



WorldCARE HD Advantage At-a-Glance

	HD Advantage 100 Individual		HD Advantage 80 Individual		HD Advantage 50* Individual		HD Advantage 100 Family		HD Advantage 80 Family		HD Advantage 50* Family	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Available Deductibles/ Out-of-Pocket (each calendar year)	\$1500/\$1500, \$2500/\$2500, \$5000/\$5000	\$3000/\$4500, \$5000/\$8750, \$10,000/\$13,750	\$1500/\$2500, \$2500/\$5000	\$3000/\$6000, \$5000/\$12,500	\$1500/\$3000, \$2500/\$5000	\$3000/\$6150, \$5000/\$10,250	\$2500/\$2500, \$5000/\$5000, \$10,000/\$10,000	\$5000/\$8750, \$10,000/\$17,500, \$20,000/\$27,500	\$2500/\$5000, \$5000/\$10,000	\$5000/\$12,500, \$10,000/\$25,000	\$2500/\$6000, \$5000/\$10,000	\$5000/\$12,350, \$10,000/\$20,500
Coinsurance	100/0	80/20 to Out-of-Pocket Max.	80/20 to Out-of-Pocket Max.	60/40 to Out-of-Pocket Max.	50/50 to Out-of-Pocket Max.	30/70 to Out-of-Pocket Max.	100/0	80/20 to Out-of-Pocket Max.	80/20 to Out-of-Pocket Max.	60/40 to Out-of-Pocket Max.	50/50 to Out-of-Pocket Max.	30/70 to Out-of-Pocket Max.
Lifetime Max.	\$2 million or optional \$5 million		\$2 million or optional \$5 million		\$2 million or optional \$5 million		\$2 million or optional \$5 million		\$2 million or optional \$5 million		\$2 million or optional \$5 million	
Physician Office Visit	Subject to deductible and coinsurance		Subject to deductible and coinsurance		Subject to deductible and coinsurance		Subject to deductible and coinsurance		Subject to deductible and coinsurance		Subject to deductible and coinsurance	
Prescription Drugs	Subject to deductible and coinsurance. Rx discount card provided.		Subject to deductible and coinsurance. Rx discount card provided.		Subject to deductible and coinsurance. Rx discount card provided.		Subject to deductible and coinsurance. Rx discount card provided.		Subject to deductible and coinsurance. Rx discount card provided.		Subject to deductible and coinsurance. Rx discount card provided.	
Inpatient Hospital	Subject to deductible and coinsurance		Subject to deductible and coinsurance		Subject to deductible and coinsurance		Subject to deductible and coinsurance		Subject to deductible and coinsurance		Subject to deductible and coinsurance	
Outpatient Medical	Subject to deductible and coinsurance		Subject to deductible and coinsurance		Subject to deductible and coinsurance		Subject to deductible and coinsurance		Subject to deductible and coinsurance		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.						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	Coverage for Emergency Treatment within the first 60 days outside the U.S. with a \$100,000 lifetime limit subject to the same deductible and coinsurance limits as the base plan.						Coverage for Emergency Treatment within the first 60 days outside the U.S. with a \$100,000 lifetime limit subject to the same deductible and coinsurance limits as the base plan.					
Wellness Benefit	Up to \$250 for In-PPO wellness benefits per person, per calendar year. Subject to deductible and coinsurance. Out-of-Network – no wellness benefit. (Eligibility starts 6 months after plan is effective.)						Up to \$250 for In-PPO wellness benefits per person, per calendar year. Subject to deductible and coinsurance. Out-of-Network – no wellness benefit. (Eligibility starts 6 months after plan is effective.)					

*Not available in Georgia.

Agent Use Only – Not intended for consumers