

America's  
**SELECT**<sup>TM</sup>



# Quality Coverage for Major Medical Expenses

You *SELECT* the plan  
to meet your needs  
and budget.

HEALTH INSURANCE FOR INDIVIDUALS AND FAMILIES

*Available to members of the USBenefit Plan Rx America association*

Underwritten by:



Your Partner in Individual Health Insurance Since 1903

America's Select<sup>TM</sup> is distributed by  
America's Health Care/Rx Plan Agency, Inc. (AHCP)

# You have choices with America's Select™!



## **PLUS PLAN I:**

*Provides up to \$3 million lifetime coverage per person (with the option to increase lifetime maximum to \$5 million)*

*Pays 90% at participating PPO providers after selected calendar year deductible*

## **PLUS PLAN II:**

*Provides up to \$2 million lifetime coverage per person (with the option to increase lifetime maximum to \$5 million)*

*Pays 80% at participating PPO providers after selected calendar year deductible*

## **HEALTH INSURANCE BUILT FOR YOU!**

Today more than ever, you want health insurance that provides you with the flexibility to match your coverage to your needs and budget.

World Insurance Company's (World) America's Select™ meets the needs for predictable costs for medical coverage with quality health insurance. With World, you get what you want.

### **Value-Added Benefits**

These plans offer value-added services, such as:

- National PPO network discounts for physician visits
- Rx discount card
- 24-hour protection
- Wellness benefits (America's Select PLUS Plan I & II)
- Initial 12-month rate guarantee
- No network claim forms
- Travel emergency benefit.

Also, if you use a non-PPO provider to receive medically necessary emergency services, 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.

### **USBenefit Plan Rx America Association**

USBenefit Plan Rx America (USBenefit) is a national non-profit association that provides you with volume-driven discounts on many health-related purchases and valuable health care benefits that complement your America's Select™ plan and lower your total medical expenses.

USBenefit offers different member benefit packages. Details of each of these plans can be found on the USBenefit web site at: [www.usbenefitplan.com](http://www.usbenefitplan.com).

There is no ownership affiliation between USBenefit and World Insurance Company (the insurance plan underwriter). America's Health Care/Rx Plan Agency, Inc. (AHCP) and its sales agents receive compensation from USBenefit for promoting the Association.

## **All Plans Pay 100% After Stop Loss**

*All America's Select™ & America's Select PLUS™ Plans pay 100% of covered charges after Stop Loss.*



## **PLAN I:**

*Provides up to \$1 million lifetime coverage per person*

*Pays 60% at participating PPO providers after selected calendar year deductible*

## **PLAN II:**

*Provides up to \$250,000 lifetime coverage per person*

*Pays 50% at participating PPO providers after selected calendar year deductible*

## **PPO Network Savings For You!**

*America's Select™ is designed to be an in-network preferred provider organization (PPO) product. Utilizing out-of-network medical providers will generally result in higher out-of-pocket costs to you. Out-of-network provider services include a larger, separate calendar year deductible and lower coinsurance payment thereafter, subject to the out-of-network stop loss.*

## Covered Expenses

- Hospital semiprivate room and board.
- Emergency out-of-network services. If you use an out-of-PPO provider to receive medically necessary emergency services, 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.
- Intensive, cardiac, burn or other specialized care unit (out-of-network limited to three times the usual semiprivate 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.
- Anesthetics and their administration.
- Blood or blood plasma, if not replaced.
- Breast reconstruction surgery or prosthetic devices following a covered mastectomy.
- Casts, non-dental splints, trusses, crutches or non-orthodontic braces.
- 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 certificate.
- Mammography.
- Post-mastectomy care.
- Oxygen and its administration.
- Prescription drugs. See plan selected; no coverage on America's Select™ Plan II.
- Urgent care treatment.
- X-ray and radiation therapy, cobalt and chemotherapy treatment.

Not all covered expenses may be covered in your state. Please refer to your policy/certificate for additional information on covered expenses.



## Limited Benefits are provided for:

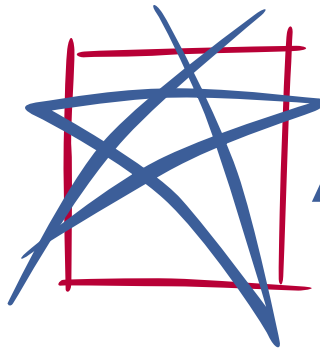
- **Allergy testing and injections:** \$500 per calendar year.
- **Ambulance service** to the nearest hospital qualified to treat the illness or injury (**air ambulance** limited to \$5,000 per occurrence).
- **Foreign medical care:** Emergency care only. Pays covered expenses for emergency care that 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 (\$1 million per-organ maximum with purchase of optional Maximum Benefit Increase on America's Select PLUS™ Plans I & II). Organ transplant maximum does not apply to America's Select™ Plan II. 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; subject to deductible and coinsurance.
- **Sterilization:** \$500 maximum lifetime benefit. Sterilization is not covered during the first 12 months the policy/certificate 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 are not covered during the first six months the policy/certificate is in force, unless such conditions are treated as an emergency basis.



Major  
medical  
plans  
providing  
**QUALITY**  
coverage



America's  
**SELECT™**  
*plus*

**PLUS PLAN I**

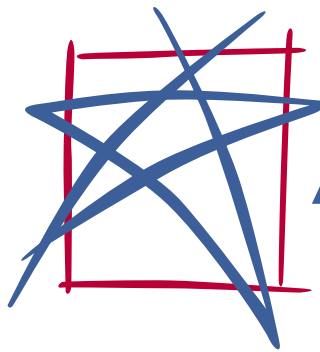
**PLUS PLAN II**

*Deductibles: In-Network  
[Out-of-Network Deductibles  
are 3 x In-Network  
(2 x in North Carolina)  
Accumulated Separately]*

For any America's Select™ Plan, Choose  
\$1,000, \$2,500, \$5,000, \$7,500, \$10,000

<i>Coinsurance: In-Network</i>	90/10	80/20
<i>Coinsurance: Out-of-Network</i>	70/30	60/40
<i>Stop-Loss: In-Network</i>	\$5,000	\$10,000
<i>Stop-Loss: Out-of-Network</i>	\$10,000	\$20,000
<i>Inpatient Access Fee</i>	None	\$250
<i>Outpatient Access Fee</i>	None	\$250
<i>Emergency Room Access Fee</i>	\$100	\$250
<i>Physician Office Visit: In-Network</i>	\$25 Co-Pay	\$35 Co-Pay
<i>Physician Office Visit: Out-of-Network</i>	Subject to deductible and coinsurance	
<i>Prescription Drug Benefit</i>	\$250 Rx Deductible; \$15 or 20%* generic copay, \$25 or 50%* brand formulary copay, and \$50 or 50%* brand non-formulary copay	\$1,000 Rx Deductible; \$15 or 20%* generic copay, \$35 or 50%* brand formulary copay, and \$50 or 50%* brand non-formulary copay
	*of drug cost, whichever is greater	
<i>Diagnostic X-ray and Lab</i>	\$200 per person per year first dollar; remainder subject to deductible and coinsurance	Subject to deductible and coinsurance
<i>Wellness Benefit: In-Network Only</i>	\$150 first dollar per person per year; 6-month wait	\$150 first dollar per person per year; 6-month wait
<i>Lifetime Maximum</i>	\$3,000,000	\$2,000,000
<i>OPTION: Increased Lifetime Maximum</i>	\$5,000,000 Lifetime Maximum with \$1,000,000 per person maximum organ transplant benefit	

Easy to understand  
health insurance  
that lets YOU  
select your  
coverage needs.



America's  
**SELECT**<sup>TM</sup>

	PLAN I	PLAN II
<i>Deductibles: In-Network</i> <i>[Out-of-Network Deductibles are 3 x In-Network (2 x in North Carolina) Accumulated Separately]</i>	For any America's Select <sup>TM</sup> Plan, Choose \$1,000, \$2,500, \$5,000, \$7,500, \$10,000	
<i>Coinsurance: In-Network</i>	60/40	50/50
<i>Coinsurance: Out-of-Network</i>	50/50	
<i>Stop-Loss: In-Network</i>	\$10,000	
<i>Stop-Loss: Out-of-Network</i>	\$20,000	
<i>Inpatient Access Fee</i>	\$500	
<i>Outpatient Access Fee</i>	\$500	
<i>Emergency Room Access Fee</i>	\$250	
<i>Physician Office Visit: In-Network</i>	Subject to deductible and coinsurance	No coverage*
<i>Physician Office Visit: Out-of-Network</i>	Subject to deductible and coinsurance	No coverage*
<i>Discount Drug Card**</i>	Included	
<i>Prescription Drug Benefit</i>	Subject to deductible and coinsurance	Inpatient Only
<i>Diagnostic X-ray and Lab</i>	Subject to deductible and coinsurance	
<i>Wellness Benefit: In-Network</i>	None	
<i>Lifetime Maximum</i>	\$1,000,000	\$250,000

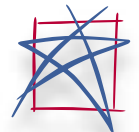
\*No coverage for office consultation. Other physician office charges (treatment, x-rays, etc.) subject to deductible and coinsurance.

**\*\*Discount Drug Card**

America's Select<sup>TM</sup> Plan I and II automatically include a discount drug card, with savings through the Express Scripts<sup>®</sup> pharmacy network.

## Noncovered Expenses:

- 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 provided in the 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 policy/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.
- Medications and drugs, including vitamins and vitamin mineral supplements available over-the-counter (OTC).
- 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.
- 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/certificate.
- 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 in the 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.





## 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 certificate effective date of coverage.

Pre-existing conditions are not covered during the first two years. After two years, benefits are payable unless specifically excluded from coverage. Conditions fully disclosed on the application and not excluded from coverage by name or specific description are covered, subject to the provisions of the certificate.

*Texas residents only:* A pre-existing condition is a condition for which medical advice was given or treatment was received from a physician within a 12-month period, prior to the certificate effective date of coverage for that covered person. Pre-existing conditions are not covered during the first 12 months. After 12 months, benefits are payable unless specifically excluded from coverage. Conditions fully disclosed on the application and not excluded from coverage by name or specific description are covered, subject to the provisions of the certificate.

*Louisiana residents only:* 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. After 12 months, benefits are payable unless specifically excluded from coverage. Conditions fully disclosed on the application and not excluded from coverage by name or specific description are covered, subject to the provisions of the policy.

*Mississippi Residents only:* A Pre-existing condition is a condition: (a) for which medical advice, diagnosis, care or treatment was given or treatment was recommended by or received from a physician within a 12-month period prior to the policy date of coverage for that covered person; or (b) that would have caused an ordinary prudent person to seek medical advice, diagnosis, care or treatment within a six-month period prior to the policy date of coverage for that covered person. Pre-existing conditions are not covered during the first 12 months. After 12 months, benefits are payable unless specifically excluded from coverage. Conditions fully disclosed on the application and not excluded from coverage by name or specific description are covered, subject to the provisions of the policy.

*Usual and Customary (U&C):* The Usual and Customary (U&C) 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.

*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/certificate 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/certificates of the same type in a specific state or nationwide.

### *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/certificate. 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.

### *24-Hour Coverage (if Workers' Compensation is not required)*

These policy/certificate 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 serving individual health insurance needs of individuals and families.

[www.worldinsco.com](http://www.worldinsco.com)  
PHONE: 800-786-7557  
P.O. Box 3160  
Omaha, NE 68103

*Ask your agent about the entire family of World Insurance products, including HSA-eligible plans.*

This brochure provides a brief description of the important facts about America's Select™ 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. Coverage may not be available in all states. Please consult your insurance agent.



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