$10,500 Out-of-PPO: \$6,000/\$13,500, \$10,900/\$18,400, \$15,000/\$22,500 or \$21,000/\$28,500	In-PPO: \$3,000/\$10,500 or \$5,450/\$10,500 or \$7,500*/\$10,500 Out-of-PPO: \$6,000/\$21,000 or \$10,900/\$21,000 or \$15,000/\$21,000	In-PPO: \$3,000/\$10,500 or \$5,450/\$10,500 or \$7,500*/\$10,500 Out-of-PPO: \$6,000/\$21,000 or \$10,900/\$21,000 or \$15,000/\$21,000
Physician Office Visits Prescription Drugs Inpatient Hospital Outpatient Medical	In-PPO: 100% after deductible. (You pay \$0) Out-of-PPO: 80% after deductible (You pay 20% up to your out-of-pocket maximum)	In-PPO: 80% after deductible. (You pay 20% up to your out-of-pocket maximum) Out-of-PPO: 60% after deductible (You pay 40% up to your out-of-pocket maximum)	In-PPO: 50% after deductible. (You pay 50% up to your out-of-pocket maximum) Out-of-PPO: 30% after deductible (You pay 70% up to your out-of-pocket maximum)
Emergency Room	In-PPO: 100% after deductible Out-of-PPO: 80% after deductible Plus \$100 copayment if visit is for an illness and patient is not admitted directly into hospital as inpatient.	In-PPO: 80% after deductible Out-of-PPO: 60% after deductible Plus \$100 copayment if visit is for an illness and patient is not admitted directly into hospital as inpatient.	In-PPO: 50% after deductible Out-of-PPO: 30% after deductible Plus \$100 copayment if visit is for an illness and patient is not admitted directly into hospital as inpatient.
Wellness Benefit (Eligibility starts six months after plan is effective.)	Subject to deductible and coinsurance, each PPO plan provides up to \$250 in eligible covered expenses for in-PPO wellness services per person, per calendar year.		
Foreign Travel Emergency (Emergency care that begins during first 60 days outside U.S.)	In-PPO: 100% after deductible Out-of-PPO: 80% after deductible \$100,000 lifetime maximum	In-PPO: 80% after deductible Out-of-PPO: 60% after deductible \$100,000 lifetime maximum	In-PPO: 50% after deductible Out-of-PPO: 30% after deductible \$100,000 lifetime maximum

* Available upon state approval.

Please note that expenses at non-PPO providers are subject to the Usual and Customary charge limitation described in the back of this brochure. Generally speaking, the "Usual and Customary" charge is the amount we would expect most physicians to charge for a particular medical procedure, service or supply.

Chart refers to covered expenses. For detailed information, please refer to your policy.



HD Advantage Traditional Plans

Coverage at a Glance for Individual Traditional Plans (for eligible expenses)

	HD Advantage Traditional 100	HD Advantage Traditional 80
Lifetime Maximum	Choice of \$2 million or optional \$5 million	
Deductible/Out-of-Pocket Maximum (each calendar year)	\$1,500/\$1,500, \$2,700/\$2,700 or \$5,250/\$5,250	\$1,500/\$5,250 or \$2,700/\$5,250
Physician Office Visits Prescription Drugs Inpatient Hospital Outpatient Medical	100% after deductible. (Coinsurance, you pay \$0, plus charges above usual and customary)	80% after deductible. (Coinsurance, you pay 20%, plus charges above usual and customary)
Emergency Room	100% after deductible Plus \$100 copayment if visit is for an illness and patient is not admitted directly into hospital as inpatient.	80% after deductible Plus \$100 copayment if visit is for an illness and patient is not admitted directly into hospital as inpatient.
Wellness Benefit (Eligibility starts six months after plan is effective.)	Subject to deductible and coinsurance, each plan provides up to \$250 in eligible covered expenses for wellness services per person, per calendar year.	
Foreign Travel Emergency (Emergency care that begins during first 60 days outside U.S.)	100% after deductible \$100,000 lifetime maximum	80% after deductible \$100,000 lifetime maximum

Coverage at a Glance for Family Traditional Plans (for eligible expenses)

	HD Advantage Traditional 100	HD Advantage Traditional 80
Lifetime Maximum	Choice of \$2 million or optional \$5 million	
Deductible/Out-of-Pocket Maximum (each calendar year)	\$3,000/\$3,000, \$5,450/\$5,450, \$7,500*/\$7,500 or \$10,500/\$10,500	\$3,000/\$10,500, \$5,450/\$10,500 or \$7,500*/\$10,500
Physician Office Visits Prescription Drugs Inpatient Hospital Outpatient Medical	100% after deductible. (Coinsurance, you pay \$0, plus charges above usual and customary)	80% after deductible. (Coinsurance, you pay 20%, plus charges above usual and customary)
Emergency Room	100% after deductible Plus \$100 copayment if visit is for an illness and patient is not admitted directly into hospital as inpatient.	80% after deductible Plus \$100 copayment if visit is for an illness and patient is not admitted directly into hospital as inpatient.
Wellness Benefit (Eligibility starts six months after plan is effective.)	Subject to deductible and coinsurance, each plan provides up to \$250 in eligible covered expenses for wellness services per person, per calendar year.	
Foreign Travel Emergency (Emergency care that begins during first 60 days outside U.S.)	100% after deductible \$100,000 lifetime maximum	80% after deductible \$100,000 lifetime maximum

* Available upon state approval.

Generally speaking, the "Usual and Customary" charge is the amount we would expect most physicians to charge for a particular medical procedure, service or supply. Chart refers to covered expenses. For detailed information, please refer to your policy.



Major Medical – PPO vs. Traditional

PPO stands for “Preferred Provider Organization,” a network of physicians, clinics and hospitals that have agreed to provide World clients with medical care at negotiated prices.

PPO

If you plan to use physicians and hospitals in World’s PPO network in your state, an HD Advantage PPO plan is your best option. For a directory of PPO providers, go to www.worldinsco.com.

With HD Advantage PPO, you pay lower premium rates than for comparable non-PPO plans. You’ll want to visit PPO providers to receive the highest coverage percentage, since any expenses at non-PPO providers will be covered at a lower percentage.

Additional advantages of using PPO providers:

- You never have to file a claim when you use a PPO physician, clinic or hospital: The provider files the claim.
- You’re not subject to the Usual & Customary charge limitations described later in this brochure. (What if you’re traveling outside your home state? You can still be covered at PPO levels by visiting any provider in the nationwide travel PPO network.)

Traditional

If you don’t plan to use PPO physicians and hospitals, you’ll want an HD Advantage Traditional non-PPO plan.

With this plan, your deductible and co-insurance amounts will remain the same regardless of which physician, clinic or hospital provides treatment or services in the United States. You will be responsible, however, for any charges above the Usual and Customary amount described later in this brochure.

If you do use a PPO provider, you will save money by accessing discounted rates World has negotiated with the PPO networks, and expenses will not be subject to the Usual and Customary charge limitation.

Wellness

- All plans provide up to \$250 for eligible, (in-network provider for PPO plans) wellness benefits per person, per calendar year, subject to deductible and coinsurance. Wellness Services refer to routine physicals, screenings and immunizations that are appropriate for the age and sex of the covered person, based on generally accepted standards of medical practice, not specifically covered under the policy/certificate.



Value-Added Benefits

These plans offer value-added services, such as national PPO network discounts for physician visits, 24-hour nurse line, a discount drug card, 24-hour protection, wellness benefits, initial 12-month rate guarantee, no network claim forms, foreign travel emergency benefit and optional benefit enhancement riders. Also, if you use a non-PPO provider to receive medically necessary emergency services (emergency as defined in the policy), because you are unable to select a PPO provider due to your medical condition, we will provide benefits for covered emergency room services at the PPO level.



Discount Drug Card Included With Your HD Advantage Plan

You will automatically receive a discount drug card with your HD Advantage policy. The card entitles you to discounts on prescription drugs at any pharmacy in World’s extensive nationwide pharmacy network, Express Scripts, including more than 90 percent of the nation’s pharmacies. There is no cost to you for the discount card.

CUSTOMIZE WITH OPTIONAL BENEFITS

On any HD Advantage plan, you can increase your coverage with these options:

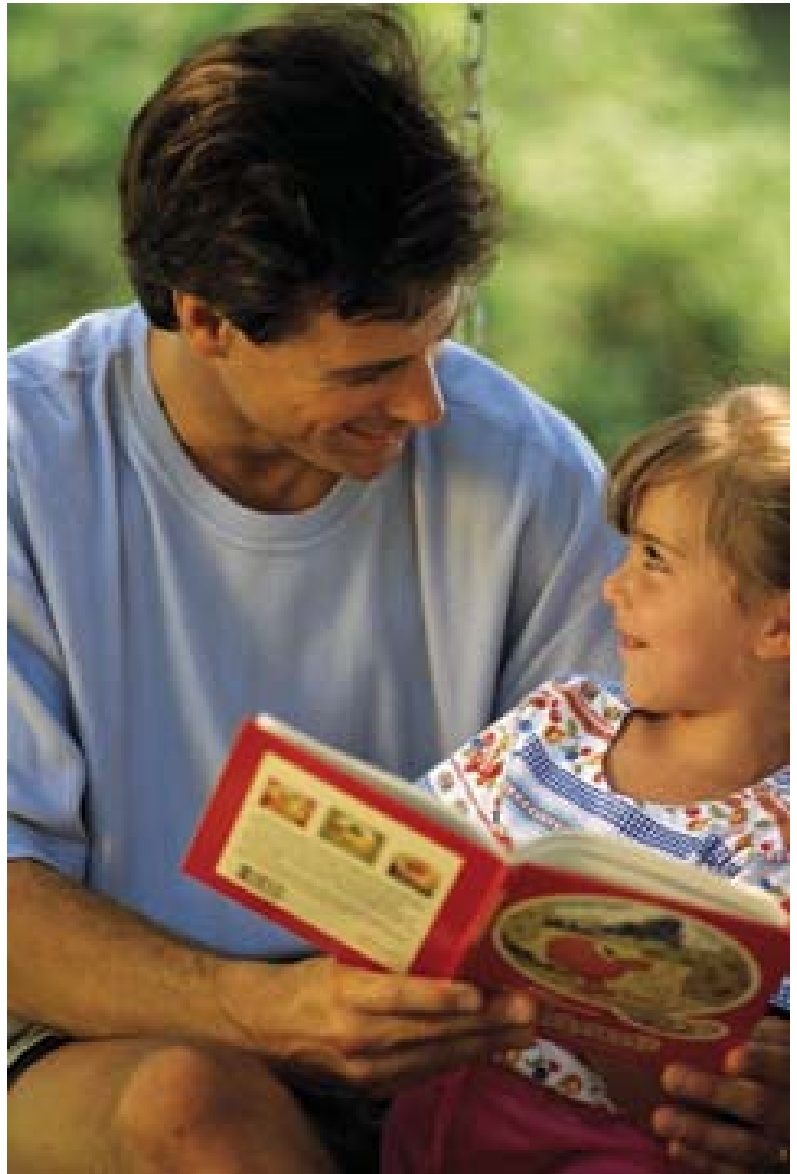
Maximum Benefit Option increases lifetime maximum to \$5 million: Your HD Advantage policy's lifetime coverage maximum is \$2 million per covered person. The Maximum Benefit Option increases the lifetime maximum to \$5 million. It also increases the per-organ transplant maximum from \$500,000 to \$1,000,000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

Term Life Benefit Option adds life insurance coverage: The Term Life Benefit Rider provides you and/or your spouse with annually renewable term life insurance coverage in benefit amounts of \$10,000, \$25,000 or \$50,000. Plus, you'll also enjoy the option of converting your term-life policy to a World whole life policy. **Not available in Georgia.**

Outpatient Accident Benefit Option offers first-dollar coverage for injuries: With the Outpatient Accident Benefit Rider, your plan pays 100 percent of expenses for a covered injury, not to exceed the amount you choose (\$500, \$1,000, \$1,500, \$2,000, \$2,500, \$3,000 or \$5,000) 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. (Not all levels are available in all states.)

Expenses covered under this rider include:

- Services, supplies, and physician's care;
- X-ray and laboratory tests; and
- Treatment or services received in a hospital emergency room, urgent care center, physician's office, or ambulatory surgical center or facility.



It's Easy to Apply!

To apply for WorldCARE health insurance protection, simply complete an application (along with your NCA membership form) with your World agent. For a premium rate quote contact your World agent or call us toll-free at: 800-600-7760.



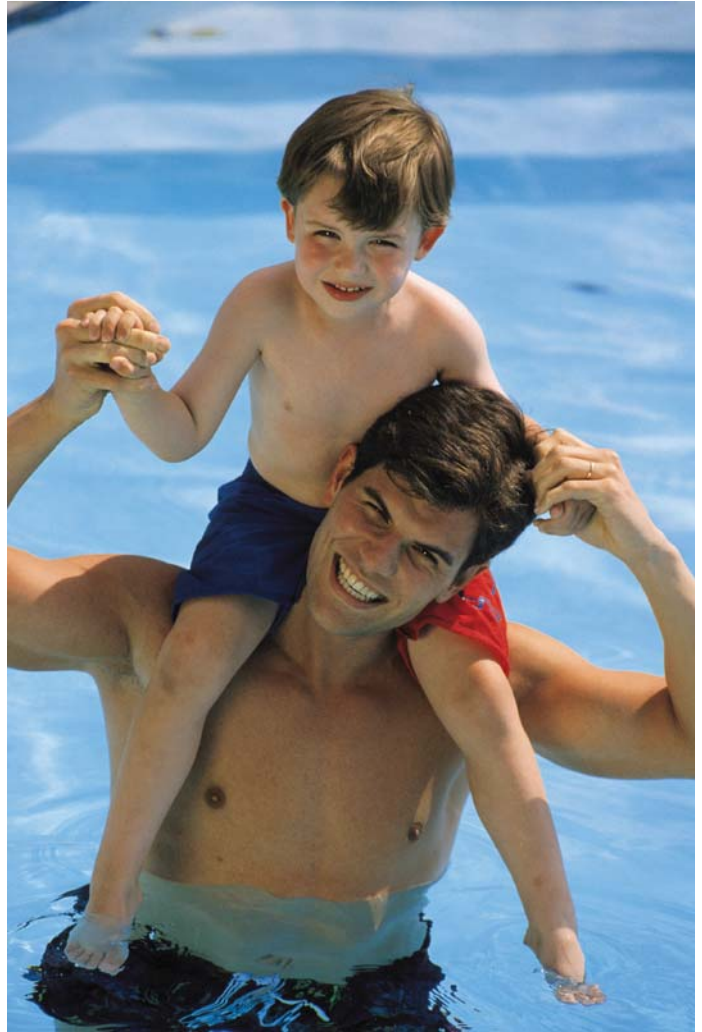
Covered Expenses at a Glance

- Ambulance service to the nearest hospital qualified to treat the illness or injury (air ambulance limited to \$5,000 per occurrence)
- Anesthetics and their administration
- Blood or blood plasma, if not replaced
- Breast implant removal for medically necessary treatment of a covered illness or injury
- Breast reconstruction surgery or prosthetic devices following a covered mastectomy.
- Casts, non-dental splints, trusses, crutches or non-orthodontic braces
- Diabetes treatment
- Durable medical equipment and supplies
- Hospital semi-private room and board
- Intensive, cardiac, burn or other specialized care unit (out-of-network limited to three times the usual semi-private room charge and up to 30 continuous days)
- Initial permanent lens immediately following cataract surgery
- Replacement of natural limbs and eyes when loss occurs while covered under the certificate
- Mammography
- Post-mastectomy care
- Medical services and supplies, both inpatient and those provided by a physician
- Oxygen and its administration
- Prescription drugs
- Urgent care treatment
- X-ray and laboratory services
- X-ray and radiation therapy, cobalt and chemotherapy treatment.

Please refer to the policy for additional benefits.

Limited Benefits are provided for:

- Allergy testing and injections: \$500 of covered expenses per calendar year
- 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 \$100,000 lifetime maximum
- Growth disorders: maximum lifetime benefit of \$25,000 of covered expenses
- Home health care: 40 visits per calendar year
- Hospice treatment and services: \$5,000 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). Subject to policy lifetime maximum
- Occupational, physical and speech therapy: \$50 per visit to \$2,000 maximum per calendar year
- Skilled nursing facility: up to 60 days in a calendar year
- Sleep apnea treatment: maximum lifetime benefit of \$2,000 of covered expenses



- Spinal manipulation: \$25 per visit to \$500 maximum per calendar year
- Sterilization: maximum lifetime benefit of \$500 of covered expenses. Sterilization is not covered during the first 12 months the policy is in force.

Covered after a waiting period:

- Hernia; removal of adenoids and/or tonsils, varicose veins, hemorrhoids, myringotomy or tympanotomy (tubes in ears); or disorders of the reproductive organs not covered during the first six months the policy is in force, except as treated in emergencies.

Non-Covered Expenses at a Glance

HD Advantage does 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.
- 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.
- Cosmetic or reconstructive procedures, services, or supplies, including breast reduction or augmentation and complications arising from such procedures, except as covered in your policy.
- Dental care or treatment, including orthodontia or other treatment involving teeth and supporting structures.
- Expenses for conditions or complications arising from conditions not covered under the policy, including surgical or medical treatment.
- Expenses incurred before your policy effective date or after your policy 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.





Non-Covered Expenses cont...

- Hernia; removal of 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 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), and prescription drugs or medicines not provided by the Prescription Drug Benefit, if included with your policy.
- Mental or nervous disorders.
- Metatarsalgia; bunions; removal of corns, calluses, or toenails; treatment of weak, strained, flat, unstable, or unbalanced feet or toenail fungus.
- Nonsurgical treatment for jaw joint problems including temporomandibular joint dysfunction (TMJ), TMJ pain syndromes, craniomandibular disorders, myofacial 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, except as covered under the policy.
- 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.
- 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 for in your policy/certificate.
- Routine newborn expenses, complications of a fetus, and pregnancy or childbirth, except for complications of pregnancy.
- 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.
- 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.

Please read your policy for an inclusive list of non-covered/limited/excluded expenses.

Terms to Know...

Pre-existing Condition

For Georgia Residents – A pre-existing condition is a condition for which a covered person received medical advice or treatment within a five-year period, or which produced symptoms within a five-year period, prior to that person's policy date of coverage. Pre-existing conditions are not covered during the first two years, unless they were fully disclosed on the insurance application and not excluded from coverage by name or specific description.

For Louisiana Residents – 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 date. Pre-existing conditions are not covered during the first 12 months, unless they were fully disclosed on the insurance application and not excluded from coverage by name or specific description.

Usual and Customary (U&C): The Usual and Customary 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 of the U&C are your responsibility and will not be paid by World. You are not subject to the U&C when you use PPO providers.

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 outlines specific provisions in your state.

Other Important Facts

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 of the same type in a specific state or nationwide, as described in the

Modifications or Discontinuance of Coverage section of the policy.

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. 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, durational rating factors, health status of the entire block of insureds in which you are included, and other factors as permitted under state law. You cannot be singled out for a premium increase based on your claims experience.

24-Hour Coverage

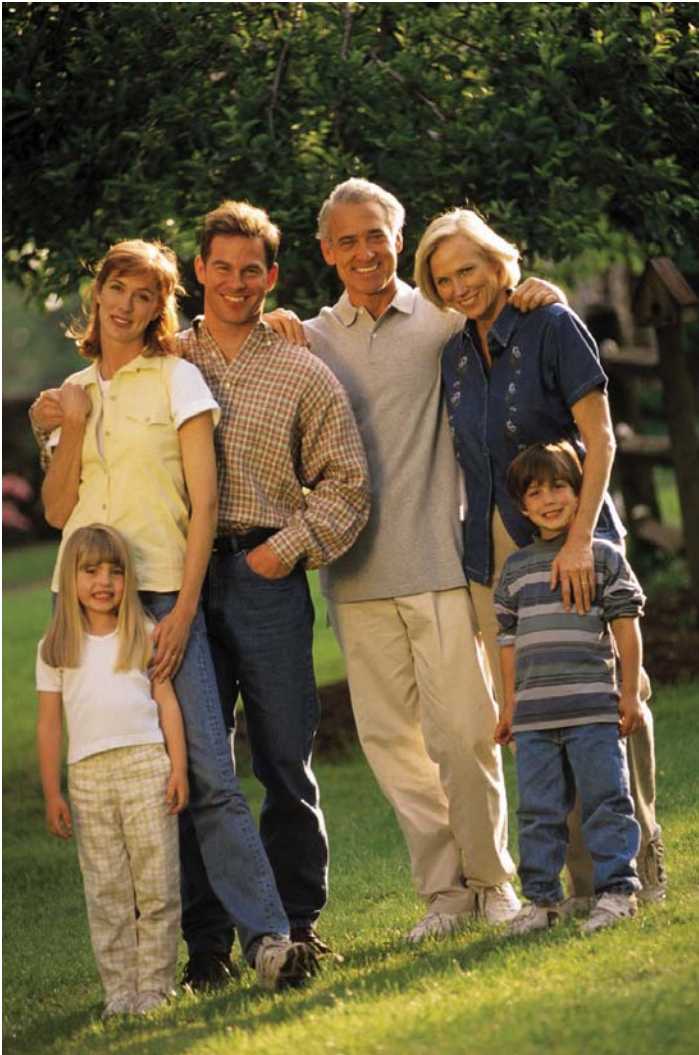
(if Workers' Compensation is not required)

HD Advantage policy provisions are in effect 24 hours a day.

About World Insurance Company

Established in 1903, World Insurance Company has built a century-long reputation for quality, affordability and integrity. Ask your agent about the entire family of World Insurance products:

- Flex Advantage Medical
- Value Advantage Medical
- Individual Dental
- Short-Term Medical





World Insurance Company Home Office located in Omaha, Nebraska.

This brochure provides a brief description of the important facts about HD Advantage high-deductible health insurance plans. The policy itself, however, sets forth in detail the rights and obligations of both you and World Insurance Company. Please read your policy carefully.



World Insurance Company • P.O. Box 3160 • Omaha, Nebraska • 68103
Your Partner in Individual Health Insurance Since 1903™