

American Family Life Assurance Company of Columbus
(herein referred to as Aflac)
Worldwide Headquarters • 1932 Wynnton Road Columbus, Georgia 31999
1.800.99.AFLAC (1.800.992.3522)

DENTAL INSURANCE POLICY

1. Read Your Policy Carefully: This document 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. Benefits: Subject to the Waiting Period listed in the Policy Schedule of your policy 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. See your policy for the specific Waiting Period for each benefit category.

A. DENTAL WELLNESS: We will pay \$50 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.

<u>*ADA Code</u>	<u>Description</u>	<u>Benefit Level</u>
D0110	Initial Oral Evaluation	\$50
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.

<u>ADA Code</u>	<u>Description</u>	<u>Benefit Level</u>
D0210	Intraoral (complete series, including bitewings)	\$25
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 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.

We will pay \$15 to \$850 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**

3. 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.** We will not pay any claim, bill or other demand of request for health care service determined to be furnished as a result of a referral prohibited by § 1-302 of the Health Occupations Article.
- 4. 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.

*Current Dental Terminology © 2002 American Dental Association. All rights reserved.

RETAIN FOR YOUR RECORDS.
THIS IS ONLY A BRIEF SUMMARY OF THE COVERAGE PROVIDED.
REFER TO THE POLICY AND RIDER(S) FOR COMPLETE DEFINITIONS, DETAILS, LIMITATIONS AND EXCLUSIONS.