



NAIM's GREAT CHOICE

Health Insurance Series



Marketed by...

NAIM
National Association of
Insurance Marketers

Underwritten by...



NAIM... Major Medical Plans

Today more than ever, you need health insurance that's reasonably-priced and provides solid coverage. You also want the option to use any physician, clinic or hospital in America without a referral. And you want the flexibility to match your coverage to your needs and budget.

The NAIM family of Major Medical includes PPO and Traditional plans and provides up to \$3 million lifetime coverage per covered person,



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, a NAIM PPO plan is your best option. With a 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.



NAIM PPO Plans:

- **BENEFITMAX (PPO)** – pays 80% at participating providers plus offers physician office visit and prescription drug copays (subject to separate Rx deductible).
- **VALUEPLUS (PPO)** – pays 80% at participating providers
- **SUPERSAVER (PPO)** – pays 70% at participating providers

About 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.

Additional advantages of using PPO providers include:

- 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 out-of-state? You can still be covered at PPO levels by visiting any provider in the nationwide Beech Street network. This only applies when you're outside your home state. For a directory of PPO providers, go to www.worldinsco.com or ask your agent.

Traditional –

If you don't plan to use PPO physicians and hospitals, you'll want a NAIM Traditional non-PPO plan. With this plan, your coverage percentage is the same at any physician, clinic or hospital in the USA. 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.

- ***LIBERTYSELECT (Traditional)*** – Your coverage is the same at any physician, clinic or hospital in the USA. LibertySelect pays 70% at any provider.



Choose the Major Medical Plan that's right for you!

	SUPERSAVER	VALUEPLUS	BENEFITMAX	LIBERTYSELECT
Lifetime Maximum	\$3 Million	\$3 Million	\$3 Million	\$3 Million
Calendar Year Deductibles (PPO and non-PPO deductibles accumulate separately)	\$600, \$1,250, \$1,750, \$3,000, \$6,000, \$7,500	\$600, \$1,250, \$1,750, \$3,000, \$6,000, \$7,500	\$600, \$1,250, \$1,750, \$3,000, \$6,000, \$7,500	\$600, \$1,250, \$1,750, \$3,000, \$6,000, \$7,500
Coinsurance (World pays/you pay)	70/30 to \$10,000 in-network. 50/50 to \$20,000 out-of-network, subject to Usual and Customary	80/20 to \$7,500 in-network 60/40 to \$10,000 out-of-network, subject to Usual and Customary	80/20 to \$5,000 in-network 60/40 to \$10,000 out-of-network, subject to Usual and Customary	70/30 to \$10,000, subject to Usual and Customary
Calendar Out-Of-Pocket Maximum (Your maximum payment after deductible. Copayments for physician office visits, drugs and emergency room are not included in maximum.)	\$3,000 in-network* \$10,000 out-of-network,* subject to Usual and Customary. <i>*In addition to the chosen deductible</i>	\$1,500 in-network* \$4,000 out-of-network,* subject to Usual and Customary. <i>*In addition to the chosen deductible</i>	\$1,000 in-network* \$4,000 out-of-network,* subject to Usual and Customary. <i>*In addition to the chosen deductible</i>	\$3,000,* subject to Usual and Customary. <i>*In addition to the chosen deductible</i>
Physician Office Visits	Not covered – discount only	Subject to deductible and coinsurance	\$25 copay for 3 Dr. visits per year. Balance subject to deductible and coinsurance	Subject to deductible and coinsurance
Prescription Drug	Not covered – discount only	Subject to deductible and coinsurance	Subject to separate \$150 Rx deductible per calendar year plus copayment: \$10 generic, \$25 brand name formulary, \$40 brand name non-formulary.	Subject to deductible and coinsurance
Inpatient	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
Emergency Room	Subject to deductible and coinsurance, plus \$100 copayment if visit is for <i>illness</i> and patient is not admitted directly into hospital as inpatient	Subject to deductible and coinsurance, plus \$100 copayment if visit is for <i>illness</i> and patient is not admitted directly into hospital as inpatient	Subject to deductible and coinsurance, plus \$100 copayment if visit is for <i>illness</i> and patient is not admitted directly into hospital as inpatient	Subject to deductible and coinsurance, plus \$100 copayment if visit is for <i>illness</i> and patient is not admitted directly into hospital as inpatient
Foreign Travel Emergency (Emergency care that begins during first 60 days outside the U.S.)	Subject to deductible and coinsurance, \$100,000 lifetime maximum	Subject to deductible and coinsurance, \$100,000 lifetime maximum	Subject to deductible and coinsurance, \$100,000 lifetime maximum	Subject to deductible and coinsurance, \$100,000 lifetime maximum

Please note that calendar year deductibles (up to three per family) and coinsurance limits are per covered person, and PPO and non-PPO deductibles and coinsurance amounts accumulate separately. 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.

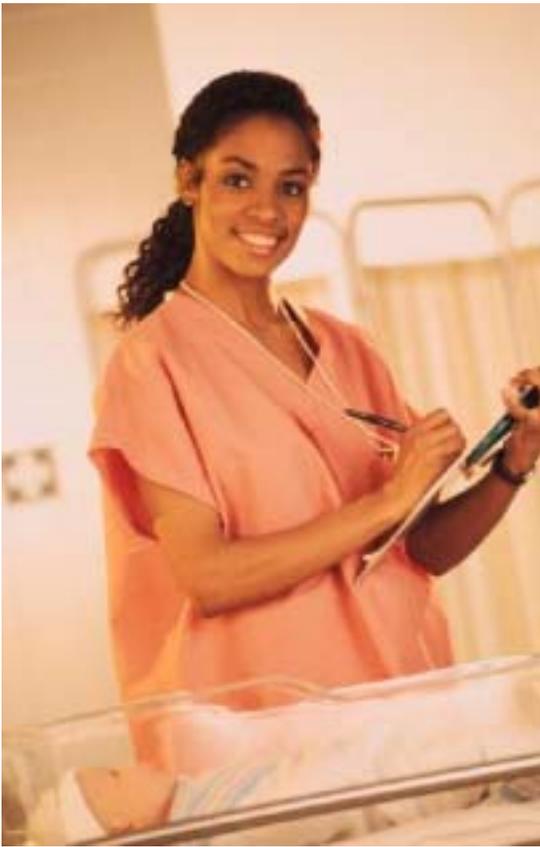
Discount Drug Card Included with Your Certificate

If your coverage does not include the Prescription Drug Copayment feature, you will receive a discount drug card with your policy/certificate. 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.

Covered Expenses at a Glance

PPO and Traditional

- 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).
- Medical services and supplies, both inpatient and those provided by a physician.
- X-ray and laboratory services.
- 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.
- Initial permanent lens immediately following cataract surgery.
- Replacement of natural limbs and eyes when loss occurs while covered under the policy/certificate.
- Mammography.
- Post-mastectomy care.
- Oxygen and its administration.
- Prescription drugs (except on *SUPERSAVER* – discount only applies).
- Urgent care treatment.
- X-ray and radiation therapy, cobalt and chemotherapy treatment.
Please refer to the policy/certificate for additional benefits.

Limited Benefits are provided for:

- Allergy testing and injections: \$500 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: \$25,000 maximum lifetime benefit.
- 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 . Subject to policy/certificate 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: \$2,000 maximum lifetime benefit.
- Spinal manipulation: \$25 per visit to \$500 maximum per calendar year.
- Sterilization: \$500 maximum lifetime benefit.

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/certificate is in force, except as treated in emergencies. Sterilization is not covered during the first 12 months the policy/certificate is in force.

Non-Covered Expenses at a Glance

NAIM Major Medical Plans do 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/certificate.
- 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/certificate.
- Cosmetic or reconstructive procedures, services, or supplies, including breast reduction or augmentation and complications arising from such procedures, except as covered in your policy/certificate.
- 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/certificate, including surgical or medical treatment.
- Expenses incurred before your policy/certificate effective date or after your certificate 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.
- 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/certificate 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.



Non-Covered Expenses (cont'd.)

- 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/certificate.
- 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, myofascial 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/certificate.
- Preventive treatment, physical exams, and other tests not required as part of medical treatment, including routine physical or premarital examination.
- 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/certificate.
- 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. In addition to the exclusions listed above, excludes most treatment on an outpatient basis.

Terms to Know

Pre-existing Condition: A pre-existing condition is a condition for which a covered person received medical advice or treatment within a 24-month period, or which produced symptoms within a 12-month period, prior to that person's Policy/Certificate Effective Date of coverage.

Pre-existing conditions are not covered during the first two years. The exception is that pre-existing conditions are covered immediately (subject to policy/certificate provisions) if (a) they were fully disclosed on the insurance application and (b) 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 any U&C reduction when you use PPO providers.

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 dependent ceasing to meet the definition of a covered dependent, 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/certificates of the same type in a specific state or nationwide, as described in the Modifications or Discontinuance of Coverage section of the policy/certificate.

The Premium Rate is Subject to Change: Premiums are based on attained ages and change yearly for each covered person, except while the policy/certificate is in its initial 12-month rate guarantee period. Premiums also may change if you change your place of residence. Other than at these times, we can change premium rates only if we take the same action on all policies/certificates of the same type issued to persons of your class and area where you then live, based on the claims experienced on this group of business. You will not be singled out for a premium increase based on your claims experience.

24-Hour Coverage (if Workers' Compensation is not required): NAIM policy/certificate provisions are in effect 24 hours a day.

It's Easy to Apply!

To apply for NAIM health insurance protection, simply complete an application with your NAIM agent. For a premium rate quote contact your NAIM agent or call us toll-free at: 800-600-7760.

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:

- Medical
- Short-Term Medical
- Dental
- Medicare Supplement
- Life

About the National Association of Insurance Marketers

Established in August, 1990, the National Association of Insurance Marketers (NAIM), members are duly licensed and highly experienced, independent, professional life and health brokerage general agencies from across the United States. NAIM members are dedicated to providing consumers with high quality, affordable insurance products for individuals and families.

This brochure provides a brief description of the important facts about NAIM plans. The policy/certificate itself, however, sets forth in detail the rights and obligations of both you and World Insurance Company. The policy/certificate approved in your state also may have specific provisions that may vary from the standard version. Please read your policy/certificate carefully.



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Making a World of Difference Since 1903