

Aflac Dental & Vision Insurance

Benefits Proposal

This proposal has been prepared for:

eP6ix

Presented by:

Aflac

Proposal State:

National



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
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%
Number of Eligible Lives	2-25 Eligible
Participation	Greater of 20% or 2 Enrolled
Rate Guarantee	12 Months
Rate Cap(s)	N/A
Effective Date	Rolling Effective Date
Product Type	PPO 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

Plan Benefits: Option 1 No Ortho

Excludes: PR

PPO Plan Summary	In-Network / Out-of-Network
Coverage	Without Ortho
Deductible	\$50 Annual; Max 3 per family
Deductible waived for A services	Waived
Calendar Year	\$1000
Class A - Preventive	100%
Class B - Basic Restorative	80%
Class C - Major Restorative	50%
Network Negotiated Fee	Negotiated Fee / 90th Percentile
Preventive Benefits	Frequency
Cleanings (Prophylaxis)	2 per calendar year
Exams	2 per calendar year
Fluoride treatments	1 per 12 months, Under age 16
Radiographs - Intraoral (Periapical/Occlusal)	1 every 12 months
Radiographs Full Mouth	1 per 36 months
Space Maintainers	1 per 24 months, Under 16
Sealants	1 tooth per 36 months, Under age 16
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.
Emergency Palliative Treatment	
Simple Extractions (Extraction, erupted tooth or exposed root)	
Major Benefits	Frequency
Endodontics - Root Canal	One per tooth
Pulpotomy	Dependent Children under Age 14
Pulp Capping	
Pulp Therapy	
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
Surgical Extractions	
Oral Surgery	
Anesthesia	
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

Benefit and Premium Rates: Option 1 No Ortho

Zone 1 Rates: AL, AR, KY, LA, MS, NV, TN, WV	
Members/Coverage	Monthly Rate
Employee	\$29.54
Employee & Spouse	\$59.40
Employee & Child(ren)	\$66.49
Family	\$99.51

Zone 2 Rates: AZ, GA, IN, KS, MO, MT, NE, NM, OH, OK, PA, TX, UT, WY	
Members/Coverage	Monthly Rate
Employee	\$35.19
Employee & Spouse	\$71.11
Employee & Child(ren)	\$81.24
Family	\$121.10

Zone 3 Rates: CO, IA, ID, IL, ME, MI, ND, NY, RI, SC, SD, VA, WI	
Members/Coverage	Monthly Rate
Employee	\$40.24
Employee & Spouse	\$81.64
Employee & Child(ren)	\$92.97
Family	\$138.88

Zone 4 Rates: MD, MN, NC, NJ, OR	
Members/Coverage	Monthly Rate
Employee	\$44.33
Employee & Spouse	\$90.10
Employee & Child(ren)	\$101.20
Family	\$151.83

Zone 5 Rates: AK, CA, CT, DC, DE, HI, NH, VT	
Members/Coverage	Monthly Rate
Employee	\$48.49
Employee & Spouse	\$98.74
Employee & Child(ren)	\$113.83
Family	\$169.67

Plan Benefits: Option 1 With Ortho

Excludes: PR

PPO Plan Summary	In-Network / Out-of-Network
Coverage	
Deductible	With Ortho \$50 Annual; Max 3 per family
Deductible waived for A services	Waived
Calendar Year	\$1000
Class A - Preventive	100%
Class B - Basic Restorative	80%
Class C - Major Restorative	50%
Class D - Orthodontia	50%
Orthodontia Lifetime Maximum	\$1000
Network Negotiated Fee	Negotiated Fee / 90th Percentile
Preventive Benefits	
	Frequency
Cleanings (Prophylaxis)	2 per calendar year
Exams	2 per calendar year
Fluoride treatments	1 per 12 months, Under age 16
Radiographs - Intraoral (Periapical/Occlusal)	1 every 12 months
Radiographs Full Mouth	1 per 36 months
Space Maintainers	1 per 24 months, Under 16
Sealants	1 tooth per 36 months, Under age 16
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.
Emergency Palliative Treatment	
Simple Extractions (Extraction, erupted tooth or exposed root)	
Major Benefits	
	Frequency
Endodontics - Root Canal	One per tooth
Pulpotomy	Dependent Children under Age 14
Pulp Capping	
Pulp Therapy	
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
Surgical Extractions	
Oral Surgery	
Anesthesia	
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	Child Only, Under Age 19

Benefit and Premium Rates: Option 1 With Ortho

Zone 1 Rates: AL, AR, KY, LA, MS, NV, TN, WV	
Members/Coverage	Monthly Rate
Employee	\$29.54
Employee & Spouse	\$59.40
Employee & Child(ren)	\$83.05
Family	\$117.49

Zone 2 Rates: AZ, GA, IN, KS, MO, MT, NE, NM, OH, OK, PA, TX, UT, WY	
Members/Coverage	Monthly Rate
Employee	\$35.19
Employee & Spouse	\$71.11
Employee & Child(ren)	\$98.78
Family	\$140.13

Zone 3 Rates: CO, IA, ID, IL, ME, MI, ND, NY, RI, SC, SD, VA, WI	
Members/Coverage	Monthly Rate
Employee	\$40.24
Employee & Spouse	\$81.64
Employee & Child(ren)	\$110.11
Family	\$157.48

Zone 4 Rates: MD, MN, NC, NJ, OR	
Members/Coverage	Monthly Rate
Employee	\$44.33
Employee & Spouse	\$90.10
Employee & Child(ren)	\$118.21
Family	\$170.30

Zone 5 Rates: AK, CA, CT, DC, DE, HI, NH, VT	
Members/Coverage	Monthly Rate
Employee	\$48.49
Employee & Spouse	\$98.74
Employee & Child(ren)	\$131.81
Family	\$189.19

Plan Benefits: Option 2 No Ortho

Excludes: PR

PPO Plan Summary	In-Network / Out-of-Network
Coverage	Without Ortho
Deductible	\$50 Annual; Max 3 per family
Deductible waived for A services	Waived
Calendar Year	\$1500
Class A - Preventive	100%
Class B - Basic Restorative	80%
Class C - Major Restorative	50%
Network Negotiated Fee	Negotiated Fee / 90th Percentile
Preventive Benefits	Frequency
Cleanings (Prophylaxis)	2 per calendar year
Exams	2 per calendar year
Fluoride treatments	1 per 12 months, Under age 16
Radiographs - Intraoral (Periapical/Occlusal)	1 every 12 months
Radiographs Full Mouth	1 per 36 months
Space Maintainers	1 per 24 months, Under 16
Sealants	1 tooth per 36 months, Under age 16
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.
Emergency Palliative Treatment	
Endodontics - Root Canal	One per tooth
Pulpotomy	Dependent Children under Age 14
Pulp Capping	
Pulp Therapy	
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	
Major Benefits	Frequency
Oral Surgery	
Anesthesia	
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

Benefit and Premium Rates: Option 2 No Ortho

Zone 1 Rates: AL, AR, KY, LA, MS, NV, TN, WV	
Members/Coverage	Monthly Rate
Employee	\$36.01
Employee & Spouse	\$72.84
Employee & Child(ren)	\$76.83
Family	\$117.16

Zone 2 Rates: AZ, GA, IN, KS, MO, MT, NE, NM, OH, OK, PA, TX, UT, WY	
Members/Coverage	Monthly Rate
Employee	\$42.68
Employee & Spouse	\$86.67
Employee & Child(ren)	\$93.39
Family	\$141.72

Zone 3 Rates: CO, IA, ID, IL, ME, MI, ND, NY, RI, SC, SD, VA, WI	
Members/Coverage	Monthly Rate
Employee	\$48.59
Employee & Spouse	\$98.99
Employee & Child(ren)	\$106.50
Family	\$161.85

Zone 4 Rates: MD, MN, NC, NJ, OR	
Members/Coverage	Monthly Rate
Employee	\$53.42
Employee & Spouse	\$108.97
Employee & Child(ren)	\$115.80
Family	\$176.69

Zone 5 Rates: AK, CA, CT, DC, DE, HI, NH, VT	
Members/Coverage	Monthly Rate
Employee	\$58.32
Employee & Spouse	\$119.17
Employee & Child(ren)	\$129.91
Family	\$196.87

Plan Benefits: Option 2 With Ortho

Excludes: PR

PPO Plan Summary	In-Network / Out-of-Network
Coverage	
Deductible	With Ortho \$50 Annual; Max 3 per family
Deductible waived for A services	Waived
Calendar Year	\$1500
Class A - Preventive	100%
Class B - Basic Restorative	80%
Class C - Major Restorative	50%
Class D - Orthodontia	50%
Orthodontia Lifetime Maximum	\$1500
Network Negotiated Fee	Negotiated Fee / 90th Percentile
Preventive Benefits	
	Frequency
Cleanings (Prophylaxis)	2 per calendar year
Exams	2 per calendar year
Fluoride treatments	1 per 12 months, Under age 16
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Basic Benefits	
	Frequency
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Emergency Palliative Treatment	
Endodontics - Root Canal	One per tooth
Pulpotomy	Dependent Children under Age 14
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Pulp Therapy	
Periodontal Maintenance	2 per calendar year
Periodontal Scaling & Root Planning	1 per quadrant per 24 months
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Simple Extractions (Extraction, erupted tooth or exposed root)	
Surgical Extractions	
Major Benefits	
	Frequency
Oral Surgery	
Anesthesia	
Onlays	1 per tooth in 5 calendar years
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Denture Repairs	6 months must have passed since initial placement
Implants	1 per tooth in 5 calendar years
Orthodontia Benefits	
	Frequency
Orthodontic	Child Only, Under Age 19

Benefit and Premium Rates: Option 2 With Ortho

Zone 1 Rates: AL, AR, KY, LA, MS, NV, TN, WV	
Members/Coverage	Monthly Rate
Employee	\$36.01
Employee & Spouse	\$72.84
Employee & Child(ren)	\$100.02
Family	\$142.33

Zone 2 Rates: AZ, GA, IN, KS, MO, MT, NE, NM, OH, OK, PA, TX, UT, WY	
Members/Coverage	Monthly Rate
Employee	\$42.68
Employee & Spouse	\$86.67
Employee & Child(ren)	\$117.94
Family	\$168.36

Zone 3 Rates: CO, IA, ID, IL, ME, MI, ND, NY, RI, SC, SD, VA, WI	
Members/Coverage	Monthly Rate
Employee	\$48.59
Employee & Spouse	\$98.99
Employee & Child(ren)	\$130.49
Family	\$187.89

Zone 4 Rates: MD, MN, NC, NJ, OR	
Members/Coverage	Monthly Rate
Employee	\$53.42
Employee & Spouse	\$108.97
Employee & Child(ren)	\$139.61
Family	\$202.54

Zone 5 Rates: AK, CA, CT, DC, DE, HI, NH, VT	
Members/Coverage	Monthly Rate
Employee	\$58.32
Employee & Spouse	\$119.17
Employee & Child(ren)	\$155.09
Family	\$224.21

Plan Benefits

Excludes: NM, MT, NJ, DC, VA, MD, PR

In-Network Benefits (Network Available at www.davisvision.com)		Aflac Plan 3
Service Type	Frequency - Once Every:	
Eye Examinations with Dilation (as necessary)	12 Months	
Spectacle Lenses	12 Months	
Frame	12 Months	
Contact Lens (In lieu of eyeglasses)	12 Months	
In Network		
Eye Examination	\$10	
Retinal Imaging	\$39	
Spectacle Lenses	\$10	
Non-elective (visually required) Contact Lens Evaluation, Fitting & Follow-Up Care	\$0	
Eyeglass Benefit - Frame		
Frame Allowance (Retail)	Up to \$180 or Up to \$230 at Visionworks	
Additional Pairs	30% discount on additional pairs at select retailers	
Davis Vision Frame Collection (in Lieu of Allowance)		Member Co-Pays
Fashion level/Designer level/Premier level	\$0/\$0/\$0	
Eyeglass Benefits - Spectacle Lenses		Member Co-Pays
Clear plastic lenses in any RX (Single Vision, Bifocal, Trifocal, Lenticular)	\$0	
Tinting of Plastic Lenses	\$0	
Scratch Resistant Coating	\$0	
Polycarbonate Lenses (Children/Adults)	\$0/\$30	
Digital Single Vision (Intermediate)	\$30	
Ultraviolet Coating	\$12	
Blue Light Filtering	\$15	
Anti-Reflective (AR) Coating (Standard/Premier/Ultra/Ulimate)	\$35/\$48/\$60/\$85	
Progressive Lenses (Standard/Premium/Ultra/Ulimate)	\$50/\$90/\$140/\$175	
High Index Lenses	\$55	
Polarized Lenses	\$75	
Plastic Photochromic Lenses	\$65	
Scratch Protection Plan: Single Vision/Multifocal Lenses	\$20/\$40	
Contact Lens Benefit (in lieu of eyeglasses) * 15% overage at select retailers		
Contact Lens Material Allowance	Up to \$180	
Evaluation, Fitting & Follow Up Care - Standard Lens Types	\$0	
Evaluation, Fitting & Follow Up Care - Specialty Lens Types	Up to \$60 allowance	
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 & Follow Up Care	\$0 Copay	
Non-Elective Contact Lenses (with Prior Approval)		
Materials, Evaluation, Fitting & Follow Up Care	\$0 Copay	
Out-of-Network Reimbursement Allowance Schedule: Up to		
Eye Examination	Up to \$40	
Frame	Up to \$50	
Lenses - Single Vision	Up to \$40	
Lenses - Bifocal/Progressive	Up to \$60	
Lenses - Trifocal	Up to \$80	
Lenses - Lenticular	Up to \$100	
Elective Contact Lenses	\$105	
Visually Required Contact Lenses	\$225	

Benefit and Premium Rates - Plan 3 Rates

Zone 1 Rates: AL, AR, KY, LA, MS, NV, TN, WV	
Members/Coverage	Monthly Rate
Employee	\$11.04
Employee & Spouse	\$22.09
Employee & Child(ren)	\$22.15
Family	\$32.18

Zone 2 Rates: AZ, GA, IN, KS, MO, NE, OH, OK, PA, TX, UT, WY	
Members/Coverage	Monthly Rate
Employee	\$10.87
Employee & Spouse	\$21.74
Employee & Child(ren)	\$21.81
Family	\$31.67

Zone 3 Rates: CO, IA, ID, IL, ME, MI, ND, NY, RI, SC, SD, WI	
Members/Coverage	Monthly Rate
Employee	\$10.70
Employee & Spouse	\$21.41
Employee & Child(ren)	\$21.47
Family	\$31.19

Zone 4 Rates: MN, NC, OR	
Members/Coverage	Monthly Rate
Employee	\$10.68
Employee & Spouse	\$21.37
Employee & Child(ren)	\$21.43
Family	\$31.12

Zone 5 Rates: AK, CA, CT, DE, HI, NH, VT	
Members/Coverage	Monthly Rate
Employee	\$11.62
Employee & Spouse	\$23.23
Employee & Child(ren)	\$23.32
Family	\$33.86

Plan Benefits

Only for DC, MD, NJ, and VA

In-Network Benefits (Network Available at www.davisvision.com)		Aflac Plan 4
Service Type	Frequency - Once Every:	
Eye Examinations with Dilation (as necessary)	12 Months	
Spectacle Lenses	12 Months	
Frame	12 Months	
Contact Lens	12 Months	
In Network - Exam		
Eye Examination	Covered at 100%	
Contact Lens Evaluation, Fitting & Follow-Up Care	Up to \$60 Allowance	
In Network Materials (Paid at 40% off of retail)		
Spectacle Lenses (including all lens options & Enhancements)	Max Allowance of \$200	
Frame		
Contact Lenses		
Out of Network - Exam (*Allowance towards either exam or contact lens evaluation)		
Eye Examination	\$45 Allowance*	
Contact Lens Evaluation, Fitting & Follow-Up Care		
Out of Network Materials		
Spectacle Lenses (including all lens options & Enhancements)	Max Allowance of \$100	
Frame		
Contact Lenses		
Included Features		
One-year Breakage warranty		
Additional eyewear discounts		
Hearing aid discounts		
E-commerce options		
Laser vision services		
Low-vision exams		

Benefit and Premium Rates: Allowance Plan 4

DC Rates	
Members/Coverage	Monthly Rate
Employee	\$8.69
Employee & Spouse	\$17.39
Employee & Child(ren)	\$18.26
Family	\$25.43

MD Rates	
Members/Coverage	Monthly Rate
Employee	\$8.25
Employee & Spouse	\$16.50
Employee & Child(ren)	\$17.33
Family	\$24.14

NJ Rates	
Members/Coverage	Monthly Rate
Employee	\$8.03
Employee & Spouse	\$16.06
Employee & Child(ren)	\$16.86
Family	\$23.49

VA Rates	
Members/Coverage	Monthly Rate
Employee	\$8.25
Employee & Spouse	\$16.50
Employee & Child(ren)	\$17.33
Family	\$24.14