Aflac Dental Insurance

PLAN 2 — SMALL GROUP

Aflac gives you something to smile about. Rely on us for access to affordable dental 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 DENTAL INSURANCE

Policy Series NDNGRP 04/06

DE[2]

Aflac gives you something to smile about

Dental health is about more than a beautiful smile. Good oral care can actually improve your overall health, while problems with oral care can have a negative effect – including heart disease and infections, as well as premature births and low birth weights.[1]

Dental care is important, but it can also be expensive – even cleaning and x-rays can sometimes strain your budget. If a checkup reveals more serious issues, the cost can quickly become overwhelming. Dental coverage from Aflac helps give you the peace of mind that comes from knowing you'll have assistance with both routine and unexpected dental expenses.

Why choose Aflac dental insurance?

With Aflac, you have access to more than 270,000 in-network dental providers.[2] Or, you may select an out-of-network dentist. Consider, however, that out-of-network costs (if any) will generally be more than if treatment is performed by an in-network provider. Services provided out of network will be paid based on the price of usual, customary and reasonable services in the area in which they are rendered.

Plan benefits

- Three cleanings per year.
- No waiting periods for major services.

We make it easy to find a provider! You can visit www.aflac.com/DentalNetwork and click "Provider Search" or call Aflac directly at **1.877.864.0625.**

When making a dental appointment, please identify yourself as an Aflac Dental PPO member and present your ID card at each visit.

[1]The Mayo Clinic. "Oral health: A window to your overall health." Accessed Aug. 25, 2019. https://www.mayoclinic.org/healthy-lifestyle/adult-health/in-depth/dental/art-20047475
[2]Aflac dental network access point statistic: https://argusdental.com/national-plan/.

WHAT IS COVERED?

Services	In-network benefit
PREVENTIVE AND DIAGNOSTIC SERVICES • Routine exams and cleanings (three per year) • Bitewing x-rays (one per 12 months) • Full-mouth x-rays (one every 36 months) • Sealants (for children ages 6-15; one per tooth per 36 months) • Fluoride treatments (for children under age 19; one per 12 months) • Space maintainers • Oral cancer screening	100%
BASIC SERVICES • Fillings (amalgam and composite) • Emergency palliative care • Simple extractions • Nonsurgical periodontics • Endodontics	80%
MAJOR SERVICES • Inlays, onlays, crowns, bridges and dentures • Crown, bridge and denture repair • Surgical periodontics • Oral surgery • Anesthesia • No missing-tooth exclusion • Surgical extractions	50%

WAITING PERIODS	None
DEDUCTIBLE • Waived for preventive • Does not count toward annual max	$50/person I 3 per family
ANNUAL MAX	$1,500

If you have dental coverage under more than one plan, your benefits may be coordinated. Please see certificate for details.
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 dental procedures payable under the plan.

TERMS YOU NEED TO KNOW

Copay: The fixed amount that an insured is required to pay directly to a participating provider for covered expenses. The copay may vary by procedure code.

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

Covered expense: The lesser of the following for a covered procedure: (1) the actual charge; or (2) the maximum reimbursement.

Covered procedure: The procedures listed in the Schedule of Covered Procedures. The procedure must be: (1) for necessary dental treatment to an insured while his/her coverage under the certificate is in force and (2) for treatment, which in our opinion has a reasonably favorable prognosis for the patient. The procedure must be performed by a:

1. licensed dentist who is acting within the scope of his or her license;
2. licensed physician performing dental services within the scope of his or her license; or
3. licensed dental hygienist acting under the supervision and direction of a dentist.

Deductible: The individual deductible is the amount that each insured must satisfy once each certificate year (or lifetime, when applicable) before benefits are payable for covered procedures. We apply amounts used to satisfy individual deductibles to the maximum per-family deductible, if any. Once any maximum per-family deductible is satisfied, no further individual deductibles are required to be met for that certificate year. If multiple procedures are performed on the same date, the deductibles will be satisfied in order of procedure class (that is, toward procedure Class B, and then C).

Eligible dependent: Means a person listed below:

1. Your spouse;
2. Your dependent child under age 26, who is your natural or adopted child, step-child, foster child, a child for whom you are a legal guardian or a child in your court-ordered temporary or other custody and who is:
   a. dependent on you for support,
   b. living in your household, or
   c. a full-time or part-time student.

Coverage for such dependent child will last until at least the end of the calendar year in which the child reaches the age of 26.

3. Your child who has reached age 26 and who is:
   a. primarily dependent upon you for support; 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.

Out-of-network benefits: The dental benefits provided under the certificate for covered procedures that are not provided by a participating provider.

Participating provider: A dentist we have selected for inclusion in the participating-provider program. These participating providers agree to accept our participating-provider, maximum-allowed charges as payment in full for services rendered. When dental care is given by participating providers, the insured will generally incur less out-of-pocket cost for services rendered.

TERMS YOU NEED TO KNOW

Individual effective dates

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

the policyholder's effective date, shown on the Schedule of Benefits;

or the date you meet all the eligibility and enrollment requirements.

For eligible dependents acquired after your effective date of coverage, by reason of marriage, birth or adoption, coverage is effective on the date specified by the policyholder. This is subject to our receipt of the required enrollment and payment of the premium, if any.

Newborn and Adopted Children: Newborn children are automatically covered under the terms of the policy from the moment of birth. In the case of a newborn adopted child, coverage begins at the moment of birth if you have entered into a written agreement to adopt the child prior to the birth of the child, whether or not the agreement is enforceable. Adopted children, foster children and children in your court-ordered temporary or other custody are covered from the date of placement. Coverage for such children will be in effect until the 61st day following the date of birth or placement, as the case may be. If you desire uninterrupted coverage for such children, you must notify us within 60 days of the child's birth or the date of placement. If timely notice is given within this 60-day period, we may not charge an additional premium for such coverage for the duration of the 60-day notice period. If timely notice is not given, we may charge an additional premium from the date of birth or the date of placement. In either case, we may not deny coverage for a child due to your failure to send us timely notice.

For purposes of this provision, "Placement" means: (1) your assumption of the physical custody of an adopted or foster child and the financial responsibility for the support and care of such child; (2) your assumption of a child placed in your custody pursuant to an interlocutory decree vesting temporary care of the child to you; or (3) your assumption of a child placed in your custody during the pendency of an adoption proceeding, whether or not a final decree of adoption is ultimately issued.

Individual termination dates

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

the date the policy terminates;

the date the policyholder's coverage terminates under the policy;

the first of the month following the date you are no longer an eligible member;

the date you die;

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:

the date he is no longer an eligible dependent;

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.

Extension of Benefits: Termination of an insured's coverage will be without prejudice to any covered loss incurred for which such insured is collecting disability benefits that began prior to, and continued without interruption beyond, the date of termination. Such extension of benefits will continue for at least 90 days or until the maximum benefits payable for the loss is paid, whichever comes first.

LIMITATIONS AND EXCLUSIONS

Limitations

Other Limitations: Multiple restorations on one surface are payable as one surface. Coverage is limited to 3 prophylaxis or periodontal maintenance per year. Coverage is limited to one full mouth radiograph or panoramic film per the limitation period listed in the Schedule of Covered Procedures.

Exclusions

No benefits are payable under the policy for the procedures listed below unless such procedure or service is listed as covered in the Schedule of Covered Procedures. Refer to your certificate for a complete list of the schedule of dental procedures payable under the plan. Additionally, the procedures listed below will not be recognized toward satisfaction of any deductible amount.

1. Any service or supply not shown on the Schedule of Covered Procedures;
2. Any procedure begun after an insured's insurance under the policy terminates, or for any prosthetic dental appliance finally installed or delivered more than 30 days after an insured's insurance under the policy terminates;
3. Any procedure begun or appliance installed before an insured became insured under the policy;
4. Any treatment which is elective or primarily cosmetic in nature and not generally recognized as a generally accepted dental practice by the American Dental Association, as well as any replacement of prior cosmetic restorations;
5. The correction of congenital malformations;
6. The replacement of lost or discarded or stolen appliances;
7. Replacement of bridges unless the bridge is older than the age allowed in the Schedule of Covered Procedures and cannot be made serviceable;
8. Replacement of full or partial dentures unless the prosthetic appliance is older than the age allowed in the Schedule of Covered Procedures and cannot be made serviceable;
9. Replacement of crowns, inlays or onlays unless the prior restoration is older than the age allowed in the Schedule of Covered Procedures and cannot be made serviceable;
10. Appliances, services or procedures relating to: (a) the change or maintenance of vertical dimension; (b) restoration of occlusion (unless otherwise noted in the Schedule of Covered Procedures — only for occlusal guards); (c) splinting; (d) correction of attrition, abrasion, erosion or abfraction; (e) bite registration or (f) bite analysis;
11. Services provided for any type of temporomandibular joint (TMJ) dysfunctions, muscular, skeletal deficiencies involving TMJ or related structures, myofascial pain;
12. Orthognathic surgery;
13. Prescribed drugs, premedication or analgesia;
14. Any instruction for diet, plaque control and oral hygiene;
15. Dental disease, defect or injury caused by a declared or undeclared war or any act of war;
16. Cast restorations, inlays, onlays and crowns for teeth that are not broken down by extensive decay or accidental injury or for teeth that can be restored by other means (such as an amalgam or composite filling);
17. For treatment of malignancies, cysts and neoplasms;
18. For orthodontic treatment;
19. Charges for failure to keep a scheduled visit or for the completion of any claim forms;
20. Any procedure we determine is not necessary, does not offer a favorable prognosis, or does not have uniform professional endorsement or which is experimental in nature;
21. Service or supply rendered by someone who is related to an insured by blood or by law (e.g., sibling, parent, grandparent, child), marriage (e.g., spouse or in-law) or adoption or is normally a member of the insured's household;
22. Expenses paid by workers' compensation or employers' liability laws or by any coverage provided or required by law (including, but not limited to, group, group-type and individual automobile "no-fault" coverage);
23. Expenses provided or paid for by any governmental program or law, except as to charges which the person is legally obligated to pay or as addressed later under the "payment of claims" provision;
24. Procedures started but not completed;
25. Any duplicate device or appliance;
26. General anesthesia and intravenous sedation except in conjunction with covered complex oral surgery procedures, plus the services of anesthetists or anesthesiologists;
27. The replacement of third molars;
28. Crowns, inlays and onlays used to restore teeth with micro fractures or fracture lines, undermined cusps, or existing large restorations without overt pathology.

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Applies to Policy Series NDNGRP 04/06. Insurance coverage for Aflac Dental 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 Dental products may not be available in all states. National Guardian Life Insurance Company | Madison, WI.

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