

Aflac Dental Insurance

Benefits Proposal

This proposal has been prepared for:

eP6ix Benefits

Presented by:

Aflac

Proposal State:

Central Region



American Family Life Assurance Company of Columbus
Policy Series QN81000

Plan Description

The Aflac Dental Plan gives you something to smile about. Rely on us for access to affordable dental care and more.

Features and Plan Provisions (specific provisions and descriptions may vary by state)	
Benefit Amounts	See benefit schedule for available options
Requirements	eP6ix agrees to write a minimum \$500,000 in annual premium and agree to a block renewal strategy for all groups written under the this product offering
Eligibility	Employees who are active full time employees working at least 30 hours per week and have been continuously employed for the duration set by the employer. Seasonal and temporary employee are not eligible. Dependents are eligible, but only if the employee is eligible and participates.
Enrollment Assumptions	Enrollments take place once each 12-month period. Later enrollees cannot enroll outside of an annual enrollment period.
Broker Commissions	10.0% Broker
Number of Eligible Lives	25-199
Participation	Greater of 20% or 10 Enrolled Employees
Rate Guarantee	24 months
Rate Cap(s)	N/A
Effective Date	11/1/2021 and Later
Product Type	MAC Plan
Ineligible Industries	Dental Offices, Dental Services Offices, Non-Traditional Groups (Unions, PEOS, Trusts, Associations, Etc), Cannabis Related Groups, and Native American Tribes
Benefit Waiting Period	Not Applicable
Nation Wide Excluded States	Alaska, Hawaii, Maryland, Montana, New Jersey, New Mexico, New York, North Carolina, Puerto Rico, and Washington

Plan Benefits Option 4

(Descriptions of specific benefits may vary by state.)

MAC Plan Summary	In-Network / Out-of-Network	In-Network / Out-of-Network
Coverage	Without Ortho	With Ortho
Deductible	\$50 Annual; Max 3 per family (decreases over time)	\$50 Annual; Max 3 per family (decreases over time)
Deductible waived for A services	Waived	Waived
Calendar Year	\$1000	\$1000
Class A - Preventive	100%	100%
Class B - Basic Restorative	75%	75%
Class C - Major Restorative	25%	25%
Class D - Orthodontia	0%	50%
Network Negotiated Fee	Negotiated Fee / Negotiated Fee	Negotiated Fee / Negotiated Fee
Orthodontia Maximum	Not Covered	\$1000
Annual Maximum Carryover	Included	Included
Clear Align Ortho	Not Covered	Included
Accidental Dental Injury	Included	Included

Benefit and Premium Rates

Premiums		
Members/Coverage	Monthly Rate	Monthly Rate
Employee	\$18.93	\$18.93
Employee & Spouse	\$37.19	\$37.19
Employee & Child(ren)	\$47.60	\$58.68
Family	\$65.86	\$76.94

Preventive Benefits	Frequency
Cleanings (Prophylaxis)	2 per calendar year
Exams	2 per calendar year
Fluoride treatments	1 per 12 months, Under age 14

Basic Benefits	Frequency
Radiographs - Intraoral (Periapical/Occlusal)	1 every 12 months
Radiographs Full Mouth	1 every 60 months
Sealants	1 tooth per lifetime, Under age 14
Space Maintainers	Maximum of 1 each tooth per lifetime, Under Age 14
Emergency Palliative Treatment	
Restorations Anterior and Posterior (Amalgams & Resin)	Under age 19, replacing existing only if in place for 12 months. Age 19 and over, replace existing only if in place for 36 months.
Endodontics - Root Canal	One per tooth
Pulpotomy	Dependent Children under Age 14
Pulp Capping	
Pulp Therapy	
Apexification & Recalcification	
Periodontal Maintenance	2 per calendar year
Periodontal Scaling & Root Planning	1 per quadrant per 24 months
Periodontal Surgical Extractions	1 per quadrant per 36 months
Simple Extractions (Extraction, erupted tooth or exposed root)	
Surgical Extractions	
Oral Surgery	
Anesthesia	

Major Benefits	Frequency
Onlays	1 per tooth in 5 calendar years
Prefabricated Stainless Steel Crowns	1 per tooth in 5 calendar years
Crowns	1 per tooth in 5 calendar years
Crown Repairs	6 months must have passed since initial placement
Bridges	1 per tooth in 5 calendar years
Bridge Repairs	6 months must have passed since initial placement
Dentures	1 per tooth in 5 calendar years
Denture Repairs	6 months must have passed since initial placement
Implants	1 per tooth in 5 calendar years

Orthodontia Benefits	Frequency
Orthodontic	Not Covered
	Child Only, Under Age 19

Plan Benefits Option 5

(Descriptions of specific benefits may vary by state.)

MAC Plan Summary	In-Network / Out-of-Network	In-Network / Out-of-Network
Coverage	Without Ortho	With Ortho
Deductible	\$50 Annual; Max 3 per family (decreases over time)	\$50 Annual; Max 3 per family (decreases over time)
Deductible waived for A services	Waived	Waived
Calendar Year	\$1000	\$1000
Class A - Preventive	100%	100%
Class B - Basic Restorative	80%	80%
Class C - Major Restorative	50%	50%
Class D - Orthodontia	0%	50%
Network Negotiated Fee	Negotiated Fee / Negotiated Fee	Negotiated Fee / Negotiated Fee
Annual Maximum Carryover	Not Covered	\$1000
Preventive Rewards	Included	Included
Clear Align Ortho	Not Covered	Included
Accidental Dental Injury	Included	Included

Benefit and Premium Rates

Premiums		
Members/Coverage	Monthly Rate	Monthly Rate
Employee	\$23.62	\$23.62
Employee & Spouse	\$46.56	\$46.56
Employee & Child(ren)	\$55.58	\$64.82
Family	\$78.53	\$87.77

Preventive Benefits	Frequency
Cleanings (Prophylaxis)	2 per calendar year
Exams	2 per calendar year
Fluoride treatments	1 per 12 months, Under age 14

Basic Benefits	Frequency
Radiographs - Intraoral (Periapical/Occlusal)	1 every 12 months
Radiographs Full Mouth	1 every 60 months
Sealants	1 tooth per lifetime, Under age 14
Space Maintainers	Maximum of 1 each tooth per lifetime, Under Age 14
Emergency Palliative Treatment	
Restorations Anterior and Posterior (Amalgams & Resin)	Under age 19, replacing existing only if in place for 12 months. Age 19 and over, replace existing only if in place for 36 months.
Endodontics - Root Canal	One per tooth
Pulpotomy	Dependent Children under Age 14
Pulp Capping	
Pulp Therapy	
Apexification & Recalcification	
Periodontal Maintenance	2 per calendar year
Periodontal Scaling & Root Planning	1 per quadrant per 24 months
Periodontal Surgical Extractions	1 per quadrant per 36 months
Simple Extractions (Extraction, erupted tooth or exposed root)	
Surgical Extractions	
Oral Surgery	
Anesthesia	

Major Benefits	Frequency
Onlays	1 per tooth in 5 calendar years
Prefabricated Stainless Steel Crowns	1 per tooth in 5 calendar years
Crowns	1 per tooth in 5 calendar years
Crown Repairs	6 months must have passed since initial placement
Bridges	1 per tooth in 5 calendar years
Bridge Repairs	6 months must have passed since initial placement
Dentures	1 per tooth in 5 calendar years
Denture Repairs	6 months must have passed since initial placement
Implants	1 per tooth in 5 calendar years

Orthodontia Benefits	Frequency
Orthodontic	Not Covered
	Child Only, Under Age 19

Plan Benefits Option 6

(Descriptions of specific benefits may vary by state.)

MAC Plan Summary	In-Network / Out-of-Network	In-Network / Out-of-Network
Coverage	Without Ortho	With Ortho
Deductible	\$50 Annual; Max 3 per family (decreases over time)	\$50 Annual; Max 3 per family (decreases over time)
Deductible waived for A services	Waived	Waived
Calendar Year	\$2000	\$2000
Class A - Preventive	100%	100%
Class B - Basic Restorative	90%	90%
Class C - Major Restorative	60%	60%
Class D - Orthodontia	0%	50%
Network Negotiated Fee	Negotiated Fee / Negotiated Fee	Negotiated Fee / Negotiated Fee
Annual Maximum Carryover	Not Covered	\$1500
Preventive Rewards	Included	Included
Clear Align Ortho	Not Covered	Included
Accidental Dental Injury	Included	Included

Benefit and Premium Rates

Premiums		
Members/Coverage	Monthly Rate	Monthly Rate
Employee	\$32.85	\$32.85
Employee & Spouse	\$65.03	\$65.03
Employee & Child(ren)	\$71.83	\$87.34
Family	\$104.00	\$119.52

Preventive Benefits	Frequency
Cleanings (Prophylaxis)	2 per calendar year
Exams	2 per calendar year
Fluoride treatments	1 per 12 months, Under age 19
Radiographs - Intraoral (Periapical/Occlusal)	1 every 12 months
Radiographs Full Mouth	1 every 36 months
Sealants	1 tooth per 36 months, Under age 19
Space Maintainers	Maximum of 1 each tooth per 24 months, Under Age 19
Emergency Palliative Treatment	

Basic Benefits	Frequency
Restorations Anterior and Posterior (Amalgams & Resin)	Under age 19, replacing existing only if in place for 12 months. Age 19 and over, replace existing only if in place for 36 months.
Endodontics - Root Canal	One per tooth
Pulpotomy	Dependent Children under Age 14
Pulp Capping	
Pulp Therapy	
Apexification & Recalcification	
Periodontal Maintenance	2 per calendar year
Periodontal Scaling & Root Planning	1 per quadrant per 24 months
Periodontal Surgical Extractions	1 per quadrant per 36 months
Simple Extractions (Extraction, erupted tooth or exposed root)	
Surgical Extractions	
Oral Surgery	
Anesthesia	

Major Benefits	Frequency
Onlays	1 per tooth in 5 calendar years
Prefabricated Stainless Steel Crowns	1 per tooth in 5 calendar years
Crowns	1 per tooth in 5 calendar years
Crown Repairs	6 months must have passed since initial placement
Bridges	1 per tooth in 5 calendar years
Bridge Repairs	6 months must have passed since initial placement
Dentures	1 per tooth in 5 calendar years
Denture Repairs	6 months must have passed since initial placement
Implants	1 per tooth in 5 calendar years

Orthodontia Benefits	Frequency
Orthodontic	Not Covered
	Child Only, Under Age 19

Plan Benefits Option 7

(Descriptions of specific benefits may vary by state.)

MAC Plan Summary	In-Network / Out-of-Network	In-Network / Out-of-Network
Coverage	Without Ortho	With Ortho
Deductible	\$50 Annual; Max 3 per family (decreases over time)	\$50 Annual; Max 3 per family (decreases over time)
Deductible waived for A services	Waived	Waived
Calendar Year	\$2500	\$2500
Class A - Preventive	100%	100%
Class B - Basic Restorative	100%	100%
Class C - Major Restorative	60%	60%
Class D - Orthodontia	0%	50%
Network Negotiated Fee	Negotiated Fee / Negotiated Fee	Negotiated Fee / Negotiated Fee
Annual Maximum Carryover	Not Covered	\$1500
Preventive Rewards	Included	Included
Clear Align Ortho	Not Covered	Included
Accidental Dental Injury	Included	Included

Benefit and Premium Rates

Premiums		
Members/Coverage	Monthly Rate	Monthly Rate
Employee	\$35.16	\$35.16
Employee & Spouse	\$69.63	\$69.63
Employee & Child(ren)	\$75.76	\$91.28
Family	\$110.24	\$125.76

Preventive Benefits	Frequency
Cleanings (Prophylaxis)	2 per calendar year
Exams	2 per calendar year
Fluoride treatments	1 per 12 months, Under age 19
Radiographs - Intraoral (Periapical/Occlusal)	1 every 12 months
Radiographs Full Mouth	1 every 36 months
Sealants	1 tooth per 36 months, Under age 19
Space Maintainers	Maximum of 1 each tooth per 24 months, Under Age 19
Emergency Palliative Treatment	

Basic Benefits	Frequency
Restorations Anterior and Posterior (Amalgams & Resin)	Under age 19, replacing existing only if in place for 12 months. Age 19 and over, replace existing only if in place for 36 months.
Endodontics - Root Canal	One per tooth
Pulpotomy	Dependent Children under Age 14
Pulp Capping	
Pulp Therapy	
Apexification & Recalcification	
Periodontal Maintenance	2 per calendar year
Periodontal Scaling & Root Planning	1 per quadrant per 24 months
Periodontal Surgical Extractions	1 per quadrant per 36 months
Simple Extractions (Extraction, erupted tooth or exposed root)	
Surgical Extractions	
Oral Surgery	
Anesthesia	

Major Benefits	Frequency
Onlays	1 per tooth in 5 calendar years
Prefabricated Stainless Steel Crowns	1 per tooth in 5 calendar years
Crowns	1 per tooth in 5 calendar years
Crown Repairs	6 months must have passed since initial placement
Bridges	1 per tooth in 5 calendar years
Bridge Repairs	6 months must have passed since initial placement
Dentures	1 per tooth in 5 calendar years
Denture Repairs	6 months must have passed since initial placement
Implants	1 per tooth in 5 calendar years

Orthodontia Benefits	Frequency
Orthodontic	Not Covered
	Child Only, Under Age 19

Orthodontic Benefit

We will pay a benefit for the following Orthodontic services:

- Initial orthodontic examination;
- Initial placement of braces or appliances; and
- Continuing treatment for braces or appliances

We will pay an initial benefit for covered Orthodontic services related to the initial Orthodontic treatment, which consists of:

- a) diagnosis;
- b) evaluation;
- c) pre-care; and
- d) insertion of bands or appliances up to 25% of the maximum lifetime benefit.

After the payment for the initial orthodontic treatment, benefits for covered orthodontic services will be paid in equal monthly installments over the course of the remaining orthodontic treatment, up to 75% of the maximum lifetime benefit. The subsequent monthly payments will be made only if your dependent remains insured under the certificate and provides proof that the orthodontic treatment continues.

Orthodontic Benefit Limitations

- If orthodontic treatment continues after the maximum lifetime benefit has been paid, no further benefits will be paid.
- Orthodontic services must begin while the policy is in force. No payments will be made for orthodontic treatment if the appliances or bands are inserted prior to becoming insured except as provided in the takeover of existing coverage provision.
- We consider orthodontic treatment to be started on the date the bands or appliances are inserted. Any other orthodontic treatment that can be completed on the same day it is rendered is considered to be started and completed on the date the orthodontic treatment is rendered.

Accidental Dental Injury

Covered Dental Injury: an injury to a Sound Natural Tooth, sustained while the Insured Person is insured under the Policy, and which is caused solely by a sudden violent act or accident which could not be predicted in advance or avoided. No Member coinsurance, and/or deductible, or waiting period will apply to services received as a result of the accident.

Clear Align Benefit

Orthodontic Services does include treatment with clear aligners; covered at 100% of the Maximum Lifetime Benefit. Orthodontic Services for braces or appliances and Orthodontic Services for clear aligners are not payable for the same Insured Person.

Maximum Carryover

- Carryover Amount: \$250
- Threshold Limit: \$500
- Maximum Carryover Bank: \$1000
- This benefit allows insured plan members to carryover \$250 each calendar year, if:
 - o An insured submits at least one qualifying claim for Preventive/Type A dental expense incurred during the calendar year and/or
 - o At least one qualifying claim for any other class of dental services in excess of applicable deductible, co-pay fees, and
 - o The total benefit amount paid stays below \$500 for that calendar year