

Aflac Vision Insurance

PLAN 3

At Aflac, your vision is our focus. Rely on us for access to affordable eye care and more



Underwritten by:

National Guardian Life Insurance Company, Madison, WI

National Guardian Life Insurance Company is not affiliated with Guardian Life Insurance Company of America
aka The Guardian or Guardian Life.



AFLAC VISION INSURANCE

Policy Series NVIGRP 5/07 and NVIGRP 11/13. In Pennsylvania, policy form NVIGRP 7/08-PA.



Your vision is our focus

According to the Centers for Disease Control and Prevention, about 11 million Americans over the age of 12 need vision correction¹, but that's just one of the reasons to get your eyes examined.

Getting regular eye exams is a great way to spot eye disease early and preserve your vision. Eye diseases are common and may go unnoticed for a long time. Some don't even show symptoms in the beginning. It's important to discover them in the early stages when treatment can be most effective. While it's important for adults, it's just as important for children to have early vision screenings. Healthy eyes and vision are a critical part of a child's development.

But did you know that your eye care professional can also spot other conditions during a regular eye exam – like high blood pressure or diabetes? Some say eyes are the window to the soul, but they can also be the window to your overall health.

Why choose Aflac vision insurance?

Aflac's vision insurance helps to make it easy and more affordable to get regular eye exams and much more. You may select the eye care provider of your choice.

We make it easy to find a provider. You can visit www.aflac.com/VisionNetwork and click "Provider Search" or call Davis Vision directly at **1.800.999.5431**. You'll have access to more than 85,000 providers throughout the United States.

We also make it easy to schedule an appointment. Simply have your member ID number, name and date of birth handy and the provider will take care of the rest.

¹Centers for Disease Control and Prevention, Keep an Eye on Your Vision Health, July 26, 2018. <https://www.cdc.gov/features/healthyvision/index.html>. Accessed 11/8/19.

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You will receive:

- **Freedom of choice.** Access to care through our network of independent, private-practice doctors (optometrists and ophthalmologists) or select retail optical partners.
- **One-year breakage warranty.** Repair or replacement of plan-covered prescription lenses, collection frame or frame from a network retail location where the collection is not displayed.
- **Greater benefits.** Members may access a higher frame allowance by visiting a Visionworks[®] family store location.²
- **Additional savings.** At most participating network locations, members receive up to 20% off additional eyeglasses, sunglasses and items not covered by the benefit, as well as 10% off disposable contact lenses.³
- **Mail-order contact lenses.** Replacement contacts (after initial benefit) through the www. DavisVisionContacts.com mail-order service ensures easy, convenient online purchasing and quick, direct shipping to your door. Log on to our member website for details.
- **Laser-vision correction.** Up to 25% off participating providers' usual and customary pricing or 5% off an advertised special, whichever is lower. Log on to our member website for details and to locate a provider.

²Enhanced frame allowance available at all Visionworks locations nationwide. Excludes Maui Jim eyewear.

³Additional discounts not applicable at Walmart, Sam's Club or Costco locations.

WHAT IS COVERED?

In-network benefits	
FREQUENCY	
Eye examinations inclusive of dilation (when professionally indicated)	Once every 12 months
Eyeglass lenses	Once every 12 months
Frame	Once every 12 months
Contact lens evaluation, fitting and follow-up care (in lieu of eyeglasses)	Once every 12 months
CO-PAYMENTS	
Eye examination	\$10
Eyeglass lenses	\$10
Contact lens evaluation, fitting and follow-up care	\$0
MATERIALS - FRAMES	
Frame allowance (retail) 20% overage discount ⁴	Up to \$180 OR up to \$230 ⁵
DAVIS VISION FRAME COLLECTION (IN LIEU OF ALLOWANCE)	
	Member co-pay
Fashion level	\$0
Designer level	\$0
Premier level	\$0
MATERIALS - EYEGLASS LENSES	
	Member co-pay
Clear plastic single-vision, lined bifocal, trifocal or lenticular lenses (any size or Rx)	\$0
Tinting of plastic lenses	\$0
Scratch-resistant coating	\$0
Polycarbonate lenses (children/adults)	\$0/\$30
Ultraviolet coating	\$12
Antireflective (AR) coating (standard/premium/ultra/ultimate)	\$35/\$48/\$60/\$85
Progressive lenses (standard/premium/ultra/ultimate)	\$50/\$90/\$140/\$175
High-index lenses	\$55
Polarized lenses	\$75
Plastic photochromic lenses	\$65
Scratch-protection plan: single vision/multifocal lenses	\$20/\$40
MATERIALS - CONTACT LENSES	
Contact lens material allowance – plus 15% discount on any overage	Up to \$180
Evaluation, fitting and follow-up care – standard lens types (in lieu of eyeglasses)	\$0 co-pay
Evaluation, fitting and follow-up care – specialty lens types (in lieu of eyeglasses)	Up to \$60 allowance plus a 15% discount on any overage ⁴
COLLECTION CONTACT LENSES BENEFIT (IN LIEU OF CONTACT LENS MATERIAL ALLOWANCE)	
Materials disposable: up to	8 boxes/multi-packs
Planned replacement: up to	4 boxes/multi-packs
Evaluation, fitting and follow-up care	\$0 co-pay
NONELECTIVE (VISUALLY REQUIRED) CONTACT LENSES (WITH PRIOR APPROVAL)	
Materials, evaluation, fitting and follow-up care	\$0 co-pay
OUT-OF-NETWORK REIMBURSEMENT ALLOWANCE SCHEDULE	
Eye examination	Up to \$40
Frame	Up to \$50
Single-vision lenses	Up to \$40
Bifocal/progressive lenses	Up to \$60
Trifocal lenses	Up to \$80
Lenticular lenses	Up to \$100
Elective contact lenses	Up to \$105
Visually required contact lenses	Up to \$225

⁴Discounts are not part of insured benefits.

⁵At Visionworks® locations.

Benefits and/or premiums may vary based on the state and benefit option selected. The plan has limitations and exclusions that may affect benefits payable. The plan may contain a waiting period. Refer to the policy and certificate for complete benefit details, definitions, limitations and exclusions. 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 Benefits payable under the plan.

TERMS YOU NEED TO KNOW

Co-pay: An insured's share of the costs for covered services or materials that are provided by an in-network provider. (In California and Ohio, an insured's share of the costs that are incurred by an in-network provider.) The co-pay is paid directly to the provider at the time services are rendered. Co-pay amounts are listed in the Schedule of Benefits.

Contact lenses, elective: Elective contact lenses refer to contact lenses an insured chooses to wear instead of eyeglasses for reasons of comfort or appearance.

Contact lenses, nonelective: Nonelective contact lenses refers to contact lenses that are prescribed solely for the purpose of correcting one of the medical conditions listed below. These conditions prevent the insured from achieving a specified level of visual acuity (performance) through the wearing of conventional eyeglasses:

1. Aphakia (after cataract surgery). A pair of prescription single-vision or multifocal eyeglass lenses and an eyeglass frame can be provided in addition to nonelective contact lenses for this condition.
2. When visual acuity cannot be corrected to 20/70 in the better eye, except through the use of contact lenses (must be 20/60 or better).
3. Anisometropia of 4.0 diopters or more, provided visual acuity improves to 20/60 or better in the weak eye.
4. Keratoconus.

Reimbursement of nonelective contact lenses will be considered as payment in full if using the services of an in-network provider. This benefit provides coverage for the materials only. It does not include the contact lens fitting fee.

Covered dependent: Means an eligible dependent who is insured under the certificate.

Covered services or materials: Means the vision exam services and materials that qualify for benefits under the group policy. Covered services or materials are shown in the Schedule of Benefits and in the Supplement to Schedule of Benefits. (In California and Ohio, covered vision exam or materials – Means the vision exam or materials that qualify for benefits under the group policy. Covered vision exams or materials are shown in the Schedule of Benefits and in the Supplement to Schedule of Benefits.)

Eligible dependent: Means a person listed below:

1. Your spouse (in Georgia and Pennsylvania, spouse or lawful domestic partner);
2. Your unmarried dependent child under age 26, who is your natural or adopted child, step-child, foster child, or child for whom you are a legal guardian and who is primarily dependent on you for support and maintenance.
3. Your unmarried child age 19 or older but less than age 26 (in Georgia, your unmarried child age less than age 26) who is:
 - a. Not regularly employed on a full-time basis (in Georgia, this does not apply);

- b. Primarily dependent upon you for support and maintenance; and

- c. Enrolled as a full-time student in an accredited educational institution or licensed trade school (in Georgia, enrolled as a full-time student in an accredited educational institution or licensed trade school, or if not so enrolled, would have been eligible to be enrolled and was prevented from doing so due to injury or sickness).

4. Your unmarried child who has reached age 26 and who is:

- a. Primarily dependent upon you for support and maintenance; and

- b. Incapable of self-sustaining employment by reason of mental retardation, mental illness or disorder or physical handicap.

Proof of the child's incapacity or dependency must be furnished to us for an already enrolled child who reaches the age limitation, or when you enroll a new disabled child under the plan.

In Louisiana:

Eligible dependent: means your:

1. spouse; or
2. natural child, grandchild, step-child, foster child, adopted child or a child during the pendency of adoption who:
 - a. is less than 26 years old; or
 - b. becomes incapable of self-support because of mental or physical handicap while insured under the group policy and prior to reaching the limiting age for dependent children. We must receive proof of incapacity within 31 days after coverage would otherwise terminate. Then, coverage will continue for as long as your insurance stays in force and the child remains incapacitated. Additional proof may be required from time to time but not more often than once a year after the child attains age 26; or
 - c. is not living with you, but you are legally required to support such child, and the child would otherwise qualify under a. or b. above.

An Eligible Dependent will also include a child who is placed in your home following execution of an act of voluntary surrender in your favor or the favor of your legal representative effective on the date on which such act of voluntary surrender becomes irrevocable.

If a dependent is eligible to be an Insured, he is not eligible as a dependent.

In the event both parents of a dependent child are Insured under separate certificates, such child is considered as a dependent of either parent. The child may not be considered a dependent of both parents.

TERMS YOU NEED TO KNOW

Eyeglass lenses: A standard plastic (CR39) lens (in Georgia, Michigan, and Pennsylvania, a standard glass or plastic (CR39) lens), which is optically clear, that will fit an eyeglass frame with a lens size less than 61mm in length. Standard multifocal lenses include segments through flat-top 35 for plastic bifocal and lenticular lenses, through flat-top 28 for glass trifocals, and through flat-top 35 for plastic trifocals.

In-network provider: An ophthalmologist, optometrist or optician who has entered into an agreement with the administrator to provide covered services or materials (in California and Ohio, the covered vision exam or materials) at an agreed to cost. When an in-network provider is used, the insured will generally incur less out-of-pocket costs for the services rendered.

In Louisiana:

Military Service Benefits

Any member who is an employee of the policyholder has the right to continue insurance at the time the employee enters service in the Uniformed Services. This is subject to the payment of any premiums due for the coverage. Any employee who re-applies for coverage after release from service in the Uniformed Services will be reinstated.

Individual effective dates

Your coverage will be effective on the later of the following dates, provided that any required premium is paid:

1. the policyholder's effective date, shown on the certificate Schedule; or
2. the date you meet all the eligibility and enrollment requirements.

For eligible dependents acquired after your effective date of coverage, by reason of marriage (in California, marriage or entering into a domestic partnership), birth or adoption, coverage is effective the date specified by the policyholder. This is subject to our receipt of the required enrollment and payment of the premium, if any.

Newborn Coverage: Any child born to you or your covered dependent spouse (in Pennsylvania, any insured) is covered from the moment of birth to thirty-one (31) days or until released from the hospital. A notice of birth, together with any additional premium, must be submitted within thirty-one (31) days of the birth in order to continue the coverage beyond the initial thirty-one (31)-day period.

Adopted Children: A child adopted by you is covered from the date of placement. Coverage will continue unless the child's placement is disrupted prior to legal adoption. A notice of placement for adoption, together with any additional premium, must be submitted to us within thirty-one (31) days of the placement in order to continue the coverage beyond the initial thirty-one (31)-day period.

Other stipulations may apply. See your certificate for details.

Individual termination dates

Coverage for you and all covered dependents stops on the earliest of the following dates:

1. the date the policy terminates;
2. the date the policyholder's coverage terminates under the policy;
3. the last day of the month in which you are no longer an eligible member;
4. the date you die;
5. on any premium due date, if full payment for your insurance is not made within thirty-one (31) days following the premium due date.

In addition, coverage for each covered dependent stops on the earliest of:

1. the date he is no longer an eligible dependent;
2. the date we receive your request to terminate covered dependent coverage. This is subject to any limitation imposed by the policyholder as to when a change is permitted; e.g. under an open enrollment period.

Other stipulations may apply. See your certificate for details.

In Pennsylvania:

Extended Benefits for Reserve Full-Time Students: Insurance coverage for a Reserve Full-Time Student will be extended for a period of time equal to the duration of the student's service on active duty or active State duty or, if earlier, until the Insured is no longer a full-time student. Coverage for a Reserve Full-Time Student will not terminate due to age, when the student's educational program was interrupted because of military duty.

In order to qualify for this extension of benefits, You must submit a form approved by the Department of Military and Veterans Affairs notifying Us of each of the following occurrences:

1. the student has been placed on active duty;
2. the student is no longer on active duty; and
3. the student has re-enrolled as a full-time student for the first term or semester starting sixty (60) or more days after his or her release from active duty.

LIMITATIONS AND EXCLUSIONS

Limitations

The contact lenses benefit is paid in lieu of eyeglass lenses and frames. An insured is eligible to receive benefits under the eyeglass lenses benefit or the frame benefit only after the contact lenses benefit frequency has ended.

The eyeglass lenses benefit and the eyeglass frame benefit are paid in lieu of the contact lenses benefit. An insured is eligible to receive benefits under the contact lenses benefit (in California and Ohio, and the eyeglass frame benefit) only after the eyeglass lenses benefit frequency has ended.

Dilation is covered in full under the vision exam benefit only if done for one of the following conditions: central vision loss, photopsia, floaters, high myopia, diabetes or history of ocular surgery, ocular trauma or ocular disease.

Members who waive coverage at initial enrollment (within 31 days of effective date) or in the new eligibility period and/or terminate coverage may not enroll until next open enrollment period, unless there is a qualifying event.

In Ohio: This Plan is designed to cover “standard” or “basic” eyeglass lenses and frames. Add-on charges for specialty lenses and lens applications are not covered. These extra charges are paid directly to the provider by the member. Some items requiring additional charges are listed below under exclusions.

Exclusions

No benefits are payable for any of the following conditions, procedures and/or materials, unless otherwise specifically listed as a covered benefit in the Schedule of Benefits (in California, No benefits are payable for the any of the following conditions, procedures and/or materials):

1. Replacement frames and/or lenses, except at normal intervals when covered services are otherwise available (in California, this exclusion does not apply).
2. Plano or nonprescription lenses or sunglasses.
3. Orthoptics, vision training and any associated supplemental testing.
4. Frame cases.
5. Low (subnormal) vision aids or aniseikonic lenses.
6. Medical and surgical treatment of the eyes.
7. Charges incurred after (a) the policy ends; or (b) the insured's coverage under the policy ends, except as stated in the policy.
8. Experimental or nonconventional treatment or device.
9. Any eye examination or corrective eyewear required by an employer as a condition of employment (in California, any eye examination or corrective eyewear required by an employer as a condition of employment, even if a vision exam or materials are listed as a covered benefit in the Schedule of Benefits).
10. Services and materials provided by another vision plan except in the case of coordination of benefits.
11. Services for which benefits are paid by worker's compensation.
12. Benefits provided under the employee's medical insurance except in the case of coordination of benefits.
13. Blended bifocal lenses.
14. Groove, drill or notch, and roll and polish.
15. Two pairs of glasses, in lieu of bifocals, trifocals or progressives.
16. Coating on lenses (factory scratch coat, antireflective, sunglass colors, etc.).
17. Cosmetic items.
18. Faceted lenses.
19. High-index lenses.
20. Laminated lenses.
21. Oversize lenses – any lens with an eye size of 61mm or greater.
22. Photochromic (transition) lenses.
23. Polaroid lenses.
24. Polished bevel lenses.
25. Polycarbonate lenses.
26. Prism lenses.
27. Slab-off lenses.
28. Tints (except pink tint Nos. 1 and 2).
29. Ultraviolet tint or coating.
30. Additional cost for contact lenses over the allowance.
31. Additional cost for a frame over the allowance.
32. Progressive Power Lenses.⁶

⁶Progressive Power Lens Benefit. If this type of lens is not a covered benefit under your certificate, the provider will apply the retail charge for standard trifocal lenses against the charge for the style of progressive lens you have selected. You pay the provider the difference, if any, between the two.





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Applies to Policy Series NVIGRP 5/07 and NVIGRP 11/13. In Pennsylvania, policy form NVIGRP 7/08-PA. Insurance coverage for Aflac Vision is underwritten by National Guardian Life Insurance Company (NGL). National Guardian Life Insurance Company is not a member of the Aflac family of insurers. National Guardian Life Insurance Company is not affiliated with The Guardian Life Insurance Company of America a/k/a The Guardian or Guardian Life. Aflac Vision products may not be available in all states. National Guardian Life Insurance Company | Madison, WI.

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Aflac herein means American Family Life Assurance Company of Columbus. Worldwide Headquarters | 1932 Wynnton Road | Columbus, GA 31999

States references refer to the state of your group.

