

Aflac Dental Insurance

GROUP SUPPLEMENTAL PLAN – STANDARD

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

A dental plan that gives you
something to smile about.



Aflac[®]

AFLAC DENTAL INSURANCE

GROUP SUPPLEMENTAL – STANDARD

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.

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

For more information, ask your insurance agent/producer or call 1.800.433.3036. aflacgroupinsurance.com

Benefits Overview*

PROCEDURES AND SERVICES	STANDARD	WAITING PERIOD
<p>DENTAL WELLNESS</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>	\$50	0 months
<p>X-RAY</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>	\$35	0 months
<p>FILLINGS AND BASIC SERVICES</p> <p>The Limited Oral Evaluation Benefit is payable only for visits where no other covered services are performed.</p>	Up to \$250	3 months
<p>PAIN MANAGEMENT AND ADJUNCTIVE SERVICES</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 \$130	3 months
<p>OTHER PREVENTIVE SERVICES</p>	Up to \$110	6 months
<p>ORAL SURGERY, GUM TREATMENTS, AND PROSTHETIC REPAIR</p>	Up to \$850	6 months
<p>MAJOR PROSTHETIC SERVICES</p>	Up to \$550	24 months
<p>CROWNS AND MAJOR SERVICES</p>	Up to \$375	12 months
<p>COVERAGE YEAR MAXIMUM (per insured)</p>	\$1,400	
<p>ANNUAL MAXIMUM BUILDING BENEFIT (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>CONGENITAL MISSING TEETH ORTHODONTIA BENEFIT</p> <p>We will pay \$500 for the initial treatment of one of the orthodontic procedures* listed on the schedule page. After the initial treatment is paid, we will pay \$50 when that insured receives continued treatment involving one of the orthodontic procedures listed on the schedule page. This benefit pays only for the care and treatment of congenital missing teeth.</p> <p>*The \$500 initial treatment benefit is not payable for ADA Code D8670, periodic orthodontic treatment visit.</p>	<p>One treatment per month, up to 18 months</p> <p>Lifetime maximum of \$1,400 per covered person</p> <p>\$2,600 total maximum per policy year</p>	24 months
<p>OPTIONAL BENEFIT RIDERS</p>		
<p>ORTHODONTIC BENEFIT RIDER</p>		
<p>Initial Treatment</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

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

Continued Treatment 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.	\$50
Total Annual Maximum per Family	\$2,600
Lifetime Maximum per Insured	\$1,400
Waiting Period	24 Months
COSMETIC BENEFIT RIDER (not available for Section 125 pre-tax plans)	
Covered Cosmetic Treatment	Up to \$250
Total Annual Maximum	\$600
Lifetime Maximum	\$1,800
Waiting Period	24 Months

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

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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.

EXCEPTIONS AND REDUCTIONS

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.
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).

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.

CONGENITAL MISSING TEETH ORTHODONTIA BENEFIT EXCEPTION

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

ORTHODONTIC BENEFIT RIDER EXCEPTION

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 EXCEPTION

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 an employee's natural children, stepchildren, legally adopted children, or children placed for adoption, who are unmarried; and younger than age 26. 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.

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.

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 means the person to whom you are legally married and who is listed in your application.

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.

Continental American Insurance Company (CAIC), a proud member of the Aflac family of insurers, is a wholly-owned subsidiary of Aflac Incorporated and underwrites group coverage. CAIC is not licensed to solicit business in New York, Guam, Puerto Rico, or the Virgin Islands.

Continental American Insurance Company • Columbia, South Carolina

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. 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.

This brochure is subject to the terms, conditions, and limitations of Policy Series CAI1100.