

Aflac Dental Insurance

SUPPLEMENTAL PLAN – LEVEL 3

We've been dedicated to helping provide peace of mind and financial security for 70 years.



NOTICE: The coverage offered is not a qualified health plan (QHP) under the Patient Protection and Affordable Care Act (ACA) and is not required to satisfy essential health benefits mandates of the ACA. The coverage provides limited benefits.

AFLAC DENTAL INSURANCE

SUPPLEMENTAL PLAN – LEVEL 3

Policy Series A82000R.

This brochure accompanies Schedule of Dental Procedures A82375SCHMD.



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 \$100 after each 12 consecutive months the policy is in force up to a maximum of \$500 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	\$35–\$75
FILLINGS AND BASIC SERVICES	3 Months	\$15–\$325
PAIN MANAGEMENT AND ADJUNCTIVE SERVICES	3 Months	\$35–\$150
OTHER PREVENTIVE SERVICES	6 Months	\$30–\$130
ORAL SURGERY, GUM TREATMENTS, AND PROSTHETIC REPAIR	6 Months	\$35–\$1,100
CROWNS AND MAJOR SERVICES	12 Months	\$25–\$450
MAJOR PROSTHETIC SERVICES	12 Months	\$50–\$800
POLICY YEAR MAXIMUM		\$1,800

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.

EXCEPTIONS, REDUCTIONS AND LIMITATIONS

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.

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.

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

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

Benefits and/or premiums may vary based on state and plan option selected. The policy has limitations and exclusions that may affect benefits payable. The policy contains waiting periods. This brochure is for illustrative purposes only. Refer to the policy for complete benefit details, definitions, limitations and exclusions.

For more information contact your insurance agent/producer, call 1.800.992.3522, or visit aflac.com.



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