

Outline of Coverage

Noncovered expenses at a glance

- Any conditions specifically excluded by riders or exclusions attached to your policy
- Acne treatment
- Alcoholism or chemical dependency treatment, unless mandated in your state
- Autism treatment
- Birth control pills and any other drug, treatment or procedure that prevents childbirth, including voluntary termination of pregnancy
- Care in government institutions unless you are obligated to pay for such care
- Cosmetic or reconstructive services, except as included in your policy
- Dental care or treatment
- Expenses incurred after the policy terminates
- Expenses incurred by a covered person on active duty in the Armed Services
- Expenses incurred while engaging in an illegal act or occupation or during commission, or attempted commission, of a felony
- Expenses payable under workers' compensation or employers' liability law
- Expenses resulting from declared or undeclared war
- Expenses resulting from suicide or attempted suicide, and/or intentionally self-inflicted injuries
- Expenses you, your covered spouse, or your covered dependent are not required to pay, which are covered by other insurance, or which would not have been billed if no insurance existed
- Experimental, investigational or unproven services
 - Eye refractions, vision therapy, the purchase or fitting of eyeglasses, contact lenses, hearing aids, or lenses for treatment of aphakia or radial keratotomy
 - Infertility diagnosis and treatment
 - Nervous or mental disorders
 - Nonsurgical treatment for jaw joint problems
 - Medications that do not require a doctor's order
 - Orthodontia or other treatment involving teeth and supporting structures
 - Physical exams and other tests not required as part of medical treatment
- Pre-existing conditions, except as specified in your policy
- Pregnancy or childbirth, except for complications of pregnancy
- Rest cures or care in an extended care, convalescent or skilled nursing facility
- Reversal of sterilization
- Routine newborn expenses, unless mandated in your state
- Services or supplies for personal comfort or convenience
- Sex transformations
- Tobacco cessation treatment, programs, procedures or supplies
- Transportation charges, except as provided in your policy
- Treatment for spinal manipulation, manual or electrical muscle stimulation, and other manipulative or ultrasound therapy, except as specifically provided for in the policy
- Treatment received outside the United States, except emergency treatment
- Weight loss programs or diets.

Not all exclusions and limitations apply in every state, and additional exclusions and limitations might apply in your state. Consult the policy for provisions in your state.

Other Important Facts

This policy is not renewable

The policy is issued in consideration of your application and payment of the premium. It terminates as described below.

When does coverage begin and end?

Provided your application is complete and accurate, is accepted for coverage, and is accompanied by the correct payment, your coverage begins at 12:01 a.m. (where you live) on the later of:

- The policy date listed on your application, or
- The date the application is received in World's Home Office.
- The day after your fax is received by World's Home Office. (If your fax is received after 6 p.m. Central Time, coverage begins two days after receipt).

Coverage ends on the termination date listed on your policy's schedule of benefits. The policy is non-renewable. You may, however, apply for a second short-term policy if you continue to need temporary health insurance and it's allowed in your state. The second policy is a wholly new policy with a new pre-existing condition exclusion and no continuation of coverage. Due to state regulations, World will not accept an application for a third consecutive short-term policy, whether or not the previous policies were with World.

Usual & Customary Charges

Coverage is based on "usual and customary charges," which are the fees charged for medical procedures, services and supplies up to the lesser of the provider's usual charge or the amount we determine to be within the range of fees charged by most providers in the geographic area as determined by us for the same medical procedures, services and supplies, with consideration given to unusual circumstances involving medical complications requiring additional time, skill and experience.

Pre-existing Condition

Pre-existing conditions are not covered. A condition is pre-existing if the covered person experienced symptoms, took prescription medication or received medical advice or treatment for the condition from a physician within a specified period (varying by state) preceding the covered person's policy date of coverage. A pregnancy is pre-existing if the covered person is pregnant as of the covered person's policy date of coverage.

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.

This brochure provides a brief description of the important facts about World's Short-Term Medical insurance plan. The policy itself, however, sets forth in detail the rights and obligations of both you and World Insurance Company. The policy approved in your state also may have specific provisions that may vary from the standard version. Please read your policy carefully.

World Insurance Company
P.O. Box 3160 • Omaha, Nebraska 68103-0160
F2200 (9-04) Policy Form A2192



Short-Term Medical

An Affordable, Temporary Health Insurance Solution

Ideal for . . .

- New Graduates
- Temporary Employees
- People Between Jobs
- New Employees Awaiting Group Coverage



*Your Partner in Individual
Health Insurance Since 1903*

Important Protection for One to Six Months

You don't want to go without health insurance for even a short time. It's just too risky, considering the high cost of medical care these days.

That's why World Insurance Company offers a very affordable Short-Term Major Medical insurance plan – designed specifically for people and families needing temporary coverage for one to six months.

If you don't have health insurance, consider applying for World's Short-Term Major Medical insurance policy. It protects you against medical expenses that could be financially devastating.

Featuring

- Freedom to use any doctor in America.
- Up to \$1 million protection against medical expenses for:
 - Doctor visits
 - Emergency treatment
 - Hospital stays
 - Intensive care
 - Prescription drugs
 - Other medical needs

Who is Eligible?

- You and/or your spouse are eligible to apply if: under age 65, U.S. citizens or permanent residents (Green Card, Permanent Visa), and not eligible for Medicare.
- You may include your dependent children if they are: under 19 years of age; under 25 years of age and actively enrolled in a full-time course of study at an accredited school or college (including a vocational, technical, vocational-technical or trade school institutes in Louisiana); or a disabled dependent.
- To apply for dependent-child-only coverage, list the parent/guardian as the applicant.

It's Easy to Apply

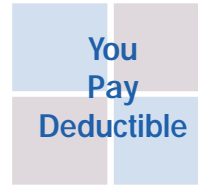
To apply for World Insurance Company's Short-Term Major Medical insurance, simply:

- Complete and sign the attached application.
- Enclose a check (payable to World Insurance Company) or Credit Card Payment Request in the amount of the total premium for the coverage you've selected (1, 2, 3, 4, 5 or 6 months).
- Mail the application and payment to World Insurance Company, P.O. Box 3710, Omaha, NE 68103-0710.

If paying by credit card, you have the option to fax your application and Credit Card Payment Request to us at 402-496-8377. (There is no need to mail.) If for any reason you decide not to accept your policy, simply return it to us within 10 days after you receive it for a prompt, full premium refund.

How it Works

When you incur medical expenses covered under the policy:



1. You pay your deductible. (You choose a \$250, \$500 or \$1,000 deductible when you apply for the policy.)



2. After you pay your deductible, World pays 80% of the next \$5,000 of covered expenses, and you pay 20%.



3. Then, World pays 100% of the remaining covered expenses up to \$1 million.

Please note that deductibles (up to three per family) and \$1 million coverage maximums are per family member. Coverage is subject to the Usual and Customary charges provision described in this brochure.

Discount Drug Card Offer

You will receive a discount drug card for prescription drugs at pharmacies in World's Nationwide Network, ExpressScripts, with any policy of two months or more. You'll receive the card approximately three weeks after approval of your policy. The policy itself covers prescription drugs, subject to deductible and coinsurance.

Outline of Coverage

Covered expenses at a glance

- Ambulance service to the nearest hospital qualified to treat the injury or illness
- Anesthesiologist services
- Artificial limbs or eyes
- Blood or blood plasma, if not replaced
- Casts, non-dental splints, trusses, crutches or non-orthodontic braces
- Cosmetic or reconstructive surgeries resulting from covered illness, injury, physical defect or congenital disease
- Dental treatment or care required as a result of a covered injury to sound, natural teeth
- Emergency treatment inside or outside the United States
- Hospital semi-private room, board and general nursing care
- In-hospital services and supplies such as operating room, diagnostic services and recovery room
- Intensive, cardiac, burn or other specialized care unit
- Medical equipment rental such as wheelchairs, hospital-type beds, and similar durable medical equipment
- Outpatient services performed in a hospital's outpatient department or in a free-standing surgical facility
- Oxygen and rental equipment for the administration of oxygen
- Physician care including home, office and hospital visits
- Pregnancy complications (but not routine pregnancy)
- Prescription drugs
- Rehabilitative speech, occupational and physical therapy
- Surgeon and assistant surgeon services
- X-ray and laboratory services

Limited benefits are provided for:

• Home health care • Hospice care • Mammography • Organ transplants • Spinal manipulation, manual or electrical muscle stimulation and other manipulative or ultra sound therapy (not limited in Arizona, Wisconsin and Louisiana) • (Texas only: Child immunizations through age 6)

Colorado law requires carriers to make available a Colorado Health Plan Description Form, which is intended to facilitate comparison of health plans. The forms must be provided automatically within three (3) business days to a potential policyholder who has expressed interest in a particular plan. The carrier also must provide the form, upon oral or written request, within three (3) business days to any person who is interested in coverage or who is covered by a health benefit plan of the carrier.

Not all covered expenses apply in every state, and additional expenses might be covered in your state. Consult the policy for provisions in your state.