

Peace of Mind *and*
Real Cash Benefits



DENTAL INSURANCE

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Aflac[®]

We've got you under our wing.[®]

DENTAL INSURANCE

Policy Series A82000

This brochure accompanies Schedule of Dental Procedures A82ES75SCHHI.

Smile. We've got you under our wing.[®]

Millions of people believe a smile is the most important physical attribute—more so than hair, eyes, or figure.¹ 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 insurance policy.

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

- **You choose your dentist.** Because Aflac 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 doesn't have precertification requirements. If the treatment is covered by your policy, you don't need Aflac's permission to receive it.²

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

- **You know what you're getting with Aflac Dental.** 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 doesn't have an annual deductible.** Other dental plans may require you to meet an annual deductible before benefits are payable.
- **Aflac Dental pays benefits regardless of any other plan.** Even if you have other coverage, you'll receive your full Aflac benefit amount.³

With Aflac Dental'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.

¹"The Public Speaks Up on Oral Health Care: An ADA and Crest/Oral-B Survey," American Dental Association, October 2008.

²Subject to applicable Waiting Periods.

³If the applicant retains existing dental coverage with another company, only the Essentials plan can be offered.

Aflac Dental 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	\$15-\$25
Fillings and Basic Services	3 Months	\$10-\$225
Pain Management and Adjunctive Services	3 Months	\$25-\$120
Other Preventive Services	6 Months	\$15-\$100
Oral Surgery, Gum Treatments, and Prosthetic Repair	6 Months	\$20-\$750
Crowns and Major Services	12 Months	\$15-\$350
Major Prosthetic Services	24 Months	\$40-\$450
POLICY YEAR MAXIMUM		\$1,200

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.



OVER
90%
OF SYSTEMIC DISEASES,
including heart disease, have oral symptoms.⁴

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.

⁴"Warning Signs in the Mouth Can Save Lives," Academy of General Dentistry, October 2008.

**We've got you
under our wing.®**

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



SCHEDULE OF DENTAL PROCEDURES

This schedule accompanies Essentials Plan Brochure A82ES75HI.

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 (this includes a reciprocal beneficiary relationship). 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 31 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, or legally adopted children 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	\$25
D0145	Oral Evaluation for Patient Wellness	25
D0150	Comprehensive Oral Evaluation (new or established patient)	25
D0160	Detailed and Extensive Oral Evaluation (problem focused, by report)	25
D0170	Re-Evaluation – Limited, Problem (established patient; not postoperative visit)	25
D0180	Comprehensive Periodontal Evaluation (new or established patient)	25
D0425	Caries Susceptibility Tests	25
D1110	Prophylaxis (adult)	25
D1120	Prophylaxis (child)	25
D1203	Topical Application of Fluoride (child, prophylaxis not included)	25
D1204	Topical Application of Fluoride (adult, prophylaxis not included)	25
D1206	Topical Fluoride Varnish; Therapeutic Application for Moderate to High Caries Risk Patients	25
D1310	Nutritional Counseling for Control of Dental Disease	25
D1320	Tobacco Counseling for the Control and Prevention of Oral Disease	25
D1330	Oral Hygiene Instructions	25
D4910	Periodontal Maintenance	25
D9430	Office Visit for Observation (during regularly scheduled hours, no other services performed)	25
D9910	Application of Desensitizing Medicament	25

- 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 \$1,200 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	\$20
D0290	Posterior/Anterior or Lateral Skull and Facial Bone Survey Film	60
D0310	Sialography	160
D0415	Bacteriologic Studies for Determination of Pathologic Agents	10
D0416	Viral Culture	10
D0417	Collection and Preparation of Saliva Sample for Lab Diagnostic Testing	10
D0418	Analysis of Saliva Sample	10
D0421	Genetic Test for Susceptibility to Oral Diseases	10
D0431	Adjunctive Prediagnostic Test That Aids in Detection of Mucosal Abnormalities, Including Premalignant and Malignant Lesions, Not to Include Cytology or Biopsy	10
D0460	Pulp Vitality Tests	15
D0470	Diagnostic Casts	20
D2140	Amalgam (one surface)	
	Primary	30
	Permanent	45
D2150	Amalgam (two surfaces)	
	Primary	30
	Permanent	50
D2160	Amalgam (three surfaces)	
	Primary	40
	Permanent	55
D2161	Amalgam (four or more surfaces)	
	Primary	45
	Permanent	60
D2330	Resin-Based Composite (one surface, anterior)	40
D2331	Resin-Based Composite (two surfaces, anterior)	50
D2332	Resin-Based Composite (three surfaces, anterior)	55
D2335	Resin-Based Composite (four or more surfaces or involving incisal angle, anterior)	60
D2390	Resin-Based Composite Crown (anterior)	60
D2391	Resin-Based Composite (one surface, posterior)	
	Primary	30
	Permanent	40
D2392	Resin-Based Composite (two surfaces, posterior)	
	Primary	45
	Permanent	50
D2393	Resin-Based Composite (three surfaces, posterior)	
	Primary	50
	Permanent	55
D2394	Resin-Based Composite (four or more surfaces, posterior)	
	Primary	50
	Permanent	55
D2410	Gold Foil (one surface)	200
D2420	Gold Foil (two surfaces)	225

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)	\$30
D9220	Deep Sedation/General Anesthesia (first 30 minutes)	75
D9221	Deep Sedation/General Anesthesia (each additional 15 minutes)	75

D. PAIN MANAGEMENT AND ADJUNCTIVE SERVICES – continued

D9230	Analgesia, Anxiolysis, Inhalation of Nitrous Oxide	\$75
D9241	Intravenous Conscious Sedation/Analgesia (first 30 minutes)	120
D9310	Consultation (diagnostic service provided by dentist or physician other than practitioner providing treatment)	25
D9410	House/Extended-Care Facility Call	25
D9420	Hospital Call	25
D9440	Office Visit (after regularly scheduled hours)	25
D9450	Case Presentation, Detailed and Extensive Treatment Planning	25

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

ADA Code	Description	Amount
D1351	Sealant (per tooth)	\$15
D1510	Space Maintainer (fixed, unilateral)	80
D1515	Space Maintainer (fixed, bilateral)	100
D1520	Space Maintainer (removable, unilateral)	80
D1525	Space Maintainer (removable, bilateral)	100
D1550	Recementation of Space Maintainer	35
D1555	Removal of Fixed Space Maintainer	80

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)	\$130
D4211	Gingivectomy or Gingivoplasty (one to three teeth per quadrant)	45
D4230	Anatomical Crown Exposure (four or more contiguous teeth per quadrant)	130
D4231	Anatomical Crown Exposure (one to three teeth per quadrant)	45
D4240	Gingival Flap Procedure, Including Root Planing (four or more contiguous teeth or bounded teeth spaces per quadrant)	225
D4241	Gingival Flap Procedure, Including Root Planing (one to three teeth per quadrant)	225
D4249	Clinical Crown Lengthening (hard tissue)	250
D4260	Osseous Surgery (including flap entry and closure; four or more contiguous teeth or bounded teeth spaces per quadrant)	250
D4261	Osseous Surgery (including flap entry and closure; one to three teeth per quadrant)	250
D4263	Bone Replacement Graft (first site in quadrant)	275
D4264	Bone Replacement Graft (each additional site in quadrant)	225
D4270	Pedicle Soft Tissue Graft Procedure	275
D4271	Free Soft Tissue Graft Procedure (including donor site surgery)	275
D4273	Subepithelial Connective Tissue Graft Procedures	300
D4275	Soft Tissue Allograft	275
D4320	Provisional Splinting (intracoronal)	150
D4321	Provisional Splinting (extracoronal)	110
D4341	Periodontal Scaling and Root Planing (four or more contiguous teeth or bounded teeth spaces per quadrant)	60
D4342	Periodontal Scaling and Root Planing (one to three teeth per quadrant)	60
D4355	Full Mouth Debridement to Enable Comprehensive Evaluation and Diagnosis	55
D5410	Adjust Complete Denture (maxillary)	20
D5411	Adjust Complete Denture (mandibular)	20

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

D5421	Adjust Partial Denture (maxillary)	\$20
D5422	Adjust Partial Denture (mandibular)	20
D5510	Repair Broken Complete Denture Base	45
D5520	Replace Missing or Broken Teeth (complete denture; each tooth)	40
D5610	Repair Resin Denture Base	45
D5620	Repair Cast Framework	60
D5630	Repair or Replace Broken Clasp	50
D5640	Replace Broken Teeth (per tooth)	40
D5650	Add Tooth to Existing Partial Denture	45
D5660	Add Clasp to Existing Partial Denture	60
D5710	Rebase Complete Maxillary Denture	130
D5711	Rebase Complete Mandibular Denture	170
D5720	Rebase Maxillary Partial Denture	170
D5721	Rebase Mandibular Partial Denture	170
D5730	Reline Complete Maxillary Denture (chairside)	80
D5731	Reline Complete Mandibular Denture (chairside)	80
D5740	Reline Maxillary Partial Denture (chairside)	90
D5741	Reline Mandibular Partial Denture (chairside)	90
D5750	Reline Complete Maxillary Denture (laboratory)	110
D5751	Reline Complete Mandibular Denture (laboratory)	110
D5760	Reline Maxillary Partial Denture (laboratory)	130
D5761	Reline Mandibular Partial Denture (laboratory)	130
D5850	Tissue Conditioning (maxillary)	40
D5851	Tissue Conditioning (mandibular)	40
D6090	Repair of Implanted Supported Prosthetic, by Report	110
D6091	Replacement of Semiprecision or Precision Attachment (male or female component) of Implant/ Abutment-Supported Prosthesis (per attachment)	110
D6092	Recement Implant/Abutment-Supported Crown	110
D6093	Recement Implant/Abutment-Supported Fixed Partial Denture	110
D6095	Repair of Implanted Abutment, by Report	110
D6100	Implant Removal, by Report	35
D6930	Recement Fixed Partial Denture	35
D7111	Coronal Remnants (deciduous tooth)	35
D7140	Extraction, Erupted Tooth, or Exposed Root (elevation and/or forceps removal)	40
D7210	Surgical Removal of Erupted Tooth Requiring Elevation of Mucoperiosteal Flap and Removal of Bone and/or Section of Tooth	70
D7220	Removal of Impacted Tooth (soft tissue)	85
D7230	Removal of Impacted Tooth (partially bony)	120
D7240	Removal of Impacted Tooth (completely bony)	130
D7241	Removal of Impacted Tooth (completely bony, with unusual surgical complications)	150
D7250	Surgical Removal of Residual Tooth Roots (cutting procedure)	70
D7260	Oroantral Fistula Closure	180
D7270	Tooth Reimplantation and/or Stabilization of Accidentally Evulsed or Displaced Tooth and/or Alveolus	180
D7280	Surgical Access of an Unerupted Tooth	200
D7282	Mobilization of Erupted or Malpositioned Tooth to Aid Eruption	65
D7283	Placement of Device to Facilitate Eruption of Impacted Tooth	65
D7285	Biopsy of Oral Tissue – Hard (bone, tooth)	375
D7286	Biopsy of Oral Tissue – Soft (all others)	150
D7310	Alveoloplasty in Conjunction With Extractions (per quadrant)	65
D7311	Alveoloplasty in Conjunction With Extractions (one to three teeth or tooth spaces, per quadrant)	65
D7320	Alveoloplasty Not in Conjunction With Extractions (per quadrant)	80

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)	\$80
D7340	Vestibuloplasty – Ridge Extension (secondary epithelialization)	750
D7350	Vestibuloplasty – Ridge Extension (including soft tissue grafts, muscle reattachment, revision of soft tissue attachment, and management of hypertrophied and hyperplastic tissue)	700
D7410	Excision of Benign Lesion (up to 1.25 cm)	525
D7411	Excision of Benign Lesion (greater than 1.25 cm)	525
D7412	Excision of Benign Lesion (complicated)	525
D7413	Excision of Malignant Lesion (up to 1.25 cm)	650
D7414	Excision of Malignant Lesion (greater than 1.25 cm)	650
D7415	Excision of Malignant Lesion (complicated)	650
D7440	Excision of Malignant Tumor (lesion diameter up to 1.25 cm)	650
D7441	Excision of Malignant Tumor (lesion diameter greater than 1.25 cm)	650
D7450	Removal of Benign Odontogenic Cyst or Tumor (lesion diameter up to 1.25 cm)	525
D7451	Removal of Benign Odontogenic Cyst or Tumor (lesion diameter greater than 1.25 cm)	525
D7460	Removal of Benign Nonodontogenic Cyst or Tumor (lesion diameter up to 1.25 cm)	525
D7461	Removal of Benign Nonodontogenic Cyst or Tumor (lesion diameter greater than 1.25 cm)	525
D7471	Removal of Lateral Exostosis (maxilla or mandible)	375
D7472	Removal of Torus Palatinus	375
D7473	Removal of Torus Mandibularis	375
D7485	Surgical Reduction of Osseous Tuberosity	425
D7510	Incision and Drainage of Abscess (intraoral soft tissue)	100
D7511	Incision and Drainage of Abscess (intraoral soft tissue – complicated; includes drainage of multiple fascial spaces)	450
D7520	Incision and Drainage of Abscess (extraoral soft tissue)	450
D7521	Incision and Drainage of Abscess (extraoral soft tissue – complicated; includes drainage of multiple fascial spaces)	450
D7530	Removal of Foreign Body From Mucosa, Skin, or Subcutaneous Alveolar Tissue	170
D7540	Removal of Reaction-Producing Foreign Bodies (musculoskeletal system)	180
D7550	Partial Osteotomy/Sequestrectomy for Removal of Nonvital Bone	120
D7560	Maxillary Sinusotomy for Removal of Tooth Fragment or Foreign Body	700
D7610	Maxilla (open reduction; teeth immobilized, if present)	700
D7620	Maxilla (closed reduction; teeth immobilized, if present)	700
D7630	Mandible (open reduction; teeth immobilized, if present)	65
D7640	Mandible (closed reduction; teeth immobilized, if present)	80
D7650	Malar and/or Zygomatic Arch (open reduction)	700
D7660	Malar and/or Zygomatic Arch (closed reduction)	550
D7670	Alveolus (closed reduction, may include stabilization of teeth)	725
D7671	Alveolus (open reduction, may include stabilization of teeth)	350
D7710	Maxilla (open reduction)	700
D7720	Maxilla (closed reduction)	700
D7730	Mandible (open reduction)	80
D7740	Mandible (closed reduction)	80
D7750	Malar and/or Zygomatic Arch (open reduction)	300
D7760	Malar and/or Zygomatic Arch (closed reduction)	300
D7770	Alveolus (open reduction stabilization of teeth)	350
D7771	Alveolus (closed reduction stabilization of teeth)	725
D7960	Frenulectomy (frenectomy or frenotomy; separate procedure)	80
D7963	Frenuloplasty	80
D7970	Excision of Hyperplastic Tissue (per arch)	80
D7971	Excision of Pericoronal Gingiva	70
D9120	Fixed Partial Denture Sectioning	35

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)	\$190
D2520	Inlay (metallic, two surfaces)	225
D2530	Inlay (metallic, three or more surfaces)	350
D2542	Onlay (metallic, two surfaces)	225
D2543	Onlay (metallic, three surfaces)	250
D2544	Onlay (metallic, four or more surfaces)	275
D2610	Inlay (porcelain/ceramic, one surface)	200
D2620	Inlay (porcelain/ceramic, two surfaces)	225
D2630	Inlay (porcelain/ceramic, three or more surfaces)	350
D2642	Onlay (porcelain/ceramic, two surfaces)	250
D2643	Onlay (porcelain/ceramic, three surfaces)	275
D2644	Onlay (porcelain/ceramic, four or more surfaces)	325
D2650	Inlay (resin-based composite, one surface)	180
D2651	Inlay (resin-based composite, two surfaces)	200
D2652	Inlay (resin-based composite, three or more surfaces)	250
D2662	Onlay (resin-based composite, two surfaces)	225
D2663	Onlay (resin-based composite, three surfaces)	250
D2664	Onlay (resin-based composite, four or more surfaces)	250
D2710	Crown (resin, indirect)	150
D2712	Crown (3/4 resin-based composite, indirect)	150
D2720	Crown (resin with high noble metal)	250
D2721	Crown (resin with predominantly base metal)	250
D2722	Crown (resin with noble metal)	250
D2740	Crown (porcelain/ceramic substrate)	250
D2750	Crown (porcelain fused to high noble metal)	250
D2751	Crown (porcelain fused to predominantly base metal)	250
D2752	Crown (porcelain fused to noble metal)	250
D2780	Crown (3/4-cast high noble metal)	250
D2781	Crown (3/4-cast predominantly base metal)	250
D2782	Crown (3/4-cast noble metal)	250
D2783	Crown (3/4-porcelain/ceramic)	250
D2790	Crown (full-cast high noble metal)	250
D2791	Crown (full-cast predominantly base metal)	250
D2792	Crown (full-cast noble metal)	250
D2794	Crown (titanium)	250
D2910	Recement Inlay	30
D2915	Recement Cast or Prefabricated Post and Core	30
D2920	Recement Crown	30
D2930	Prefabricated Stainless Steel Crown (primary tooth)	65
D2931	Prefabricated Stainless Steel Crown (permanent tooth)	75
D2932	Prefabricated Resin Crown	100
D2933	Prefabricated Stainless Steel Crown With Resin Window	110
D2934	Prefabricated Esthetic-Coated Stainless Steel Crown (primary tooth)	65
D2940	Sedative Filling	25
D2950	Core Buildup (including any pins)	65
D2951	Pin Retention (per tooth, in addition to restoration)	15
D2952	Cast Post and Core (in addition to crown)	95
D2954	Prefabricated Post and Core (in addition to crown)	100
D2955	Post Removal (not in conjunction with endodontic therapy)	75
D2970	Temporary Crown (fractured tooth)	75
D2980	Crown Repairs, by Report	125
D3110	Pulp Cap (direct, excluding final restoration)	15

G. CROWNS AND MAJOR SERVICES – continued

D3120	Pulp Cap (indirect, excluding final restoration)	\$15
D3220	Therapeutic Pulpotomy (excluding final restoration) Removal of Pulp Coronal to the Dentinoce-mental Junction and Application of Medicament	40
D3222	Partial Pulpotomy for Apexogenesis (perm tooth with incomplete root development)	40
D3230	Pulpal Therapy (resorbable filling; anterior, primary tooth, excluding final restoration)	45
D3240	Pulpal Therapy (resorbable filling; posterior, primary tooth, excluding final restoration)	45
D3310	Anterior (excluding final restoration, root canal)	150
D3320	Bicuspid (excluding final restoration, root canal)	200
D3330	Molar (excluding final restoration, root canal)	250
D3346	Retreatment of Previous Root Canal Therapy (anterior)	130
D3347	Retreatment of Previous Root Canal Therapy (bicuspid)	180
D3348	Retreatment of Previous Root Canal Therapy (molar)	225
D3351	Apexification/Recalcification (initial visit; apical closure/calcific repair of perforations, root resorption, etc.)	130
D3352	Apexification/Recalcification (interim medication replacement; apical closure/calcific repair of perforations, root resorption, etc.)	30
D3353	Apexification/Recalcification (final visit; includes completed root canal therapy; apical closure/ calcific repair of perforations, root resorption, etc.)	65
D3410	Apicoectomy/Periradicular Surgery (anterior)	140
D3421	Apicoectomy/Periradicular Surgery (bicuspid; first root)	275
D3425	Apicoectomy/Periradicular Surgery (molar; first root)	300
D3426	Apicoectomy/Periradicular Surgery (each additional root)	110
D3430	Retrograde Filling (per root)	80
D3450	Root Amputation (per root)	160
D3920	Hemisection (including any root removal; not including root canal therapy)	120
D3950	Canal Preparation and Fitting of Preformed Dowel or Post	55

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

ADA Code	Description	Amount
D5110	Complete Denture (maxillary)	\$350
D5120	Complete Denture (mandibular)	350
D5130	Immediate Denture (maxillary)	350
D5140	Immediate Denture (mandibular)	350
D5211	Maxillary Partial Denture (resin base, including any conventional clasps, rests, and teeth)	250
D5212	Mandibular Partial Denture (resin base, including any conventional clasps, rests, and teeth)	250
D5213	Maxillary Partial Denture (cast metal framework with resin denture bases, including any conventional clasps, rests, and teeth)	375
D5214	Mandibular Partial Denture (cast metal framework with resin denture bases, including any conventional clasps, rests, and teeth)	375
D5225	Maxillary Partial Denture (flexible base, including any clasps, rests, and teeth)	375
D5226	Mandibular Partial Denture (flexible base, including any clasps, rests, and teeth)	375
D5281	Removable Unilateral Partial Denture (one-piece cast metal, including clasps and teeth)	300
D5670	Replace All Teeth and Acrylic on Cast Metal Framework (maxillary)	40
D5671	Replace All Teeth and Acrylic on Cast Metal Framework (mandibular)	40
D5810	Interim Complete Denture (maxillary)	225
D5811	Interim Complete Denture (mandibular)	225
D5820	Interim Partial Denture (maxillary)	170
D5821	Interim Partial Denture (mandibular)	180
D6010	Surgical Placement of Implant Body: Endosteal Implant	450
D6012	Surgical Placement of Interim Implant Body for Transitional Prosthesis: Endosteal Implant	450

H. MAJOR PROSTHETIC SERVICES – continued

D6040	Surgical Placement: Epostal Implant	\$450
D6050	Surgical Placement: Transosteal Implant	450
D6056	Prefabricated Abutment (includes placement)	450
D6057	Custom Abutment (includes placement)	450
D6058	Abutment-Supported Porcelain/Ceramic Crown	250
D6059	Abutment-Supported Porcelain Fused to Metal Crown (high noble metal)	250
D6060	Abutment-Supported Porcelain Fused to Metal Crown (predominantly base metal)	250
D6061	Abutment-Supported Porcelain Fused to Metal Crown (noble metal)	250
D6062	Abutment-Supported Cast Metal Crown (high noble metal)	250
D6063	Abutment-Supported Cast Metal Crown (predominantly base metal)	250
D6064	Abutment-Supported Cast Metal Crown (noble metal)	250
D6065	Implant-Supported Porcelain/Ceramic Crown	250
D6066	Implant-Supported Porcelain Fused to Metal Crown (titanium, titanium alloy, high noble metal)	250
D6067	Implant-Supported Metal Crown (titanium, titanium alloy, high noble metal)	250
D6068	Abutment-Supported Retainer for Porcelain/Ceramic FPD	250
D6069	Abutment-Supported Retainer for Porcelain Fused to Metal FPD (high noble metal)	250
D6070	Abutment-Supported Retainer for Porcelain Fused to Metal FPD (predominantly base metal)	250
D6071	Abutment-Supported Retainer for Porcelain Fused to Metal FPD (noble metal)	250
D6072	Abutment-Supported Retainer for Cast Metal FPD (high noble metal)	250
D6073	Abutment-Supported Retainer for Cast Metal FPD (predominantly base metal)	250
D6074	Abutment-Supported Retainer for Cast Metal FPD (noble metal)	250
D6075	Implant-Supported Retainer for Ceramic FPD	250
D6076	Implant-Supported Retainer for Porcelain Fused to Metal FPD (titanium, titanium alloy, or high noble metal)	250
D6077	Implant-Supported Retainer for Cast Metal FPD (titanium, titanium alloy, or high noble metal)	250
D6078	Implant/Abutment-Supported Fixed Denture for Completely Edentulous Arch	250
D6079	Implant/Abutment-Supported Fixed Denture for Partially Edentulous Arch	250
D6080	Implant Maintenance Procedures, Including Removal of Prosthesis, Cleansing of Prosthesis and Abutments, and Reinsertion of Prosthesis	150
D6094	Abutment-Supported Crown (titanium)	250
D6194	Abutment-Supported Retainer Crown for FPD (titanium)	250
D6205	Pontic (indirect resin-based composite)	250
D6210	Pontic (cast high noble metal)	250
D6211	Pontic (cast predominantly base metal)	250
D6212	Pontic (cast noble metal)	250
D6214	Pontic (titanium)	250
D6240	Pontic (porcelain fused to high noble metal)	250
D6241	Pontic (porcelain fused to predominantly base metal)	250
D6242	Pontic (porcelain fused to noble metal)	250
D6245	Pontic (porcelain/ceramic)	250
D6250	Pontic (resin with high noble metal)	250
D6251	Pontic (resin with predominantly base metal)	250
D6252	Pontic (resin with noble metal)	250
D6253	Provisional Pontic	250
D6545	Retainer (cast metal for resin-bonded fixed prosthesis)	140
D6548	Retainer (porcelain/ceramic for resin-bonded fixed prosthesis)	140
D6600	Inlay (porcelain/ceramic, two surfaces)	225
D6601	Inlay (porcelain/ceramic, three or more surfaces)	350
D6602	Inlay (cast high noble metal, two surfaces)	300
D6603	Inlay (cast high noble metal, three or more surfaces)	325
D6604	Inlay (cast predominantly base metal, two surfaces)	300

H. MAJOR PROSTHETIC SERVICES – continued

D6605	Inlay (cast predominantly base metal, three or more surfaces)	\$325
D6606	Inlay (cast noble metal, two surfaces)	300
D6607	Inlay (cast noble metal, three or more surfaces)	325
D6608	Onlay (porcelain/ceramic, two surfaces)	250
D6609	Onlay (porcelain/ceramic, three or more surfaces)	275
D6610	Onlay (cast high noble metal, two surfaces)	325
D6611	Onlay (cast high noble metal, three or more surfaces)	350
D6612	Onlay (cast predominantly base metal, two surfaces)	325
D6613	Onlay (cast predominantly base metal, three or more surfaces)	350
D6614	Onlay (cast noble metal, two surfaces)	325
D6615	Onlay (cast noble metal, three or more surfaces)	350
D6624	Inlay (titanium)	325
D6634	Onlay (titanium)	350
D6710	Crown (indirect resin-based composite)	250
D6720	Crown (resin with high noble metal)	250
D6721	Crown (resin with predominantly base metal)	250
D6722	Crown (resin with noble metal)	250
D6740	Crown (porcelain/ceramic)	250
D6750	Crown (porcelain fused to high noble metal)	250
D6751	Crown (porcelain fused to predominantly base metal)	250
D6752	Crown (porcelain fused to noble metal)	250
D6780	Crown (3/4-cast high noble metal)	250
D6781	Crown (3/4-cast predominantly base metal)	250
D6782	Crown (3/4-cast noble metal)	250
D6783	Crown (3/4-porcelain/ceramic)	250
D6790	Crown (full-cast high noble metal)	250
D6791	Crown (full-cast predominantly base metal)	250
D6792	Crown (full-cast noble metal)	250
D6793	Provisional Retainer Crown	250
D6794	Crown (titanium)	250
D6970	Cast Post and Core (in addition to fixed partial denture retainer)	130
D6972	Prefabricated Post and Core (in addition to fixed partial denture retainer)	100
D6973	Core Buildup for Retainer (including any pins)	85
D6975	Coping (metal)	225

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DENTAL INSURANCE POLICY

**Outline of Coverage for Policy Form Series A82100
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 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.
- (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. PREVENTIVE BENEFITS

	Benefit Amount
1. DENTAL WELLNESS BENEFIT	\$25

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.

**ADA Code	Description
D0120	Periodic Oral Evaluation
D0145	Oral Evaluation for Patient Wellness
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 postoperative visit)
D0180	Comprehensive Periodontal Evaluation (new or established patient)
D0425	Caries Susceptibility Tests
D1110	Prophylaxis (adult)
D1120	Prophylaxis (child)
D1203	Topical Application of Fluoride (child, prophylaxis not included)
D1204	Topical Application of Fluoride (adult, prophylaxis not included)
D1206	Topical Fluoride Varnish; Therapeutic Application for Moderate to High Caries Risk Patients
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

Benefit
Amount

2. X-RAY BENEFIT..... \$15

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.

- | ADA Code | Description |
|----------|--|
| 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) |
| D0273 | Bitewings (three films) |
| D0274 | Bitewings (four films) |
| D0277 | Vertical Bitewings (seven to eight films) |
| D0330 | Panoramic Film |
| D0340 | Cephalometric Film |

The benefits below are subject to the Waiting Period shown in the Policy Schedule and a Policy Year Maximum of \$1,200 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 this policy's being in force. This benefit builds to a maximum of \$500 per Covered Person.

We will pay \$10 to \$750 for each procedure listed in your policy. See your policy for specific amounts payable under each of the following benefit categories.

- C. FILLINGS AND BASIC SERVICES**
- D. PAIN MANAGEMENT AND ADJUNCTIVE SERVICES**
- E. OTHER PREVENTIVE SERVICES**
- F. ORAL SURGERY, GUM TREATMENTS, AND PROSTHETIC REPAIR**
- G. CROWNS AND MAJOR SERVICES**
- H. MAJOR PROSTHETIC SERVICES**

(3) Optional Benefits:

ORTHODONTIC BENEFIT RIDER (Series A82050): Applied for Yes No

While coverage is in force, Aflac will pay \$500 for the initial treatment of one of the orthodontic procedures listed below*, subject to the Waiting Period listed in the Policy Schedule. After the initial treatment is paid and as long as coverage remains in force, we will pay \$50 when that Covered Person receives continued treatment involving one of the orthodontic procedures listed below. Maximum payment of one treatment per month for up to 18 treatments. Lifetime maximum of \$1,400 per Covered Person. The maximum amount payable under this rider is \$2,600 per Policy Year. This benefit is not payable for dental services when the initial treatment occurred prior to the Effective Date or before the Waiting Period ended.

<u>ADA Code</u>	<u>Description</u>
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

*The \$500 initial treatment benefit is not payable for ADA Code D8670, Periodic Orthodontic Treatment Visit. Periodic orthodontic treatment visits are payable as continued treatment, subject to all other terms of this Rider.

COSMETIC BENEFIT RIDER (Series A82051): Applied for Yes No

Subject to the Waiting Period listed in the Policy Schedule, Aflac will pay the following benefits when a charge is incurred by a Covered Person 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 this rider is \$600 per Policy Year.

<u>ADA Code</u>	<u>Description</u>	<u>Benefit Level</u>
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	Occlusion Adjustment – Limited	50
D9952	Occlusion 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

(4) Exceptions, Reductions and Limitations of This Policy:

- A.** Aflac will not pay benefits for 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.
 8. Treatment received prior to the Effective Date of coverage or treatment received during a benefit's Waiting Period.
 9. 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).
- 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.
- D.** Aflac will not pay benefits for services rendered by you or a member of the Immediate Family of a Covered Person.
- E.** Aflac will not pay benefits whenever coverage provided by this 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.

(5) 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.**

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