



# WorldCARE<sup>SM</sup>

Dental Advantage



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Dental insurance that gives you freedom to choose

When you choose WorldCARE<sup>SM</sup> Dental Advantage, you get comprehensive dental protection including preventive care, and basic and major services like fillings, bridges, crowns and oral surgery.

You'll also get the right balance of **cost**, **coverage** and **convenience**.



**Affordable** - keeps your expenses down

- **3 plan options** – one for every budget
- **Initial rate guaranteed** for 12 months



WorldCARE<sup>SM</sup> Dental Advantage provides you with immediate access to preventive care benefits as soon as your coverage is effective.



**Freedom to Choose** - never pay extra for out-of-network services

- Choose **any dentist**
- **No network, no HMO, no special restrictions**



**Convenient** - no review of dental history, no long forms

- **Automatic acceptance, no exams required**
- Pay **automatically** by check or savings account withdrawal, credit card, or have a bill sent to your home

## Protection from a Financially Strong Company

Our first health insurance policy was issued way back in 1903, and we haven't stopped since. Establishing trust with our insured customers and providing them peace of mind is one of the reasons we've been in business for more than 100 years.

Today, World Insurance Company (Omaha, NE) helps groups, individuals, families, small businesses and associations with their major medical health insurance needs. Our ongoing goal is to deliver quality health insurance products at an affordable price. World Insurance Company is rated "A-" (Excellent) by industry analyst A.M. Best Company\* for its financial stability.

*\*Our A- (Excellent) rating (January 2009) is the fourth highest of 15 possible ratings given by A.M. Best Company. As an independent non-government company, A.M. Best does not recommend products or services but does provide independent opinions of a company's overall financial strength.*

# Plan Details

## Who Is Eligible?

- You (applicant, minimum age 18)
- Your spouse
- Your unmarried dependent children (under age 19, or age 19-23 if full-time student)

## When is Coverage Effective?

Your coverage is effective the first of the month following the date we receive your application and initial premium.

<b>What's Covered?</b> <i>per person</i>	<b>Plan 1</b>	<b>Plan 2</b>	<b>Plan 3</b>
Calendar Year Maximum*	\$750	\$1,000	\$1,500
Calendar Year Deductible	\$50	\$50	\$50
<b>Class A – Preventive Services</b>			
Initial & Periodic Exams (2 per year) Cleanings (2 per year) Fluoride Treatments (up to age 16) Space Maintainers			
Waiting Period	None	None	None
World Pays	80%	80%	100%
<b>Class B – Basic Services</b>			
X-rays Fillings Simple Extractions			
Waiting Period	6 months	6 months	6 months
World Pays	50%	80%	80%
<b>Class C – Major Services</b>			
Oral Surgery Endodontics Periodontics Crowns, Bridges, Dentures			
Waiting Period	18 months	18 months	18 months
World Pays	50%	50%	50%

The Class A, B and C deductible is combined for each calendar year. A maximum of three individual deductibles per family per year shall apply. Deductibles and coverage maximums are per covered person, per calendar year.

\*Maximum Benefit Increase Option – With this optional benefit, you can increase your calendar year maximum by \$500. Calendar year maximums are per covered person, per calendar year. Please add an additional \$6 policy fee to your monthly premium amount if you'd like to add this option.

# Calculating Your Premium

## Calculating Your Premium is Easy!

1. Decide which plan you want: 1, 2, or 3 (see page 3).
2. Determine your area from the Area Chart below.
3. Consult the Monthly Premium Chart on page 5 to find your monthly premium by area, age, plan selected and people you'd like covered.
4. Add the Maximum Benefit Increase cost if requesting that option (see page 3).

## Figure Your Total Initial Cost

Use the Cost Calculator to the right to help determine your total initial cost. Then send in your application (instructions on page 6) with your total initial cost, and you're covered!



### Cost Calculator

\$	Monthly Premium Rate
+	\$6 (optional) Maximum Benefit Increase
+	\$3 OR \$0 if direct bill OR if automatic withdrawal or credit card Billing Fee
=	\$ Total Monthly Cost
+	\$10 (one-time application fee)
\$	<b>Total Initial Cost</b>

## Area Chart

State	ZIP (first 3 digits)	Area	State	ZIP (first 3 digits)	Area	State	ZIP (first 3 digits)	Area
Alabama	350-355, 359	3	Missouri	640-641, 644-649	2	Pennsylvania	170-178, 182-187	2
	All others	1		All others	1		190-192	3
Arizona	856-857, 864	2	Montana	590-591	1		All others	1
	All others	1		599	2	South Carolina	All	1
Arkansas	All	1	All others	3	Tennessee	373-374	2	
Delaware	All	2	Nebraska	All	1	All others	1	
Idaho	All	1	Nevada	890-891	2	Texas	751-753	3
Illinois	600-605	2	New Mexico	894-895, 898	6	754	4	
	606-608	3		All others	4	756-757, 776-777	1	
	All others	1	881	2	All others	2		
Indiana	463-464	2	882	5	Virginia	201, 220-221, 233-237	5	
	473	3	All others	1		222-223	6	
	All others	1	North Carolina	277, 287-289		2	224-225, 230-232	1
Iowa	All	1	286	3		228-229, 240-244	2	
	Kansas	660-662	2	All others		1	All others	4
All others		1	North Dakota	580-581	2	West Virginia	255-257	4
Michigan	480-483, 490-491	2	All others	1	262-265	3		
	488-489	3	Ohio	All	All others	2		
	All others	1	Oklahoma	740-743	2	Wisconsin	All	1
Mississippi	390-392	2	All others	1	Wyoming	All	1	
	All others	1						

# Monthly Rates

## Monthly Premium Chart

Under Age 65		Plan 1	Plan 2	Plan 3	Age 65 & Over		Plan 1	Plan 2	Plan 3
Area 1	Insured	\$17.88	\$22.92	\$28.88	Insured	\$19.66	\$25.21	\$31.76	
	Insured + Spouse	33.97	43.55	54.86	Insured + Spouse	37.37	47.90	60.34	
	Insured + Children	37.10	47.56	59.91	Insured + Children	40.81	52.31	65.91	
	Insured + Family	53.82	69.00	85.18	Insured + Family	59.20	75.90	93.70	
Area 2	Insured	\$19.60	\$25.13	\$31.66	Insured	\$21.56	\$27.64	\$34.82	
	Insured + Spouse	37.24	47.74	60.14	Insured + Spouse	40.97	52.52	66.16	
	Insured + Children	40.67	52.14	65.69	Insured + Children	44.74	57.36	72.26	
	Insured + Family	59.01	75.65	93.39	Insured + Family	64.91	83.21	102.73	
Area 3	Insured	\$21.54	\$27.61	\$34.79	Insured	\$23.69	\$30.37	\$38.27	
	Insured + Spouse	40.93	52.46	66.09	Insured + Spouse	45.02	57.71	72.70	
	Insured + Children	44.69	57.30	72.19	Insured + Children	49.16	63.03	79.40	
	Insured + Family	64.84	83.13	102.63	Insured + Family	71.33	91.44	112.89	
Area 4	Insured	\$23.69	\$30.37	\$38.27	Insured	\$26.06	\$33.41	\$42.10	
	Insured + Spouse	45.02	57.71	72.70	Insured + Spouse	49.52	63.48	79.97	
	Insured + Children	49.16	63.03	79.40	Insured + Children	54.08	69.33	87.34	
	Insured + Family	71.33	91.44	112.89	Insured + Family	78.46	100.59	124.18	
Area 5	Insured	\$26.06	\$33.41	\$42.10	Insured	\$28.67	\$36.75	\$46.31	
	Insured + Spouse	49.52	63.48	79.97	Insured + Spouse	54.47	69.83	87.97	
	Insured + Children	54.08	69.33	87.34	Insured + Children	59.49	76.26	96.08	
	Insured + Family	78.46	100.59	124.18	Insured + Family	86.31	110.65	136.60	
Area 6	Insured	\$28.65	\$36.73	\$46.27	Insured	\$31.51	\$40.40	\$50.90	
	Insured + Spouse	54.43	69.78	87.90	Insured + Spouse	59.88	76.76	96.69	
	Insured + Children	59.44	76.21	96.01	Insured + Children	65.39	83.83	105.61	
	Insured + Family	86.24	110.56	136.50	Insured + Family	94.86	121.62	150.15	

Initial rates are guaranteed for 12 months; thereafter premiums may increase on a semi-annual basis. Dependent-only coverage is not available. (For quarterly rates, multiply by 3; for semi-annual rates, multiply by 6.)

# How to Request Coverage

Detach and fill out the enrollment form on the following page.

Calculate your total initial cost (see page 4) and mail it with your application to:

World Insurance Company  
c/o Meritain Health  
PO Box 27810  
Minneapolis, MN 55427-0810

Or, if paying by credit card or automatic withdrawal, you may FAX your application to (952) 593-3711.

Please include a voided check if paying by automatic checking account withdrawal.

Your coverage will be effective the first of the month following the date we receive your enrollment form and initial premium.





**About You**

Name (First, Middle, Last):		Birthdate: <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>	
Address:		Sex:                      Marital Status: <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Married <input type="checkbox"/> Single	
City:                                      State:                                      ZIP:		<b>Choose Your Billing Method</b>	
Work Phone:                                      Home Phone: (        )                                      (        )		Include check for first modal premium with application, plus one-time \$10 application fee with application [application fee not applicable for IN]:	
Plan Selected: <input type="checkbox"/> Plan 1 <input type="checkbox"/> Plan 2 <input type="checkbox"/> Plan 3 Maximum Benefit Increase Option? <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> <b>Direct Quarterly or Semi-Annual bill</b> (there is \$3 monthly administrative fee for this option) <b>Quarterly - add a total of \$9, Semi-Annual - add a total of \$18</b>	
Requesting coverage for: <input type="checkbox"/> Myself only <input type="checkbox"/> Myself and eligible dependent(s)		<input type="checkbox"/> <b>Monthly automatic check or savings account withdrawal</b> (complete the authorization request on the back of this form)	
List spouse (on line 1) and all your eligible dependents below, if also applying for insurance. <i>(Last Name, First, Middle Initial)</i>	Sex <i>(M/F)</i>	Birthdate <i>(Mo./Day/Yr.)</i>	
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
If applying for dependent children coverage, are all children age 19-23 full-time students? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please list non full-time students: _____ _____		<input type="checkbox"/> <b>Monthly credit card</b> (complete the credit card payment authorization on the back of this form)	
<i>By my signature below, I hereby apply for coverage under World Insurance Company Master Policy AM3200. I also certify that I have read the applicable Fraud Notice found on page 9.</i>		<b>For World Agent Use Only</b>	
X _____ X _____ Signature                                      Date GC3200 (6-00)		Agent Name: _____ Appointed With World?: <input type="checkbox"/> Yes <input type="checkbox"/> No World Agent #: _____ Address: _____ City: _____ State: _____ ZIP: _____ Phone: (        ) _____ Fax: (        ) _____ E-mail: _____	
		<b>For Company Use Only</b>	
		Effective Date: Plan Code:	



# Important Fraud Notice Information About Your Coverage

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

New Mexico – Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

Ohio – Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Virginia – It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

Pennsylvania – Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

# Non-Covered Expenses

Benefits will NOT be paid for the following:

- overdentures and associated procedures
- charges in excess of those considered reasonable and customary
- cosmetic procedures
- the replacement of dentures, bridges, onlays, inlays or crowns that can be repaired or restored to normal function
- implants
- replacement of lost or stolen appliances
- replacement of retainers
- athletic mouth guards
- precision or semi-precision attachments
- denture duplication
- sealants
- oral hygiene instructions
- plaque control (except cleaning - 2 times per year)
- completion of a claim form
- acid etch
- broken appointments
- prescription or take-home fluoride
- diagnostic photographs
- services not completed by the end of the month in which coverage ends, unless continuation of coverage has been requested and accepted by World Insurance Company
- procedures that are begun but not completed
- services and treatment provided without charge or for which there would be no charge in the absence of insurance
- services in connection with war or any act of war, whether declared or undeclared, or condition contracted or accident occurring while on full-time active duty in the armed forces of any country or combination of countries
- a condition covered under any Worker's Compensation Act or similar law
- the treatment of cleft palate and anodontia
- services or supplies payable under any medical expense plan
- orthodontia, unless included in the Coverage Schedule
- the diagnosis or treatment of TMJ
- hospital services
- any unmarried child 19 years of age and over unless he is dependent upon you for support, while a full-time student. A full-time student is one who is enrolled for 12 semester hours for credit in an accredited junior college, college or university. Any exception for a full-time student will end at age 23.

Additionally, no benefits will be paid for expenses incurred: that are applied toward satisfaction of a deductible, if any; that are generally considered by the dental profession as experimental or investigational; prior to the date the insured is covered under the Certificate.

When you voluntarily end your insurance and reapply at a later date, your waiting period will be two years, and this waiting period begins on the date your coverage first ended.

Coverage provided under Group Policy AM3200, issued to the Voluntary Supplementary Benefits Trust.

# Other Important Information

Benefits are payable only for expenses incurred while your insurance is in force.

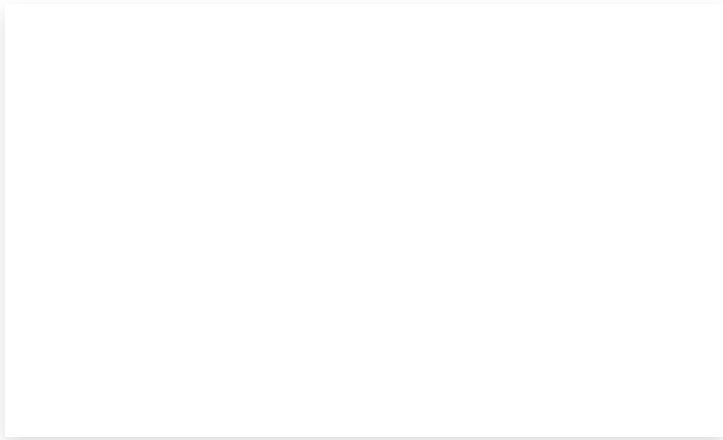
Your insurance begins on the first day of the month following the date we receive your application and initial premium. Your insurance ends on the earliest of:

- (1) the date you cease to be eligible;
- (2) (for any covered dependents) the day your dependent ceases to be a dependent, as defined in your Certificate;
- (3) the last day of the month for which a premium has been paid, subject to the grace period; or
- (4) the date the policy ends. You may terminate this Certificate on any premium due date by giving written notice to us prior to any premium due date. We may terminate this certificate on any premium due date by giving you written notice at least 31 days prior to such premium due date.

This brochure provides a brief description of World's dental insurance. For complete details, please refer to the Certificate of Insurance. All benefits are based on reasonable and customary charges. Prior review is requested for a course of treatment exceeding \$300. This plan is not available in some states.

"Reasonable and Customary" means the usual, customary and regular charges for the area where expenses are incurred, as determined by the Administrator.

For more information on your plan or other World Insurance Company products,  
please contact your World service representative:



Your benefits and premiums will vary depending on the plan, coverage choices,  
each optional benefit selected and state specific variations.

Please review your Certificate of Insurance carefully.

Underwritten by:



c/o Meritain Health • P.O. Box 27810 • Minneapolis, MN • 55427-0810  
Policy Service: (800) 765-4224 • Fax: (952) 593-3711  
Email: [FINewbusiness@meritain.com](mailto:FINewbusiness@meritain.com)

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