

WorldCARE

- PPO 100
- PPO 80
- PPO 70
- Traditional 80
- Traditional 50
- Limited

RATE CALCULATOR:

Arizona, Arkansas, Georgia, Illinois, Indiana, Iowa, Louisiana, Michigan, Missouri, Nebraska, North Carolina, Ohio, Oklahoma, Pennsylvania, South Carolina, Tennessee, Virginia, West Virginia, Wisconsin, Wyoming

Rates Effective Oct. 1, 2002

Tobacco-Free Monthly Check-O-Matic Standard Base Rate Deductibles

ATTAINED AGE	\$500		\$1,000		\$1,500		\$2,500		\$5,000		\$10,000	
	M	F	M	F	M	F	M	F	M	F	M	F
18-22	95.75	126.50	67.91	89.72	59.76	78.95	45.50	60.11	31.24	41.27	20.37	26.92
23-25	87.04	115.00	61.73	81.56	54.32	71.77	41.36	54.65	28.40	37.52	18.52	24.47
26	91.19	121.08	64.68	85.87	56.91	75.56	43.33	57.53	29.75	39.50	19.40	25.76
27	95.43	127.24	67.68	90.24	59.56	79.41	45.35	60.46	31.13	41.51	20.31	27.07
28	99.76	133.53	70.75	94.70	62.26	83.34	47.41	63.45	32.55	43.56	21.23	28.41
29	104.15	139.92	73.86	99.24	65.00	87.33	49.49	66.49	33.98	45.65	22.16	29.77
30	108.62	146.45	77.04	103.86	67.79	91.40	51.62	69.59	35.44	47.78	23.11	31.16
31	113.15	153.08	80.25	108.57	70.62	95.54	53.77	72.74	36.91	49.94	24.07	32.57
32	119.42	159.78	84.70	113.32	74.53	99.72	56.75	75.92	38.96	52.13	25.41	34.00
33	125.84	166.63	89.25	118.18	78.54	103.99	59.79	79.18	41.05	54.36	26.77	35.45
34	132.34	173.56	93.86	123.09	82.60	108.32	62.89	82.47	43.18	56.62	28.16	36.93
35	138.94	180.64	98.54	128.12	86.71	112.74	66.02	85.84	45.33	58.93	29.56	38.43
36	145.68	187.79	103.32	133.19	90.92	117.21	69.22	89.24	47.53	61.27	30.99	39.96
37	150.76	195.09	106.92	138.36	94.09	121.76	71.64	92.70	49.18	63.65	32.08	41.51
38	157.68	202.48	111.83	143.60	98.41	126.37	74.93	96.21	51.44	66.06	33.55	43.08
39	164.74	209.97	116.84	148.91	102.82	131.04	78.28	99.77	53.75	68.50	35.05	44.67
40	171.84	219.44	121.87	155.63	107.25	136.95	81.65	104.27	56.06	71.59	36.56	46.69
41	179.13	228.98	127.04	162.40	111.80	142.91	85.12	108.81	58.44	74.70	38.11	48.72
42	186.50	238.72	132.27	169.30	116.40	148.99	88.62	113.43	60.84	77.88	39.68	50.79
43	197.75	248.57	140.25	176.29	123.42	155.13	93.97	118.11	64.51	81.09	42.07	52.89
44	209.16	258.57	148.34	183.39	130.54	161.38	99.39	122.87	68.24	84.36	44.50	55.02
45	220.77	268.76	156.57	190.61	137.78	167.74	104.90	127.71	72.02	87.68	46.97	57.18
46	232.59	279.06	164.96	197.91	145.16	174.16	110.52	132.60	75.88	91.04	49.49	59.37
47	244.54	289.54	173.43	205.34	152.62	180.70	116.20	137.58	79.78	94.46	52.03	61.60
48	258.22	297.37	183.13	210.90	161.16	185.59	122.70	141.30	84.24	97.01	54.94	63.27
49	273.88	305.20	194.24	216.46	170.93	190.48	130.14	145.03	89.35	99.57	58.27	64.94
50	292.43	316.13	207.40	224.21	182.51	197.30	138.96	150.22	95.40	103.14	62.22	67.26
51	309.78	325.65	219.70	230.96	193.34	203.24	147.20	154.74	101.06	106.24	65.91	69.29
52	327.25	335.26	232.10	237.78	204.24	209.24	155.50	159.31	106.76	109.38	69.63	71.33
53	346.89	346.89	246.02	246.02	216.50	216.50	164.83	164.83	113.17	113.17	73.81	73.81
54	366.72	358.76	260.08	254.44	228.87	223.91	174.26	170.48	119.64	117.04	78.03	76.33
55	386.74	370.55	274.29	262.80	241.37	231.26	183.77	176.07	126.17	120.89	82.29	78.84
56	406.91	382.48	288.59	271.26	253.96	238.71	193.35	181.75	132.75	124.78	86.58	81.38
57	431.27	398.27	305.86	282.46	269.16	248.57	204.93	189.25	140.70	129.93	91.76	84.74
58	452.01	412.59	320.57	292.62	282.10	257.51	214.78	196.06	147.46	134.61	96.17	87.79
59	472.87	427.05	335.37	302.87	295.13	266.53	224.70	202.93	154.27	139.32	100.61	90.86
60	493.95	441.63	350.32	313.21	308.28	275.63	234.71	209.85	161.15	144.08	105.10	93.96
61	513.12	456.34	363.92	323.65	320.25	284.81	243.82	216.84	167.40	148.88	109.17	97.09
62	532.45	471.15	377.62	334.15	332.31	294.05	253.01	223.88	173.71	153.71	113.29	100.25
63	551.92	486.11	391.43	344.76	344.46	303.38	262.26	230.99	180.06	158.59	117.43	103.43
64+	571.54	501.14	405.35	355.42	356.71	312.77	271.58	238.13	186.46	163.49	121.60	106.62

Each Dependent Child

0-2	113.15	80.25	70.62	53.77	36.91	24.07
3-17	56.58	40.12	35.31	26.88	18.46	12.04
18-22	95.75	67.91	59.76	45.50	31.24	20.37
23-24	87.04	61.73	54.32	41.36	28.40	18.52

See the back of this sheet for a step-by-step guide to calculating your clients' rates.
Rates are subject to change.

F4030 (9-02)



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PREMIUM WORKSHEET

- Tobacco-Free Monthly Check-O-Matic Rate.** Enter the Standard rate from other side for each person proposed for coverage.
- Preferred Rating Factor (Adults Only):** For adults proposed for Preferred rating status, multiply base rate by 0.9.
- Plan Conversion Factor.** Multiply by the applicable factor below. All proposed insureds must use the same factor.

WorldCare Plan	Factor	WorldCare Plan	Factor
PPO	100	Traditional	80
	1.20		1.20
	80		50
	1.00		0.82
	70	Hosp./Surg.	Ltd
	0.82		0.67

The minimum deductible for WorldCare 100 is \$2,500. WorldCare Traditional 50 and WorldCare Limited are not available in GA. WorldCare Limited is not available in LA.

- Optional Outpatient Expense Benefit Rider (WorldCare Limited only).** Multiply amount from Step 2 by .21 to add this rider to your **WorldCare Limited** plan. This rider must apply to everyone.
- Optional Maximum Benefit Increase.** To increase the Maximum Benefit from \$2 million to \$5 million, add \$4.72 per adult and \$2.36 per child (multiply by 0.9 for adults proposed for Preferred rating status). The increase must apply to everyone.
- Area Factor.** Multiply the sum of Steps 2, 3 and 4 by:

State	ZIP	Factor	State	ZIP	Factor	State	ZIP	Factor
AZ	850-857	1.25		484-485	1.15		153, 156-159,	
	All Others	1.05		486-487	1.05		161-165, 170-	
AR	722	1.20		488-492	1.00		189, 195-196	1.10
	720-721	1.15		All Others	0.90		All Others	1.05
	All Others	1.10	MO	630-633	1.20	SC	294	1.30
GA	300-303, 311	1.40		640-643	1.15		295	1.25
	307, 312-319	1.25		651-652	1.00		All Others	1.20
	All Others	1.20		All Others	0.95	TN	374-375	1.25
IL	606	1.45	NC	275-277,			381	1.20
	600-605,			281-283, 286	1.235		372	1.15
	607-608	1.35		All others	1.135		370-371,	
	609	1.00	NE	681	1.05		373, 380	1.10
	All Others	0.90		680, 685	1.00		All Others	1.05
IA	500-503, 509	1.05		682-684	0.90	VA	201, 220-223	1.40
	All Others	0.95		All Others	0.85		232	1.25
IN	464	1.40	OH	440-441	1.30		224-227, 230-	
	462-463	1.15		436	1.20		231, 233-237	1.15
	460-461	1.05		434-435	1.15		228-229	1.10
	465-468	1.00		All Others	1.00		All Others	1.00
	All Others	0.95	OK	731	1.25	WV	250-253	1.15
LA	700, 701	1.65		730, 741	1.15		All Others	1.05
	703, 704	1.45		740, 748	1.05	WI	530-534	1.45
	708, 710, 711	1.35		All Others	1.00		535	1.25
	All Others	1.30	PA	190-191	1.40		537, 540-543	1.20
MI	482	1.40		150-152, 160,			All Others	1.10
	480-481, 483	1.30		192-194	1.20	WY	All	1.00

- Optional State-Specific Rider(s).** Add to amount from Step 6 if selected:

Georgia Only: Mental Disase or Disorder – 25.0% of Premium (after calculating Plan Conversion and Area Factors).

- Trend Factor.** Multiply amount from Steps 6 and 7 by the appropriate trend factor based on the application date.

September 2002	1.000	February 2003	1.075
October 2002	1.015	March 2003	1.090
November 2002	1.030	April 2003	1.105
December 2002	1.045	May 2003	1.120
January 2003	1.060	June 2003	1.135

- Optional Term Life Benefit Rider.** Add to amount from Step 8, if selected: (Not available in OH and OK.)

Age	\$10,000	\$25,000	\$50,000
30 and under	\$1.80	\$4.50	\$9.00
30-34	1.90	4.75	9.50
35-39	2.10	5.25	10.50
40-44	3.30	8.25	16.50
45-49	5.20	13.00	26.00
50-54	9.00	22.50	45.00
55-59	15.00	37.50	75.00
60-64	22.50	56.25	112.50

- Tobacco Users.** For applicants who use Tobacco, multiply amount from Steps 8 and 9 by 1.30.
- Outpatient Accident Rider.** Add, if selected. The rider must apply to everyone. \$500 benefit – \$8; \$1,000 benefit – \$14. (\$1,000 benefit is not available on the \$500 deductible)
- Combined Subtotal.** Add amounts from Step 11. This is the monthly Check-O-Matic payment.

13-18. See chart.

DEPENDENT CHILD COVERAGE

Children (ages 15 days through 24 years) are eligible for dependent coverage if dependent on the NCA member for support, unmarried and under age 19 (under age 25 if a full-time student). Note: When child(ren) dependent only coverage is applied for, the parent or guardian must be the member. The premium rate for such coverage is the adult age 23 (tobacco-free) rate for the youngest child for that child's sex and the dependent child rate for each additional child.

EFFECTIVE DATE

Coverage effective date is subject to the provisions of the conditional receipt attached to the application. You may request future dating, but not more than 60 days after the application date. In no event will the effective date be earlier than the application date.

PREMIUM WORKSHEET			
	Applicant	Spouse	Child(ren)
1. Base Rate			
2. Preferred Rating (if app.)			N/A
3. Plan Conversion			
4. Opt. Outpat. Exp. Benefit			
5. Opt. Max. Benefit Inc.			
6. Area Factor			
7. Opt. State-Spec. Rider			
8. Trend Factor			
9. Opt. Term Life Benefit Rider			
10. Tobacco User			
11. Outpa. Accid. Rider			
12. Combined Subtotal			

13. Admin. Fee		+ \$12.50	
14. Assoc. Fee		+ \$7.50	
15. Pymt. Mode Factor	Multiply Step 13: Annual x 12 Semiannual x 6 Quarterly x 3		
16. Direct Billing Fee	(on monthly direct, quarterly & semi-annual billing. No billing fee on Check-O-Matic.) + \$10		
17. Application Fee	(one-time, non-refundable) + \$25.00		
18. Total Initial Pymt.			

This is a brief summary of premium information on the WorldCare plans and is intended only for the use of licensed World representatives. This material should not be distributed to the general public.



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