

▶ **Peace of Mind *and*
Real Cash Benefits**



**AFLAC DENTAL INSURANCE -
SUPPLEMENTAL PLAN**

DE^E



AFLAC DENTAL INSURANCE - SUPPLEMENTAL PLAN

Policy Series A82000

This brochure accompanies Schedule of Dental Procedures A82ES75SCHR1FLR.

DE^E

Smile.

The best way to maintain or improve your smile is to brush and floss your teeth daily, visit your dentist, and apply for an Aflac Dental-Supplemental Plan.

Aflac Dental-Supplemental Plan provides benefits for periodic checkups and cleanings, X-rays, fillings, crowns, and much more. It's your smile and your policy; Aflac Dental-Supplemental Plan gives you control.

- **You choose your dentist.** Because Aflac Dental-Supplemental Plan doesn't use a network of dentists, you can go to any dentist you choose.
- **You and your dentist choose the best treatment for you.** Aflac Dental-Supplemental Plan doesn't have precertification requirements. If the treatment is covered by your policy, you don't need Aflac's permission to receive it.¹

Aflac Dental-Supplemental Plan is different from many other dental plans you may have seen.

- **You know what you're getting with Aflac Dental-Supplemental Plan.** The plan spells out the benefits for both wellness and other diagnostic/treatment services. There are no gray areas. Each covered procedure has a specific benefit amount.
- **Aflac Dental-Supplemental Plan doesn't have an annual deductible.** Other dental plans may require you to meet an annual deductible before benefits are payable.
- **Aflac Dental-Supplemental Plan pays benefits regardless of any other plan.** Even if you have other coverage, you'll receive your full Aflac benefit amount.²

With Aflac Dental-Supplemental Plan's **Annual Maximum Building Benefit**, you can receive even more benefits. Aflac will increase each covered person's policy year maximum by \$150 after each 12 consecutive months the policy is in force up to a maximum of \$750 per covered person.

¹Subject to applicable waiting periods.

²If the applicant retains existing dental coverage with another company, only the Essentials plan can be offered.

Aflac Dental-Supplemental Plan pays benefits for seven categories of dental treatments and hundreds of procedures. The benefit amounts within each category vary based on the procedure received and are subject to a policy year maximum. Benefit amounts and the policy year maximum are per covered person.

BENEFIT CATEGORIES	WAITING PERIOD	BENEFIT AMOUNTS
Preventive (Wellness and X-Ray)	None	\$25-\$45
Fillings and Basic Services	3 Months	\$25-\$390
Pain Management and Adjunctive Services	3 Months	\$45-\$215
Other Preventive Services	6 Months	\$30-\$175
Oral Surgery, Gum Treatments, and Prosthetic Repair	6 Months	\$40-\$1,300
Crowns and Major Services	12 Months	\$30-\$605
Major Prosthetic Services	24 Months	\$75-\$780
POLICY YEAR MAXIMUM		\$2,100

THIS BROCHURE IS FOR ILLUSTRATIVE PURPOSES ONLY.
REFER TO THE POLICY FOR COMPLETE DEFINITIONS, DETAILS, LIMITATIONS AND EXCLUSIONS.
FOR MORE INFORMATION ABOUT THE BENEFITS AVAILABLE, PLEASE SEE THE SCHEDULE OF DENTAL PROCEDURES.
AFLAC HEREIN MEANS AMERICAN FAMILY LIFE ASSURANCE COMPANY OF COLUMBUS.



TERMS YOU NEED TO KNOW

COVERED PERSON: Covered person includes any person insured under the coverage type you applied for.

Please see the Schedule of Dental Procedures for a complete and comprehensive definition.

GUARANTEED-RENEWABLE: The policy is guaranteed-renewable for your lifetime, subject to Aflac's right to change premiums by class upon any renewal date.

POLICY YEAR MAXIMUM: The policy year maximum is the total dollar amount of benefits payable per policy year, per covered person.

WAITING PERIOD: The waiting period is the period after the effective date of coverage for which benefits are not payable. If the policy is reinstated, all covered persons will be subject to new waiting periods beginning with the date of reinstatement. If a dependent is added by endorsement, the waiting period for such dependent will begin on the effective date of the addition. The waiting period will vary based on the benefit category.

WHAT IS NOT COVERED

Aflac will not pay benefits for losses caused by or resulting from any procedure not shown on the Schedule of Dental Procedures; services that are not recommended by a dentist or that are not required for the preservation or restoration of oral health; repairs to dental work within six months of the initial work; treatment received while outside the territorial limits of the United States or, if outside the United States, the territorial limits of the place where your policy was issued; or treatment received prior to the effective date of coverage or treatment received during a benefit's waiting period.

No benefits will be paid for replacement of teeth missing before the effective date of coverage.

Aflac will not pay benefits for services rendered by you or a member of the immediate family of a covered person.

Aflac will not pay benefits whenever coverage provided by the policy is in violation of any U.S. economic or trade sanctions. If the coverage violates U.S. economic or trade sanctions, such coverage shall be null and void.

Please see the Schedule of Dental Procedures for procedure-specific limitations and exclusions.

SCHEDULE OF DENTAL PROCEDURES

This schedule accompanies Essentials Plan Brochure A82ES75RFL.

TERMS YOU NEED TO KNOW

COVERED PERSON: Any person insured under the coverage type you applied for: individual (named insured listed in the Policy Schedule), named insured/Spouse only (named insured and Spouse), one-parent family (named insured and Dependent Children), or two-parent family (named insured, Spouse, and Dependent Children). *Spouse* is defined as the person to whom you are legally married and who is listed on your application. Newborn children are automatically insured from the moment of birth. If coverage is for individual or named insured/Spouse only and you desire uninterrupted coverage for a newborn child, you must notify Aflac in writing within 60 days of the birth of your child, and Aflac will convert the policy to one-parent family or two-parent family coverage and advise you of the additional premium due. Coverage will include any other Dependent Child, regardless of age, who is incapable of self-sustaining employment by reason of mental retardation or physical handicap and who became so incapacitated prior to age 26 and while covered under the policy. *Dependent Children* are your natural children, stepchildren, legally adopted children, foster children, or children in your custodial care who are under age 26.

EFFECTIVE DATE: The *Effective Date* is the date coverage begins, as shown in the Policy Schedule. It is not the date you signed the application for coverage.

WHAT IS NOT COVERED

Aflac will not pay benefits for losses caused by or resulting from:

- Replacement prosthetics within five years of last placement.
- Treatment involving crowns for a given tooth within five years of last placement, regardless of the type of crown.
- Replacement for inlays or onlays for a given tooth within five years of last placement.
- A dentist's or dental practice's failure to comply with the current ADA coding* convention, including but not limited to upcoding, the overutilization of certain codes, and/or the misrepresentation of services (e.g., unbundling).

Benefits for sealants are limited to secondary molars for Dependent Children under age 16 and will not be payable more often than every five years.

Aflac will not pay benefits for services rendered by you or a member of the immediate family of a Covered Person.

WHAT WE WILL PAY

Aflac will pay the following benefits when a charge is incurred for covered dental treatment that is received while coverage is in force. If a covered ADA code is revised or replaced by the American Dental Association, Aflac will pay the amount shown in the Schedule of Dental Procedures for the code most comparable to the revised or replaced code. Benefits will be paid based on the current ADA coding convention.

A. PREVENTIVE BENEFITS

1. **Dental Wellness Benefit:** This benefit is payable for you or any Covered Person for any one treatment listed below per visit. This benefit is payable once per visit, regardless of the number of treatments received. To be payable, dental wellness visits must be separated by 150 days or more. This benefit is payable twice per policy year, per Covered Person. The treatment must be performed by a dentist or dental hygienist. There is no Waiting Period for this benefit.

*Current Dental Terminology © 2008 American Dental Association. All rights reserved.

**THIS SCHEDULE OF DENTAL PROCEDURES IS FOR ILLUSTRATIVE PURPOSES ONLY.
REFER TO THE POLICY FOR COMPLETE DEFINITIONS, DETAILS, LIMITATIONS, AND EXCLUSIONS.**

**Underwritten by:
American Family Life Assurance Company of Columbus**

1. Dental Wellness Benefit – continued

ADA Code	Description	Amount
D0120	Periodic Oral Evaluation	\$30
D0145	Oral Evaluation for Patient Wellness	30
D0150	Comprehensive Oral Evaluation (new or established patient)	30
D0160	Detailed and Extensive Oral Evaluation (problem focused, by report)	30
D0170	Re-Evaluation – Limited, Problem (established patient; not postoperative visit)	30
D0180	Comprehensive Periodontal Evaluation (new or established patient)	30
D0425	Caries Susceptibility Tests	30
D1110	Prophylaxis (adult)	30
D1120	Prophylaxis (child)	30
D1203	Topical Application of Fluoride (child, prophylaxis not included)	30
D1204	Topical Application of Fluoride (adult, prophylaxis not included)	30
D1206	Topical Fluoride Varnish; Therapeutic Application for Moderate to High Caries Risk Patients	30
D1310	Nutritional Counseling for Control of Dental Disease	30
D1320	Tobacco Counseling for the Control and Prevention of Oral Disease	30
D1330	Oral Hygiene Instructions	30
D4910	Periodontal Maintenance	30
D9430	Office Visit for Observation (during regularly scheduled hours, no other services performed)	30
D9910	Application of Desensitizing Medicament	30

2. X-Ray Benefit: This benefit is payable for you or any Covered Person for any one X-ray procedure listed below per visit. This benefit is payable once per visit, regardless of the number of X-rays received. This benefit is payable only once per policy year, per Covered Person. The treatment must be performed by a dentist or dental hygienist. There is no Waiting Period for this benefit.

ADA Code	Description	Amount
D0210	Intraoral (complete series, including bitewings)	\$15
D0220	Intraoral (periapical, first film)	15
D0230	Intraoral (periapical, each additional film)	15
D0240	Intraoral (occlusal film)	15
D0250	Extraoral (first film)	15
D0260	Extraoral (each additional film)	15
D0270	Bitewing (single film)	15
D0272	Bitewings (two films)	15
D0273	Bitewings (three films)	15
D0274	Bitewings (four films)	15
D0277	Vertical Bitewings (seven to eight films)	15
D0330	Panoramic Film	15
D0340	Cephalometric Film	15

The benefits below are subject to the Waiting Period shown in the Policy Schedule and a Policy Year Maximum of \$1,400 per Covered Person. The benefits listed are per Covered Person. All treatments must be performed by a dentist.

B. ANNUAL MAXIMUM BUILDING BENEFIT: Aflac will increase each Covered Person's Policy Year Maximum by \$100 after each 12 consecutive months of the policy's being in force. This benefit builds to a maximum of \$500 per Covered Person.

C. FILLINGS AND BASIC SERVICES: Benefits in this category are subject to a three-month Waiting Period. Benefit D0140 is payable only for visits where no other covered services are performed.

C. FILLINGS AND BASIC SERVICES – continued

ADA Code	Description	Amount
D0140	Limited Oral Evaluation	\$25
D0290	Posterior/Anterior or Lateral Skull and Facial Bone Survey Film	70
D0310	Sialography	185
D0415	Bacteriologic Studies for Determination of Pathologic Agents	15
D0416	Viral Culture	15
D0417	Collection and Preparation of Saliva Sample for Lab Diagnostic Testing	15
D0418	Analysis of Saliva Sample	15
D0421	Genetic Test for Susceptibility to Oral Diseases	15
D0431	Adjunctive Prediagnostic Test That Aids in Detection of Mucosal Abnormalities, Including Premalignant and Malignant Lesions, Not to Include Cytology or Biopsy	15
D0460	Pulp Vitality Tests	20
D0470	Diagnostic Casts	25
D2140	Amalgam (one surface)	
	Primary	35
	Permanent	55
D2150	Amalgam (two surfaces)	
	Primary	35
	Permanent	60
D2160	Amalgam (three surfaces)	
	Primary	50
	Permanent	65
D2161	Amalgam (four or more surfaces)	
	Primary	55
	Permanent	70
D2330	Resin-Based Composite (one surface, anterior)	50
D2331	Resin-Based Composite (two surfaces, anterior)	60
D2332	Resin-Based Composite (three surfaces, anterior)	65
D2335	Resin-Based Composite (four or more surfaces or involving incisal angle, anterior)	70
D2390	Resin-Based Composite Crown (anterior)	70
D2391	Resin-Based Composite (one surface, posterior)	
	Primary	35
	Permanent	50
D2392	Resin-Based Composite (two surfaces, posterior)	
	Primary	55
	Permanent	60
D2393	Resin-Based Composite (three surfaces, posterior)	
	Primary	60
	Permanent	65
D2394	Resin-Based Composite (four or more surfaces, posterior)	
	Primary	60
	Permanent	65
D2410	Gold Foil (one surface)	230
D2420	Gold Foil (two surfaces)	260

D. PAIN MANAGEMENT AND ADJUNCTIVE SERVICES: Benefits in this category are subject to a three-month Waiting Period. Benefits D9220 and D9230 are not payable for the same surgery.

ADA Code	Description	Amount
D9110	Palliative (emergency) Treatment of Dental Pain (minor procedure)	\$35
D9220	Deep Sedation/General Anesthesia (first 30 minutes)	90
D9221	Deep Sedation/General Anesthesia (each additional 15 minutes)	90

D. PAIN MANAGEMENT AND ADJUNCTIVE SERVICES – continued

D9230	Analgesia, Anxiolysis, Inhalation of Nitrous Oxide	\$90
D9241	Intravenous Conscious Sedation/Analgesia (first 30 minutes)	140
D9310	Consultation (diagnostic service provided by dentist or physician other than practitioner providing treatment)	30
D9410	House/Extended-Care Facility Call	30
D9420	Hospital Call	30
D9440	Office Visit (after regularly scheduled hours)	30
D9450	Case Presentation, Detailed and Extensive Treatment Planning	30

E. OTHER PREVENTIVE SERVICES: Benefits in this category are subject to a six-month Waiting Period.

ADA Code	Description	Amount
D1351	Sealant (per tooth)	\$20
D1510	Space Maintainer (fixed, unilateral)	95
D1515	Space Maintainer (fixed, bilateral)	115
D1520	Space Maintainer (removable, unilateral)	95
D1525	Space Maintainer (removable, bilateral)	115
D1550	Recementation of Space Maintainer	45
D1555	Removal of Fixed Space Maintainer	95

F. ORAL SURGERY, GUM TREATMENTS, AND PROSTHETIC REPAIR: Benefits in this category are subject to a six-month Waiting Period.

ADA Code	Description	Amount
D4210	Gingivectomy or Gingivoplasty (four or more contiguous teeth or bounded teeth spaces per quadrant)	\$150
D4211	Gingivectomy or Gingivoplasty (one to three teeth per quadrant)	55
D4230	Anatomical Crown Exposure (four or more contiguous teeth per quadrant)	150
D4231	Anatomical Crown Exposure (one to three teeth per quadrant)	55
D4240	Gingival Flap Procedure, Including Root Planing (four or more contiguous teeth or bounded teeth spaces per quadrant)	260
D4241	Gingival Flap Procedure, Including Root Planing (one to three teeth per quadrant)	260
D4249	Clinical Crown Lengthening (hard tissue)	290
D4260	Osseous Surgery (including flap entry and closure; four or more contiguous teeth or bounded teeth spaces per quadrant)	290
D4261	Osseous Surgery (including flap entry and closure; one to three teeth per quadrant)	290
D4263	Bone Replacement Graft (first site in quadrant)	320
D4264	Bone Replacement Graft (each additional site in quadrant)	260
D4270	Pedicle Soft Tissue Graft Procedure	320
D4271	Free Soft Tissue Graft Procedure (including donor site surgery)	320
D4273	Subepithelial Connective Tissue Graft Procedures	345
D4275	Soft Tissue Allograft	320
D4320	Provisional Splinting (intracoronal)	175
D4321	Provisional Splinting (extracoronal)	130
D4341	Periodontal Scaling and Root Planing (four or more contiguous teeth or bounded teeth spaces per quadrant)	70
D4342	Periodontal Scaling and Root Planing (one to three teeth per quadrant)	70
D4355	Full Mouth Debridement to Enable Comprehensive Evaluation and Diagnosis	65
D5410	Adjust Complete Denture (maxillary)	25
D5411	Adjust Complete Denture (mandibular)	25

F. ORAL SURGERY, GUM TREATMENTS, AND PROSTHETIC REPAIR – continued

D5421	Adjust Partial Denture (maxillary)	\$25
D5422	Adjust Partial Denture (mandibular)	25
D5510	Repair Broken Complete Denture Base	55
D5520	Replace Missing or Broken Teeth (complete denture; each tooth)	50
D5610	Repair Resin Denture Base	55
D5620	Repair Cast Framework	70
D5630	Repair or Replace Broken Clasp	60
D5640	Replace Broken Teeth (per tooth)	50
D5650	Add Tooth to Existing Partial Denture	55
D5660	Add Clasp to Existing Partial Denture	70
D5710	Rebase Complete Maxillary Denture	150
D5711	Rebase Complete Mandibular Denture	200
D5720	Rebase Maxillary Partial Denture	200
D5721	Rebase Mandibular Partial Denture	200
D5730	Reline Complete Maxillary Denture (chairside)	95
D5731	Reline Complete Mandibular Denture (chairside)	95
D5740	Reline Maxillary Partial Denture (chairside)	105
D5741	Reline Mandibular Partial Denture (chairside)	105
D5750	Reline Complete Maxillary Denture (laboratory)	130
D5751	Reline Complete Mandibular Denture (laboratory)	130
D5760	Reline Maxillary Partial Denture (laboratory)	150
D5761	Reline Mandibular Partial Denture (laboratory)	150
D5850	Tissue Conditioning (maxillary)	50
D5851	Tissue Conditioning (mandibular)	50
D6090	Repair of Implanted Supported Prosthetic, by Report	130
D6091	Replacement of Semiprecision or Precision Attachment (male or female component) of Implant/ Abutment-Supported Prosthesis (per attachment)	130
D6092	Recement Implant/Abutment-Supported Crown	130
D6093	Recement Implant/Abutment-Supported Fixed Partial Denture	130
D6095	Repair of Implanted Abutment, by Report	130
D6100	Implant Removal, by Report	45
D6930	Recement Fixed Partial Denture	45
D7111	Coronal Remnants (deciduous tooth)	45
D7140	Extraction, Erupted Tooth, or Exposed Root (elevation and/or forceps removal)	50
D7210	Surgical Removal of Erupted Tooth Requiring Elevation of Mucoperiosteal Flap and Removal of Bone and/or Section of Tooth	85
D7220	Removal of Impacted Tooth (soft tissue)	100
D7230	Removal of Impacted Tooth (partially bony)	140
D7240	Removal of Impacted Tooth (completely bony)	150
D7241	Removal of Impacted Tooth (completely bony, with unusual surgical complications)	175
D7250	Surgical Removal of Residual Tooth Roots (cutting procedure)	85
D7260	Oroantral Fistula Closure	210
D7270	Tooth Reimplantation and/or Stabilization of Accidentally Evulsed or Displaced Tooth and/or Alveolus	210
D7280	Surgical Access of an Unerupted Tooth	230
D7282	Mobilization of Erupted or Malpositioned Tooth to Aid Eruption	75
D7283	Placement of Device to Facilitate Eruption of Impacted Tooth	75
D7285	Biopsy of Oral Tissue – Hard (bone, tooth)	435
D7286	Biopsy of Oral Tissue – Soft (all others)	175
D7310	Alveoloplasty in Conjunction With Extractions (per quadrant)	75
D7311	Alveoloplasty in Conjunction With Extractions (one to three teeth or tooth spaces, per quadrant)	75
D7320	Alveoloplasty Not in Conjunction With Extractions (per quadrant)	95

F. ORAL SURGERY, GUM TREATMENTS, AND PROSTHETIC REPAIR – continued

D7321	Alveoloplasty Not in Conjunction With Extractions (one to three teeth or tooth spaces, per quadrant)	\$95
D7340	Vestibuloplasty – Ridge Extension (secondary epithelialization)	865
D7350	Vestibuloplasty – Ridge Extension (including soft tissue grafts, muscle reattachment, revision of soft tissue attachment, and management of hypertrophied and hyperplastic tissue)	805
D7410	Excision of Benign Lesion (up to 1.25 cm)	605
D7411	Excision of Benign Lesion (greater than 1.25 cm)	605
D7412	Excision of Benign Lesion (complicated)	605
D7413	Excision of Malignant Lesion (up to 1.25 cm)	750
D7414	Excision of Malignant Lesion (greater than 1.25 cm)	750
D7415	Excision of Malignant Lesion (complicated)	750
D7440	Excision of Malignant Tumor (lesion diameter up to 1.25 cm)	750
D7441	Excision of Malignant Tumor (lesion diameter greater than 1.25 cm)	750
D7450	Removal of Benign Odontogenic Cyst or Tumor (lesion diameter up to 1.25 cm)	605
D7451	Removal of Benign Odontogenic Cyst or Tumor (lesion diameter greater than 1.25 cm)	605
D7460	Removal of Benign Nonodontogenic Cyst or Tumor (lesion diameter up to 1.25 cm)	605
D7461	Removal of Benign Nonodontogenic Cyst or Tumor (lesion diameter greater than 1.25 cm)	605
D7471	Removal of Lateral Exostosis (maxilla or mandible)	435
D7472	Removal of Torus Palatinus	435
D7473	Removal of Torus Mandibularis	435
D7485	Surgical Reduction of Osseous Tuberosity	490
D7510	Incision and Drainage of Abscess (intraoral soft tissue)	115
D7511	Incision and Drainage of Abscess (intraoral soft tissue – complicated; includes drainage of multiple fascial spaces)	520
D7520	Incision and Drainage of Abscess (extraoral soft tissue)	520
D7521	Incision and Drainage of Abscess (extraoral soft tissue – complicated; includes drainage of multiple fascial spaces)	520
D7530	Removal of Foreign Body From Mucosa, Skin, or Subcutaneous Alveolar Tissue	200
D7540	Removal of Reaction-Producing Foreign Bodies (musculoskeletal system)	210
D7550	Partial Osteotomy/Sequestrectomy for Removal of Nonvital Bone	140
D7560	Maxillary Sinusotomy for Removal of Tooth Fragment or Foreign Body	805
D7610	Maxilla (open reduction; teeth immobilized, if present)	805
D7620	Maxilla (closed reduction; teeth immobilized, if present)	805
D7630	Mandible (open reduction; teeth immobilized, if present)	75
D7640	Mandible (closed reduction; teeth immobilized, if present)	95
D7650	Malar and/or Zygomatic Arch (open reduction)	805
D7660	Malar and/or Zygomatic Arch (closed reduction)	635
D7670	Alveolus (closed reduction, may include stabilization of teeth)	835
D7671	Alveolus (open reduction, may include stabilization of teeth)	405
D7710	Maxilla (open reduction)	805
D7720	Maxilla (closed reduction)	805
D7730	Mandible (open reduction)	95
D7740	Mandible (closed reduction)	95
D7750	Malar and/or Zygomatic Arch (open reduction)	345
D7760	Malar and/or Zygomatic Arch (closed reduction)	345
D7770	Alveolus (open reduction stabilization of teeth)	405
D7771	Alveolus (closed reduction stabilization of teeth)	835
D7960	Frenulectomy (frenectomy or frenotomy; separate procedure)	95
D7963	Frenuloplasty	95
D7970	Excision of Hyperplastic Tissue (per arch)	95
D7971	Excision of Pericoronal Gingiva	85
D9120	Fixed Partial Denture Sectioning	45

G. CROWNS AND MAJOR SERVICES: Benefits in this category are subject to a 12-month Waiting Period.

ADA Code	Description	Amount
D2510	Inlay (metallic, one surface)	\$220
D2520	Inlay (metallic, two surfaces)	260
D2530	Inlay (metallic, three or more surfaces)	405
D2542	Onlay (metallic, two surfaces)	260
D2543	Onlay (metallic, three surfaces)	290
D2544	Onlay (metallic, four or more surfaces)	320
D2610	Inlay (porcelain/ceramic, one surface)	230
D2620	Inlay (porcelain/ceramic, two surfaces)	260
D2630	Inlay (porcelain/ceramic, three or more surfaces)	405
D2642	Onlay (porcelain/ceramic, two surfaces)	290
D2643	Onlay (porcelain/ceramic, three surfaces)	320
D2644	Onlay (porcelain/ceramic, four or more surfaces)	375
D2650	Inlay (resin-based composite, one surface)	210
D2651	Inlay (resin-based composite, two surfaces)	230
D2652	Inlay (resin-based composite, three or more surfaces)	290
D2662	Onlay (resin-based composite, two surfaces)	260
D2663	Onlay (resin-based composite, three surfaces)	290
D2664	Onlay (resin-based composite, four or more surfaces)	290
D2710	Crown (resin, indirect)	175
D2712	Crown (3/4 resin-based composite, indirect)	175
D2720	Crown (resin with high noble metal)	290
D2721	Crown (resin with predominantly base metal)	290
D2722	Crown (resin with noble metal)	290
D2740	Crown (porcelain/ceramic substrate)	290
D2750	Crown (porcelain fused to high noble metal)	290
D2751	Crown (porcelain fused to predominantly base metal)	290
D2752	Crown (porcelain fused to noble metal)	290
D2780	Crown (3/4-cast high noble metal)	290
D2781	Crown (3/4-cast predominantly base metal)	290
D2782	Crown (3/4-cast noble metal)	290
D2783	Crown (3/4-porcelain/ceramic)	290
D2790	Crown (full-cast high noble metal)	290
D2791	Crown (full-cast predominantly base metal)	290
D2792	Crown (full-cast noble metal)	290
D2794	Crown (titanium)	290
D2910	Recement Inlay	35
D2915	Recement Cast or Prefabricated Post and Core	35
D2920	Recement Crown	35
D2930	Prefabricated Stainless Steel Crown (primary tooth)	75
D2931	Prefabricated Stainless Steel Crown (permanent tooth)	90
D2932	Prefabricated Resin Crown	115
D2933	Prefabricated Stainless Steel Crown With Resin Window	130
D2934	Prefabricated Esthetic-Coated Stainless Steel Crown (primary tooth)	75
D2940	Sedative Filling	30
D2950	Core Buildup (including any pins)	75
D2951	Pin Retention (per tooth, in addition to restoration)	20
D2952	Cast Post and Core (in addition to crown)	110
D2954	Prefabricated Post and Core (in addition to crown)	115
D2955	Post Removal (not in conjunction with endodontic therapy)	90
D2970	Temporary Crown (fractured tooth)	90
D2980	Crown Repairs, by Report	145
D3110	Pulp Cap (direct, excluding final restoration)	20

G. CROWNS AND MAJOR SERVICES – continued

D3120	Pulp Cap (indirect, excluding final restoration)	\$20
D3220	Therapeutic Pulpotomy (excluding final restoration) Removal of Pulp Coronal to the Dentinoce-mental Junction and Application of Medicament	50
D3222	Partial Pulpotomy for Apexogenesis (perm tooth with incomplete root development)	50
D3230	Pulpal Therapy (resorbable filling; anterior, primary tooth, excluding final restoration)	55
D3240	Pulpal Therapy (resorbable filling; posterior, primary tooth, excluding final restoration)	55
D3310	Anterior (excluding final restoration, root canal)	175
D3320	Bicuspid (excluding final restoration, root canal)	230
D3330	Molar (excluding final restoration, root canal)	290
D3346	Retreatment of Previous Root Canal Therapy (anterior)	150
D3347	Retreatment of Previous Root Canal Therapy (bicuspid)	210
D3348	Retreatment of Previous Root Canal Therapy (molar)	260
D3351	Apexification/Recalcification (initial visit; apical closure/calcific repair of perforations, root resorption, etc.)	150
D3352	Apexification/Recalcification (interim medication replacement; apical closure/calcific repair of perforations, root resorption, etc.)	35
D3353	Apexification/Recalcification (final visit; includes completed root canal therapy; apical closure/ calcific repair of perforations, root resorption, etc.)	75
D3410	Apicoectomy/Periradicular Surgery (anterior)	165
D3421	Apicoectomy/Periradicular Surgery (bicuspid; first root)	320
D3425	Apicoectomy/Periradicular Surgery (molar; first root)	345
D3426	Apicoectomy/Periradicular Surgery (each additional root)	130
D3430	Retrograde Filling (per root)	95
D3450	Root Amputation (per root)	185
D3920	Hemisection (including any root removal; not including root canal therapy)	140
D3950	Canal Preparation and Fitting of Preformed Dowel or Post	65

H. MAJOR PROSTHETIC SERVICES: Benefits in this category are subject to a 24-month Waiting Period.

ADA Code	Description	Amount
D5110	Complete Denture (maxillary)	\$405
D5120	Complete Denture (mandibular)	405
D5130	Immediate Denture (maxillary)	405
D5140	Immediate Denture (mandibular)	405
D5211	Maxillary Partial Denture (resin base, including any conventional clasps, rests, and teeth)	290
D5212	Mandibular Partial Denture (resin base, including any conventional clasps, rests, and teeth)	290
D5213	Maxillary Partial Denture (cast metal framework with resin denture bases, including any conventional clasps, rests, and teeth)	435
D5214	Mandibular Partial Denture (cast metal framework with resin denture bases, including any conventional clasps, rests, and teeth)	435
D5225	Maxillary Partial Denture (flexible base, including any clasps, rests, and teeth)	435
D5226	Mandibular Partial Denture (flexible base, including any clasps, rests, and teeth)	435
D5281	Removable Unilateral Partial Denture (one-piece cast metal, including clasps and teeth)	345
D5670	Replace All Teeth and Acrylic on Cast Metal Framework (maxillary)	50
D5671	Replace All Teeth and Acrylic on Cast Metal Framework (mandibular)	50
D5810	Interim Complete Denture (maxillary)	260
D5811	Interim Complete Denture (mandibular)	260
D5820	Interim Partial Denture (maxillary)	200
D5821	Interim Partial Denture (mandibular)	210
D6010	Surgical Placement of Implant Body: Endosteal Implant	520
D6012	Surgical Placement of Interim Implant Body for Transitional Prosthesis: Endosteal Implant	520

H. MAJOR PROSTHETIC SERVICES – continued

D6040	Surgical Placement: Epostal Implant	\$520
D6050	Surgical Placement: Transosteal Implant	520
D6056	Prefabricated Abutment (includes placement)	520
D6057	Custom Abutment (includes placement)	520
D6058	Abutment-Supported Porcelain/Ceramic Crown	290
D6059	Abutment-Supported Porcelain Fused to Metal Crown (high noble metal)	290
D6060	Abutment-Supported Porcelain Fused to Metal Crown (predominantly base metal)	290
D6061	Abutment-Supported Porcelain Fused to Metal Crown (noble metal)	290
D6062	Abutment-Supported Cast Metal Crown (high noble metal)	290
D6063	Abutment-Supported Cast Metal Crown (predominantly base metal)	290
D6064	Abutment-Supported Cast Metal Crown (noble metal)	290
D6065	Implant-Supported Porcelain/Ceramic Crown	290
D6066	Implant-Supported Porcelain Fused to Metal Crown (titanium, titanium alloy, high noble metal)	290
D6067	Implant-Supported Metal Crown (titanium, titanium alloy, high noble metal)	290
D6068	Abutment-Supported Retainer for Porcelain/Ceramic FPD	290
D6069	Abutment-Supported Retainer for Porcelain Fused to Metal FPD (high noble metal)	290
D6070	Abutment-Supported Retainer for Porcelain Fused to Metal FPD (predominantly base metal)	290
D6071	Abutment-Supported Retainer for Porcelain Fused to Metal FPD (noble metal)	290
D6072	Abutment-Supported Retainer for Cast Metal FPD (high noble metal)	290
D6073	Abutment-Supported Retainer for Cast Metal FPD (predominantly base metal)	290
D6074	Abutment-Supported Retainer for Cast Metal FPD (noble metal)	290
D6075	Implant-Supported Retainer for Ceramic FPD	290
D6076	Implant-Supported Retainer for Porcelain Fused to Metal FPD (titanium, titanium alloy, or high noble metal)	290
D6077	Implant-Supported Retainer for Cast Metal FPD (titanium, titanium alloy, or high noble metal)	290
D6078	Implant/Abutment-Supported Fixed Denture for Completely Edentulous Arch	290
D6079	Implant/Abutment-Supported Fixed Denture for Partially Edentulous Arch	290
D6080	Implant Maintenance Procedures, Including Removal of Prosthesis, Cleansing of Prosthesis and Abutments, and Reinsertion of Prosthesis	175
D6094	Abutment-Supported Crown (titanium)	290
D6194	Abutment-Supported Retainer Crown for FPD (titanium)	290
D6205	Pontic (indirect resin-based composite)	290
D6210	Pontic (cast high noble metal)	290
D6211	Pontic (cast predominantly base metal)	290
D6212	Pontic (cast noble metal)	290
D6214	Pontic (titanium)	290
D6240	Pontic (porcelain fused to high noble metal)	290
D6241	Pontic (porcelain fused to predominantly base metal)	290
D6242	Pontic (porcelain fused to noble metal)	290
D6245	Pontic (porcelain/ceramic)	290
D6250	Pontic (resin with high noble metal)	290
D6251	Pontic (resin with predominantly base metal)	290
D6252	Pontic (resin with noble metal)	290
D6253	Provisional Pontic	290
D6545	Retainer (cast metal for resin-bonded fixed prosthesis)	165
D6548	Retainer (porcelain/ceramic for resin-bonded fixed prosthesis)	165
D6600	Inlay (porcelain/ceramic, two surfaces)	260
D6601	Inlay (porcelain/ceramic, three or more surfaces)	405
D6602	Inlay (cast high noble metal, two surfaces)	345
D6603	Inlay (cast high noble metal, three or more surfaces)	375
D6604	Inlay (cast predominantly base metal, two surfaces)	345

H. MAJOR PROSTHETIC SERVICES – continued

D6605	Inlay (cast predominantly base metal, three or more surfaces)	\$375
D6606	Inlay (cast noble metal, two surfaces)	345
D6607	Inlay (cast noble metal, three or more surfaces)	375
D6608	Onlay (porcelain/ceramic, two surfaces)	290
D6609	Onlay (porcelain/ceramic, three or more surfaces)	320
D6610	Onlay (cast high noble metal, two surfaces)	375
D6611	Onlay (cast high noble metal, three or more surfaces)	405
D6612	Onlay (cast predominantly base metal, two surfaces)	375
D6613	Onlay (cast predominantly base metal, three or more surfaces)	405
D6614	Onlay (cast noble metal, two surfaces)	375
D6615	Onlay (cast noble metal, three or more surfaces)	405
D6624	Inlay (titanium)	375
D6634	Onlay (titanium)	405
D6710	Crown (indirect resin-based composite)	290
D6720	Crown (resin with high noble metal)	290
D6721	Crown (resin with predominantly base metal)	290
D6722	Crown (resin with noble metal)	290
D6740	Crown (porcelain/ceramic)	290
D6750	Crown (porcelain fused to high noble metal)	290
D6751	Crown (porcelain fused to predominantly base metal)	290
D6752	Crown (porcelain fused to noble metal)	290
D6780	Crown (3/4-cast high noble metal)	290
D6781	Crown (3/4-cast predominantly base metal)	290
D6782	Crown (3/4-cast noble metal)	290
D6783	Crown (3/4-porcelain/ceramic)	290
D6790	Crown (full-cast high noble metal)	290
D6791	Crown (full-cast predominantly base metal)	290
D6792	Crown (full-cast noble metal)	290
D6793	Provisional Retainer Crown	290
D6794	Crown (titanium)	290
D6970	Cast Post and Core (in addition to fixed partial denture retainer)	150
D6972	Prefabricated Post and Core (in addition to fixed partial denture retainer)	115
D6973	Core Buildup for Retainer (including any pins)	100
D6975	Coping (metal)	260

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Aflac Vision Now[®]

VISION INSURANCE - SUPPLEMENTAL PLAN

You can never see into the future.
But our vision plan helps make the path
to getting there a little clearer.



Aflac[®]

AFLAC VISION NOW®

VISION INSURANCE - SUPPLEMENTAL PLAN

Policy Series VSN100

VN

The First Plan Designed to Help Protect One of Your Most Valuable Assets—Your Vision

According to an old proverb, the eyes are the windows of the soul. While we agree that may be true in a philosophical sense, at Aflac we also believe your eyes are the windows to even more: your overall health, for instance. Aside from maintaining good vision and detecting conditions such as glaucoma, eye exams can also reveal much more. They can help spot high blood pressure, diabetes, high cholesterol, and even brain tumors.

That's why we've developed the **Aflac Vision Now®** supplemental vision insurance policy.

The **Aflac Vision Now®** supplemental plan is different because it encourages individuals and their families to be more proactive and preventive about caring for their vision. Most importantly, it takes vision insurance to the next level by paying benefits for eye surgeries, specific eye diseases/disorders, and permanent visual impairment.

Read on to learn more about this unique approach to insuring one of your most important assets.



Understand the Difference Aflac Makes in Caring for Your Vision

Aflac goes beyond traditional exams and provides benefits for serious eye conditions. In addition to an Eye Exam Benefit and a choice of Vision Correction Benefits, we will pay benefits for specific eye diseases and disorders, eye surgeries, and permanent visual impairment—all without network restrictions.

NO PROVIDER NETWORK

You have the freedom to choose any eye-care provider.

COMPREHENSIVE EYE-CARE BENEFITS

Vision Now® pays benefits for eye surgeries, specific eye diseases/disorders, and permanent visual impairment.

VISION CORRECTION BENEFIT OPTIONS

Three benefit options allow you to choose the benefit amount and frequency that best meets your needs.

GUARANTEED-RENEWABLE REGARDLESS OF AGE

The policy is guaranteed-renewable for your lifetime with no reduction in benefits due to age.

NO COORDINATION OF BENEFITS

Benefits are paid regardless of any other insurance.

PRE-TAX DEDUCTIONS

The policy is eligible for pre-tax deduction of premiums under a Section 125 Cafeteria Plan.

Our Vision Now® supplemental insurance policy offers you three plan options with **Vision Correction Benefits** of **\$90, \$220, or \$380** for materials, such as glasses and contacts. All three options include an **Eye Exam Benefit** of **\$55**.

HOW IT WORKS



Benefits and/or premiums may vary based on state and benefit option selected. The policy has limitations, exclusions, and pre-existing condition limitations that may affect benefits payable. The policy may contain a waiting period. This brochure is for illustrative purposes only. Refer to the policy for complete benefit details, definitions, limitations and exclusions.

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Visit our website at aflac.com

VISION COVERAGE
Outline of Coverage for Policy Form VSN100FL
LIMITED BENEFIT INSURANCE

This IS NOT A MEDICARE SUPPLEMENT policy. If you are eligible for Medicare, review the *Guide to Health Insurance for People With Medicare* available from Aflac.

- I. READ YOUR POLICY CAREFULLY:** This outline of coverage provides a very brief description of the important features of your policy. This is not the insurance contract and only the actual policy provisions will control. The policy itself sets forth, in detail, the rights and obligations of both you and Aflac. It is, therefore, important that you READ YOUR POLICY CAREFULLY.
- II. LIMITED BENEFIT HEALTH COVERAGE:** Policies of this category are designed to provide, to persons insured, limited or supplemental coverage.
- III. BENEFITS:** Subject to the waiting period, if any, listed in the Vision Correction Benefit and the provisions in the Limitations and Exclusions section, we will pay the following benefits when a charge is incurred for covered vision treatment that occurs while coverage is in force.
 - A. EYE EXAMINATION BENEFIT:** Aflac will pay \$55 (fifty-five dollars) when a charge is incurred for an eye examination for a covered person. This benefit is limited to one examination per covered person, per Policy Year. The eye examination must be performed by an Optometrist or Ophthalmologist. No lifetime maximum.

While the policy is in force, the following benefits will be paid, subject to Part 2, Limitations and Exclusions of your policy, and all other policy provisions. Please see section (IV) of this outline of coverage.

- B. VISION CORRECTION BENEFIT:** The option you have chosen on your application is indicated below by a check mark in the appropriate option box. **PLEASE NOTE: Only one Vision Correction Benefit option can be in effect at any given time.**

Option 1 VISION CORRECTION BENEFIT: Aflac will pay \$90 (ninety dollars) when a charge is incurred for prescribed Vision Correction Materials or \$140 (one hundred forty dollars) when a charge is incurred for Refractive Error Correction Surgery for a covered person. This benefit is payable once per covered person, per Policy Year. **NOTE: If a covered person receives a benefit for Vision Correction Materials and later receives Refractive Error Correction Surgery in the same Policy Year, we will pay \$50 (fifty dollars) for Refractive Error Correction Surgery.**

Option 2 VISION CORRECTION BENEFIT: After a 12-month waiting period, Aflac will pay \$220 (two hundred twenty dollars) when a charge is incurred for prescribed Vision Correction Materials or \$340 (three hundred forty dollars) when a charge is incurred for Refractive Error Correction Surgery for a covered person. This benefit is payable once per covered person during each successive 24-month period following the end of the waiting period, and applies only for charges incurred during that period. **NOTE: If a covered person receives a benefit for Vision Correction Materials and later receives Refractive Error Correction Surgery during the same 24-month period, we will pay \$120 (one hundred twenty dollars) for Refractive Error Correction Surgery.**

Option 3 VISION CORRECTION BENEFIT: After a 24-month waiting period, Aflac will pay \$380 (three hundred eighty dollars) when a charge is incurred for prescribed Vision Correction Materials or \$590 (five hundred ninety dollars) when a charge is incurred for Refractive Error Correction Surgery for a covered person. This benefit is payable once per covered person during each successive 36-month period following the end of the waiting period, and applies only for charges incurred during that period. **NOTE: If a covered person receives a benefit for Vision Correction Materials and later receives Refractive Error Correction Surgery during the same 36-month period, we will pay \$210 (two hundred ten dollars) for Refractive Error Correction Surgery.**

C. SPECIFIC EYE DISEASES/DISORDERS BENEFIT: Aflac will pay \$1,100 (one thousand one hundred dollars) when a covered person is first diagnosed after the Effective Date as having any of the eye diseases or disorders listed below. The eye disease or disorder must be diagnosed by an Ophthalmologist or a Physician.

Glaucoma	Retinitis pigmentosa
(excluding preglaucoma and/or borderline glaucoma)	Retinal detachment
Proliferative diabetic retinopathy	Macular degeneration

This benefit is payable only once per covered disease or disorder, per covered person, and will be paid in addition to any other benefit in this policy.

D. EYE SURGERY BENEFIT: When a surgical operation is performed on a covered person for a diagnosed eye disease or disorder, Aflac will pay the indemnity amount listed in the Schedule of Operations for the specific procedure when a charge is incurred. Surgeries must be performed by an Ophthalmologist or a Physician.

If any operation for a diagnosed eye disease or disorder is performed other than those listed, Aflac will pay an amount comparable to the amount shown in the Schedule of Operations for the operation most nearly similar in severity and gravity.

SCHEDULE OF OPERATIONS

Cornea Transplant	\$1,650	Miscellaneous Eye Surgeries	
		Exenteration of orbit	1,650
Cataracts		Keratoprosthesis	1,650
Removal	880	Orbitotomy	
Discission	440	with bone flap	1,650
		without bone flap	1,100
Glaucoma		Evisceration of ocular contents	880
Fistulization of sclera	880	Enucleation of eye	880
Iridotomy/Iridectomy	440	Insertion of ocular implant	880
Eye Cancer and Tumors		Removal of blood clot,	
Radiation implant, with removal	1,320	anterior segment of eye	880
Destruction by Photocoagulation	880	Removal of foreign body	
Destruction by Cryotherapy	880	from anterior chamber or lens	880
Excision of gland tumor	880	external eye	55
		Repair of laceration, cornea,	
		sclera, or conjunctiva	440
Retinopathy		Ciliary Body destruction	440
Destruction by Photocoagulation	880	Excision of lesion, other	
Destruction by Cryotherapy	880	than chalazion	220
		Excision of chalazion	110
Retinal Detachment Repair	1,100		

NOTE: Surgical benefits for Refractive Error Correction Surgery are payable only under the Vision Correction Benefit.

Surgical benefits are limited to surgeries of the eye, eye socket, eyelid, and tear ducts. Only one benefit is payable per 24-hour period for surgery even though more than one surgical procedure may be performed. We will pay the highest eligible benefit. No lifetime maximum.

E. PERMANENT VISUAL IMPAIRMENT BENEFIT: When a covered person is first diagnosed after the Effective Date of coverage with a Visual Impairment for which there is no medical prognosis of recovery, Aflac will pay the following indemnity amount(s) for the specific level(s) of Visual Impairment that apply to your current stage of Visual Impairment.

VISUAL IMPAIRMENT LEVEL	TOTAL PER LEVEL	MAXIMUM CUMULATIVE BENEFIT PER EYE
(Level 1) – Severe	\$825	\$825
(Level 2) – Profound	+ \$1,925	\$2,750
(Level 3) – Near-Total	+ \$2,750	\$5,500
(Level 4) – Total	+ \$5,500	\$11,000

If a covered person is diagnosed with a Level 2, 3, or 4 Visual Impairment, benefits for previously unpaid lower levels of Visual Impairment, if any, will be paid in addition to benefits for the level diagnosed. Each level of Visual Impairment is payable a maximum of once per eye, per covered person.

The permanent Visual Impairment must be diagnosed by an Ophthalmologist or a Physician. Benefits for a child born visually impaired are payable only if the visually impaired child is born after ten months from the Effective Date of this policy. Lifetime maximum of \$11,000 (eleven thousand dollars) per eye, per covered person. Lifetime maximum of \$22,000 (twenty-two thousand dollars) per covered person.

IV. EXCEPTIONS, REDUCTIONS AND LIMITATIONS OF THIS POLICY:

- A.** This policy contains a 30-day waiting period. If a covered person has an eye disease or disorder, other than one caused by an Injury, diagnosed before coverage has been in force 30 days from the Effective Date of coverage shown in the Policy Schedule, benefits for treatment of that eye disease or disorder will apply only to treatment occurring after two years from the Effective Date of the policy or, at your option, you may elect to void the policy from its beginning and receive a full refund of premium. **The 30-day waiting period does not apply to the Eye Examination Benefit or the Vision Correction Benefit.**
- B.** This policy does not cover losses caused by or resulting from:
 1. Services that are not recommended by an Optometrist, Ophthalmologist, or a Physician.
 2. Cosmetic surgery that is not due to eye disease, disorder, or Injury.
 3. Treatment or diagnosis received while outside the territorial limits of the United States or, if outside the United States, the territorial limits of the place where your policy was issued.
 4. Intentionally self-inflicting bodily Injury or attempting suicide, while sane or insane.
- C.** If you change your Vision Correction Benefit option, this benefit will be subject to a new waiting period, if any, beginning with the Effective Date of the new option. **YOU ARE ELIGIBLE TO CHANGE YOUR**

VISION CORRECTION BENEFIT OPTION ONLY ONCE EACH YEAR, WITH THE CHANGE TO BE EFFECTIVE ON YOUR NEXT POLICY ANNIVERSARY DATE.

A "Pre-existing Condition" is a disease or disorder for which, within the 12-month period before the Effective Date of coverage, medical advice, consultation, or treatment was recommended or received, or for which symptoms existed that would ordinarily cause a prudent person to seek diagnosis, care, or treatment. Care or treatment caused by a Pre-existing Condition will not be covered unless it begins more than 12 months after the Effective Date of coverage. **The Pre-existing Conditions provision does not apply to Benefit A, Eye Examination Benefit or to Benefit B, Vision Correction Benefit.**

If this coverage is a replacement of similar coverage, we will give credit for the time the person was covered under previous coverage when determining the Pre-existing Conditions limitations, exclusive of any applicable waiting periods under the new coverage.

V. RENEWABILITY: This policy is guaranteed-renewable for your lifetime by payment of the premium in effect at the beginning of each renewal period. Premium rates may change only if changed on all policies of the same form number and class in force in your state.

RETAIN FOR YOUR RECORDS.

**THIS OUTLINE OF COVERAGE IS ONLY A BRIEF SUMMARY OF THE COVERAGE PROVIDED.
THE POLICY ITSELF SHOULD BE CONSULTED TO DETERMINE
GOVERNING CONTRACTUAL PROVISIONS.**

TERMS YOU NEED TO KNOW

COVERED PERSON: Any person insured under the coverage type you applied for: individual (named insured listed in the Policy Schedule), named insured/spouse only (named insured and spouse), one-parent family (named insured and dependent children), or two-parent family (named insured, spouse, and dependent children). Newborn children are automatically covered from the moment of birth. If coverage is for individual or named insured/spouse only and you desire uninterrupted coverage for a newborn child, you must notify Aflac in writing within 60 days of the birth of your child, and Aflac will convert the policy to one-parent family or two-parent family coverage and advise you of the additional premium due. Coverage will include any other dependent child, regardless of age, who is incapable of self-sustaining employment by reason of mental retardation or physical handicap and who became so incapacitated while covered under the policy and before age 26. Dependent children are your natural children, stepchildren, legally adopted children, foster children, or children in the insured's custodial care who are under age 26.

EFFECTIVE DATE: The date(s) shown in the Policy Schedule. The effective date of the policy is not the date you signed the application for coverage.

OPHTHALMOLOGIST: A licensed physician, other than a member of your immediate family, specializing in diagnosis, care, and treatment of refractive, medical, and surgical problems related to eye diseases and disorders.

OPTOMETRIST: A licensed doctor of optometry, other than a member of your immediate family, who specializes in vision problems; treating vision conditions with spectacles, contact lenses, low-vision aids, and vision therapy; and prescribing medications for certain eye diseases and disorders.

PHYSICIAN: A legally qualified person, other than a member of your immediate family, who is licensed as a physician by the state to treat the type of condition for which a claim is made.

PRE-EXISTING CONDITIONS: A pre-existing condition is a disease or disorder for which, within the 12-month period before the effective date of coverage, medical advice, consultation, or treatment was recommended or received, or for which symptoms existed that would ordinarily cause a prudent person to seek diagnosis, care, or treatment. Care or treatment caused by a pre-existing condition will not be covered unless it begins more than 12 months after the effective date of coverage. **The pre-existing conditions provision does not apply to the Eye Examination Benefit or to the Vision Correction Benefit.** If this coverage is a replacement of similar coverage, we will give credit for the time the person was covered under previous coverage when determining the pre-existing conditions limitations, exclusive of any applicable waiting periods under the new coverage.

VISUAL IMPAIRMENT: Specific levels of visual impairment are defined below. Visual impairment must be a result of an eye injury, eye disease, or eye defect.

- **LEVEL 1 – SEVERE VISUAL IMPAIRMENT:** Maximum visual acuity, after correction, of 20/200 or less, or a total diameter of the visual field in that eye of 20 degrees or less.
- **LEVEL 2 – PROFOUND VISUAL IMPAIRMENT:** Maximum visual acuity, after correction, of 20/500 or less, or a total diameter of the visual field in that eye of 10 degrees or less.
- **LEVEL 3 – NEAR-TOTAL VISUAL IMPAIRMENT:** Maximum visual acuity, after correction, of less than 20/1000, or a total diameter of the visual field in that eye of 5 degrees or less.
- **LEVEL 4 – TOTAL VISUAL IMPAIRMENT:** Complete loss of vision with no remaining perception of light, or loss of the natural eye.

ADDITIONAL INFORMATION

Covered refractive error correction surgeries include but are not limited to laser assisted in-situ keratomileusis (LASIK), laser thermokeratoplasty (LTK), photorefractive keratectomy (PRK), radial keratotomy (RK), and intracorneal rings (Intacs).

Covered vision correction materials include prescribed glasses, sunglasses, sports glasses, spare pairs of glasses, and contact lenses. Covered vision correction materials do not include items available for purchase without a prescription.



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