

OPTIONAL ORTHODONTIC BENEFIT RIDER SUMMARY PAGE

Rider A82050

DE[®]

The Orthodontic Benefit Rider is a part of the policy and is subject to all policy provisions unless modified herein.

WHAT WE WILL PAY

After the rider has been in force for 24 months, Aflac will pay \$500 for the initial treatment of one of the orthodontic procedures listed below.* After the benefit for 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 the 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.

ADA CODE**	DESCRIPTION
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 the rider.

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TERMS YOU NEED TO KNOW

EFFECTIVE DATE

The Effective Date of the rider is the Effective Date of the policy or the Effective Date of the rider as stated in the Policy Schedule, if later.

TERMINATION

The rider will terminate if the policy to which it is attached terminates, when the maximum benefit has been paid to all Covered Persons, or if the premium for the rider is not paid.

REFER TO THE POLICY, RIDER, AND OUTLINE OF COVERAGE FOR COMPLETE DETAILS, DEFINITIONS, LIMITATIONS, AND EXCLUSIONS.

Underwritten by:
American Family Life Assurance Company of Columbus

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