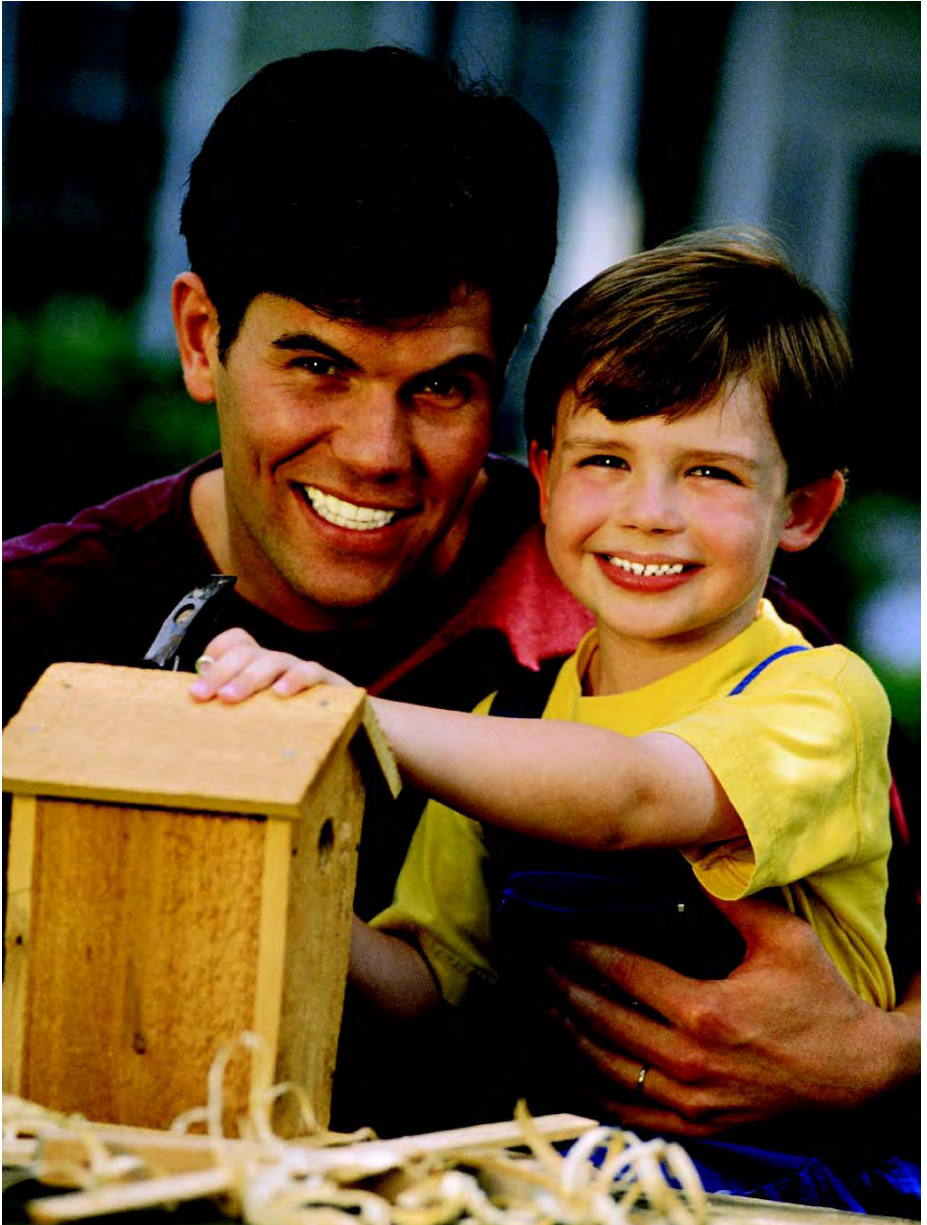




# WorldCARE™ Dental

*for individuals and families from World Insurance Company*

Freedom to choose any dentist • Immediate coverage for preventive care • Automatic acceptance





# WorldCARE™ Dental

Freedom to choose is something we all appreciate. World Insurance Company's reasonably-priced WorldCARE Dental insurance gives you just that. WorldCARE Dental provides you and your family comprehensive dental coverage with the freedom to choose any dentist in the USA. Once your coverage becomes effective, you have immediate coverage for preventive care. You also will have coverage for basic and major services, such as fillings, bridges, crowns, and oral surgery, after a waiting period.

## Who is Eligible?

- You (applicant) (age 18 minimum)
- Spouse
- Unmarried Dependent Children under age 19
- 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 is Covered?

	<b>Plan 1</b>	<b>Plan 2</b>	<b>Plan 3</b>
<b>Calendar Year Maximum<sup>1</sup></b>	\$750	\$1,000	\$1,500
<b>Calendar Year Deductible</b>	\$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
Co-insurance	80%	80%	100%

### Class B – Basic

- X-rays
- Fillings
- Simple Extractions

Waiting Period	6 months	6 months	6 months
Co-insurance	50%	80%	80%

### Class C – Major

- Oral Surgery
- Endodontics
- Periodontics
- Crowns, Bridges, Dentures

Waiting Period	18 Months	18 Months	18 Months
Co-insurance	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 premium:

1. Identify your monthly premium on the Monthly Premium Rates chart based on (1) who is to be covered (2) your area, from the Area Chart, and (3) your Annual Coverage Maximum (Plan 1, Plan 2 or Plan 3 and Maximum Benefit Increase if chosen).
2. Mail your first modal premium, including application and billing fee to: World Insurance Company, c/o Corporate Benefit Services of America (CBSA), P.O. Box 27810 Minneapolis, MN 55427-0810. Or if paying with credit card or automatic withdrawal, you may fax your application to 952-541-9210.



## Area Chart

Please use state wide area, unless ZIP Code lists a specific area.

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

## Cost Calculator

Premium Rate = \$ \_\_\_\_\_ + Max. Benefit Increase \$ \_\_\_\_\_ + Billing Fee \$ \_\_\_\_\_ = Total Monthly Cost \$ \_\_\_\_\_ + onetime app fee of \$10 = Total Initial Cost \$ \_\_\_\_\_

# Monthly Premium Rates

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

## Area 1 (see area chart)

	<u>Plan 1</u>	<u>Plan 2</u>	<u>Plan 3</u>
<b>Under 65</b>			
Insured	\$21.47	\$27.53	\$34.69
Insured + Spouse	40.80	52.31	65.89
Insured + Children	44.56	57.13	71.97
Insured + Family	64.65	82.88	102.32
<b>Over 65</b>			
Insured	\$23.62	\$30.28	\$38.15
Insured + Spouse	44.88	57.54	72.48
Insured + Children	49.02	62.84	79.17
Insured + Family	71.11	91.17	112.56

## Area 3 (see area chart)

	<u>Plan 1</u>	<u>Plan 2</u>	<u>Plan 3</u>
<b>Under 65</b>			
Insured	\$25.87	\$33.17	\$41.79
Insured + Spouse	49.16	63.02	79.39
Insured + Children	53.69	68.83	86.71
Insured + Family	77.89	99.86	123.28
<b>Over 65</b>			
Insured	\$28.46	\$36.49	\$45.97
Insured + Spouse	54.08	69.32	87.33
Insured + Children	59.06	75.71	95.38
Insured + Family	85.68	109.84	135.61

## Area 5 (see area chart)

	<u>Plan 1</u>	<u>Plan 2</u>	<u>Plan 3</u>
<b>Under 65</b>			
Insured	\$31.31	\$40.14	\$50.57
Insured + Spouse	59.48	76.26	96.06
Insured + Children	64.96	83.28	104.92
Insured + Family	94.25	120.82	149.17
<b>Over 65</b>			
Insured	\$34.44	\$44.15	\$55.62
Insured + Spouse	65.43	83.88	105.67
Insured + Children	71.46	91.61	115.41
Insured + Family	103.67	132.91	164.09

## Maximum Benefit Increase Option

Please add an additional \$6.00 to the monthly premium if this option is desired.

## Area 2 (see area chart)

	<u>Plan 1</u>	<u>Plan 2</u>	<u>Plan 3</u>
<b>Under 65</b>			
Insured	\$23.54	\$30.18	\$38.03
Insured + Spouse	44.74	57.35	72.25
Insured + Children	48.85	62.63	78.91
Insured + Family	70.88	90.87	112.19
<b>Over 65</b>			
Insured	\$25.90	\$33.20	\$41.83
Insured + Spouse	49.21	63.08	79.47
Insured + Children	53.74	68.90	86.80
Insured + Family	77.97	99.95	123.40

## Area 4 (see area chart)

	<u>Plan 1</u>	<u>Plan 2</u>	<u>Plan 3</u>
<b>Under 65</b>			
Insured	\$28.46	\$36.49	\$45.97
Insured + Spouse	54.08	69.32	87.33
Insured + Children	59.06	75.71	95.38
Insured + Family	85.68	109.84	135.61
<b>Over 65</b>			
Insured	\$31.31	\$40.14	\$50.57
Insured + Spouse	59.48	76.26	96.06
Insured + Children	64.96	83.28	104.92
Insured + Family	94.25	120.82	149.17

## Area 6 (see area chart)

	<u>Plan 1</u>	<u>Plan 2</u>	<u>Plan 3</u>
<b>Under 65</b>			
Insured	\$34.41	\$44.12	\$55.58
Insured + Spouse	65.38	83.82	105.59
Insured + Children	71.40	91.54	115.32
Insured + Family	103.59	132.81	163.96
<b>Over 65</b>			
Insured	\$37.85	\$48.53	\$61.14
Insured + Spouse	71.92	92.20	116.15
Insured + Children	78.54	100.69	126.86
Insured + Family	113.95	146.09	180.36



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 or F	Birthdate Mo./Day/Yr.	(Last Name, First, Middle Initial)	Sex M or 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):

Monthly credit card (complete attached credit card payment form)

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)

**Make check payable to and mail application to:**  
 World Insurance Company  
 c/o Corporate Benefit Services of America, Inc. (CBSA)  
 P.O. Box 27810  
 Minneapolis, MN 55427-0810

**For World Agent Use:**

Agent Name: \_\_\_\_\_ World Agent # \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

E-Mail \_\_\_\_\_ Fax \_\_\_\_\_

Appointed With World:  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 Check-O-Matic option, please complete the following:**

I (we) hereby authorize World Insurance Company (World) 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 Check-O-Matic withdrawals:**

Select a desired withdrawal date: (5<sup>th</sup> or 20<sup>th</sup> of month only) \_\_\_\_\_

Bank Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

**To add this policy/certificate to an existing Check-O-Matic:**

Existing COM Number \_\_\_\_\_

Policy/Certificate Number \_\_\_\_\_

**Routing & Transit No. (9 digits)** \_\_\_\_\_

**Account No.** \_\_\_\_\_

**Next Check No.** \_\_\_\_\_

**You must either submit a voided check, or complete the routing and account information. 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 and issuance 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.