



WorldCARESM

Dental Advantage



F4282
Policy: AM3200

WorldCARESM Dental Advantage

Dental insurance that gives you freedom to choose

When you choose WorldCARESM 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



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



QUICK TIP

WorldCARESM Dental Advantage provides you with immediate access to preventive care benefits as soon as your coverage is effective.

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.

| What's Covered? <i>per person</i> | Plan 1 | Plan 2 | Plan 3 |
|--|---------------|---------------|---------------|
| Calendar Year Maximum* | \$750 | \$1,000 | \$1,500 |
| Calendar Year Deductible | \$50 | \$50 | \$50 |
| Class A – Preventive Services | | | |
| 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 Services | | | |
| X-rays Fillings Simple Extractions | | | |
| Waiting Period | 6 months | 6 months | 6 months |
| World Pays | 50% | 80% | 80% |
| Class C – Major Services | | | |
| 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

| | | |
|---|---|---------------------------|
| | <input style="width: 95%;" type="text" value="\$"/> | Monthly Premium Rate |
| + | <input style="width: 95%;" type="text" value="\$6 (optical)"/> | Maximum Benefit Increase |
| + | <div style="display: flex; align-items: center; gap: 5px;"> <div style="border: 1px solid black; padding: 2px;">\$3 if direct bill</div> <div style="font-weight: bold; padding: 2px;">OR</div> <div style="border: 1px solid black; padding: 2px;">\$0 if automatic withdrawal or credit card</div> </div> | Billing Fee |
| = | <input style="width: 95%;" type="text" value="\$"/> | Total Monthly Cost |
| + | \$10 (one-time application fee) | |
| = | <input style="width: 95%;" type="text" value="\$"/> | Total Initial Cost |

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

*DAY INSURANCE SOLUTIONS, LLC
ATTN: Teresa Day
2525 NW Topeka Blvd.
Topeka, KS 66617*

Or, if paying by credit card or automatic withdrawal, you may FAX your application to
(785) 291-0200

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.



Form with sections: About You, Choose Your Billing Method, For World Agent Use Only, For Company Use Only. Includes fields for Name, Birthdate, Address, City, State, ZIP, Work Phone, Home Phone, Plan Selected, Requesting coverage for, and dependent information.

If You Select the Bank Draft Option, Please Complete the Following:

Authorization to Honor Checks Drawn by World Insurance Company:

I (we) hereby authorize World Insurance Company (World) or their Administrator to initiate debit entries to the account and 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.

If You Select to Charge Your Credit Card, Please Complete the Following:

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 _____ **X** _____
Signature Date

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:



Teresa Day

2525 NW Topeka Blvd.

Topeka, KS 66617

Tel: (785) 291-0200 Fax: (785) 291-0202 Toll Free: (800) 981-0200

teresa@dayins.net

<http://dayinsurancesolutions.com>

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

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