

American Family Life Assurance Company of Columbus
(herein referred to as Aflac)
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DENTAL INSURANCE POLICY

Outline of Coverage for Policy Form Series A81200
LIMITED BENEFIT INSURANCE
THIS IS NOT MEDICARE SUPPLEMENT COVERAGE.

If you are eligible for Medicare, review the *Medicare Supplement Buyer's Guide* furnished by Aflac.

(1) Read Your Policy Carefully: This Outline of Coverage provides a very brief description of some of the important features of the coverage. 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.

(2) Limited Benefit Health Coverage: Policies of this category are designed to provide, to persons insured, limited or supplemental coverage.

(3) Benefits: Subject to the Waiting Periods listed below and the provisions in the Limitations and Exclusions section, we will pay the following benefits when a charge is incurred for covered dental treatment that occurs while coverage is in force. Benefits will be paid only for specific ADA codes listed in the policy.

PLEASE NOTE: The policy has standard Waiting Periods ranging from 0 to 24 months. Where specific Aflac requirements are met, these Waiting Periods will be reduced.

☐ I agree to have the policy issued with either standard or reduced Waiting Periods.

_____ **Applicant's Initials**

☐ Do not issue the policy with standard Waiting Periods.

_____ **Applicant's Initials**

Benefit Categories	Waiting Periods	
	Reduced	Standard
A. Dental Wellness Benefit	0 months	0 months
B. X-Ray Benefit	0 months	0 months
C. Other Preventive Benefits	0 months	6 months
D. Other Diagnostic Benefits	0 months	3 months
E. Fillings and Other Basic Restorative Benefits	0 months	3 months
F. Crowns and Other Major Restorative Benefits	3 months	12 months
G. Root Canals and Other Endodontic Benefits	3 months	12 months
H. Gum Treatments/Periodontic Benefits	3 months	6 months
I. Dentures and Other Prosthetic Benefits	6 months	24 months

J. Repairs and Adjustments to Prosthetic Benefits	3 months	6 months
K. Extractions and Other Oral Surgery Benefits	3 months	6 months
L. Pain Relief and Adjunctive Services Benefits	3 months	3 months

A. DENTAL WELLNESS: We will pay \$70 for you or any covered person for any one treatment listed 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.

*ADA Code	Description	Benefit Level
		\$70
D0110	Initial Oral Evaluation	
D0120	Periodic Oral Evaluation	
D0150	Comprehensive Oral Evaluation (new or established patient)	
D0160	Detailed and Extensive Oral Evaluation (problem focused, by report)	
D0170	Re-evaluation – Limited, Problem (established patient; not post operative visit)	
D0180	Comprehensive Periodontal Evaluation (new or established patient)	
D0425	Caries Susceptibility Tests	
D1110	Prophylaxis (adult)	
D1120	Prophylaxis (child)	
D1201	Topical Application of Fluoride (child, including prophylaxis)	
D1203	Topical Application of Fluoride (child, prophylaxis not included)	
D1204	Topical Application of Fluoride (adult, prophylaxis not included)	
D1205	Topical Application of Fluoride (adult, including prophylaxis)	
D1310	Nutritional Counseling for Control of Dental Disease	
D1320	Tobacco Counseling for the Control and Prevention of Oral Disease	
D1330	Oral Hygiene Instructions	

- D4910 Periodontal Maintenance
- D9430 Office Visit for Observation (during regularly scheduled hours, no other services performed)
- D9910 Application of Desensitizing Medicament

B. X-RAY BENEFIT: We will pay 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.

ADA Code	Description	Benefit Level \$35
D0210	Intraoral (complete series, including bitewings)	
D0220	Intraoral (periapical, first film)	
D0230	Intraoral (periapical, each additional film)	
D0240	Intraoral (occlusal film)	
D0250	Extraoral (first film)	
D0260	Extraoral (each additional film)	
D0270	Bitewing (single film)	
D0272	Bitewings (two films)	
D0274	Bitewings (four films)	
D0277	Vertical Bitewings (seven to eight films)	
D0330	Panoramic Film	
D0340	Cephalometric Film	

THE BENEFITS BELOW ARE SUBJECT TO WAITING PERIODS, AS SHOWN ON PAGE 1 OF THIS OUTLINE OF COVERAGE, AND A POLICY YEAR MAXIMUM OF \$1,980 PER COVERED PERSON. THE BENEFITS LISTED ARE PER COVERED PERSON. ALL TREATMENTS MUST BE PERFORMED BY A DENTIST.

We will pay \$30 to \$1,175 for each procedure listed in your policy. See your policy for specific amounts payable under each of the following benefit categories.

- C. OTHER PREVENTIVE**
- D. OTHER DIAGNOSTIC**
- E. FILLINGS AND OTHER BASIC RESTORATIVE**
- F. CROWNS AND OTHER MAJOR RESTORATIVE**
- G. ROOT CANALS AND OTHER ENDODONTICS**
- H. GUM TREATMENTS/PERIODONTICS**
- I. DENTURES AND OTHER PROSTHETICS**
- J. REPAIRS AND ADJUSTMENTS TO PROSTHETICS**
- K. EXTRACTIONS AND OTHER ORAL SURGERY**
- L. PAIN RELIEF AND OTHER ADJUNCTIVE**

(4) Optional Benefits:

ORTHODONTIC BENEFIT RIDER (Series A81050):
Applied for ☐ Yes ☐ No

After the rider has been in force for 24 months, Aflac will pay \$600 for the initial treatment of one of the orthodontic procedures listed below. After the initial treatment, we will pay \$200 once every third month for continued treatment involving

one of the orthodontic procedures listed below. Lifetime maximum of \$1,200 per covered person. The maximum amount payable under the rider is \$2,400 per Policy Year. No benefits will be paid for replacement of teeth missing before the Effective Date of Coverage. For information about missing teeth, please see Part 2, Limitations and Exclusions, of your policy.

ADA Code	Description	Benefit Level
D8010	Limited Orthodontic Treatment of the Primary Dentition	
D8020	Limited Orthodontic Treatment of the Transitional Dentition	
D8030	Limited Orthodontic Treatment of the Adolescent Dentition	
D8040	Limited Orthodontic Treatment of the Adult Dentition	
D8050	Interceptive Orthodontic Treatment of the Primary Dentition	
D8060	Interceptive Orthodontic Treatment of the Transitional Dentition	
D8070	Comprehensive Orthodontic Treatment of the Transitional Dentition	
D8080	Comprehensive Orthodontic Treatment of the Adolescent Dentition	
D8090	Comprehensive Orthodontic Treatment of the Adult Dentition	
D8670	Periodic Orthodontic Treatment Visit	

COSMETIC BENEFIT RIDER (Series A81051):
Applied for ☐ Yes ☐ No

After this rider has been in force for 24 months, Aflac will pay the following benefits when a charge is incurred for covered dental treatment that occurs while coverage is in force. The benefits listed are per covered person. All treatments must be performed by a Dentist or Dental Hygienist. Lifetime maximum of \$1,800 per policy. The maximum amount payable under the rider is \$600 per Policy Year.

ADA Code	Description	Benefit Level
D2960	Labial Veneer (Laminate)-Chairside	\$200
D2961	Labial Veneer (Resin Laminate)-Laboratory	200
D2962	Labial Veneer (Porcelain Laminate)-Laboratory	200
D3960	Bleaching of discolored tooth	100
D9951	Occlu Adjustment-Limited	50
D9952	Occlu Adjustment-Complete	225
D9970	Enamel microabrasion	65
D9971	Odontoplasty one-two teeth	125
D9972	External bleaching-per arch	250
D9973	External bleaching-per tooth	25
D9974	Internal bleaching-per tooth	100

(5) Exceptions, Reductions and Limitations of The Policy:

A. The policy does not cover losses caused by or resulting from:

1. Any procedure not shown on the Schedule of Dental Procedures.
2. Services that are not recommended by a Dentist or that are not required for the preservation or restoration of oral health.
3. Repairs to dental work within six months of the initial work.
4. Replacement prosthetics within five years of last placement.
5. Treatment involving crowns for a given tooth within five years of last placement, regardless of the type of crown.

6. Replacement for inlays or onlays for a given tooth within five years of last placement.
7. 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.

B. 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.

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

(6) Renewability: The 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.

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**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.**