

# OPTIONAL COSMETIC BENEFIT RIDER SUMMARY PAGE

Rider A82051

DE<sup>R</sup>

*The Cosmetic 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 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 the rider is \$600 per policy year.

ADA CODE*	DESCRIPTION	BENEFIT AMOUNT
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 or Two Teeth	125
D9972	External Bleaching – Per Arch	250
D9973	External Bleaching – Per Tooth	25
D9974	Internal Bleaching – Per Tooth	100

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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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