

Aflac Vision Insurance

PLAN 3

At Aflac, your vision is our focus. Rely on us for access to affordable eye care and more



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.

Underwritten by:
American Family Life Assurance Company of Columbus
Worldwide Headquarters | 1932 Wynnnton Road | Columbus, Georgia 31999



AFLAC VISION INSURANCE

Policy Series QNV1000



Your vision is our focus

Vision correction is just one of the reasons to get your eyes examined. Getting regular comprehensive eye exams is a great way to spot eye disease early and preserve your vision. Eye diseases are common and may go unnoticed for a long time. Some don't even show symptoms in the beginning. It's important to discover them in the early stages when treatment can be most effective. While it's important for adults, it's just as important for children to have early vision screenings. Healthy eyes and vision are a critical part of a child's development.

But did you know that your eye care professional can also spot other conditions during a regular comprehensive eye exam – like high blood pressure or diabetes? Some say eyes are the window to the soul, but they can also be the window to your overall health.

Why choose Aflac vision insurance?

Aflac's vision insurance helps to make it easy and more affordable to get regular comprehensive eye exams and much more. You may select the eye care provider of your choice.

We make it easy to find a provider. You can call Davis Vision directly at **1.800.999.5431**. With Aflac, you can select from an expansive list of providers.

We also make it easy to schedule an appointment. Simply have your member ID number, name and date of birth handy and the provider will take care of the rest.

AFLAC VISION INSURANCE

Policy Series QNV1000



You will receive:

- **Freedom of choice.** Access to care through our network of independent, private-practice doctors (optometrists and ophthalmologists) or select retail optical partners.
- **One-year breakage warranty.** Unconditional one-year breakage warranty to repair or replace frames or lenses purchased at participating eye care professional locations.
- **Additional savings.** At most participating network locations, members receive up to 20% off additional eyeglasses, sunglasses and items not covered by the benefit, as well as 10% off disposable contact lenses.¹
- **E-commerce options.** Glasses and replacement contacts (after initial benefit) are available through our online retailers. Mail-order service ensures easy, convenient online purchasing and quick, direct shipping to your door. Log on to our member website for details.
- **Laser-vision correction (LASIK).** Members can enjoy discounts on LASIK services at participating eye care professional locations-up to 25% off the participating eye care professional's usual and customary fees. Log on to our member website for details and to locate a provider.

¹Additional discounts not applicable at Walmart, Sam's Club or Costco locations.

WHAT IS COVERED?

Benefits	
FREQUENCY	
Comprehensive eye examinations inclusive of dilation (when professionally indicated)	Once every 12 months
Eyeglass lenses	Once every 12 months
Frame	Once every 12 months
Contact lens evaluation, fitting and follow-up care (in lieu of eyeglasses)	Once every 12 months
CO-PAYMENTS	
Eye examination	\$10
Eyeglass lenses	\$10
EYEGLASS BENEFIT - FRAME	
Frame allowance (retail) 20% overage discount ²	Up to \$180 OR Up to \$230 ³
DAVIS VISION FRAME COLLECTION (IN LIEU OF ALLOWANCE)	
Member Co-pay	
Fashion level	\$0
Designer level	\$0
Premier level	\$0
MATERIALS - EYEGLASS LENSES	
Lens Upgrade Co-pay	
Clear plastic single-vision, lined bifocal, trifocal or lenticular lenses (any size or Rx)	\$0
Tinting of plastic lenses	\$0
Scratch-resistant coating	\$0
Polycarbonate lenses (children/adults)	\$0/\$30
Digital Single Vision (intermediate)	\$30
Ultraviolet coating	\$12
Blue light filtering	\$15
Antireflective (AR) coating (standard/premium/ultra/ultimate)	\$35/\$48/\$60/\$85
Progressive lenses (standard/premium/ultra/ultimate)	\$50/\$90/\$140/\$175
High-index lenses	\$55
Polarized lenses	\$75
Plastic photochromic lenses	\$65
Scratch-protection plan: single vision/multifocal lenses	\$20/\$40
CONTACT LENS BENEFIT (IN LIEU OF EYEGLASSES) - STANDARD AND SPECIALTY LENS TYPES	
Contact lens material allowance – plus 15% discount on any overage ²	Up to \$180
Evaluation, fitting and follow-up care – standard lens types (in lieu of eyeglasses)	\$0 co-pay
Evaluation, fitting and follow-up care – specialty lens types (in lieu of eyeglasses)	Up to \$60 allowance, plus a 15% discount on any overage ²
COLLECTION CONTACT LENSES BENEFIT (IN LIEU OF CONTACT LENS MATERIAL ALLOWANCE)	
Materials disposable: up to	8 boxes/multi-packs
Planned replacement: up to	4 boxes/multi-packs
Evaluation, fitting and follow-up care	\$0 co-pay
NON-ELECTIVE (VISUALLY REQUIRED) CONTACT LENSES (WITH PRIOR APPROVAL)	
Materials, evaluation, fitting and follow-up care	\$0 co-pay
ADDITIONAL SAVINGS	
Retinal Imaging	Member Charge \$39
Additional pairs of eyeglasses	30% discount ²
OUT-OF-NETWORK REIMBURSEMENT ALLOWANCE SCHEDULE	
Comprehensive eye examination	Up to \$40
Frame	Up to \$50
Single-vision lenses	Up to \$40
Bifocal/progressive lenses	Up to \$60
Trifocal lenses	Up to \$80
Lenticular lenses	Up to \$100
Elective contact lenses	Up to \$105
Non-elective (visually required) contact lenses	Up to \$225

²Discounts are not part of insured benefits.

³At Visionworks® locations.

Benefits and/or premiums may vary based on the state and benefit option selected. The plan has limitations and exclusions that may affect benefits payable. The plan may contain a waiting period. Refer to the policy and certificate for complete benefit details, definitions, limitations and exclusions. This brochure is a brief description of coverage and is not a contract. Read your certificate carefully for exact terms and conditions as well as a complete list of the Schedule of Benefits payable under the plan.

TERMS YOU NEED TO KNOW

Co-pay: an insured person's share of the costs for covered services or materials that are provided by an in-network provider. The co-pay is paid directly to the provider at the time services are rendered. Co-pay amounts are listed in the Schedule of Benefits.

Contact Lenses: contact lenses an insured person elects to wear instead of eyeglasses for reasons of comfort or appearance.

Contact Lenses, Non-Elective: contact lenses that are prescribed solely for the purpose of correcting one of the following medical conditions. These conditions prevent the insured person from achieving a specified level of visual acuity (performance) through the wearing of conventional eyeglasses.

- Aphakia (after cataract surgery).
- When visual acuity cannot be corrected to 20/70 in the better eye except through the use of contact lenses (must be 20/60 or better).
- Anisometropia of 4.0 diopters or more, provided visual acuity improves to 20/60 or better in the weak eye.
- Keratoconus.

Covered Services or Materials: the comprehensive eye exam services and materials that qualify for benefits under the plan. Covered services or materials are shown in the Schedule of Benefits.

Eligible Dependent: someone who is residing in the United States and who is:

- Your legally married spouse or partner in a legally recognized union; or
- Your or your spouse's natural child, stepchild, legally adopted child, child in your custodial care pursuant to a court order, a child for whom you are required by court or administrative order to provide vision coverage, or child for whom you have been appointed as legal guardian, who is under age 26.

Refer to your certificate for details.

Eyeglass Lenses: a standard glass or plastic (CR39) lens, which is optically clear, that will fit an eye glass frame with a lens size less than 61mm in length. Standard multifocal lenses include segments through flat top 35 for plastic bifocal and lenticular lenses, through flat top 28 for glass trifocals, and through flat top 35 for plastic trifocals.

In-network provider: an ophthalmologist, optometrist or optician who has entered into an agreement with the administrator to provide covered services or materials at an agreed-to cost. When an in-network provider is used, the insured person will generally incur less out-of-pocket cost for the services rendered.

Ophthalmologist: a person who is licensed by the state in which he or she practices as a doctor of medicine or osteopathy and is qualified to practice within the medical specialty of ophthalmology. The ophthalmologist cannot be 1) the insured person; 2) a family member; or 3) retained by the policyholder.

Optician: a person or business that grinds and/or dispenses eyeglass lenses and contact lenses prescribed by either an optometrist or ophthalmologist. The optician cannot be 1) the insured person; 2) a family member; or 3) retained by the policyholder. The optician must be licensed by the state in which services are rendered, if such state requires licensing.

Optometrist: a person licensed to practice optometry as defined by the laws of the state in which services are rendered. The optometrist cannot be 1) the insured person; 2) a family member; or 3) retained by the policyholder.

Out-of-network provider: an ophthalmologist, optometrist or optician who is not an in-network provider. These providers have not entered into an agreement with us to limit their charges. They are not listed in the in-network provider directory.

EFFECTIVE DATE PROVISIONS

Eligible members and eligible dependents

Coverage takes effect on the certificate effective date shown on your ID card.

Additional dependents

The effective date of any newly acquired eligible dependent will be governed by the same rules as described above under the heading "eligible members and eligible dependents." You must first complete, sign and submit to us a new enrollment form for all your additional dependents, including newborn children, and submit the additional premium, if any. However, newborn children will be covered for the first 90 days following their birth. To continue coverage beyond that 90-day period, you must notify us in writing of the child's date of birth at any time during the 90-day period.

Other stipulations may apply. See your certificate for details.

TERMINATION PROVISIONS

Insured members

All of your insurance under the policy will terminate at 11:59 p.m. at the main office of the policyholder on the earliest of the following dates:

- The date the policy terminates;
- The last day of the month in which you cease to be an eligible member;
- The date you die; or
- On any premium due date, when full payment for insurance is not made within the grace period.

If an event that is described above occurs, written notice must be provided to us, by you or the policyholder, within 31 days of such event.

TERMS YOU NEED TO KNOW

Insured dependents

Your dependent's insurance under the policy will terminate at 11:59 p.m. at the main office of the policyholder on the earliest of the following dates:

- The date the policy terminates;
- The last day of the month in which you cease to be an eligible member;
- The date the insured dependent ceases to be an eligible dependent;
- The date you die;
- The date the insured dependent dies;
- On any premium due date, when full payment for insurance is not made within the grace period; or
- The date we receive your request to terminate dependent coverage subject to any limitation imposed by the policyholder.

If an event that is described above occurs, written notice must be provided to us, by you or the policyholder, within 31 days of such event.

Notice required when your coverage terminates

We must be informed promptly, by you or the policyholder, when your status as an eligible member terminates for any reason. Failure to provide timely notice will not continue your insurance past the time it would have otherwise ended as provided above.

In the event premiums have been paid to us on your behalf after your coverage should have terminated, we will refund the premium for the period for which premiums were paid in error up to a maximum of three policy months or to the last policy anniversary, whichever is less. If we are not notified that your coverage is terminated and we pay any benefits for your covered services or materials incurred after the date your coverage terminated, the full amount of those benefits will be considered an overpayment which must be repaid to us.

Other stipulations may apply. See your certificate for details.

LIMITATIONS AND EXCLUSIONS

Limitations

Eyeglass lenses and frames are paid in lieu of the contact lenses benefit.

Contact lenses are payable in lieu of eyeglass lenses and frames.

Dilation is covered in full under the comprehensive eye exam benefit only if required by state law or done for one of the following conditions: central vision loss, photopsia, floaters, high myopia, diabetes or history of ocular surgery, ocular trauma or ocular disease.

Exclusions

No benefits are payable for any of the following conditions, services, procedures and/or materials, unless otherwise specifically listed as a covered benefit in the Schedule of Benefits:

- Replacement frames and/or lenses, except at normal intervals when covered services or materials are otherwise available;
- Plano lens or non-prescription lenses or sunglasses;
- Orthoptics, vision training and any associated supplemental testing;
- Frame cases;
- Low (subnormal) vision aids or aniseikonic lenses;
- Medical and surgical treatment of the eyes;
- Charges incurred after (a) the policy ends; or (b) the insured person's coverage under the policy ends, except as stated in the policy;
- Any eye examination or corrective eyewear required by an employer as a condition of employment;
- Services for which benefits are paid by worker's compensation;
- Blended bifocal lenses;
- Groove, drill or notch, and roll and polish;
- Two pairs of glasses, in lieu of bifocals, trifocals or progressives;
- Coating on lenses (factory scratch coat, anti-reflective, sunglass colors, etc.);
- Cosmetic items;
- Faceted lenses;
- High-index lenses;
- Laminated lenses;
- Oversize lenses – any lens with an eye size of 61mm or greater;
- Photochromic (transition) lenses;
- Polaroid lenses;
- Polished bevel lenses;
- Polycarbonate lenses, except for insured members under 19;
- Prism lenses;
- Slab-off lenses;
- Tints (except pink tint #1 and #2);
- Ultra-violet tint or coating;
- Additional cost for contact lenses over the allowance;
- Additional cost for a frame over the allowance;
- Progressive power lenses

No benefits are payable for services performed by a member of the insured person's family. Insured person's family is limited to a spouse, siblings, parents, children, grandparents, and the spouse's siblings and parents.



aflac.com || **1.877.864.0625**

Applies to Policy Series QNV1000.

Coverage is underwritten by American Family Life Assurance Company of Columbus. WWHQ | 1932 Wynnton Road | Columbus, GA 31999

Vision Network: Davis Vision | Capital Region Health Park, Suite 301 | 711 Troy-Schenectady Road | Latham, NY 12110 | 800.999.5431 | www.davisvision.com

