

Aflac Vision Now[®]

VISION INSURANCE

You can never see into the future.
But our vision plan helps make the path
to getting there a little clearer.



Aflac[®]

We've got you under our wing.[®]

Understand the Difference Aflac Makes in Caring for Your Vision

Aflac goes beyond traditional exams and provides benefits for serious eye conditions. In addition to an Eye Exam Benefit and a choice of Vision Correction Benefits, we will pay benefits for specific eye diseases and disorders, eye surgeries, and permanent visual impairment—all without network restrictions.

NO PROVIDER NETWORK

You have the freedom to choose any eye-care provider.

COMPREHENSIVE EYE-CARE BENEFITS

Vision Now® pays benefits for eye surgeries, specific eye diseases/disorders, and permanent visual impairment.

VISION CORRECTION BENEFIT OPTIONS

Three benefit options allow you to choose the benefit amount and frequency that best meets your needs.

GUARANTEED-RENEWABLE REGARDLESS OF AGE

The policy is guaranteed-renewable for your lifetime with no reduction in benefits due to age.

NO COORDINATION OF BENEFITS

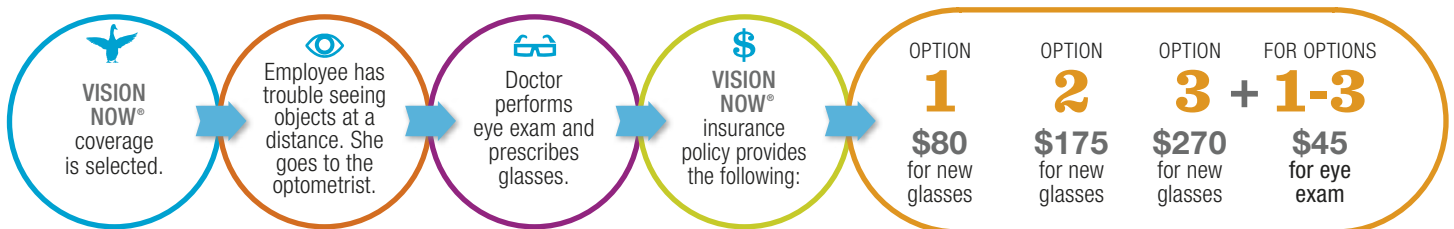
Benefits are paid regardless of any other insurance.

PRE-TAX DEDUCTIONS

The policy is eligible for pre-tax deduction of premiums under a Section 125 Cafeteria Plan.

Our Vision Now® insurance policy offers you three plan options with **Vision Correction Benefits** of **\$80**, **\$175**, or **\$270** for materials, such as glasses and contacts. All three options include an **Eye Exam Benefit** of **\$45**.

HOW IT WORKS



The policy has limitations and exclusions that may affect benefits payable. This brochure is for illustrative purposes only. Refer to the policy for complete details, definitions, limitations, and exclusions.

VISION COVERAGE

OUTLINE OF COVERAGE FOR POLICY FORM SERIES VSN100

THIS IS NOT A MEDICARE SUPPLEMENT POLICY.

If you are eligible for Medicare, review the *Guide to Health Insurance for People With Medicare* available from Aflac.

I. Read Your Policy Carefully. This outline of coverage provides a very brief description 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.**

II. Benefits. Subject to the waiting period, listed in the Benefit section (Part 5) of your policy, for the Vision Correction Benefit and the provisions in the Limitations and Exclusions section, we will pay the following benefits when a charge is incurred for covered vision treatment that occurs while coverage is in force. See your policy for the specific waiting period for the Vision Correction Benefit.

A. EYE EXAMINATION BENEFIT: Aflac will pay \$45 (forty-five dollars) when a charge is incurred for an eye examination for a covered person. This benefit is limited to one examination per covered person, per Policy Year. The eye examination must be performed by an Optometrist or Ophthalmologist. No lifetime maximum.

While the policy is in force, the following benefits will be paid, subject to Part 2, Limitations and Exclusions of your policy, and all other policy provisions. Please see section (III) of this outline of coverage.

B. VISION CORRECTION BENEFIT: The option you have chosen on your application is indicated below by a check mark in the appropriate option box. **PLEASE NOTE: Only one Vision Correction Benefit option can be in effect at any given time.**

Option 1 VISION CORRECTION BENEFIT: Aflac will pay \$80 (eighty dollars) when a charge is incurred for prescribed Vision Correction Materials or \$130 (one hundred thirty dollars) when a charge is incurred for Refractive Error Correction Surgery for a covered person. This benefit is payable once per covered person, per Policy Year. **NOTE: If a covered person receives a benefit for Vision Correction Materials and later receives Refractive Error Correction Surgery in the same Policy Year, we will pay \$50 (fifty dollars) for Refractive Error Correction Surgery.**

Option 2 VISION CORRECTION BENEFIT: After a 12-month waiting period, Aflac will pay \$175 (one hundred seventy-five dollars) when a charge is incurred for prescribed Vision Correction Materials or \$295 (two hundred ninety-five dollars) when a charge is incurred for Refractive Error Correction Surgery for a covered person. This benefit is payable once per covered person during each successive 24-month period following the end of the waiting period, and applies only for charges incurred during that period. **NOTE: If a covered person receives a benefit for Vision Correction Materials and later receives Refractive Error Correction Surgery during the same 24-month period, we will pay \$120 (one hundred twenty dollars) for Refractive Error Correction Surgery.**

Option 3 VISION CORRECTION BENEFIT: After a 24-month waiting period, Aflac will pay \$270 (two hundred seventy dollars) when a charge is incurred for prescribed Vision Correction Materials or \$480 (four hundred eighty dollars) when a charge is incurred for Refractive Error Correction Surgery for a covered person. This benefit is payable once per covered person during each successive 36-month period following the end of the waiting period, and applies only for charges incurred during that period. **NOTE: If a covered person receives a benefit for Vision Correction Materials and later receives Refractive Error Correction Surgery during the same 36-month period, we will pay \$210 (two hundred ten dollars) for Refractive Error Correction Surgery.**

C. SPECIFIC EYE DISEASES/DISORDERS BENEFIT: Aflac will pay \$1,000 (one thousand dollars) when a covered person is first diagnosed after the Effective Date as having any of the eye diseases or disorders listed below. The eye disease or disorder must be diagnosed by an Ophthalmologist or a Physician.

Glaucoma (excluding preglaucoma and/or borderline glaucoma)

Proliferative diabetic retinopathy

Retinal detachment

Retinitis pigmentosa

Macular degeneration

This benefit is payable only once per covered disease or disorder, per covered person, and will be paid in addition to any other benefit in this policy.

D. EYE SURGERY BENEFIT: When a surgical operation is performed on a covered person for a diagnosed eye disease or disorder, Aflac will pay the indemnity amount listed in the Schedule of Operations in your policy for the specific procedure when a charge is incurred. Surgeries must be performed by an Ophthalmologist or a Physician.

If any operation for a diagnosed eye disease or disorder is performed other than those listed, Aflac will pay an amount comparable to the amount shown in the Schedule of Operations for the operation most nearly similar in severity and gravity.

NOTE: Surgical benefits for Refractive Error Correction Surgery are payable only under the Vision Correction Benefit.

Surgical benefits are limited to surgeries of the eye, eye socket, eyelid, and tear ducts. Only one benefit is payable per 24-hour period for surgery even though more than one surgical procedure may be performed. We will pay the highest eligible benefit. No lifetime maximum.

- E. PERMANENT VISUAL IMPAIRMENT BENEFIT:** When a covered person is first diagnosed after the Effective Date of coverage with a Visual Impairment for which there is no medical prognosis of recovery, Aflac will pay the following indemnity amount(s) for the specific level(s) of Visual Impairment that apply to your current stage of Visual Impairment.

VISUAL IMPAIRMENT LEVEL	TOTAL PER LEVEL	MAXIMUM CUMULATIVE BENEFIT PER EYE
(Level 1) – Severe	\$750	\$750
(Level 2) – Profound	+ \$1,750	\$2,500
(Level 3) – Near-Total	+ \$2,500	\$5,000
(Level 4) – Total	+ \$5,000	\$10,000

If a covered person is diagnosed with a Level 2, 3, or 4 Visual Impairment, benefits for previously unpaid lower levels of Visual Impairment, if any, will be paid in addition to benefits for the level diagnosed. Each level of Visual Impairment is payable a maximum of once per eye, per covered person.

The permanent Visual Impairment must be diagnosed by an Ophthalmologist or a Physician. Benefits for a child born visually impaired are payable only if the visually impaired child is born after ten months from the Effective Date of this policy. Lifetime maximum of \$10,000 (ten thousand dollars) per eye, per covered person. Lifetime maximum of \$20,000 (twenty thousand dollars) per covered person.

- F. CONTINUATION OF COVERAGE BENEFIT:** Aflac will waive all monthly premiums due for the policy for two months if you meet all of the following conditions:
- Your policy has been in force for at least six months;
 - We have received premiums for at least six consecutive months;
 - Your premiums have been paid through payroll deduction;
 - You or your employer has notified us in writing within 30 days of the date your premium payments ceased due to your leaving employment; and
 - You re-establish premium payments through your new employer's payroll deduction process, or direct payment to Aflac.
- You will again become eligible to receive this benefit after:
- You re-establish your premium payments through payroll deduction for a period of at least six months, and
 - We receive premiums for at least six consecutive months.

“Payroll deduction” means your premium is remitted to Aflac for you by your employer through a payroll deduction process.

III. EXCEPTIONS, REDUCTIONS AND LIMITATIONS OF THIS POLICY:

- A.** This policy contains a 30-day waiting period. If a covered person has an eye disease or disorder, other than one caused by an Injury, diagnosed before coverage has been in force 30 days from the Effective Date of coverage shown in the Policy Schedule, benefits for treatment of that eye disease or disorder will apply only to treatment occurring after two years from the Effective Date of the policy or, at your option, you may elect to void the policy from its beginning and receive a full refund of premium. **The 30-day waiting period does not apply to the Eye Examination Benefit or the Vision Correction Benefit.**
- B.** This policy does not cover losses caused by or resulting from:
1. Services that are not recommended by an Optometrist, Ophthalmologist, or a Physician.
 2. Cosmetic surgery that is not due to eye disease, disorder, or Injury.
 3. Treatment or diagnosis 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.
 4. Intentionally self-inflicting bodily Injury or attempting suicide, while sane or insane.
- C.** If you change your Vision Correction Benefit option, this benefit will be subject to a new waiting period, if any, beginning with the Effective Date of the new option. **YOU ARE ELIGIBLE TO CHANGE YOUR VISION CORRECTION BENEFIT OPTION ONLY ONCE EACH YEAR, WITH THE CHANGE TO BE EFFECTIVE ON YOUR NEXT POLICY ANNIVERSARY DATE.**
- IV. 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.

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). Newborn children are automatically covered 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 and is dependent on his or her parent or other care provider for lifetime care and supervision, and who became so incapacitated while covered under the policy and before age 26. *Dependent Children* are your natural children, stepchildren, or legally adopted children who are under age 26.

EFFECTIVE DATE: The date(s) shown in the Policy Schedule. The Effective Date of the policy is not the date you signed the application for coverage.

OPHTHALMOLOGIST: A licensed Physician, other than a member of your immediate family, specializing in diagnosis, care, and treatment of refractive, medical, and surgical problems related to eye diseases and disorders.

OPTOMETRIST: A licensed doctor of optometry, other than a member of your immediate family, who specializes in vision problems; treating vision conditions with spectacles, contact lenses, low-vision aids, and vision therapy; and prescribing medications for certain eye diseases and disorders.

PHYSICIAN: A legally qualified person, other than a member of your immediate family, who is licensed as a Physician by the state to treat the type of condition for which a claim is made.

PRE-EXISTING CONDITIONS LIMITATION: A *Pre-existing Condition* is a disease or disorder for which, within the 12-month period before the Effective Date of coverage, medical advice, consultation, or treatment was recommended or received from a legally qualified Physician, or in the opinion of a Physician symptoms existed that would ordinarily cause a prudent person to seek diagnosis, care, or treatment. Care or treatment caused by a Pre-existing Condition will not be covered unless it begins more than 12 months after the Effective Date of coverage. **The Pre-existing Conditions provision does not apply to the Eye Examination Benefit or to the Vision Correction Benefit.**

VISUAL IMPAIRMENT: Specific levels of Visual Impairment are defined below. Visual Impairment must be a result of an eye injury, eye disease, or eye defect.

- **LEVEL 1 – SEVERE VISUAL IMPAIRMENT:** Maximum visual acuity, after correction, of 20/200 or less, or a total diameter of the visual field in that eye of 20 degrees or less.
- **LEVEL 2 – PROFOUND VISUAL IMPAIRMENT:** Maximum visual acuity, after correction, of 20/500 or less, or a total diameter of the visual field in that eye of 10 degrees or less.
- **LEVEL 3 – NEAR-TOTAL VISUAL IMPAIRMENT:** Maximum visual acuity, after correction, of less than 20/1000, or a total diameter of the visual field in that eye of 5 degrees or less.
- **LEVEL 4 – TOTAL VISUAL IMPAIRMENT:** Complete loss of vision with no remaining perception of light, or loss of the natural eye.

ADDITIONAL INFORMATION

Covered refractive error correction surgeries include but are not limited to laser assisted in-situ keratomileusis (LASIK), laser thermokeratoplasty (LTK), photorefractive keratectomy (PRK), radial keratotomy (RK), and intracorneal rings (Intacs).

Covered vision correction materials include prescribed glasses, sunglasses, sports glasses, spare pairs of glasses, and contact lenses. Covered vision correction materials do not include items available for purchase without a prescription.

**We've got you
under our wing.®**

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