

# Aflac Dental Insurance

## GROUP SUPPLEMENTAL PLAN – BASIC

No networks. No deductibles.  
Use any dentist you choose.

A dental plan that gives you  
something to smile about.



In California, coverage is underwritten by  
Continental American Life Insurance Company.

This is a limited Dental Plan. This plan provides benefits for the dental procedures listed. This plan does not provide benefits for any other sickness or condition.

**Continental American  
Insurance Company (CAIC)**



# AFLAC DENTAL INSURANCE

## GROUP SUPPLEMENTAL – BASIC

Policy Series CA1100



## Developed to help keep one of your most vital assets healthy for life.

A smile is a beautiful thing. It means warmth and friendship in almost every culture and language around the world. And it says great things about you, too. That's just one reason why taking care of your teeth is so important.

### It's also why the Aflac Group Dental Supplemental Insurance Plan was developed.

In addition to giving you a shiny-white smile, regular dental exams help stave off cavities, fight gum disease, and help you avoid other health issues.

So, you can see why good oral hygiene can play a part in your overall health down the road. Of course, there are some other important reasons why our plan might be good for you, too:

- There are no networks, so you can go to any dentist you choose.
- There are no precertification requirements.
- There's no annual deductible.
- Aflac pays benefits regardless of any other plan.

But it doesn't stop there. Having group Dental supplemental insurance from Aflac means that you could have added financial resources to help with routine dental care.

### The Aflac Group Dental Supplemental Insurance Plan benefits include the following for routine care:

- Cleanings and Preventive Care
- X-rays
- Sealants
- Root Canals
- Crowns and Major Services
- Major Prosthetic Services
- Optional Orthodontic and Cosmetic Services

### Features:

- Coverage is guaranteed-issue (which means you may qualify for coverage without having to answer health questions).
- Benefits are paid directly to you, unless otherwise assigned.
- Coverage is available for you, your spouse, and dependent children.

For more information, ask your insurance agent/producer or call 1.800.433.3036. [aflacgroupinsurance.com](http://aflacgroupinsurance.com)

## Benefits Overview\*

PROCEDURES AND SERVICES	BASIC	WAITING PERIOD
<p><b>DENTAL WELLNESS</b></p> <p>This benefit is payable for any insured for a dental wellness procedure. This benefit is payable once per visit and twice per plan year per insured. Dental wellness visits must be separated by 150 days or more. Treatment must be performed by a dentist or dental hygienist.</p>	\$25	0 months
<p><b>X-RAY</b></p> <p>This benefit is payable once per visit for any one X-ray procedure. This benefit is payable once per plan year, per insured. This treatment must be performed by a dentist or dental hygienist.</p>	\$15	0 months
<p><b>FILLINGS AND BASIC SERVICES</b></p> <p>The Limited Oral Evaluation Benefit is payable only for visits where no other covered services are performed.</p>	Up to \$225	3 months
<p><b>PAIN MANAGEMENT AND ADJUNCTIVE SERVICES</b></p> <p>The benefits for deep sedation/general anesthesia (first 30 minutes) and analgesia, anxiolysis, or inhalation of nitrous oxide are not payable for the same surgery.</p>	Up to \$120	3 months
<p><b>OTHER PREVENTIVE SERVICES</b></p>	Up to \$100	6 months
<p><b>ORAL SURGERY, GUM TREATMENTS, AND PROSTHETIC REPAIR</b></p>	Up to \$750	6 months
<p><b>MAJOR PROSTHETIC SERVICES</b></p>	Up to \$450	24 months
<p><b>CROWNS AND MAJOR SERVICES</b></p>	Up to \$350	12 months
<p><b>COVERAGE YEAR MAXIMUM</b> (per insured)</p>	\$1,200	
<p><b>ANNUAL MAXIMUM BUILDING BENEFIT</b> (per insured)</p> <p>We will increase your annual maximum after each 12 consecutive months of coverage being in force. This increase is a maximum of 5 years, per insured.</p>	\$100 per year, up to \$500 maximum, per insured	
<p><b>OPTIONAL BENEFIT RIDERS</b></p>		
<p><b>ORTHODONTIC BENEFIT RIDER</b></p>		
<p><b>Initial Treatment</b></p> <p>We will pay the Initial Treatment Benefit for a covered orthodontic procedure after any applicable waiting period. The Initial Treatment Benefit is not payable for periodic orthodontic treatment visits (ADA Code D8670).</p>	\$500	
<p><b>Continued Treatment</b></p> <p>We will pay the amount shown when an insured receives continued treatment involving a covered orthodontic procedure, with a maximum of one treatment per month, up to 18 treatments. Periodic orthodontic treatment visits are payable under the Continued Treatment Benefit.</p>	\$50	
Total Annual Maximum per Family	\$2,600	
Lifetime Maximum per Insured	\$1,400	
Waiting Period		24 Months
<p><b>COSMETIC BENEFIT RIDER</b> (not available for Section 125 pre-tax plans)</p>		
Covered Cosmetic Treatment	Up to \$250	
Total Annual Maximum	\$600	
Lifetime Maximum	\$1,800	
Waiting Period		24 Months

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If the coverage outlined in this summary will replace any existing coverage, please be aware that it may be in your best interest to maintain your individual guaranteed-renewable policy.

#### LIMITATIONS AND EXCLUSIONS

##### **WE WILL NOT PAY BENEFITS FOR LOSSES CAUSED BY OR RESULTING FROM THE FOLLOWING:**

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. In California, services that are not recommended by a dentist 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. 8. Treatment received prior to an insured's 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). In Alaska and Maine: This exclusion does not apply. In California: A dentist's or dental practice's use of unethical or fraudulent billing practices. This includes, but is not limited to, the following: i. Overutilization of dental codes, which is providing or billing for unnecessary dental services; ii. Unbundling, which is separating a complete dental procedure into parts and charging for each part, rather than using a single, correct code for the entire procedure; or iii. Upcoding, which is wrongfully using a higher paying ADA code listed in the Benefit Schedule, Section VI, to fraudulently reflect that a more expensive procedure or device, was involved in the insured's treatment.

Benefits (in Oregon, Limitation of 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.

No benefits will be paid for replacement of teeth missing before an insured's effective date of coverage.

We will not pay benefits for services rendered by you or a member of the immediate family of an insured.

In Arizona, however, we will pay benefits for services rendered a member of the immediate family of an insured.

In Texas, this is not applicable.

In Maine, Massachusetts, Oregon, and New Jersey, we will not pay benefits for fraud.

#### **ORTHODONTIC BENEFIT RIDER LIMITATION**

This benefit is not payable for dental services when the initial treatment occurred prior to the effective date or before the waiting period ended.

#### **COSMETIC BENEFIT RIDER LIMITATION**

This benefit is subject to the waiting period listed in your certificate schedule. All treatments must be performed by a dentist or dental hygienist.

#### **TERMS YOU NEED TO KNOW**

**Dependent Children** means employee's children who are under age 26 (In Wisconsin, age 27). See certificate for details. .

**Dentist or Dental Hygienist** refers to a legally qualified person, other than a member of an insured's immediate family, who is licensed by the state to treat the type of condition for which a claim is made. In Oregon, This definition also encompasses any covered procedure performed by a licensed dentist or by a licensed physician. In South Dakota, Dentist, or Dental Hygienist who is an Immediate Family Member, we will cover treatment by him if he is the only Dentist, or Dental Hygienist in the area, provided that he is acting within the scope of his duties. In Kentucky, this definition includes a physician when treating the type of condition for which benefits are payable under this plan. In Minnesota, this includes a licensed physician. In Texas, the dentist may be a member of an employee's immediate family.

**Immediate Family** means any person, as applicable, who is related to you in the following manner: spouse; brothers or sisters (includes stepbrothers and stepsisters); children (includes stepchildren); parents (includes stepparents); grandchildren; father- or mother-in-law; brothers- or sisters-in-law; and spouses. See certificate for details.

**Employee** means a person insured under the plan who is: 1. an employee of the policyholder; 2. included in the class of employees eligible for coverage as shown on the application.

**Spouse** is your legal wife, husband, or partner in a legally recognized union. Refer to your certificate for details.

#### **TERMINATION OF COVERAGE**

Your insurance may terminate when the plan is terminated; the 31st day after the premium due date if the premium has not been paid; on the date you cease to meet the definition of an employee as defined in the plan; or the date you no longer belong to an eligible class. If your coverage terminates, we will provide benefits for valid claims that arose while your coverage was in force. See certificate for details.

#### **YOU MAY CONTINUE YOUR COVERAGE**

Your coverage may be continued with certain stipulations. See certificate for details.

**Notice to Consumer: The coverages provided by Continental American Insurance Company (CAIC) represent supplemental benefits only. They do not constitute comprehensive health insurance coverage and do not satisfy the requirement of minimum essential coverage under the Affordable Care Act. CAIC coverage is not intended to replace or be issued in lieu of major medical coverage. It is designed to supplement a major medical program.**

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Continental American Insurance Company • Columbia, South Carolina

Refer to your certificate for a complete list of the schedule of dental procedures payable under the plan.

The certificate to which this sales material pertains may be written only in English; the certificate prevails if interpretation of this material varies.

This brochure is a brief description of coverage and is not a contract. Terms and conditions may vary by state. Read your certificate carefully for exact terms and conditions as well as a complete list of the schedule of dental procedures payable under the plan.

You're welcome to request a full copy of the plan certificate through your employer or by reaching out to our Customer Service Center.