WorldCARE™

Dental Advantage

Dental Protection for Individuals and Families

WORLD® INSURANCE
Your Health Insurance
Partner Since 1903™

F3210 (12/07)
Policy: AM3200
Certificate: AC3200

WorldCARE™ Dental Advantage

Immediate coverage for preventive care, automatic acceptance, and freedom to choose any dentist!

Personal choice is a concept we hold dear. The freedom to choose the product or service we want—and need—has always been part of our collective experience.

World Insurance Company understands this. That's why our WorldCARE Dental Advantage insurance product gives you the *freedom to choose* your dental provider. No network, no HMO, no special restrictions. You receive dental care from the dental professional you choose. It's that simple.

WorldCARE Dental Advantage provides you and your family with the comprehensive dental coverage you need . . . and your plan becomes effective immediately for *preventive care*. You also have coverage for basic and major services (such as fillings, bridges, crowns and oral surgery) following a waiting period.

About World Insurance 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.

**A.M. Best is the leading independent non-government provider of insurance company ratings. The A- (Excellent) rating is the fourth highest of fifteen possible ratings that range from A++ (Superior) to F (Liquidation). Ratings reflect Best's independent opinion of balance sheet strength, operating performance and business profile and are not a recommendation of any specific product or services. January, 2007.*

Who Is Eligible?

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

Dependent-only coverage not available.

When is Coverage Effective?

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

What's Covered?

	Plan 1	Plan 2	Plan 3
Calendar Year Maximum[1]	$750	$1,000	$1,500
Calendar Year Deductible	$50	$50	$50
Class A — Preventive			
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%
Class B — Basic			
X-rays Fillings Simple Extractions			
Waiting Period	6 months	6 months	6 months
World Pays	50%	80%	80%
Class C — Major			
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.

[1]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.

How to Calculate Your Premium

Identify your monthly premium on the "Monthly Premium Rates" chart (page 5)—it's easy!

1. First, decide who will be covered.
2. Next, choose the plan you want (Plan 1, Plan 2 or Plan 3) and Maximum Benefit Increase Option (if desired; see page 5).
3. Then, determine your "area" by checking the Area Chart below.
4. Finally, select your age (Under 65 or Over 65).

Use the Cost Calculator to the right to help determine your total initial cost. Send in your application (See instructions on page 7) with your total initial cost, and you're covered!

Cost Calculator

	$	Premium Rate
+	$6 (optional)	Max. Benefit Increase
+	$3 (if direct bill)	Billing Fee
	$	Monthly Cost
+	$10 (one-time app fee)	
	$	**Total Initial Cost**

Area Chart

State	*ZIP (first 3 digits)*	*Area*
Alabama	350-355, 359	3
	All others	1
Arizona	856-857, 864	2
	All others	1
Arkansas	All	1
Delaware	All	2
Idaho	All	1
Illinois	600-605	2
	606-608	3
	All others	1
Indiana	463-464	2
	473	3
	All others	1
Iowa	All	1
Kansas	660-662	2
	All others	1
Michigan	480-483, 490-491	2
	488-489	3
	All others	1
Mississippi	390-392	2
	All others	1
Missouri	640-641, 644-649	2
	All others	1
Montana	590-591	1
	599	2
	All others	3
Nebraska	All	1
Nevada	890-891	2
	894-895, 898	6
	All others	4

State	*ZIP (first 3 digits)*	*Area*
New Mexico	881	2
	882	5
	All others	1
North Carolina	277, 287-289	2
	286	3
	All others	1
Ohio	All	1
Oklahoma	740-743	2
	All others	1
Pennsylvania	170-178, 182-187	2
	190-192	3
	All others	1
South Carolina	All	1
Tennessee	373-374	2
	All others	1
Texas	751-753	3
	754	4
	756-757, 776-777	1
	All others	2
Virginia	201, 220-221, 233-237	5
	222-223	6
	224-225, 230-232	1
	228-229, 240-244	2
	All others	4
West Virginia	255-257	4
	262-265	3
	All others	2
Wisconsin	All	1
Wyoming	All	1

Monthly Premium Rates

Now that you've determined your Area from the previous page, you can use the Monthly Premium chart below to pinpoint your exact monthly rate for the plan that you select. 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.)*

	(Under 65)	Plan 1	Plan 2	Plan 3	(65 & Over)	Plan 1	Plan 2	Plan 3
Area 1	Insured	$19.86	$25.47	$32.08	Insured	$21.85	$28.01	$35.29
	Insured + Spouse	37.74	48.38	60.95	Insured + Spouse	41.52	53.22	67.05
	Insured + Children	41.22	52.84	66.57	Insured + Children	45.34	58.13	73.23
	Insured + Family	59.80	76.66	94.65	Insured + Family	65.78	84.33	104.11
Area 2	Insured	$21.78	$27.92	$35.18	Insured	$23.96	$30.71	$38.69
	Insured + Spouse	41.38	53.05	66.83	Insured + Spouse	45.52	58.35	73.51
	Insured + Children	45.19	57.94	72.99	Insured + Children	49.71	63.73	80.29
	Insured + Family	65.56	84.05	103.77	Insured + Family	72.12	92.46	114.15
Area 3	Insured	$23.93	$30.68	$38.66	Insured	$26.32	$33.75	$42.52
	Insured + Spouse	45.47	58.29	73.44	Insured + Spouse	50.02	64.12	80.78
	Insured + Children	49.66	63.67	80.21	Insured + Children	54.63	70.03	88.23
	Insured + Family	72.05	92.37	114.03	Insured + Family	79.25	101.60	125.44
Area 4	Insured	$26.32	$33.75	$42.52	Insured	$28.96	$37.12	$46.77
	Insured + Spouse	50.02	64.12	80.78	Insured + Spouse	55.02	70.54	88.86
	Insured + Children	54.63	70.03	88.23	Insured + Children	60.09	77.04	97.05
	Insured + Family	79.25	101.60	125.44	Insured + Family	87.18	111.76	137.98
Area 5	Insured	$28.96	$37.12	$46.77	Insured	$31.85	$40.84	$51.45
	Insured + Spouse	55.02	70.54	88.86	Insured + Spouse	60.53	77.59	97.74
	Insured + Children	60.09	77.04	97.05	Insured + Children	66.10	84.74	106.75
	Insured + Family	87.18	111.76	137.98	Insured + Family	95.89	122.94	151.78
Area 6	Insured	$31.83	$40.81	$51.41	Insured	$35.01	$44.89	$56.55
	Insured + Spouse	60.48	77.53	97.67	Insured + Spouse	66.53	85.28	107.44
	Insured + Children	66.05	84.68	106.67	Insured + Children	72.65	93.14	117.34
	Insured + Family	95.82	122.85	151.67	Insured + Family	105.41	135.13	166.83

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 the monthly premium if this option is desired.

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.

Things to Know

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

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 policy 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.

How to Apply

Detach and fill out both sides of the application on the following page. Calculate your 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.

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 present 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 fradulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

WORLD INSURANCE COMPANY **DENTAL PLAN ENROLLMENT FORM**

Applicant Name (First, Middle, Last)

Address

City State ZIP Code

Work Phone ( )

Home Phone ( )

Social Security Number — —

I apply for coverage on: ☐ Myself only ☐ Myself and eligible dependent(s)

Birthdate / / Mo. Day Yr.

Sex M ☐ F ☐

Marital Status ☐ Married ☐ Single

Plan Selected: ☐ Plan 1 ☐ Plan 3 ☐ Plan 2 ☐ Maximum Benefit Increase Option

For Company Use Only

Effective Date

Plan Code

List spouse (on line 1) and all your eligible dependents below, if also applying for insurance. *(Last Name, First, Middle Initial)*	Sex *(M/F)*	Birthdate *(Mo./Day/Yr.)*	*(Last Name, First, Middle Initial)*	Sex *(M/F)*	Birthdate *(Mo./Day/Yr.)*
1.			5.		
2.			6.		
3.			7.		
4.			8.		

If applying for dependent children coverage, are all children age 19-23 full-time students?
☐ Yes ☐ No If no, please list non full-time students _____

By my signature below, I hereby apply for coverage under World Insurance Company Master Policy AM3200.

Applicant's Signature Date

GC3200 (6-00)

BILLING METHOD (include check for first modal premium with application, plus one-time $10 application fee with application [application fee not applicable for Indiana]):

- ☐ Direct quarterly or semi-annual bill (add monthly $3 administrative fee for direct bill option)
- ☐ Monthly automatic check or savings account withdrawal (please complete attached authorization-request form)
- ☐ Monthly credit card (complete attached credit card payment form)

Make check payable to and mail application to:
World Insurance Company
c/o Meritain Health
P.O. Box 27810
Minneapolis, MN 55427-0810

For World Agent Use:

Agent Name _____ World Agent # _____

Address _____ Phone _____

E-mail _____ Fax _____

Appointed With World Insurance Company: ☐ Yes ☐ No

Authorization to Charge Credit Card

Available only for monthly modes. Not available in all states.

Credit Card Authorization: *I authorize World Insurance Company to bill my VISA/MASTERCARD account for all premium and application fee.*

☐ **VISA** ☐ **MasterCard** Account Number _____

Exp. Date _____ Phone Number _____

X _____ Date _____
Signature

Authorization to Honor Checks Drawn by World Insurance Company

If you select the Bank Draft option, please complete the following:
I (we) hereby authorize World Insurance Company (World) or their Administrator to initiate debit entries to the account and depository (Depository) indicated below, to debit the same to such account. This authority is to remain in full force and effect until World and Depository have received written notification from me (or either of us) of its termination in such time and in such manner to afford World and Depository a reasonable opportunity to act on it. I understand that the withdrawal will be made within 5 days of the effective date of my policy/certificate.

Signature of Payor _____ ***Date Signed*** _____

☐ **To begin Bank Draft withdrawals:** ☐ Checking ☐ Savings

Select a desired withdrawal date: *(5th or 20th of month only)* _____

Bank Name _____

Address _____

City _____ State _____

☐ **To add this policy/certificate to an existing Bank Draft:** ☐ Checking ☐ Savings

Existing EFT Number _____

Certificate Number _____

Routing & Transit No. (9 digits) _____

Account No. _____

Next Check No. _____

You must submit a voided check if choosing a checking account draft. Do not send a deposit slip. Please print clearly.

TO: *The Bank named above*

As consideration to you to handle drafts drawn by World Insurance Company on customers of your bank for payment of premiums on insurance certificates, World Insurance Company agrees:

(1) To indemnify and hold you harmless from any loss you may suffer as a consequence of your actions resulting from or in connection with the execution of any check, draft or order, whether or not genuine, purporting to be executed and received by you in the regular course of business for the purpose of payment, including any costs or expenses reasonably incurred in connection therewith.

(2) In the event that any such check, draft or order shall be dishonored whether with or without cause, and whether intentionally or inadvertently, to indemnify you for any loss even though dishonor results in a forfeiture of the insurance.

(3) To defend at our own cost and expense any action which might be brought by any depositor or any other persons because of your actions taken pursuant to the foregoing requests, or in any manner arising by reason of your participation in the foregoing plan of premium collection.

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:

Your Health Insurance
Partner Since 1903™

World Insurance Company
c/o Meritain Health, P.O. Box 27810 Minneapolis, MN 55427-0810
Marketing and Sales 800.995.9010 • Policy Service 800.765.4224
Fax 952.593.3711 • E-mail FINewbusiness@meritain.com