

# WorldCARE™

Dental Advantage



***Dental Protection for Individuals and Families***



F3210 (11/08)  
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, 2008.*

## 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 <sup>1</sup>	\$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.*

*<sup>1</sup>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 <small>(optional)</small>		Max. Benefit Increase
+	\$3 <small>(if direct bill)</small>		Billing Fee
	\$		Monthly Cost
+	\$10 (one-time app fee)		
	\$		Total Initial Cost

## Area Chart

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

Area 1

(Under 65)	Plan 1	Plan 2	Plan 3	(65 & Over)	Plan 1	Plan 2	Plan 3
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

### 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.

## Other Important Information

### Things to Know

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



Applicant Name (First, Middle, Last) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Work Phone \_\_\_\_\_ Home Phone \_\_\_\_\_  
( ) ( )

Social Security Number \_\_\_\_\_

Birthdate / / Mo. Day Yr. Sex M  F

Marital Status  Married  Single

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

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

**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



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](mailto:FINewbusiness@meritain.com)