



World Insurance Company
P. O. Box 3160 • Omaha, NE 68103-0160 • (402) 496-8000

Colorado Health Plan Description Form

World Insurance Company
Name of Carrier

Short-Term Major Medical (A2192-CO)
Name of Plan

PART A: TYPE OF COVERAGE

1. TYPE OF PLAN	Medical expense policy.
2. OUT-OF-NETWORK CARE COVERED? ¹	Yes; policy makes no distinction between in and out-of-network care.
3. AREAS OF COLORADO WHERE PLAN IS AVAILABLE	Available throughout Colorado.

PART B: SUMMARY OF BENEFITS

Important Note: This form is not a contract, it is only a summary. The contents of this form are subject to the provisions of the policy, which contains all terms, covenants and conditions of coverage. Your plan may exclude coverage for certain treatments, diagnoses, or services not noted below. The benefits shown in this summary may only be available if required plan procedures are followed (e.g., plans may require prior authorization, a referral from your primary care physician, or use of specified providers or facilities). Consult the actual policy to determine the exact terms and conditions of coverage.

	BENEFIT LEVELS	
4. ANNUAL DEDUCTIBLE a) Individual b) Family	a) \$250, \$500, \$1000.	
5. OUT-OF-POCKET ANNUAL MAXIMUM ² a) Individual b) Family	a) Deductible plus 20% of next \$5,000 of covered expenses, plus any copays. b) Sum of individuals, but maximum of 3 deductibles per calendar year.	
6. LIFETIME OR BENEFIT MAXIMUM PAID BY THE PLAN FOR ALL CARE	\$1 million per covered person.	
7a. COVERED PROVIDERS	All providers licensed or certified to provide covered benefits.	
7b. With respect to network plans, are all the providers listed in 7A accessible to me through my primary care physician?	Yes.	Not applicable.
8. ROUTINE MEDICAL OFFICE VISITS	Covered subject to deductible and coinsurance (World pays 80% of coinsurance, policyowner pays 20%).	
9. PREVENTIVE CARE a) Children's services b) Adults' services	a) Covered from birth to age 13. b) Limited coverage for mammography and prostate screening.	
10. MATERNITY a) Prenatal care b) Delivery & inpatient well-baby care	Not covered, except complications.	
11. PRESCRIPTION DRUGS Level of coverage and restrictions on prescriptions.	Covered subject to deductible and coinsurance (World pay 80% coinsurance, policyowner pays 20%).	
12. INPATIENT HOSPITAL	Covered subject to deductible and coinsurance (World pays 80% coinsurance, policyowner pays 20%).	
13. OUTPATIENT/AMBULATORY SURGERY	Covered subject to deductible and coinsurance (World pays 80% coinsurance, policyowner pays 20%).	

	BENEFIT LEVELS
14. LABORATORY & X-RAY	Covered subject to deductible and coinsurance (World pays 80% coinsurance, policyowner pays 20%).
15. EMERGENCY CARE ³	Covered subject to deductible and coinsurance (World pays 80% coinsurance, policyowner pays 20%).
16. AMBULANCE	Covered subject to deductible and coinsurance (World pays 80% coinsurance, policyowner pays 20%).
17. URGENT, NON-ROUTINE AFTER-HOURS CARE	Covered subject to deductible and coinsurance (World pays 80% coinsurance, policyowner pays 20%).
18. BIOLOGICALLY-BASED MENTAL ILLNESS ⁴ CARE	Not covered.
19. OTHER MENTAL HEALTH CARE a) Inpatient care b) Outpatient care	Not covered.
20. ALCOHOL & SUBSTANCE ABUSE	Not covered.
21. PHYSICAL, OCCUPATIONAL, & SPEECH THERAPY	Covered subject to deductible and coinsurance (World pays 80% coinsurance, policyowner pays 20%).
22. DURABLE MEDICAL EQUIPMENT	Rental covered up to purchase price of equipment, subject to deductible and coinsurance.
23. OXYGEN	Covered subject to deductible and coinsurance (World pays 80% coinsurance, policyowner pays 20%).
24. ORGAN TRANSPLANTS	Covered subject to deductible and coinsurance; maximum \$100,000 per organ.
25. HOME HEALTH CARE	Covered subject to deductible and coinsurance; up to 60 visits per term of coverage.
26. HOSPICE CARE	Limited coverage; up to \$91 per day; lifetime maximum \$8,300.
27. SKILLED NURSING FACILITY CARE	Covered subject to deductible and coinsurance (World pays 80% coinsurance, policyowner pays 20%).
28. DENTAL CARE	Not covered, except treatment required as a result of covered injury to sound natural teeth.
29. VISION CARE	Not covered.
30. CHIROPRACTIC CARE	Covered subject to deductible and coinsurance; up to 15 visits per calendar year. Requires precertification
31. SIGNIFICANT ADDITIONAL COVERED SERVICES (list up to 5)	

PART C: LIMITATIONS AND EXCLUSIONS

32. PERIOD DURING WHICH PREEXISTING CONDITIONS ARE NOT COVERED ⁵	12 months for all preexisting conditions. (Policy periods are for up to six months; thus the policy does not cover preexisting conditions.)
33. EXCLUSIONARY RIDERS. Can an individual's specific, preexisting condition be entirely excluded from the policy?	Yes (but not through exclusionary riders. The policy itself excludes pre-existing conditions.)
34. HOW DOES THE POLICY DEFINE A "PREEXISTING CONDITION"?	A preexisting condition is an injury, sickness or pregnancy for which a person incurred charges, received medical treatment, consulted a health care professional, or took prescription drugs within 12 months immediately preceding the effective date of coverage.

PART D: USING THE PLAN

	IN-NETWORK	OUT-OF-NETWORK
35. WHAT TREATMENTS AND CONDITIONS ARE EXCLUDED UNDER THIS POLICY?	Exclusions vary by policy. List of exclusions is available immediately upon request from your carrier, agent, or plan sponsor (e.g. employer). Review them to see if a service or treatment you need is excluded from the policy.	
36. Does the enrollee have to obtain a referral and/or prior authorization for specialty care in most or all cases?	No.	
37. Is prior authorization required for surgical procedures and hospital care (except in an emergency)?	No.	
38. If the provider charges more for a covered service than the plan normally pays, does the enrollee have to pay the difference?	Yes.	
39. What is the main customer service number?	800-786-7557.	
40. Whom do I write/call if I have a complaint or want to file a grievance? ⁶	Customer Service, World Insurance Company, P.O. Box 3160, Omaha, NE 68103. Phone: 800-786-7557.	
41. Whom do I contact if I am not satisfied with the resolution of my complaint or grievance?	Write to: Colorado Division of Insurance, ICARE Section, 1560 Broadway, Suite 850, Denver, CO 80202.	
42. To assist in filing a grievance, indicate the form number of this policy; whether it is individual, small group, or large group; and if it is a short-term policy.	A2192-CO. Individual Short-Term.	

PART E: COST AND MEDICAL EXPENDITURES

43. What is the cost of this plan?	Contact your agent, his insurance company, or your employer, as appropriate, to find out the premium of this plan. In some cases, plan costs are included with this form.
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PART F: PHYSICIAN PAYMENT METHODS, AND PLAN EXPENDITURES FOR HEALTH EXPENSES, ADMINISTRATION AND PROFIT

<p>Any person interested in applying for coverage, or who is covered by, or who purchased coverage under this plan may request answers to the questions listed below. The request may be made orally or in writing to the agent marketing the plan or directly to the insurance company and shall be answered within five (5) working days of the receipt of the request.</p> <ul style="list-style-type: none"> • What are the three most frequently used methods of payment for primary care physicians? • What are the three most frequently used methods of payment for physician specialists? • What other financial incentives determine physician payment? • What percentage of total Colorado premiums are spent on health care expenses as distinct from administration and profit?
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Endnotes

¹ “Network” refers to a specified group of physicians, hospitals, medical clinics and other health care providers that your plan may require you to use in order for you to get any coverage at all under the plan, or that the plan may encourage you to use because it pays more of your bill if you use their network providers (i.e., go in-network) than if you don’t (i.e., go out-of-network).

² Out-of-pocket maximum. The maximum amount you will have to pay for allowable covered expenses under a health plan, which may or may not include the deductible or copayments, depending on the contract for that plan.

³ “Emergency care” means services delivered by an emergency care facility which are necessary to screen and stabilize a covered person. The plan must cover this care if a prudent lay person having average knowledge of health services and medicine and acting reasonably would have believed that an emergency medical condition or life or limb threatening emergency existed.

⁴ “Biologically based mental illnesses” means schizophrenia, schizo-affective disorder, bipolar affective disorder, major depressive disorder, specific obsessive-compulsive disorder, and panic disorder.

⁵ Waiver of preexisting condition exclusions. State law requires carriers to waive some or all of the preexisting condition exclusion period based on other coverage you recently may have had. Ask your carrier or plan sponsor (e.g. employer) for details.

⁶ Grievances. Colorado law requires all plans to use consistent grievance procedures. Write the Colorado Division of Insurance for a copy of those procedures.



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