

► **Peace of Mind *and*  
Real Cash Benefits**



**DENTAL INSURANCE**

**DE<sup>E</sup>**

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

**Aflac**<sup>®</sup>  
We've got you under our wing.<sup>®</sup>

# DENTAL INSURANCE

Policy A82100RTX

This brochure accompanies Schedule of Dental Procedures A82ES75SCHTX.

# DE<sup>E</sup>

## Smile. We've got you under our wing.<sup>®</sup>

Millions of people believe a smile is the most important physical attribute—more so than hair, eyes, or figure.<sup>1</sup> 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.<sup>2</sup>

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.<sup>3</sup>

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.

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

<sup>2</sup>Subject to applicable Waiting Periods.

<sup>3</sup>If 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 AND OUTLINE OF COVERAGE 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.<sup>4</sup>

## 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.

**GRACE PERIOD:** A Grace Period of 31 days will be granted for the payment of each premium falling due after the first premium. During the Grace Period, the policy will continue in force.

**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.

**PREMIUMS:** Premiums are subject to change.

	Annual	Semiannual	Quarterly	Monthly
Policy: A82100RTX	\$_____	\$_____	\$_____	\$_____
Optional Riders:				
Orthodontic Benefit Rider:				
A82050	\$_____	\$_____	\$_____	\$_____
Cosmetic Benefit Rider:				
A82051	\$_____	\$_____	\$_____	\$_____

The person to whom the policy is issued is permitted to return the policy to Aflac within 30 days of its delivery and to have the premium paid refunded.

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

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