

Aflac Vision Now[®]

LIMITED BENEFIT VISION INSURANCE

You can never see into the future.
But our vision plan helps make the path
to getting there a little clearer.



We've got you under our wing.®

Policy NYVSN100



Understand the Difference Aflac Makes in Caring for Your Vision

Aflac goes beyond traditional exams and provides benefits for serious eye conditions. In addition to an Eye Exam Benefit and a choice of Vision Correction Benefits, we will pay benefits for specific eye diseases and disorders, eye surgeries, and permanent visual impairment—all without network restrictions.

NO PROVIDER NETWORK

You have the freedom to choose any eye-care provider.

COMPREHENSIVE EYE-CARE BENEFITS

Vision Now® pays benefits for eye surgeries, specific eye diseases/disorders, and permanent visual impairment.

VISION CORRECTION BENEFIT OPTIONS

Three benefit options allow you to choose the benefit amount and frequency that best meets your needs.

GUARANTEED-RENEWABLE REGARDLESS OF AGE

The policy is guaranteed-renewable for your lifetime with no reduction in benefits due to age.

NO COORDINATION OF BENEFITS

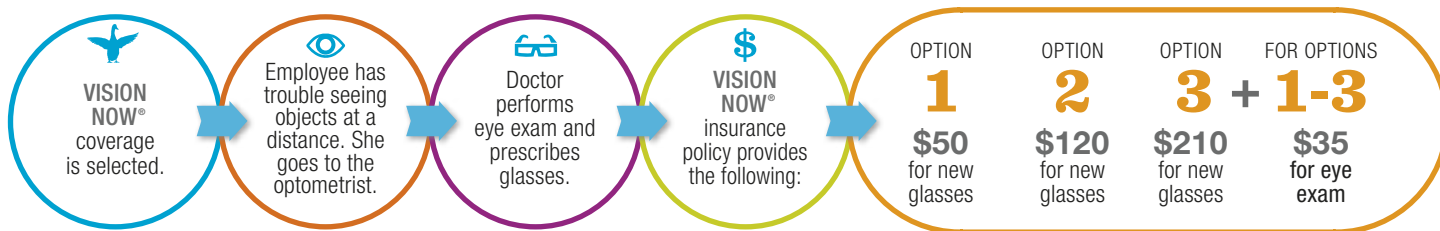
Benefits are paid regardless of any other insurance.

PRE-TAX DEDUCTIONS

The policy is eligible for pre-tax deduction of premiums under a Section 125 Cafeteria Plan.

Our Vision Now® insurance policy offers you three plan options with **Vision Correction Benefits** of **\$50**, **\$120**, or **\$210** for materials, such as glasses and contacts. All three options include an **Eye Exam Benefit** of **\$35**.

HOW IT WORKS



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

LIMITED BENEFIT VISION INSURANCE COVERAGE

POLICY NYVSN100

Home Office • 22 Corporate Woods Boulevard, Suite 2 • Albany, New York 12211
Toll-Free 1.800.366.3436

I. Read the Policy Carefully. This document provides a very brief description of the important features of the policy. This is not the insurance contract and only the actual policy provisions will control. The policy itself sets forth, in detail, the rights and obligations of both you and Aflac. It is, therefore, important that you **READ THE POLICY CAREFULLY**.

II. Benefits. Subject to the waiting period, listed in the Benefit section (Part 5) of the policy, for the Vision Correction Benefit and the provisions in the Limitations and Exclusions section, we will pay the following benefits when a charge is incurred for covered vision treatment that occurs while coverage is in force. See the policy for the specific waiting period for the Vision Correction Benefit.

A. EYE EXAMINATION BENEFIT: Aflac will pay \$35 when a charge is incurred for an eye examination for a covered person. This benefit is limited to one examination per covered person, per Policy Year. The eye examination must be performed by an Optometrist or Ophthalmologist. No lifetime maximum.

There are three different levels of the Vision Correction Benefit. You will only receive the one benefit that you chose on your application for coverage. Please refer to the Policy Schedule page of the policy to determine your Vision Correction Benefit. While the policy is in force, ONLY the Vision Correction Benefit chosen at the time of application will be paid, subject to Part 2, Limitations and Exclusions of the policy, and all other policy provisions. Please see section (III) of this document.

B. VISION CORRECTION BENEFIT: The option you have chosen on your application is indicated below by a check mark in the appropriate option box. **PLEASE NOTE: Only one Vision Correction Benefit option can be in effect at any given time.**

☐ **Option 1 VISION CORRECTION BENEFIT:** Aflac will pay \$50 when a charge is incurred for prescribed Vision Correction Materials or \$100 when a charge is incurred for Refractive Error Correction Surgery for a covered person. This benefit is payable once per covered person, per Policy Year. **NOTE: If a covered person receives a benefit for Vision Correction Materials and later receives Refractive Error Correction Surgery in the same Policy Year, we will pay \$50 for Refractive Error Correction Surgery.**

☐ **Option 2 VISION CORRECTION BENEFIT:** After a 12-month waiting period, Aflac will pay \$120 when a charge is incurred for prescribed Vision Correction Materials or \$240 when a charge is incurred for Refractive Error Correction Surgery for a covered person. This benefit is payable once per covered person during each successive 24-month period following the end of the waiting period, and applies only for charges incurred during that period. **NOTE: If a covered person receives a benefit for Vision Correction**

Materials and later receives Refractive Error Correction Surgery during the same 24-month period, we will pay \$120 for Refractive Error Correction Surgery.

☐ **Option 3 VISION CORRECTION BENEFIT:** After a 24-month waiting period, Aflac will pay \$210 when a charge is incurred for prescribed Vision Correction Materials or \$420 when a charge is incurred for Refractive Error Correction Surgery for a covered person. This benefit is payable once per covered person during each successive 36-month period following the end of the waiting period, and applies only for charges incurred during that period. **NOTE: If a covered person receives a benefit for Vision Correction Materials and later receives Refractive Error Correction Surgery during the same 36-month period, we will pay \$210 for Refractive Error Correction Surgery.**

C. SPECIFIC EYE DISEASES/DISORDERS BENEFIT: Aflac will pay \$1,000 when a covered person is first diagnosed after the Effective Date as having any of the eye diseases or disorders listed below. The eye disease or disorder must be diagnosed by an Ophthalmologist or a Physician.

Glaucoma (excluding preglaucoma and/or borderline glaucoma)

Proliferative diabetic retinopathy

Retinal detachment

Retinitis pigmentosa

Macular degeneration

This benefit is payable only once per covered disease or disorder, per covered person, and will be paid in addition to any other benefit in the policy.

D. EYE SURGERY BENEFIT: When an eye surgical operation is performed on a covered person while the policy is in force, Aflac will pay the indemnity amount listed in the Schedule of Operations in the policy for the specific procedure when a charge is incurred. Surgeries must be performed by an Ophthalmologist or a Physician.

If any eye surgical operation is performed other than those listed, Aflac will pay an amount comparable to the amount shown in the Schedule of Operations for the operation most nearly similar in severity and gravity.

NOTE: Surgical benefits for Refractive Error Correction Surgery are payable only under the Vision Correction Benefit.

Surgical benefits are limited to surgeries of the eye, eye socket, eyelid, and tear ducts. Only one benefit is payable per 24-hour period for surgery even though more than one surgical procedure may be performed. We will pay the highest eligible benefit. No lifetime maximum.

- E. PERMANENT VISUAL IMPAIRMENT BENEFIT:** When a covered person is first diagnosed after the Effective Date of coverage with a Visual Impairment for which there is no medical prognosis of recovery, Aflac will pay the following indemnity amount(s) for the specific level(s) of Visual Impairment that apply to your current stage of Visual Impairment.

VISUAL IMPAIRMENT LEVEL	TOTAL PER LEVEL	MAXIMUM CUMULATIVE BENEFIT PER EYE
(Level 1) – Severe	\$750	\$750
(Level 2) – Profound	+ \$1,750	\$2,500
(Level 3) – Near-Total	+ \$2,500	\$5,000
(Level 4) – Total	+ \$5,000	\$10,000

If a covered person is diagnosed with a Level 2, 3, or 4 Visual Impairment, benefits for previously unpaid lower levels of Visual Impairment, if any, will be paid in addition to benefits for the level diagnosed. Each level of Visual Impairment is payable a maximum of once per eye, per covered person.

The permanent Visual Impairment must be diagnosed by an Ophthalmologist or a Physician. Benefits for a child born visually impaired are payable only if the visually impaired child is born after ten months from the Effective Date of the policy. Lifetime maximum of \$10,000 per eye, per covered person. Lifetime maximum of \$20,000 per covered person.

III. EXCEPTIONS, REDUCTIONS AND LIMITATIONS OF THE POLICY:

- A.** The policy contains a 30-day waiting period. If a covered person has an eye disease or disorder, other than one caused by an Injury, diagnosed before coverage has been in force 30 days from the Effective Date of coverage shown in the Policy Schedule, benefits for treatment of that eye disease or disorder will apply only to treatment occurring after one year from the Effective Date of the policy or, at your option, you may elect to void the policy from its beginning and receive a full refund of premium. **The 30-day waiting period does not apply to the Eye Examination Benefit or the Vision Correction Benefit. A waiting period of 12 or 24 months will apply to the Vision Correction Benefit if you choose that option at the time of application and same is indicated on the Policy Schedule page.**

- B.** The policy does not cover losses caused by or resulting from:
1. Services that are not recommended by an Optometrist, Ophthalmologist, or a Physician.
 2. Cosmetic surgery, except that cosmetic surgery shall not include reconstructive surgery when such service is incidental to or follows surgery resulting from trauma, infection, or other diseases of the eye, and reconstructive surgery because of congenital disease or anomaly of a covered dependent child which has resulted in a functional defect of the eye.
 3. Treatment or diagnosis received while the insured is outside the United States, its possessions, or the countries of Canada and Mexico.
 4. Intentionally self-inflicting bodily Injury or attempting suicide.
- C.** If you change your Vision Correction Benefit option, this benefit will be subject to a new waiting period, if any, beginning with the Effective Date of the new option. **YOU ARE ELIGIBLE TO CHANGE YOUR VISION CORRECTION BENEFIT OPTION ONLY ONCE EACH YEAR, WITH THE CHANGE TO BE EFFECTIVE ON THE NEXT POLICY ANNIVERSARY DATE.**
- IV. RENEWABILITY:** The policy is guaranteed-renewable for your lifetime by payment of the premium in effect at the start of each renewal period. Premium rates may change only if the New York Superintendent of Insurance approves the rate. We will then change the rate for all policies of this class in force with this form number and premium classification issued or issued for delivery in New York.

The policy has limitations that may affect benefits payable.

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Refer to the policy for complete definitions, details,
limitations, and exclusions.**

TERMS YOU NEED TO KNOW

COVERED PERSON: Any person insured under the coverage type you applied for: individual (named insured listed in the Policy Schedule), named insured/spouse only (named insured and spouse), one-parent family (named insured and dependent Children), or two-parent family (named insured, spouse, and dependent Children). Newborn Children are automatically covered under the terms of the policy from the moment of birth. If coverage is for individual or named insured/spouse only and you desire uninterrupted coverage for a newborn child, you must notify Aflac in writing within 31 days of the birth of your child, and Aflac will convert the policy to one-parent family or two-parent family coverage and advise you of the additional premium due. Coverage will include any other dependent child, regardless of age, who is incapable of self-sustaining employment by reason of mental illness, developmental disability, mental retardation (as defined in the mental hygiene law), or physical handicap and who became so incapacitated while covered under the policy and before age 26. *Children* are your natural children, stepchildren, or legally adopted children who are under age 26.

EFFECTIVE DATE: The date(s) shown in the Policy Schedule. The Effective Date of the policy is not the date you signed the application for coverage.

OPHTHALMOLOGIST: A licensed Physician, other than a member of your immediate family, specializing in diagnosis, care, and treatment of refractive, medical, and surgical problems related to eye diseases and disorders.

OPTOMETRIST: A licensed doctor of optometry, other than a member of your immediate family, who specializes in vision problems; treating vision conditions with spectacles, contact lenses, low-vision aids, and vision therapy; and prescribing medications for certain eye diseases and disorders.

PHYSICIAN: A medical practitioner who is a licensed doctor of Medicine or Osteopathy and any other licensed health care practitioner that New York state law requires be recognized as a Physician under the policy.

PRE-EXISTING CONDITIONS: A *Pre-existing Condition* is a disease or disorder for which, within the 12-month period before the Effective Date of coverage, medical advice was recommended by a Physician, treatment was received from a Physician, or for which symptoms existed that would ordinarily cause a prudent person to seek diagnosis, care, or treatment. Care or treatment caused by a Pre-existing Condition will not be covered unless the loss is incurred more than 12 months after the Effective Date of coverage. **The Pre-existing Conditions provision does not apply to the Eye Examination Benefit or to the Vision Correction Benefit.**

VISUAL IMPAIRMENT: Specific levels of Visual Impairment are defined below. Visual Impairment must be a result of an eye injury, eye disease, or eye defect.

- **LEVEL 1 – SEVERE VISUAL IMPAIRMENT:** Maximum visual acuity, after correction, of 20/200 or less, or a total diameter of the visual field in that eye of 20 degrees or less.
- **LEVEL 2 – PROFOUND VISUAL IMPAIRMENT:** Maximum visual acuity, after correction, of 20/500 or less, or a total diameter of the visual field in that eye of 10 degrees or less.
- **LEVEL 3 – NEAR-TOTAL VISUAL IMPAIRMENT:** Maximum visual acuity, after correction, of less than 20/1000, or a total diameter of the visual field in that eye of 5 degrees or less.
- **LEVEL 4 – TOTAL VISUAL IMPAIRMENT:** Complete loss of vision with no remaining perception of light, or loss of the natural eye.

ADDITIONAL INFORMATION

Covered refractive error correction surgeries include but are not limited to laser assisted in-situ keratomileusis (LASIK), laser thermokeratoplasty (LTK), photorefractive keratectomy (PRK), radial keratotomy (RK), and intracorneal rings (Intacs).

Covered vision correction materials include prescribed glasses, sunglasses, sports glasses, spare pairs of glasses, and contact lenses. Covered vision correction materials do not include items available for purchase without a prescription.

**We've got you
under our wing.®**

aflac.com || 1.800.366.3436

Underwritten by:
American Family Life Assurance Company of New York
22 Corporate Woods Boulevard, Suite 2 | Albany, New York 12211

