



Aflac Dental Series A-81000

Field Sales Guide

For Training Purposes Only

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Preface

This manual is a reference guide for associates to use with Aflac's A-81000 Series Dental Plan. Many of the forms, benefits, policy provisions, etc., vary from state to state. For each state in which an associate is licensed to sell Aflac products, it is the associate's responsibility to review the state introduction packet for state variations. Keep this in mind when marketing to multi-state accounts.

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Section 1

Introduction

History

Aflac Dental was introduced in 2000 and has been one of our most successful new product introductions to date. Several enhancements have been made to the dental plan since its inception. In 2003, the original requirements of a minimum group size of ten employees with at least three dental applications were reduced to a minimum of five employees with only one dental application. Originally offered on a payroll basis only, the dental plan was opened to direct sales in 2004.

After expanding the dental market, we focused on enhancing specific product features. Although dental sales remained strong, we realized that additional changes were needed to stay competitive in this market. We also recognized areas where process improvements could be made. With these ideas in mind, we assembled a team of top Aflac Dental producers and representatives of several headquarters departments to develop our second-generation dental plan.

The Need

Dental insurance is one of the few types of insurance for which a need already exists in the mind of the consumer. Even if a person does not see the need for accident, cancer, or specified health event insurance, he or she will often perceive a need for dental insurance. Most Americans are aware of the recommendation for dental cleanings twice per year, and they appreciate a policy to help with these costs.

Dental insurance is highly utilized, meaning that most people with dental insurance regularly seek dental treatment. This allows policyholders to easily realize the benefits. That increases their perception of the value of such insurance. Benefit research studies and opinion polls consistently rank dental as a highly sought benefit among employees.

The Market

Aflac's dental product line was created primarily for small employers who do not currently have dental insurance. Dental coverage is often not available in this market because of the cost, so the concept of a 100 percent employee-owned and employee-paid plan is attractive to small employers. The simplicity of a table of allowances, no provider network, and no precertification are also important features of an individual product. These features give policyholders control over when and where treatment is received.

Dental is also available for nonpayroll sales and should be well received in the individual and self-employed markets for the same reasons of simplicity that appeal to small employers. Nonpayroll rates provide even the smallest businesses with access to our dental insurance. Here again, simplicity of product design is desired.

On the contrary, group policies that use reasonable and customary charges, provider networks, and precertification are common in the large employer market. These controls help to reduce the cost of group coverage. Aflac's dental product line was not designed to compete with true group plans or in bid situations in

the large employer market, particularly when the employer will be paying all or a portion of the premium. We have been successful in this market as a supplement to group coverage; however, marketing solely to large employers is not recommended.

The large employer market is also well served with dental insurance. A 2003 study of employer-sponsored health plans revealed that among employers with at least 500 employees, 90 percent provided dental benefits. However, only 56 percent of all employers combined provided dental benefits.¹ This demonstrates the gap between the availability of dental insurance in the large and small employer markets, thereby reinforcing the need for Aflac Dental among small employers.

¹Leah Carlson, "Changing landscape: Cost-shifting by employers pains new dental plan enrollment picture," *Employee Benefit News*, April 1, 2004, <http://www.benefitnews.com/dental_vision/detail.cfm?id=5752&arch=1> (June 28, 2004).

Policy Highlights

Details will be addressed throughout this guide, but highlights of the policy include:

Fewer Options

Offering fewer options simplifies the sales process, which was supported by the sales patterns of the original Aflac Dental plan.

Separate X-Ray Benefit

X-rays were removed from the Wellness Benefit and made into a separate category. X-rays are payable once per policy year, per covered person. Like the Wellness Benefit, X-Ray Benefits do not apply toward the yearly maximums.

Shorter Waiting Periods for Fillings

The waiting period for Basic Restorative Benefits is three months. (The original Aflac Dental plan will retain a six-month waiting period.)

Increased Benefits

Benefit amounts for many procedures were increased throughout the Schedule of Dental Procedures. Combine that with a separate X-Ray Benefit and a shorter waiting period for Basic Restorative Benefits, and the aggregate benefit increase is approximately 19 percent, depending upon the specific policy chosen.

Orthodontic Rider Expanded to All Covered Persons

The Orthodontic Rider covers all family members covered by the base policy. (The original Aflac Dental plan will continue to only cover dependents under age 17.)

Addition of a Cosmetic Rider

An optional Cosmetic Rider also covers all family members and provides benefits for specific cosmetic procedures such as bleaching teeth or the placement of veneers.

Provider Education Tools

A flyer and Web site (aflacdental.com) are available to assist dental providers in filing claims with Aflac, while also promoting the simplicity of our product design. Benefit information for specific policies will also be available to providers through the Web site.

Enhanced Brochures

A much requested improvement, advertising material lists every covered ADA code and benefit amount, rather than providing a range of benefits.

Streamlined Competitive Replacement Process

If the 70 percent participation is not met for reduced waiting periods on a competitive replacement plan, you do not have to return to each applicant to write a standard application.

Section 2

***The Dental Insurance
Market***

Dental Insurance Basics

Understanding dental insurance requires understanding the basic differences between dental insurance and medical insurance. Many people mistakenly think that they work in much the same way.

Major medical insurance allows for a spread of risk among a group of insured persons. Actuaries estimate how many insured persons will enter the hospital within a period of time, and premiums are calculated based on their assumptions.

Although dental expenses are lower than medical expenses, a much larger percentage of insured persons use dental benefits. With dental insurance, after the premium is set, actuaries must then determine how much can be paid in benefits. To control expenses, dental plans cap benefits payable within a calendar year—usually at \$1,000 to \$1,500.

Another major distinction is that dental policies focus on preventive benefits, often paying 100 percent of these expenses. Complex dental care is covered at a lower percentage. Insured persons are expected to share in the cost of this care not only as a means of limiting benefits payable, but also to encourage the use of preventive care. It has been proven that preventive care dramatically reduces the number of complex dental procedures needed. On the other hand, major medical plans are designed so that the insured person shares more in the cost of small claims. The annual amount payable by the insured person is capped so that the insurance company picks up the majority of the expense for more extensive claims.

Dental Language

Terms for dental benefits and plan descriptions are different from those of typical voluntary health insurance. For example, in dental terms, an indemnity plan does not mean the same thing that Aflac considers indemnity insurance. An indemnity dental plan pays a percentage of usual and customary charges, while indemnity insurance pays a stated amount for each procedure.

Types of Dental Insurance

Several different types of dental insurance are available in the market today. The most common are listed below:

Indemnity Plans

Indemnity plans are what most people consider to be traditional dental insurance. The insured person selects his or her dentist, and benefits are paid based on a percentage of the usual, customary, and reasonable (UCR) fees. These plans typically pay 100 percent for preventive care, 80 percent for restorative services, and 50 percent for major services. If the dentist's charges exceed the UCR fees set by the insurance company, the policyholder will have a higher out-of-pocket expense. Indemnity plans contain an annual maximum and typically require a deductible.

Preferred Provider Organizations (PPOs)

PPOs are a form of managed care in which there is a preapproved list of dentists from which the policyholder must select. Dentists on this list have agreed to pre-set fees, and these savings are passed on to the insured person. There is usually no deductible. The insured person has the option to visit an out-of-network dentist but at a higher cost.

A variation of the PPO is the EPO, or Exclusive Provider Organization. With an EPO, the policyholder must use a listed provider or the plan will not cover the treatment.

Dental HMOs (Health Maintenance Organizations)

Dental HMOs often operate as capitation plans, under which dentists are paid based on the number of plan members, rather than the services performed. The dentists usually provide preventive and basic services at no charge, while some major services may require a patient copayment. HMOs are often criticized because the structure of a capitation plan means that a dentist's profits increase as the amount of treatment he or she provides decreases, giving rise to concerns about whether the treatment provided is always in the patient's best interest.

Table of Allowances

A table of allowances closely resembles what Aflac defines as an indemnity plan. A fixed benefit amount is set for each procedure, regardless of what the dentist charges. If the charges exceed the benefit amount, the patient is responsible for the balance. Table of allowance plans allow the patient the freedom to choose his or her dentist. Aflac's dental product line is based on a table of allowance concept.

Direct Reimbursement

Direct reimbursement is a self-funded plan that does not utilize an insurance company. Under a direct reimbursement plan, the patient pays the dentist directly and then files for reimbursement with his or her employer. Reimbursements are typically a percentage of charges and vary depending on how the employer structures the plan. Patients may use any dentist and are reimbursed based on the charges, not the type of treatment received. The American Dental Association (ADA) promotes direct reimbursement as a fee-for-service, freedom of choice plan.

Discount Plans

Discount plans are not considered insurance, but they are viewed by many people as a means of saving money on dental care, so we include them here. The member pays a membership fee in exchange for discounted treatment at specific dental providers. There are no maximums on benefits. Most discount plans claim to provide savings of 20 percent-50 percent on dental treatment.

Levels of Benefits

Regardless of the type of dental insurance offered, benefits are typically organized into three categories as shown below:

Category	Examples of Procedures	Common Benefit Level
Preventive, Diagnostic, and Emergency Services	Oral examinations, cleanings, X-rays, fluoride applications, and sealants	100 percent Usually a limit on the number of covered procedures per year
Routine or Basic Dental Care	Routine restorative care such as fillings, routine oral surgery, routine periodontic care	80 percent
Complex or Major Dental Care	Major restorative care such as crowns, complex oral surgery (such as removal of impacted teeth), and other extensive dental procedures	50 percent

By paying a larger portion of benefits for preventive and routine care, dental insurance is designed to encourage policyholders to seek treatment early and therefore reduce the potential for costlier claims.

Section 3

Plan Structure

Coverage Options

The original Aflac Dental offered six levels of coverage in most states, with two additional levels available in ten states with higher dental treatment costs. Using a total of three wellness levels and five benefit schedules, the eight levels were composed as follows:

	Level 1	Level 2	Level 3	Level 4	Level 5	Level 6	Level 7	Level 8
Wellness	\$25	\$25	\$25	\$50	\$25	\$50	\$25	\$75
Schedule	1	2	3	3	4	4	5	5

Over time, our sales patterns revealed that too many options were available. Between levels using the same benefit schedules, the level with the higher Wellness Benefit consistently outsold the level with the lower Wellness Benefit. As an example, in 2003, Level 4 accounted for 38 percent of all Dental sales, while Level 3 accounted for only 3 percent.

To simplify the number of choices, we now offer only three options of coverage (Basic, Standard, and Premier) in most states. An additional plan, Premier Plus, is available in the states that previously had eight levels.

By moving from numbers to names for the options, we are also better able to convey the type of coverage:

- **Basic** is a basic tier of coverage with a \$25 Wellness Benefit and the lowest benefit schedule. Basic is the only plan available when supplementing existing dental insurance.
- **Standard** features a midrange benefit schedule and a \$50 Wellness Benefit. We anticipate that Standard's solid benefits will make it the most commonly sold plan.
- **Premier**, also with a \$50 Wellness Benefit, uses a higher tier of benefits for those desiring more coverage. This option may be helpful in major metropolitan areas with higher costs.
- **Premier Plus**, with a \$75 Wellness Benefit, allows a second high-end option for people in states with significantly higher dental treatment costs. Premier Plus is available only in Alaska, California, Connecticut, Florida, Hawaii, Massachusetts, New Jersey, New York, Oregon, and Washington.

Waiting Periods

Waiting periods are used to control dental costs by preventing immediate claims. Dental care can sometimes be delayed until insurance is in force, but waiting periods reduce the likelihood of a person buying insurance specifically because he or she needs dental treatment. Waiting periods are also important because Aflac's dental product line uses little underwriting.

The policy contains the following waiting periods:

Benefit Category	Waiting Period
Dental Wellness Benefits	None
X-Ray Benefit	None
Other Preventive Benefits	6 months
Other Diagnostic Benefits	3 months
Fillings and Other Basic Restorative Benefits	3 months
Crowns and Other Major Restorative Benefits	12 months
Root Canals and Other Endodontic Benefits	12 months
Gum Treatments/Periodontic Benefits	6 months
Dentures and Other Prosthetic Benefits	24 months
Repairs and Adjustments to Prosthetics Benefits	6 months
Extractions and Other Oral Surgery Benefits	6 months
Pain Relief and Other Adjunctive Services Benefits	3 months
Optional Riders	
Orthodontic Benefit Rider	24 months
Cosmetic Benefit Rider	24 months

The *waiting period* is defined as the period after the effective date of coverage for which benefits are not payable.

- * If a policy is reinstated, new waiting periods begin on the date of reinstatement.
- * If a dependent is added to the policy by endorsement, the waiting periods for that person begin on the effective date of the addition.
- * If a policy is converted to a higher level and waiting periods were met under the original policy, the new waiting periods apply only to the increased benefit amounts.
- * If a policy is converted to a lower level, the waiting periods run from the effective date of the original policy.

Policy Year Maximums

Policy year maximums are also important tools in controlling dental insurance costs. The policy year maximum is the maximum amount of benefits payable per covered person during each policy year. **Dental Wellness and X-Ray Benefits do not count toward the policy year maximums.**

The policy contains the following maximums:

Policy	Policy Year Maximum
Basic	\$1,200
Standard	\$1,400
Premier	\$1,600
Premier Plus	\$1,800

Section 4

***Policy Benefits
and Provisions***

Wellness Benefit

The Wellness Benefit is payable for any covered person for one listed treatment per visit. The benefit is payable once per visit, regardless of the number of treatments received. Visits must be separated by 150 days or more. The Wellness Benefit is payable twice per policy year, per covered person.

X-Ray Benefit

The X-Ray Benefit is payable for any covered person for one listed X-ray procedure per visit. The benefit is payable once per visit, regardless of the number of X-rays received. The X-Ray Benefit is payable only once per policy year, per covered person.

Schedule of Dental Procedures

The Schedule of Dental Procedures is the only portion of the policy that differs among the plans. All policy provisions, waiting periods, limitations and exclusions, etc., are identical for each plan. The Schedule of Dental Procedures is shown over the next several pages for your reference.

Note that some procedures fall under more than one category. For example, crowns appear under Crowns and Other Major Restorative Benefits, and under Dentures and Other Prosthetic Benefits, which have different waiting periods. This is because crowns may be placed on dentures or on teeth. Benefits will be paid based on the specific ADA code for a given procedure.

DENTAL WELLNESS BENEFIT					
ADA Code	Description	Basic	Standard	Premier	Premier Plus
D0110	Initial Oral Evaluation	\$ 25	\$ 50	\$ 50	\$ 75
D0120	Periodic Oral Evaluation				
D0150	Comprehensive Oral Evaluation (new or established patient)				
D0160	Detailed and Extensive Oral Evaluation (problem focused, by report)				
D0170	Re-evaluation – Limited, Problem (established patient; not postoperative visit)				
D0180	Comprehensive Periodontal Evaluation (new or established patient)				
D0425	Caries Susceptibility Tests				
D1110	Prophylaxis (adult)				
D1120	Prophylaxis (child)				
D1201	Topical Application of Fluoride (child, including prophylaxis)				
D1203	Topical Application of Fluoride (child, prophylaxis not included)				
D1204	Topical Application of Fluoride (adult, prophylaxis not included)				
D1205	Topical Application of Fluoride (adult, including prophylaxis)				
D1310	Nutritional Counseling for Control of Dental Disease				
D1320	Tobacco Counseling for the Control and Prevention of Oral Disease				
D1330	Oral Hygiene Instructions				
D4910	Periodontal Maintenance				
D9430	Office Visit for Observation (during regularly scheduled hours, no other services performed)				
D9910	Application of Desensitizing Medicament				

The benefits shown are standard benefit amounts and may vary by state. Please refer to your state-specific policy for benefits in your state.

X-RAY BENEFIT					
ADA Code	Description	Basic	Standard	Premier	Premier Plus
D0210	Intraoral (complete series, including bitewings)	\$ 10	\$ 25	\$ 25	\$ 25
D0220	Intraoral (periapical, first film)				
D0230	Intraoral (periapical, each additional film)				
D0240	Intraoral (occlusal film)				
D0250	Extraoral (first film)				
D0260	Extraoral (each additional film)				
D0270	Bitewing (single film)				
D0272	Bitewings (two films)				
D0274	Bitewings (four films)				
D0277	Vertical Bitewings (seven to eight films)				
D0330	Panoramic Film				
D0340	Cephalometric Film				
OTHER PREVENTIVE BENEFITS					
ADA Code	Description	Basic	Standard	Premier	Premier Plus
D1351	Sealant (per tooth)	\$ 15	\$ 20	\$ 20	\$ 30
D1510	Space Maintainer (fixed, unilateral)	80	85	95	100
D1515	Space Maintainer (fixed, bilateral)	100	110	120	130
D1520	Space Maintainer (removable, unilateral)	80	85	95	100
D1525	Space Maintainer (removable, bilateral)	100	110	120	130
D1550	Recementation of Space Maintainer	35	40	45	50
OTHER DIAGNOSTIC BENEFITS					
<i>Benefits D0130 and D0140 are payable only for visits where no other covered services are performed.</i>					
ADA Code	Description	Basic	Standard	Premier	Premier Plus
D0130	Emergency Oral Evaluation	\$ 20	\$ 25	\$ 30	\$ 35
D0140	Limited Oral Evaluation	20	25	30	35
D0290	Posterior-Anterior or Lateral Skull and Facial Bone Survey Film	60	65	75	80
D0310	Sialography	160	170	190	200
D0415	Bacteriologic Studies for Determination of Pathologic Agents	10	15	15	15
D0460	Pulp Vitality Tests	15	15	15	20
D0470	Diagnostic Casts	20	30	30	35
D0471	Diagnostic Photographs	10	15	15	20
D0501	Histopathologic Exam	40	45	50	55

The benefits shown are standard benefit amounts and may vary by state. Please refer to your state-specific policy for benefits in your state.

FILLINGS AND OTHER BASIC RESTORATIVE BENEFITS					
ADA Code	Description	Basic	Standard	Premier	Premier Plus
D2140	Amalgam (one surface)				
	Primary	\$ 30	\$ 45	\$ 55	\$ 65
	Permanent	45	60	75	85
D2150	Amalgam (two surfaces)				
	Primary	30	50	65	75
	Permanent	50	65	80	95
D2160	Amalgam (three surfaces)				
	Primary	40	55	65	75
	Permanent	55	70	85	100
D2161	Amalgam (four or more surfaces)				
	Primary	45	60	75	85
	Permanent	60	75	95	110
D2330	Resin-Based Composite (one surface, anterior)	40	55	70	85
D2331	Resin-Based Composite (two surfaces, anterior)	50	65	85	100
D2332	Resin-Based Composite (three surfaces, anterior)	55	75	100	120
D2335	Resin-Based Composite (four or more surfaces or involving incisal angle, anterior)	60	85	120	140
D2390	Resin-Based Composite Crown (anterior)	60	85	120	140
D2391	Resin-Based Composite (one surface, posterior)				
	Primary	30	50	65	80
	Permanent	40	55	70	85
D2392	Resin-Based Composite (two surfaces, posterior)				
	Primary	45	60	80	95
	Permanent	50	65	85	100
D2393	Resin-Based Composite (three surfaces, posterior)				
	Primary	50	70	95	120
	Permanent	55	75	100	120
D2394	Resin-Based Composite (four or more surfaces, posterior)				
	Primary	50	70	95	120
	Permanent	55	75	100	120
D2410	Gold Foil (one surface)	200	225	250	275
D2420	Gold Foil (two surfaces)	225	250	275	325

***The benefits shown are standard benefit amounts and may vary by state.
Please refer to your state-specific policy for benefits in your state.***

CROWNS AND OTHER MAJOR RESTORATIVE BENEFITS

ADA Code	Description	Basic	Standard	Premier	Premier Plus
D2510	Inlay (metallic, one surface)	\$190	\$200	\$225	\$250
D2520	Inlay (metallic, two surfaces)	225	250	250	275
D2530	Inlay (metallic, three or more surfaces)	350	375	400	450
D2542	Onlay (metallic, two surfaces)	225	250	300	325
D2543	Onlay (metallic, three surfaces)	250	275	325	350
D2544	Onlay (metallic, four or more surfaces)	275	325	350	375
D2610	Inlay (porcelain/ceramic, one surface)	200	225	250	275
D2620	Inlay (porcelain/ceramic, two surfaces)	225	250	275	325
D2630	Inlay (porcelain/ceramic, three or more surfaces)	350	375	425	450
D2642	Onlay (porcelain/ceramic, two surfaces)	250	275	325	350
D2643	Onlay (porcelain/ceramic, three surfaces)	275	325	350	375
D2644	Onlay (porcelain/ceramic, four or more surfaces)	325	350	375	425
D2650	Inlay (resin-based composite, one surface)	180	200	225	225
D2651	Inlay (resin-based composite, two surfaces)	200	225	250	275
D2652	Inlay (resin-based composite, three or more surfaces)	250	275	325	350
D2662	Onlay (resin-based composite, two surfaces)	225	250	275	325
D2663	Onlay (resin-based composite, three surfaces)	250	275	325	350
D2664	Onlay (resin-based composite, four or more surfaces)	250	275	325	350
D2710	Crown (resin, indirect)	150	170	190	200
D2720	Crown (resin with high noble metal)	250	325	375	450
D2721	Crown (resin with predominantly base metal)	250	325	375	450
D2722	Crown (resin with noble metal)	250	325	375	450
D2740	Crown (porcelain/ceramic substrate)	250	325	375	450
D2750	Crown (porcelain fused to high noble metal)	250	325	375	450
D2751	Crown (porcelain fused to predominantly base metal)	250	325	375	450
D2752	Crown (porcelain fused to noble metal)	250	325	375	450

*The benefits shown are standard benefit amounts and may vary by state.
Please refer to your state-specific policy for benefits in your state.*

CROWNS AND OTHER MAJOR RESTORATIVE BENEFITS (continued)

ADA Code	Description	Basic	Standard	Premier	Premier Plus
D2780	Crown (3/4-cast high noble metal)	\$250	\$325	\$375	\$450
D2781	Crown (3/4-cast predominantly base metal)	250	325	375	450
D2782	Crown (3/4-cast noble metal)	250	325	375	450
D2783	Crown (3/4-porcelain/ceramic)	250	325	375	450
D2790	Crown (full-cast high noble metal)	250	325	375	450
D2791	Crown (full-cast predominantly base metal)	250	325	375	450
D2792	Crown (full-cast noble metal)	250	325	375	450
D2910	Recement Inlay	30	35	35	40
D2920	Recement Crown	30	35	35	40
D2930	Prefabricated Stainless Steel Crown (primary tooth)	65	75	80	85
D2931	Prefabricated Stainless Steel Crown (permanent tooth)	75	80	90	95
D2932	Prefabricated Resin Crown	100	110	130	140
D2933	Prefabricated Stainless Steel Crown With Resin Window	110	130	140	150
D2940	Sedative Filling	25	30	30	35
D2950	Core Buildup (including any pins)	65	75	80	85
D2951	Pin Retention (per tooth, in addition to restoration)	15	15	25	25
D2952	Cast Post and Core (in addition to crown)	95	110	110	130
D2954	Prefabricated Post and Core (in addition to crown)	100	110	130	140
D2955	Post Removal (not in conjunction with endodontic therapy)	75	85	90	100
D2970	Temporary Crown (fractured tooth)	75	80	85	95
D2980	Crown Repairs, by Report	125	160	190	225

The benefits shown are standard benefit amounts and may vary by state. Please refer to your state-specific policy for benefits in your state.

ROOT CANALS AND OTHER ENDODONTIC BENEFITS

ADA Code	Description	Basic	Standard	Premier	Premier Plus
D3110	Pulp Cap (direct, excluding final restoration)	\$ 15	\$ 20	\$ 20	\$ 30
D3120	Pulp Cap (indirect, excluding final restoration)	15	20	20	30
D3220	Therapeutic Pulpotomy (excluding final restoration) Removal of Pulp Coronal to the Dentinocemental Junction and Application of Medicament	40	45	50	50
D3230	Pulpal Therapy (resorbable filling; anterior, primary tooth, excluding final restoration)	45	50	50	55
D3240	Pulpal Therapy (resorbable filling; posterior, primary tooth, excluding final restoration)	45	50	50	55
D3310	Anterior (excluding final restoration, root canal)	150	200	225	275
D3320	Bicuspid (excluding final restoration, root canal)	200	250	275	325
D3330	Molar (excluding final restoration, root canal)	250	325	375	425
D3340	Root Canal (four or more)	250	325	375	425
D3346	Retreatment of Previous Root Canal Therapy (anterior)	130	180	200	250
D3347	Retreatment of Previous Root Canal Therapy (bicuspid)	180	225	250	300
D3348	Retreatment of Previous Root Canal Therapy (molar)	225	300	325	400
D3351	Apexification/Recalcification (initial visit; apical closure/calcific repair of perforations, root resorption, etc.)	130	140	160	170
D3352	Apexification/Recalcification (interim medication replacement; apical closure/calcific repair of perforations, root resorption, etc.)	30	35	40	45
D3353	Apexification/Recalcification (final visit; includes completed root canal therapy; apical closure/calcific repair or perforations, root resorption, etc.)	65	75	80	85
D3410	Apicoectomy/Periradicular Surgery (anterior)	140	160	170	180
D3421	Apicoectomy/Periradicular Surgery (bicuspid; first root)	275	300	325	375
D3425	Apicoectomy/Periradicular Surgery (molar; first root)	300	325	400	425

*The benefits shown are standard benefit amounts and may vary by state.
Please refer to your state-specific policy for benefits in your state.*

ROOT CANALS AND OTHER ENDODONTIC BENEFITS (continued)					
ADA Code	Description	Basic	Standard	Premier	Premier Plus
D3426	Apicoectomy/Periradicular Surgery (each additional root)	\$ 110	\$ 120	\$ 130	\$ 140
D3430	Retrograde Filling (per root)	80	85	95	100
D3450	Root Amputation (per root)	160	170	190	200
D3920	Hemisection (including any root removal; not including root canal therapy)	120	130	150	160
D3950	Canal Preparation and Fitting of Preformed Dowel or Post	55	60	65	75
GUM TREATMENTS/PERIODONTIC BENEFITS					
ADA Code	Description	Basic	Standard	Premier	Premier Plus
D4210	Gingivectomy or Gingivoplasty (four or more contiguous teeth or bounded teeth spaces per quadrant)	\$ 130	\$ 150	\$ 160	\$ 170
D4211	Gingivectomy or Gingivoplasty (one to three teeth per quadrant)	45	50	50	55
D4240	Gingival Flap Procedure, Including Root Planing (four or more contiguous teeth or bounded teeth spaces per quadrant)	225	250	275	300
D4241	Gingival Flap Procedure, Including Root Planing (one to three teeth per quadrant)	225	250	275	300
D4249	Clinical Crown Lengthening (hard tissue)	250	275	300	325
D4250	Mucogingival Surgery (per quadrant)	250	275	300	375
D4260	Osseous Surgery (including flap entry and closure; four or more contiguous teeth or bounded teeth spaces per quadrant)	250	275	300	375
D4261	Osseous Surgery (including flap entry and closure; one to three teeth per quadrant)	250	275	300	375
D4263	Bone Replacement Graft (first site in quadrant)	275	300	325	375
D4264	Bone Replacement Graft (each additional site in quadrant)	225	225	250	275
D4270	Pedicle Soft Tissue Graft Procedure	275	300	325	375
D4271	Free Soft Tissue Graft Procedure (including donor site surgery)	275	300	325	375

The benefits shown are standard benefit amounts and may vary by state. Please refer to your state-specific policy for benefits in your state.

GUM TREATMENTS/PERIODONTIC BENEFITS (continued)

ADA Code	Description	Basic	Standard	Premier	Premier Plus
D4273	Subepithelial Connective Tissue Graft Procedures	\$300	\$325	\$375	\$400
D4275	Soft Tissue Allograft	275	300	325	375
D4320	Provisional Splinting (intracoronal)	150	160	180	200
D4321	Provisional Splinting (extracoronal)	110	130	150	170
D4341	Periodontal Scaling and Root Planing (four or more contiguous teeth or bounded teeth spaces per quadrant)	60	65	80	85
D4342	Periodontal Scaling and Root Planing (one to three teeth per quadrant)	60	65	80	85
D4355	Full Mouth Debridement to Enable Comprehensive Evaluation and Diagnosis	55	60	65	75

DENTURES AND OTHER PROSTHETIC BENEFITS

ADA Code	Description	Basic	Standard	Premier	Premier Plus
D5110	Complete Denture (maxillary)	\$350	\$425	\$525	\$575
D5120	Complete Denture (mandibular)	350	425	525	575
D5130	Immediate Denture (maxillary)	350	425	525	575
D5140	Immediate Denture (mandibular)	350	425	525	575
D5211	Maxillary Partial Denture (resin base; including any conventional clasps, rests, and teeth)	250	325	375	500
D5212	Mandibular Partial Denture (resin base; including any conventional clasps, rests, and teeth)	250	325	375	500
D5213	Maxillary Partial Denture (cast metal framework with resin denture bases; including any conventional clasps, rests, and teeth)	375	450	550	700
D5214	Mandibular Partial Denture (cast metal framework with resin denture bases; including any conventional clasps, rests, and teeth)	375	450	550	700
D5281	Removable Unilateral Partial Denture (one-piece cast metal; including clasps and teeth)	300	325	350	375
D5670	Replace All Teeth and Acrylic on Cast Metal Framework (maxillary)	40	45	45	50
D5671	Replace All Teeth and Acrylic on Cast Metal Framework (mandibular)	40	45	45	50
D5810	Interim Complete Denture (maxillary)	225	225	250	300

The benefits shown are standard benefit amounts and may vary by state.

Please refer to your state-specific policy for benefits in your state.

DENTURES AND OTHER PROSTHETIC BENEFITS (continued)					
ADA Code	Description	Basic	Standard	Premier	Premier Plus
D5811	Interim Complete Denture (mandibular)	\$225	\$250	\$300	\$300
D5820	Interim Partial Denture (maxillary)	170	180	200	225
D5821	Interim Partial Denture (mandibular)	180	200	225	225
D6010	Surgical Placement of Implant Body; Endosteal Implant	450	550	650	800
D6020	Abutment Placement or Substitution; Endosteal Implant	450	550	650	800
D6040	Surgical Placement; Eposteal Implant	450	550	650	800
D6050	Surgical Placement; Transosteal Implant	450	550	650	800
D6080	Implant Maintenance Procedures, Including Removal of Prosthesis, Cleansing of Prosthesis and Abutments, and Reinsertion of Prosthesis	150	175	225	275
D6210	Pontic (cast high noble metal)	250	325	375	450
D6211	Pontic (cast predominantly base metal)	250	325	375	450
D6212	Pontic (cast noble metal)	250	325	375	450
D6240	Pontic (porcelain fused to high noble metal)	250	325	375	450
D6241	Pontic (porcelain fused to predominantly base metal)	250	325	375	450
D6242	Pontic (porcelain fused to noble metal)	250	325	375	450
D6245	Pontic (porcelain/ceramic)	250	325	375	450
D6250	Pontic (resin with high noble metal)	250	325	375	450
D6251	Pontic (resin with predominantly base metal)	250	325	375	450
D6252	Pontic (resin with noble metal)	250	325	375	450
D6253	Provisional Pontic	250	325	375	450
D6545	Retainer (cast metal for resin-bonded fixed prosthesis)	140	160	170	190
D6548	Retainer (porcelain/ceramic for resin-bonded fixed prosthesis)	140	160	170	190
D6600	Inlay (porcelain/ceramic, two surfaces)	225	250	275	325
D6601	Inlay (porcelain/ceramic, three or more surfaces)	350	375	425	450
D6602	Inlay (cast high noble metal, two surfaces)	300	350	375	400
D6603	Inlay (cast high noble metal, three or more surfaces)	325	375	400	425
D6604	Inlay (cast predominantly base metal, two surfaces)	300	350	375	400
D6605	Inlay (cast predominantly base metal, three or more surfaces)	325	375	400	425
D6606	Inlay (cast noble metal, two surfaces)	300	350	375	400

***The benefits shown are standard benefit amounts and may vary by state.
Please refer to your state-specific policy for benefits in your state.***

DENTURES AND OTHER PROSTHETIC BENEFITS (continued)

ADA Code	Description	Basic	Standard	Premier	Premier Plus
D6607	Inlay (cast noble metal, three or more surfaces)	\$325	\$375	\$400	\$425
D6608	Onlay (porcelain/ceramic, two surfaces)	250	275	325	350
D6609	Onlay (porcelain/ceramic, three or more surfaces)	275	325	350	375
D6610	Onlay (cast high noble metal, two surfaces)	325	375	400	425
D6611	Onlay (cast high noble metal, three or more surfaces)	350	400	425	450
D6612	Onlay (cast predominantly base metal, two surfaces)	325	375	400	425
D6613	Onlay (cast predominantly base metal, three or more surfaces)	350	400	425	450
D6614	Onlay (cast noble metal, two surfaces)	325	375	400	425
D6615	Onlay (cast noble metal, three or more surfaces)	350	400	425	450
D6720	Crown (resin with high noble metal)	250	325	375	450
D6721	Crown (resin with predominantly base metal)	250	325	375	450
D6722	Crown (resin with noble metal)	250	325	375	450
D6740	Crown (porcelain/ceramic)	250	325	375	450
D6750	Crown (porcelain fused to high noble metal)	250	325	375	450
D6751	Crown (porcelain fused to predominantly base metal)	250	325	375	450
D6752	Crown (porcelain fused to noble metal)	250	325	375	450
D6780	Crown (3/4-cast high noble metal)	250	325	375	450
D6781	Crown (3/4-cast predominantly base metal)	250	325	375	450
D6782	Crown (3/4-cast noble metal)	250	325	375	450
D6783	Crown (3/4-porcelain/ceramic)	250	325	375	450
D6790	Crown (full-cast high noble metal)	250	325	375	450
D6791	Crown (full-cast predominantly base metal)	250	325	375	450
D6792	Crown (full-cast noble metal)	250	325	375	450
D6793	Provisional Retainer Crown	250	325	375	450
D6970	Cast Post and Core (in addition to fixed partial denture retainer)	130	140	160	170
D6971	Cast Post (as part of fixed partial denture retainer)	120	130	140	150
D6972	Prefabricated Post and Core (in addition to fixed partial denture retainer)	100	120	130	140
D6973	Core Buildup for Retainer (including any pins)	85	90	100	110
D6975	Coping (metal)	225	250	300	325

*The benefits shown are standard benefit amounts and may vary by state.
Please refer to your state-specific policy for benefits in your state.*

REPAIRS AND ADJUSTMENTS TO PROSTHETIC BENEFITS

ADA Code	Description	Basic	Standard	Premier	Premier Plus
D5410	Adjust Complete Denture (maxillary)	\$20	\$30	\$30	\$35
D5411	Adjust Complete Denture (mandibular)	20	30	30	35
D5421	Adjust Partial Denture (maxillary)	20	30	30	35
D5422	Adjust Partial Denture (mandibular)	20	30	30	35
D5510	Repair Broken Complete Denture Base	45	50	50	55
D5520	Replace Missing or Broken Teeth (complete denture; each tooth)	40	45	45	50
D5610	Repair Resin Denture Base	45	50	50	55
D5620	Repair Cast Framework	60	65	75	85
D5630	Repair or Replace Broken Clasp	50	55	60	65
D5640	Replace Broken Teeth (per tooth)	40	45	45	50
D5650	Add Tooth to Existing Partial Denture	45	50	55	60
D5660	Add Clasp to Existing Partial Denture	60	65	75	80
D5710	Rebase Complete Maxillary Denture	130	140	160	170
D5711	Rebase Complete Mandibular Denture	170	180	200	225
D5720	Rebase Maxillary Partial Denture	170	180	200	225
D5721	Rebase Mandibular Partial Denture	170	180	200	225
D5730	Reline Complete Maxillary Denture (chairside)	80	85	95	100
D5731	Reline Complete Mandibular Denture (chairside)	80	85	95	100
D5740	Reline Maxillary Partial Denture (chairside)	90	100	110	120
D5741	Reline Mandibular Partial Denture (chairside)	90	100	110	120
D5750	Reline Complete Maxillary Denture (laboratory)	110	120	130	150
D5751	Reline Complete Mandibular Denture (laboratory)	110	120	130	150
D5760	Reline Maxillary Partial Denture (laboratory)	130	150	160	170
D5761	Reline Mandibular Partial Denture (laboratory)	130	150	160	170
D5850	Tissue Conditioning (maxillary)	40	45	50	50
D5851	Tissue Conditioning (mandibular)	40	45	50	55
D6090	Repair of Implanted Supported Prosthetic, by Report	110	120	130	150
D6095	Repair of Implanted Abutment, by Report	110	120	130	150
D6100	Implant Removable, by Report	35	40	40	45
D6930	Recement Fixed Partial Denture	35	40	40	45

The benefits shown are standard benefit amounts and may vary by state. Please refer to your state-specific policy for benefits in your state.

EXTRACTIONS AND OTHER ORAL SURGERY BENEFITS

ADA Code	Description	Basic	Standard	Premier	Premier Plus
D7111	Coronal Remnants (deciduous tooth)	\$ 35	\$ 45	\$ 60	\$ 70
D7140	Extraction, Erupted Tooth, or Exposed Root (elevation and/or forceps removal)	40	45	50	50
D7210	Surgical Removal of Erupted Tooth Requiring Elevation of Mucoperiosteal Flap and Removal of Bone and/or Section of Tooth	70	80	90	120
D7220	Removal of Impacted Tooth (soft tissue)	85	100	120	140
D7230	Removal of Impacted Tooth (partially bony)	120	130	140	170
D7240	Removal of Impacted Tooth (completely bony)	130	150	160	200
D7241	Removal of Impacted Tooth (completely bony, with unusual surgical complications)	150	170	170	225
D7250	Surgical Removal of Residual Tooth Roots (cutting procedure)	70	80	85	90
D7260	Oroantral Fistula Closure	180	200	225	250
D7270	Tooth Reimplantation and/or Stabilization of Accidentally Evulsed or Displaced Tooth and/or Alveolus	180	200	225	250
D7280	Surgical Access of an Unerupted Tooth	200	225	250	250
D7281	Surgical Exposure of Impacted or Unerupted Tooth to Aid Eruption	65	75	80	85
D7282	Mobilization of Erupted or Malpositioned Tooth to Aid Eruption	65	75	80	85
D7285	Biopsy of Oral Tissue - Hard (bone, tooth)	375	400	425	500
D7286	Biopsy of Oral Tissue - Soft (all others)	150	170	180	200
D7310	Alveoloplasty in Conjunction With Extractions (per quadrant)	65	70	75	80
D7320	Alveoloplasty Not in Conjunction With Extractions (per quadrant)	80	85	100	100
D7340	Vestibuloplasty - Ridge Extension (secondary epithelialization)	750	850	975	1,100
D7350	Vestibuloplasty - Ridge Extension (including soft tissue grafts, muscle reattachment, revision of soft tissue attachment, and management of hypertrophied and hyperplastic tissue)	700	800	925	1,025
D7410	Excision of Benign Lesion (up to 1.25 cm)	525	575	650	725
D7411	Excision of Benign Lesion (greater than 1.25 cm)	525	575	650	725

*The benefits shown are standard benefit amounts and may vary by state.
Please refer to your state-specific policy for benefits in your state.*

EXTRACTIONS AND OTHER ORAL SURGERY BENEFITS (continued)

ADA Code	Description	Basic	Standard	Premier	Premier Plus
D7412	Excision of Benign Lesion (complicated)	\$525	\$575	\$650	\$725
D7413	Excision of Malignant Lesion (up to 1.25 cm)	650	725	800	850
D7414	Excision of Malignant Lesion (greater than 1.25 cm)	650	725	800	850
D7415	Excision of Malignant Lesion (complicated)	650	725	800	850
D7440	Excision of Malignant Tumor (lesion diameter up to 1.25 cm)	650	725	800	850
D7441	Excision of Malignant Tumor (lesion diameter greater than 1.25 cm)	650	725	800	850
D7450	Removal of Benign Odontogenic Cyst or Tumor (lesion diameter up to 1.25 cm)	525	575	650	725
D7451	Removal of Benign Odontogenic Cyst or Tumor (lesion diameter greater than 1.25 cm)	525	575	650	725
D7460	Removal of Benign Nonodontogenic Cyst or Tumor (lesion diameter up to 1.25 cm)	525	575	650	725
D7461	Removal of Benign Nonodontogenic Cyst or Tumor (lesion diameter greater than 1.25 cm)	525	575	650	725
D7471	Removal of Lateral Exostosis (maxilla or mandible)	375	425	450	525
D7472	Removal of Torus Palatinus	375	425	450	525
D7473	Removal of Torus Mandibularis	375	425	450	525
D7485	Surgical Reduction of Osseous Tuberosity	425	500	550	575
D7510	Incision and Drainage of Abscess (intraoral soft tissue)	100	110	120	130
D7520	Incision and Drainage of Abscess (extraoral soft tissue)	450	525	575	600
D7530	Removal of Foreign Body From Mucosa, Skin, or Subcutaneous Alveolar Tissue	170	180	200	225
D7540	Removal of Reaction-Producing Foreign Bodies (musculoskeletal system)	180	200	225	250
D7550	Partial Ostectomy/Sequestrectomy for Removal of Nonvital Bone	120	130	140	160
D7560	Maxillary Sinusotomy for Removal of Tooth Fragment or Foreign Body	700	800	925	1,025

The benefits shown are standard benefit amounts and may vary by state. Please refer to your state-specific policy for benefits in your state.

EXTRACTIONS AND OTHER ORAL SURGERY BENEFITS (continued)

ADA Code	Description	Basic	Standard	Premier	Premier Plus
D7610	Maxilla (open reduction; teeth immobilized, if present)	\$700	\$800	\$925	\$1,025
D7620	Maxilla (closed reduction; teeth immobilized, if present)	700	800	925	1,025
D7630	Mandible (open reduction; teeth immobilized, if present)	65	70	75	80
D7640	Mandible (closed reduction; teeth immobilized, if present)	80	90	100	110
D7650	Malar and/or Zygomatic Arch (open reduction)	700	800	925	1,025
D7660	Malar and/or Zygomatic Arch (closed reduction)	550	600	650	725
D7670	Alveolus (closed reduction, may include stabilization of teeth)	725	800	850	950
D7671	Alveolus (open reduction, may include stabilization of teeth)	350	400	450	575
D7710	Maxilla (open reduction)	700	800	925	1,025
D7720	Maxilla (closed reduction)	700	800	925	1,025
D7730	Mandible (open reduction)	80	85	100	100
D7740	Mandible (closed reduction)	80	85	100	100
D7750	Malar and/or Zygomatic Arch (open reduction)	300	350	400	450
D7760	Malar and/or Zygomatic Arch (closed reduction)	300	350	400	450
D7770	Alveolus (open reduction stabilization of teeth)	350	400	450	575
D7771	Alveolus (closed reduction stabilization of teeth)	725	800	850	950
D7960	Frenulectomy (frenectomy or frenotomy; separate procedure)	80	85	100	100
D7970	Excision of Hyperplastic Tissue (per arch)	80	85	100	100
D7971	Excision of Pericoronal Gingiva	70	75	85	90

*The benefits shown are standard benefit amounts and may vary by state.
Please refer to your state-specific policy for benefits in your state.*

PAIN RELIEF AND ADJUNCTIVE SERVICES BENEFITS

Benefits D9220 and D9230 are not payable for the same surgery.

ADA Code	Description	Basic	Standard	Premier	Premier Plus
D9110	Palliative (emergency) Treatment of Dental Pain (minor procedure)	\$ 30	\$ 30	\$ 35	\$ 35
D9220	Deep Sedation/General Anesthesia	75	85	90	100
D9230	Analgesia, Anxiolysis, Inhalation of Nitrous Oxide	75	85	90	100
D9241	Intravenous Conscious Sedation/Analgesia (first 30 minutes)	120	130	140	150
D9310	Consultation (diagnostic service provided by dentist or physician other than practitioner providing treatment)	25	30	35	40
D9410	House/Extended-Care Facility Call	25	30	35	40
D9420	Hospital Call	25	30	35	40
D9440	Office Visit (after regularly scheduled hours)	25	30	35	40
D9450	Case Presentation, Detailed and Extensive Treatment Planning	25	30	35	40

The benefits shown are standard benefit amounts and may vary by state. Please refer to your state-specific policy for benefits in your state.

Orthodontic Benefit Rider

Optional Orthodontic Benefit Rider **A81050** is available for payroll sales only and provides benefits for specific orthodontic treatment as outlined in the rider. After a waiting period of 24 months, the first benefit of \$600 is payable for the initial orthodontic treatment. After the initial treatment, \$200 is payable once every third month for continued treatment.

The rider applies to all persons covered under the policy and has a **lifetime maximum of \$1,200 per covered person**. The maximum amount payable under the rider is \$2,400 per policy year.

Covered procedures under the Orthodontic Benefit Rider are listed below:

ADA Code	Description
D8010	Limited Orthodontic Treatment of the Primary Dentition
D8020	Limited Orthodontic Treatment of the Transitional Dentition
D8030	Limited Orthodontic Treatment of the Adolescent Dentition
D8040	Limited Orthodontic Treatment of the Adult Dentition
D8050	Interceptive Orthodontic Treatment of the Primary Dentition
D8060	Interceptive Orthodontic Treatment of the Transitional Dentition
D8070	Comprehensive Orthodontic Treatment of the Transitional Dentition
D8080	Comprehensive Orthodontic Treatment of the Adolescent Dentition
D8090	Comprehensive Orthodontic Treatment of the Adult Dentition
D8670	Periodic Orthodontic Treatment Visit

Cosmetic Benefit Rider

Optional Cosmetic Benefit Rider A81051 is available for payroll sales only and provides benefits for specific cosmetic dental treatment as outlined in the rider. After a waiting period of 24 months, benefits are available for the procedures and benefit amounts listed.

The rider applies to all persons covered under the policy and has **a lifetime maximum of \$1,800 per policy**. The maximum amount payable under the rider is \$600 per policy year.

Covered procedures under the Cosmetic Benefit Rider are listed below:

ADA Code	Description	Benefit Amount
D2960	Labial Veneer (Laminate) – Chairside	\$ 200
D2961	Labial Veneer (Resin Laminate) – Laboratory	200
D2962	Labial Veneer (Porcelain Laminate) – Laboratory	200
D3960	Bleaching of Discolored Tooth	100
D9951	Occlusion Adjustment – Limited	50
D9952	Occlusion Adjustment – Complete	225
D9970	Enamel Microabrasion	65
D9971	Odontoplasty (one–two teeth)	125
D9972	External Bleaching – Per Arch	250
D9973	External Bleaching – Per Tooth	25
D9974	Internal Bleaching – Per Tooth	100

Limitations and Exclusions

In addition to explaining benefits and policy provisions, it is critical that you discuss limitations and exclusions with your clients at the point of sale. This will help avoid the surprise and frustration of a denied claim.

Dental contains the following limitations and exclusions:

This policy does not cover losses caused by or resulting from:

- Any procedure not shown in the Schedule of Dental Procedures.
- Services that are not recommended by a dentist or that are not required for the preservation or restoration of oral health.
- Repairs to dental work within six months of the initial work.
- Replacement prosthetics within five years of last placement.
- Treatment involving crowns for a given tooth within five years of last placement, regardless of the type of crown.
- Replacement for inlays or onlays for a given tooth within five years of last placement.
- Treatment received while outside the territorial limits of the United States or, if outside the United States, the territorial limits of the place where your policy was issued.

Benefits for sealants are limited to secondary molars for dependent children under age 16 and will not be payable more often than every five years.

No benefits will be paid for replacement of teeth missing before the effective date of coverage.

Sample Policy and Riders

Samples of a Standard policy and the Orthodontic and Cosmetic Benefit Riders are shown on the following pages.

***These are samples to be used for training purposes only.
Benefits and policy provisions may vary by state.
Please refer to your state-specific policy and riders for benefits in your state.***

DENTAL INSURANCE POLICY

The **Named Insured** as shown in the Policy Schedule will be referred to as "you," "your," or "yours." **American Family Life Assurance Company of Columbus (AFLAC)**, a stock company, will be referred to as "we," "our," "us," or "AFLAC."

**IMPORTANT: This is a dental policy.
Read it carefully with the Outline of Coverage, if applicable.**

CONSIDERATION

This policy is issued in consideration of the statements made in your application and the payment of the premium shown in the Policy Schedule. A copy of your application is attached and is a part of this policy. The following paragraphs set forth the insurance benefits, limitations and exclusions, definitions of terms, and other provisions.

YOUR RIGHT TO EXAMINE THIS POLICY

It is important to us that you are satisfied with this policy and that it meets your insurance needs. If you are not satisfied, you may return it within 30 days after you receive it. Send it to your associate (duly licensed agent) or to AFLAC Worldwide Headquarters, 1932 Wynnton Road, Columbus, Georgia 31999. You will receive a full refund of all premiums paid, and your policy will be void from its effective date. If you return the policy, please note in writing: "This policy is returned for cancellation and refund of premium."

IMPORTANT NOTICE

Please read your application attached to this policy. This policy is issued on the basis that the information shown on the application is correct and complete to the best of your knowledge and belief. Carefully check the application. Write to us within 30 days of the date you receive this policy if any information shown on it is not correct or complete. Incorrect information can result in the denial of a claim or termination of the policy. No associate (duly licensed agent) may change this policy or waive any of its provisions.

**THIS POLICY IS GUARANTEED-RENEWABLE FOR YOUR LIFETIME
SUBJECT TO AFLAC'S RIGHT TO CHANGE THE APPLICABLE TABLE OF PREMIUM RATES BY
CLASS UPON ANY RENEWAL DATE.**

We agree that this policy will never be restricted by the addition of any rider without your consent, nor will renewal be refused because of any change in any covered person's health or physical condition. You are guaranteed the right to renew this policy for your lifetime by the payment of premiums at the rate in effect at the beginning of each term. AFLAC may change the established premium rate, but only if the rate is changed for all policies of this class. While this policy is in force, no change will be made in your class because of the age, sex, or physical condition of any covered person(s). "Class" means all policies of this form number and premium classification in your state that are then in force. If the established premium rate changes, AFLAC will notify you in writing at your last known address at least 30 days before the change becomes effective.

**AFLAC Worldwide Headquarters: 1932 Wynnton Road, Columbus, Georgia 31999
For assistance or information about this policy, call 1-800-99-AFLAC (1-800-992-3522).**

Visit our Web site at www.aflac.com.

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Limitations and Exclusions Part 2

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Uniform Provisions Part 4

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Policy Schedule

NAMED INSURED: John A. Doe	POLICY NUMBER: 111-2222
TYPE OF COVERAGE: Individual	COVERAGE: XXXXXX AAABBB
MODE OF PAYMENT: Monthly	
PREMIUMS:	EFFECTIVE DATES:
Policy: \$XX.xx	Policy: XX/XX/XX
Rider: \$XX.xx	Rider: XX/XX/XX
Rider: \$XX.xx	Rider: XX/XX/XX

Benefit Categories

Waiting Periods

- | | |
|---|----------------|
| A. Dental Wellness Benefit | [0, 0 months] |
| B. X-Ray Benefit..... | [0, 0 months] |
| C. Other Preventive Benefits..... | [0, 6 months] |
| D. Other Diagnostic Benefits..... | [0, 3 months] |
| E. Fillings and Other Basic Restorative Benefits..... | [0, 3 months] |
| F. Crowns and Other Major Restorative Benefits..... | [3, 12 months] |
| G. Root Canals and Other Endodontic Benefits..... | [3, 12 months] |
| H. Gum Treatments/Periodontic Benefits..... | [3, 6 months] |
| I. Dentures and Other Prosthetic Benefits..... | [6, 24 months] |
| J. Repairs and Adjustments to Prosthetic Benefits | [3, 6 months] |
| K. Extractions and Other Oral Surgery Benefits..... | [3, 6 months] |
| L. Pain Relief and Adjunctive Services Benefits..... | [3, 3 months] |

Optional Benefits

Waiting Periods

- | | |
|--------------------------------|-----------|
| Orthodontic Benefit Rider..... | 24 months |
| Cosmetic Benefit Rider..... | 24 months |

In witness whereof, AFLAC's president and secretary signed this policy in Columbus, Georgia, as of the effective date shown in the Policy Schedule.

ABCD	ABCD
Joey M. Loudermilk, Secretary	Daniel P. Amos, President

This is a legal contract between you and AFLAC.

READ YOUR POLICY CAREFULLY.

Part 1
DEFINITIONS

- A. **DENTAL HYGIENIST:** a legally qualified person, other than a member of your Immediate Family, who is licensed by the state to treat the type of condition for which a claim is made.
- B. **DENTIST:** a legally qualified person, other than a member of your Immediate Family, who is licensed by the state to treat the type of condition for which a claim is made.
- C. **IMMEDIATE FAMILY:** anyone related to you in the following manner: spouse; brother or sister (includes stepbrother and stepsister); children (includes stepchildren); parent(s) (includes stepparents); grandchildren; father- or mother-in-law; and spouses, as applicable, of any of these.
- D. **POLICY YEAR:**
1. **First Policy Year:** the period of time that begins on the effective date of coverage as shown in the Policy Schedule and ends 365 days from the effective date.
 2. **Each Subsequent Policy Year:** each 12-month period thereafter.
- E. **TYPE OF COVERAGE** (see your Policy Schedule to determine the type of coverage in force — Individual, Named Insured/Spouse Only, One-Parent Family, or Two-Parent Family):
1. **Individual:** coverage for only you, the insured person listed in the Policy Schedule.
 2. **Named Insured/Spouse Only:** coverage for you (the insured person) and your spouse.
 3. **One-Parent Family:** coverage for you (the insured person) and all of your dependent children who are unmarried and under 19 years of age. "Dependent children" are your natural children, stepchildren, or legally adopted children who are unmarried, who are under 19 years of age, and who qualify as legal dependents for tax exemption purposes under the United States Internal Revenue Service Tax Code. Coverage of a dependent child will be extended to age 23 if he/she is enrolled as a full-time student in a post-secondary institution of higher learning for five calendar months in that calendar year or, if not enrolled, would have been eligible to enroll and was prevented from enrolling due to sickness or injury. Children born to dependent children of you or your spouse are not covered under this policy.
 4. **Two-Parent Family:** coverage for you (the insured person), your spouse, and all of your dependent children (or those of your spouse) who are unmarried and under 19 years of age. "Dependent children" are your natural children, stepchildren, or legally adopted children who are unmarried, who are under 19 years of age, and who qualify as legal dependents for tax exemption purposes under the United States Internal Revenue Service Tax Code. Coverage of a dependent child will be extended to age 23 if he/she is enrolled as a full-time student in a post-secondary institution of higher learning for five calendar months in that calendar year or, if not enrolled, would have been eligible to enroll and was prevented from enrolling due to sickness or injury. Children born to dependent children of you or your spouse are not covered under this policy.

Persons covered under Individual, Named Insured/Spouse Only, One-Parent Family, or Two-Parent Family coverage are referred to as "covered persons." Newborn children are automatically covered under the terms of the policy from the moment of birth, and adopted children are covered from the date of petition. Coverage for newborn or adopted children will

be in effect through the 31st day following the date of such event. If you desire uninterrupted coverage for a newborn or an adopted child, you must notify AFLAC within 31 days of the child's birth or the date of petition for adoption. Upon notification, AFLAC will convert this policy to the Type of Coverage you requested and advise you of the additional premium due, if any. If you wish any other person to be covered after the effective date of the policy, you must apply for such coverage, and that person must be added by endorsement. Insurance for persons added by endorsement becomes effective on the date specified on the endorsement.

The insurance on any dependent child will terminate on the policy anniversary date following the child's 19th birthday (23rd if a full-time student), the child's marriage, or at the time the child no longer qualifies as a legal dependent for tax exemption purposes under the United States Internal Revenue Service Tax Code, whichever occurs first. Termination will be without prejudice to any claim originating prior thereto. AFLAC's acceptance of premium after such date will be considered as premium for only the remaining persons who qualify as covered persons under the policy. Coverage provided under any One-Parent Family or Two-Parent Family contract will include any other unmarried dependent child, regardless of age, who is incapable of self-sustaining employment by reason of mental retardation or physical handicap and who became so incapacitated before age 19 (23 if a full-time student). You must furnish proof of such incapacity and dependency to AFLAC within 31 days of the dependent child's 19th birthday (23rd if a full-time student). At AFLAC's request you must furnish proof of continued incapacity and dependency, but not more often than annually after the two-year period following the child's 19th birthday (23rd if a full-time student).

In the event of your death, your spouse, if covered by this policy, will become the Named Insured.

- F. WAITING PERIOD:** the period after the effective date of coverage for which benefits are not payable. If the policy is reinstated, all covered persons will be subject to new Waiting Periods beginning with the effective date of reinstatement. If a dependent is added by endorsement, the Waiting Period for such dependent will begin from the effective date of the addition. The Waiting Period will vary based on the benefit category (see the Policy Schedule).

Part 2 **LIMITATIONS AND EXCLUSIONS**

- A.** This policy does not cover losses caused by or resulting from:
1. Any procedure not shown on the Schedule of Dental Procedures.
 2. Services that are not recommended by a Dentist or that are not required for the preservation or restoration of oral health.
 3. Repairs to dental work within six months of the initial work.
 4. Replacement prosthetics within five years of last placement.
 5. Treatment involving crowns for a given tooth within five years of last placement, regardless of the type of crown.
 6. Replacement for inlays or onlays for a given tooth within five years of last placement.
 7. Treatment received while outside the territorial limits of the United States or, if outside the United States, the territorial limits of the place where your policy was issued.

- B. Benefits for sealants are limited to secondary molars for dependent children under age 16 and will not be payable more often than every five years.
- C. No benefits will be paid for replacement of teeth missing before the effective date of coverage.

Part 3
RIGHT OF CONVERSION

A. DISSOLUTION OF MARRIAGE: If you and your spouse dissolve your marriage by a valid decree of dissolution of marriage and your spouse was covered under a Named Insured/Spouse Only policy or a Two-Parent Family policy, the ex-spouse's coverage will terminate. Your ex-spouse may then apply for and receive, without evidence of insurability, a policy providing coverage not greater than the terminated coverage. To obtain the policy, your ex-spouse must make application to AFLAC within 60 days following the entry of the decree of dissolution of marriage and pay the appropriate premium for the policy. No Waiting Period is required except to the extent that such period has not been met under this policy. If such dissolution of marriage occurs, the Named Insured under this policy at the time of the dissolution will retain that status. Any covered dependents may be covered under either policy, but not both.

B. DEATH: In the event of your death, your spouse, if alive and covered hereunder, will become the Named Insured. All benefits accrued prior to your death will be paid to your estate. No Waiting Period is required except to the extent that such period has not been satisfied by that person under this policy.

C. TERMINATION OF DEPENDENCY: A covered person whose dependency has terminated and who desires to continue coverage as a Named Insured under a separate policy may do so by notifying AFLAC of the request in writing. The dependent will have the right to apply for a policy without evidence of insurability and without interruption in coverage, provided AFLAC receives written notification of the request prior to 31 days after the anniversary date of this policy following the date he or she is no longer considered a dependent.

Part 4
UNIFORM PROVISIONS

A. ENTIRE CONTRACT; CHANGES: This policy, together with the application, endorsements, benefit agreements, riders, and attached papers, if any, constitutes the entire contract of insurance. No change in this policy is valid until approved in writing by the secretary and president of AFLAC at our worldwide headquarters. Any such change must be noted on or attached hereto. No associate (duly licensed agent) has the authority to change this policy or to waive any of its provisions.

B. TIME LIMIT ON CERTAIN DEFENSES: After two years from the effective date of this policy, any misstatements, except fraudulent misstatements, made by you in the application shall not be used to void the policy or to deny a claim for care commencing after the expiration of such two-year period.

C. TERM: The term of this policy begins at midnight, standard time, at the place where you reside on the effective date shown in the Policy Schedule. It ends at midnight, at the same

standard time, on the first renewal date. Each renewal term ends at midnight, at the same standard time, on the next following renewal date. Renewal dates are determined by the mode of payment. The mode of payment for the original term of this policy is shown in the Policy Schedule. An annual premium will maintain this policy in force for 12 months, semiannual for six months, quarterly for three months, and monthly for one month. Premium for a term is due on the first day of that term. If you fail to pay your premium by the end of the grace period, coverage under this policy will terminate.

- D. GRACE PERIOD:** A grace period of 31 days will be granted for the payment of each premium falling due after the first premium. During the grace period, this policy shall continue in force.
- E. REINSTATEMENT:** You may request reinstatement of your policy from our associate (duly licensed agent) or AFLAC. If your policy has lapsed for nonpayment of premium and we accept a later payment without requiring an application, your policy will be reinstated. If we require a written application and provide you with a conditional receipt, your policy shall be reinstated upon our approval of the application. If we do not notify you of our disapproval in writing within 45 days of the date of your application, your policy shall be deemed reinstated. The reinstated policy shall cover loss resulting only from covered dental treatment that occurs after the date of reinstatement. In all other respects, you and AFLAC shall have the same rights as provided under the policy immediately before the due date of the defaulted premium, subject to new Waiting Periods beginning with the effective date of reinstatement. Any premium accepted in connection with a reinstatement shall be applied to a period for which premium has not been previously paid, but not to any period prior to the date of reinstatement.
- F. NOTICE OF CLAIM:** Written notice of claim must be given within 60 days after a covered loss starts or as soon as reasonably possible. The notice can be given to AFLAC at our worldwide headquarters or to our associate (duly licensed agent). Notice of claim should include the name of the covered person and the policy number.
- G. CLAIM FORMS:** When we receive a notice of claim, we will send you forms for filing proof of loss. If the forms are not given to you within ten working days, you will meet the proof-of-loss requirements by giving us a written statement of the nature and extent of the loss within the time limit stated in the Proof of Loss provision.
- H. PROOF OF LOSS:** Written proof of loss must be furnished to AFLAC at our worldwide headquarters within 90 days after the date of such loss. Failure to furnish such proof within the time required shall not invalidate or reduce any claim if it was not reasonably possible to give proof within such time. However, such proof must be furnished as soon as reasonably possible and in no event (except in the absence of legal capacity) later than 15 months from the time proof is otherwise required.
- I. TIME OF PAYMENT OF CLAIMS:** All benefits payable under this policy will be paid immediately upon receipt of written proof of loss.
- J. PAYMENT OF CLAIMS:** All benefits will be payable to you unless assigned by you or by operation of law. Any accrued benefits unpaid at your death will be paid to your estate.
- K. LEGAL ACTIONS:** No legal action may be brought to recover on this policy within 60 days after written proof of loss has been furnished in accordance with the requirements of this

policy. No such action may be brought after six years from the time written proof of loss is required to be furnished.

L. CONFORMITY WITH STATE AND FEDERAL STATUTES: Any provision of this policy that on its effective date is in conflict with the statutes of the state in which it was issued or with any federal statute is hereby amended to conform to the minimum requirements of such statutes.

M. OTHER INSURANCE WITH AFLAC: If any person is covered under more than one AFLAC dental policy or rider, only one AFLAC dental policy chosen by you, your beneficiary, or your estate, as the case may be, will be effective. We will pay benefits under the policies for claims that may have been incurred since their respective effective dates. We will also return all premiums paid for the canceled policies from the date of duplication, less any benefits paid under these policies from such date.

**Part 5
BENEFITS**

SUBJECT TO THE WAITING PERIOD LISTED IN THE POLICY SCHEDULE AND THE PROVISIONS IN THE LIMITATIONS AND EXCLUSIONS SECTION, WE WILL PAY THE FOLLOWING BENEFITS WHEN A CHARGE IS INCURRED FOR COVERED DENTAL TREATMENT THAT OCCURS WHILE COVERAGE IS IN FORCE (IF A COVERED ADA CODE IS REVISED OR REPLACED BY THE AMERICAN DENTAL ASSOCIATION, AFLAC WILL PAY AN AMOUNT COMPARABLE TO THE AMOUNT SHOWN IN THE SCHEDULE OF DENTAL PROCEDURES FOR THE PROCEDURE OR CODE SHOWN BELOW).

SCHEDULE OF DENTAL PROCEDURES

<u>ADA Code</u>	<u>Description</u>	<u>Benefit Level</u>
A.	DENTAL WELLNESS BENEFIT	\$50
	<p>This benefit is payable for you or any covered person for any one treatment listed below per visit. This benefit is payable once per visit, regardless of the number of treatments received. To be payable, dental wellness visits must be separated by 150 days or more. This benefit is payable twice per Policy Year per covered person. The treatment must be performed by a Dentist or Dental Hygienist.</p>	
D0110	Initial Oral Evaluation	
D0120	Periodic Oral Evaluation	
D0150	Comprehensive Oral Evaluation (new or established patient)	
D0160	Detailed and Extensive Oral Evaluation (problem focused, by report)	
D0170	Re-evaluation – Limited, Problem (established patient; not postoperative visit)	
D0180	Comprehensive Periodontal Evaluation (new or established patient)	
D0425	Caries Susceptibility Tests	
D1110	Prophylaxis (adult)	
D1120	Prophylaxis (child)	
D1201	Topical Application of Fluoride (child, including prophylaxis)	
D1203	Topical Application of Fluoride (child, prophylaxis not included)	
D1204	Topical Application of Fluoride (adult, prophylaxis not included)	

- D1205 Topical Application of Fluoride (adult, including prophylaxis)
- D1310 Nutritional Counseling for Control of Dental Disease
- D1320 Tobacco Counseling for the Control and Prevention of Oral Disease
- D1330 Oral Hygiene Instructions
- D4910 Periodontal Maintenance
- D9430 Office Visit for Observation (during regularly scheduled hours, no other services performed)
- D9910 Application of Desensitizing Medicament

<u>ADA Code</u>	<u>Description</u>	<u>Benefit Level</u>
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B. X-RAY BENEFIT \$25

This benefit is payable for you or any covered person for any one X-ray procedure listed below per visit. This benefit is payable once per visit, regardless of the number of X-rays received. This benefit is payable only once per Policy Year per covered person. The treatment must be performed by a Dentist or Dental Hygienist.

- D0210 Intraoral (complete series, including bitewings)
- D0220 Intraoral (periapical, first film)
- D0230 Intraoral (periapical, each additional film)
- D0240 Intraoral (occlusal film)
- D0250 Extraoral (first film)
- D0260 Extraoral (each additional film)
- D0270 Bitewing (single film)
- D0272 Bitewings (two films)
- D0274 Bitewings (four films)
- D0277 Vertical Bitewings (seven to eight films)
- D0330 Panoramic Film
- D0340 Cephalometric Film

The benefits below are subject to the Waiting Period, as shown in the Policy Schedule, and a Policy Year maximum of \$1,400 per covered person. The benefits listed are per covered person. All treatments must be performed by a Dentist.

<u>ADA Code</u>	<u>Description</u>	<u>Benefit Level</u>
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C. OTHER PREVENTIVE BENEFITS

D1351	Sealant (per tooth)	\$20
D1510	Space Maintainer (fixed, unilateral).....	85
D1515	Space Maintainer (fixed, bilateral).....	110
D1520	Space Maintainer (removable, unilateral).....	85
D1525	Space Maintainer (removable, bilateral).....	110
D1550	Recementation of Space Maintainer.....	40

D. OTHER DIAGNOSTIC BENEFITS

Benefits D0130 and D0140 are payable only for visits where no other covered services are performed.

D0130	Emergency Oral Evaluation.....	\$25
D0140	Limited Oral Evaluation.....	25

D0290	Posterior-Anterior or Lateral Skull and Facial Bone Survey Film.....	65
D0310	Sialography.....	170
D0415	Bacteriologic Studies for Determination of Pathologic Agents	15
D0460	Pulp Vitality Tests	15
D0470	Diagnostic Casts.....	30
D0471	Diagnostic Photographs.....	15
D0501	Histopathologic Exam.....	45

E. FILLINGS AND OTHER BASIC RESTORATIVE BENEFITS

D2140	Amalgam (one surface)	
	Primary.....	\$45
	Permanent.....	60
D2150	Amalgam (two surfaces)	
	Primary.....	50
	Permanent.....	65
D2160	Amalgam (three surfaces)	
	Primary.....	55
	Permanent.....	70
D2161	Amalgam (four or more surfaces)	
	Primary.....	60
	Permanent.....	75
D2330	Resin-Based Composite (one surface, anterior).....	55
D2331	Resin-Based Composite (two surfaces, anterior)	65
D2332	Resin-Based Composite (three surfaces, anterior)	75
D2335	Resin-Based Composite (four or more surfaces or involving incisal angle, anterior).....	85
D2390	Resin-Based Composite Crown (anterior)	85
D2391	Resin-Based Composite (one surface, posterior)	
	Primary.....	50
	Permanent.....	55
D2392	Resin-Based Composite (two surfaces, posterior)	
	Primary.....	60
	Permanent.....	65
D2393	Resin-Based Composite (three surfaces, posterior)	
	Primary.....	70
	Permanent.....	75
D2394	Resin-Based Composite (four or more surfaces, posterior)	
	Primary.....	70
	Permanent.....	75
D2410	Gold Foil (one surface).....	225
D2420	Gold Foil (two surfaces)	250

F. CROWNS AND OTHER MAJOR RESTORATIVE BENEFITS

D2510	Inlay (metallic, one surface)	\$200
D2520	Inlay (metallic, two surfaces).....	250
D2530	Inlay (metallic, three or more surfaces).....	375
D2542	Onlay (metallic, two surfaces).....	250
D2543	Onlay (metallic, three surfaces).....	275
D2544	Onlay (metallic, four or more surfaces)	325

D2610	Inlay (porcelain/ceramic, one surface).....	225
D2620	Inlay (porcelain/ceramic, two surfaces)	250
D2630	Inlay (porcelain/ceramic, three or more surfaces).....	375
D2642	Onlay (porcelain/ceramic, two surfaces)	275
D2643	Onlay (porcelain/ceramic, three surfaces)	325
D2644	Onlay (porcelain/ceramic, four or more surfaces).....	350
D2650	Inlay (resin-based composite, one surface)	200
D2651	Inlay (resin-based composite, two surfaces).....	225
D2652	Inlay (resin-based composite, three or more surfaces).....	275
D2662	Onlay (resin-based composite, two surfaces).....	250
D2663	Onlay (resin-based composite, three surfaces).....	275
D2664	Onlay (resin-based composite, four or more surfaces)	275
D2710	Crown (resin, indirect)	170
D2720	Crown (resin with high noble metal)	325
D2721	Crown (resin with predominantly base metal)	325
D2722	Crown (resin with noble metal)	325
D2740	Crown (porcelain/ceramic substrate)	325
D2750	Crown (porcelain fused to high noble metal)	325
D2751	Crown (porcelain fused to predominantly base metal)	325
D2752	Crown (porcelain fused to noble metal)	325
D2780	Crown (3/4-cast high noble metal)	325
D2781	Crown (3/4-cast predominantly base metal)	325
D2782	Crown (3/4-cast noble metal)	325
D2783	Crown (3/4-porcelain/ceramic)	325
D2790	Crown (full-cast high noble metal)	325
D2791	Crown (full-cast predominantly base metal)	325
D2792	Crown (full-cast noble metal).....	325
D2910	Recement Inlay	35
D2920	Recement Crown.....	35
D2930	Prefabricated Stainless Steel Crown (primary tooth).....	75
D2931	Prefabricated Stainless Steel Crown (permanent tooth).....	80
D2932	Prefabricated Resin Crown	110
D2933	Prefabricated Stainless Steel Crown with Resin Window	130
D2940	Sedative Filling	30
D2950	Core Buildup (including any pins).....	75
D2951	Pin Retention (per tooth, in addition to restoration).....	15
D2952	Cast Post and Core (in addition to crown)	110
D2954	Prefabricated Post and Core (in addition to crown).....	110
D2955	Post Removal (not in conjunction with endodontic therapy)	85
D2970	Temporary Crown (fractured tooth).....	80
D2980	Crown Repairs, By Report	160

G. ROOT CANALS AND OTHER ENDODONTIC BENEFITS

D3110	Pulp Cap (direct, excluding final restoration)	\$20
D3120	Pulp Cap (indirect, excluding final restoration).....	20
D3220	Therapeutic Pulpotomy (excluding final restoration) Removal of Pulp Coronal to the Dentinocemental Junction and Application of Medicament.....	45
D3230	Pulpal Therapy (resorbable filling; anterior, primary tooth, excluding final restoration).....	50
D3240	Pulpal Therapy (resorbable filling; posterior, primary tooth, excluding final restoration).....	50
D3310	Anterior (excluding final restoration, root canal)	200
D3320	Bicuspid (excluding final restoration, root canal).....	250

D3330	Molar (excluding final restoration, root canal).....	325
D3340	Root Canal (four or more)	325
D3346	Retreatment of Previous Root Canal Therapy (anterior).....	180
D3347	Retreatment of Previous Root Canal Therapy (bicuspid).....	225
D3348	Retreatment of Previous Root Canal Therapy (molar).....	300
D3351	Apexification/Recalcification (initial visit; apical closure/calcific repair of perforations, root resorption, etc.).....	140
D3352	Apexification/Recalcification (interim medication replacement; apical closure/calcific repair of perforations, root resorption, etc.).....	35
D3353	Apexification/Recalcification (final visit; includes completed root canal therapy; apical closure/calcific repair of perforations, root resorption, etc.)..	75
D3410	Apicoectomy/Periradicular Surgery (anterior)	160
D3421	Apicoectomy/Periradicular Surgery (bicuspid; first root).....	300
D3425	Apicoectomy/Periradicular Surgery (molar; first root)	325
D3426	Apicoectomy/Periradicular Surgery (each additional root)	120
D3430	Retrograde Filling (per root)	85
D3450	Root Amputation (per root).....	170
D3920	Hemisection (including any root removal; not including root canal therapy) ...	130
D3950	Canal Preparation and Fitting of Preformed Dowel or Post.....	60

H. GUM TREATMENTS/PERIODONTIC BENEFITS

D4210	Gingivectomy or Gingivoplasty (four or more contiguous teeth or bounded teeth spaces per quadrant)	\$150
D4211	Gingivectomy or Gingivoplasty (one to three teeth per quadrant).....	50
D4240	Gingival Flap Procedure, Including Root Planing (four or more contiguous teeth or bounded teeth spaces per quadrant).....	250
D4241	Gingival Flap Procedure, Including Root Planing (one to three teeth per quadrant)	250
D4249	Clinical Crown Lengthening (hard tissue).....	275
D4250	Mucogingival Surgery (per quadrant)	275
D4260	Osseous Surgery (including flap entry and closure; four or more contiguous teeth or bounded teeth spaces per quadrant).....	275
D4261	Osseous Surgery (including flap entry and closure; one to three teeth, per quadrant).....	275
D4263	Bone Replacement Graft (first site in quadrant)	300
D4264	Bone Replacement Graft (each additional site in quadrant).....	225
D4270	Pedicle Soft Tissue Graft Procedure.....	300
D4271	Free Soft Tissue Graft Procedure (including donor site surgery)	300
D4273	Subepithelial Connective Tissue Graft Procedures.....	325
D4275	Soft Tissue Allograft	300
D4320	Provisional Splinting (intracoronal).....	160
D4321	Provisional Splinting (extracoronal).....	130
D4341	Periodontal Scaling and Root Planing (four or more contiguous teeth or bounded teeth spaces per quadrant)	65
D4342	Periodontal Scaling and Root Planing (one to three teeth per quadrant)	65
D4355	Full Mouth Debridement to Enable Comprehensive Evaluation and Diagnosis.	60

I. DENTURES AND OTHER PROSTHETIC BENEFITS

D5110	Complete Denture (maxillary)	\$425
D5120	Complete Denture (mandibular).....	425

D5130	Immediate Denture (maxillary)	425
D5140	Immediate Denture (mandibular)	425
D5211	Maxillary Partial Denture (resin base; including any conventional clasps, rests, and teeth).....	325
D5212	Mandibular Partial Denture (resin base; including any conventional clasps, rests, and teeth).....	325
D5213	Maxillary Partial Denture (cast metal framework with resin denture bases; including any conventional clasps, rests, and teeth).....	450
D5214	Mandibular Partial Denture (cast metal framework with resin denture bases; including any conventional clasps, rests, and teeth).....	450
D5281	Removable Unilateral Partial Denture (one-piece cast metal; including clasps and teeth)	325
D5670	Replace All Teeth and Acrylic on Cast Metal Framework (maxillary)	45
D5671	Replace All Teeth and Acrylic on Cast Metal Framework (mandibular)	45
D5810	Interim Complete Denture (maxillary)	225
D5811	Interim Complete Denture (mandibular).....	250
D5820	Interim Partial Denture (maxillary).....	180
D5821	Interim Partial Denture (mandibular).....	200
D6010	Surgical Placement of Implant Body: Endosteal Implant.....	550
D6020	Abutment Placement or Substitution: Endosteal Implant.....	550
D6040	Surgical Placement: Eposteal Implant	550
D6050	Surgical Placement: Transosteal Implant.....	550
D6080	Implant Maintenance Procedures, Including Removal of Prosthesis, Cleansing of Prosthesis and Abutments, and Reinsertion of Prosthesis.....	175
D6210	Pontic (cast high noble metal)	325
D6211	Pontic (cast predominantly base metal)	325
D6212	Pontic (cast noble metal).....	325
D6240	Pontic (porcelain fused to high noble metal)	325
D6241	Pontic (porcelain fused to predominantly base metal)	325
D6242	Pontic (porcelain fused to noble metal).....	325
D6245	Pontic (porcelain/ceramic).....	325
D6250	Pontic (resin with high noble metal)	325
D6251	Pontic (resin with predominantly base metal)	325
D6252	Pontic (resin with noble metal).....	325
D6253	Provisional Pontic	325
D6545	Retainer (cast metal for resin-bonded fixed prosthesis).....	160
D6548	Retainer (porcelain/ceramic for resin-bonded fixed prosthesis).....	160
D6600	Inlay (porcelain/ceramic, two surfaces)	250
D6601	Inlay (porcelain/ceramic, three or more surfaces)	375
D6602	Inlay (cast high noble metal, two surfaces)	350
D6603	Inlay (cast high noble metal, three or more surfaces)	375
D6604	Inlay (cast predominantly base metal, two surfaces)	350
D6605	Inlay (cast predominantly base metal, three or more surfaces)	375
D6606	Inlay (cast noble metal, two surfaces)	350
D6607	Inlay (cast noble metal, three or more surfaces)	375
D6608	Onlay (porcelain/ceramic, two surfaces)	275
D6609	Onlay (porcelain/ceramic, three or more surfaces)	325
D6610	Onlay (cast high noble metal, two surfaces)	375
D6611	Onlay (cast high noble metal, three or more surfaces)	400
D6612	Onlay (cast predominantly base metal, two surfaces)	375
D6613	Onlay (cast predominantly base metal, three or more surfaces)	400
D6614	Onlay (cast noble metal, two surfaces)	375

D6615	Onlay (cast noble metal, three or more surfaces)	400
D6720	Crown (resin with high noble metal)	325
D6721	Crown (resin with predominantly base metal)	325
D6722	Crown (resin with noble metal).....	325
D6740	Crown (porcelain/ceramic)	325
D6750	Crown (porcelain fused to high noble metal)	325
D6751	Crown (porcelain fused to predominantly base metal)	325
D6752	Crown (porcelain fused to noble metal).....	325
D6780	Crown (3/4-cast high noble metal).....	325
D6781	Crown (3/4-cast predominantly base metal).....	325
D6782	Crown (3/4-cast noble metal)	325
D6783	Crown (3/4-porcelain/ceramic).....	325
D6790	Crown (full-cast high noble metal)	325
D6791	Crown (full-cast predominantly base metal)	325
D6792	Crown (full-cast noble metal).....	325
D6793	Provisional Retainer Crown.....	325
D6970	Cast Post and Core (in addition to fixed partial denture retainer)	140
D6971	Cast Post (as part of fixed partial denture retainer)	130
D6972	Prefabricated Post and Core (in addition to fixed partial denture retainer)	120
D6973	Core Buildup for Retainer (including any pins).....	90
D6975	Coping (metal)	250

J. REPAIRS AND ADJUSTMENTS TO PROSTHETIC BENEFITS

D5410	Adjust Complete Denture (maxillary)	\$30
D5411	Adjust Complete Denture (mandibular)	30
D5421	Adjust Partial Denture (maxillary)	30
D5422	Adjust Partial Denture (mandibular).....	30
D5510	Repair Broken Complete Denture Base	50
D5520	Replace Missing or Broken Teeth (complete denture; each tooth).....	45
D5610	Repair Resin Denture Base	50
D5620	Repair Cast Framework.....	65
D5630	Repair or Replace Broken Clasp.....	55
D5640	Replace Broken Teeth (per tooth)	45
D5650	Add Tooth to Existing Partial Denture	50
D5660	Add Clasp to Existing Partial Denture	65
D5710	Rebase Complete Maxillary Denture	140
D5711	Rebase Complete Mandibular Denture.....	180
D5720	Rebase Maxillary Partial Denture	180
D5721	Rebase Mandibular Partial Denture.....	180
D5730	Reline Complete Maxillary Denture (chairside)	85
D5731	Reline Complete Mandibular Denture (chairside)	85
D5740	Reline Maxillary Partial Denture (chairside)	100
D5741	Reline Mandibular Partial Denture (chairside)	100
D5750	Reline Complete Maxillary Denture (laboratory).....	120
D5751	Reline Complete Mandibular Denture (laboratory)	120
D5760	Reline Maxillary Partial Denture (laboratory).....	150
D5761	Reline Mandibular Partial Denture (laboratory)	150
D5850	Tissue Conditioning (maxillary)	45
D5851	Tissue Conditioning (mandibular).....	45
D6090	Repair of Implanted Supported Prosthetic, By Report	120
D6095	Repair of Implanted Abutment, By Report.....	120
D6100	Implant Removal, By Report.....	40
D6930	Recement Fixed Partial Denture.....	40

K. EXTRACTIONS AND OTHER ORAL SURGERY BENEFITS

D7111	Coronal Remnants (deciduous tooth).....	\$45
D7140	Extraction, Erupted Tooth, or Exposed Root (elevation and/or forceps removal)	45
D7210	Surgical Removal of Erupted Tooth Requiring Elevation of Mucoperiosteal Flap and Removal of Bone and/or Section of Tooth.....	80
D7220	Removal of Impacted Tooth (soft tissue)	100
D7230	Removal of Impacted Tooth (partially bony).....	130
D7240	Removal of Impacted Tooth (completely bony)	150
D7241	Removal of Impacted Tooth (completely bony, with unusual surgical complications)	170
D7250	Surgical Removal of Residual Tooth Roots (cutting procedure)	80
D7260	Oroantral Fistula Closure.....	200
D7270	Tooth Reimplantation and/or Stabilization of Accidentally Evulsed or Displaced Tooth and/or Alveolus	200
D7280	Surgical Access of an Unerupted Tooth.....	225
D7281	Surgical Exposure of Impacted or Unerupted Tooth to Aid Eruption.....	75
D7282	Mobilization of Erupted or Malpositioned Tooth to Aid Eruption.....	75
D7285	Biopsy of Oral Tissue – Hard (bone, tooth)	400
D7286	Biopsy of Oral Tissue – Soft (all others).....	170
D7310	Alveoloplasty in Conjunction with Extractions (per quadrant).....	70
D7320	Alveoloplasty Not in Conjunction with Extractions (per quadrant).....	85
D7340	Vestibuloplasty – Ridge Extension (secondary epithelialization)	850
D7350	Vestibuloplasty – Ridge Extension (including soft tissue grafts, muscle reattachment, revision of soft tissue attachment, and management of hypertrophied and hyperplastic tissue)	800
D7410	Excision of Benign Lesion (up to 1.25 cm).....	575
D7411	Excision of Benign Lesion (greater than 1.25 cm).....	575
D7412	Excision of Benign Lesion (complicated)	575
D7413	Excision of Malignant Lesion (up to 1.25 cm).....	725
D7414	Excision of Malignant Lesion (greater than 1.25 cm)	725
D7415	Excision of Malignant Lesion (complicated)	725
D7440	Excision of Malignant Tumor (lesion diameter up to 1.25 cm)	725
D7441	Excision of Malignant Tumor (lesion diameter greater than 1.25 cm).....	725
D7450	Removal of Benign Odontogenic Cyst or Tumor (lesion diameter up to 1.25 cm)	575
D7451	Removal of Benign Odontogenic Cyst or Tumor (lesion diameter greater than 1.25 cm)	575
D7460	Removal of Benign Nonodontogenic Cyst or Tumor (lesion diameter up to 1.25 cm)	575
D7461	Removal of Benign Nonodontogenic Cyst or Tumor (lesion diameter greater than 1.25 cm)	575
D7471	Removal of Lateral Exostosis (maxilla or mandible)	425
D7472	Removal of Torus Palatinus	425
D7473	Removal of Torus Mandibularis	425
D7485	Surgical Reduction of Osseous Tuberosity	500
D7510	Incision and Drainage of Abscess (intraoral soft tissue)	110
D7520	Incision and Drainage of Abscess (extraoral soft tissue).....	525
D7530	Removal of Foreign Body From Mucosa, Skin, or Subcutaneous Alveolar Tissue.....	180
D7540	Removal of Reaction-Producing Foreign Bodies (musculoskeletal system) ...	200
D7550	Partial Osteotomy/Sequestrectomy for Removal of Nonvital Bone	130
D7560	Maxillary Sinusotomy for Removal of Tooth Fragment or Foreign Body	800

D7610	Maxilla (open reduction; teeth immobilized, if present).....	800
D7620	Maxilla (closed reduction; teeth immobilized, if present).....	800
D7630	Mandible (open reduction; teeth immobilized, if present).....	70
D7640	Mandible (closed reduction; teeth immobilized, if present).....	90
D7650	Malar and/or Zygomatic Arch (open reduction).....	800
D7660	Malar and/or Zygomatic Arch (closed reduction).....	600
D7670	Alveolus (closed reduction, may include stabilization of teeth).....	800
D7671	Alveolus (open reduction, may include stabilization of teeth).....	400
D7710	Maxilla (open reduction).....	800
D7720	Maxilla (closed reduction).....	800
D7730	Mandible (open reduction).....	85
D7740	Mandible (closed reduction).....	85
D7750	Malar and/or Zygomatic Arch (open reduction).....	350
D7760	Malar and/or Zygomatic Arch (closed reduction).....	350
D7770	Alveolus (open reduction stabilization of teeth).....	400
D7771	Alveolus (closed reduction stabilization of teeth).....	800
D7960	Frenulectomy (frenectomy or frenotomy; separate procedure).....	85
D7970	Excision of Hyperplastic Tissue (per arch).....	85
D7971	Excision of Pericoronal Gingiva.....	75

L. PAIN RELIEF AND ADJUNCTIVE SERVICES BENEFITS

Benefits D9220 and D9230 are not payable for the same surgery.

D9110	Palliative (emergency) Treatment of Dental Pain (minor procedure).....	\$30
D9220	Deep Sedation/General Anesthesia.....	85
D9230	Analgesia, Anxiolysis, Inhalation of Nitrous Oxide.....	85
D9241	Intravenous Conscious Sedation/Analgesia (first 30 minutes).....	130
D9310	Consultation (diagnostic service provided by Dentist or physician other than practitioner providing treatment).....	30
D9410	House/Extended-Care Facility Call.....	30
D9420	Hospital Call.....	30
D9440	Office Visit (after regularly scheduled hours).....	30
D9450	Case Presentation, Detailed and Extensive Treatment Planning.....	30

AMERICAN FAMILY LIFE ASSURANCE COMPANY OF COLUMBUS (AFLAC)

Worldwide Headquarters: Columbus, Georgia 31999

A Stock Company

This **ORTHODONTIC BENEFIT RIDER** is a part of the policy and is subject to all policy provisions unless modified herein.

Part 1
EFFECTIVE DATE

The effective date of this rider is the effective date of the policy or the effective date of this rider, as stated on the Policy Schedule, if later.

Part 2
BENEFITS

Subject to the Waiting Period listed in the Policy Schedule, AFLAC will pay \$600 for the initial treatment of one of the orthodontic procedures listed below. After the initial treatment, we will pay \$200 once every third month for continued treatment involving one of the orthodontic procedures listed below. Lifetime maximum of \$1,200 per covered person. The maximum amount payable under this rider is \$2,400 per Policy Year. No benefits will be paid for replacement of teeth missing before the effective date of Coverage. For information about missing teeth, please see Part 2, Limitations and Exclusions, of your policy.

ADA Description
Code

D8010 Limited Orthodontic Treatment of the Primary Dentition
D8020 Limited Orthodontic Treatment of the Transitional Dentition
D8030 Limited Orthodontic Treatment of the Adolescent Dentition
D8040 Limited Orthodontic Treatment of the Adult Dentition
D8050 Interceptive Orthodontic Treatment of the Primary Dentition
D8060 Interceptive Orthodontic Treatment of the Transitional Dentition
D8070 Comprehensive Orthodontic Treatment of the Transitional Dentition
D8080 Comprehensive Orthodontic Treatment of the Adolescent Dentition
D8090 Comprehensive Orthodontic Treatment of the Adult Dentition
D8670 Periodic Orthodontic Treatment Visit

Part 3
TERMINATION

This rider will terminate if the policy to which it is attached terminates, when the maximum benefit has been paid to all covered persons, or if the premium for this rider is not paid.

In witness whereof, AFLAC's president and secretary signed this rider in Columbus, Georgia, as of the effective date shown in the Policy Schedule.

ABCD

Joey M. Loudermilk, Secretary

ABCD

Daniel P. Amos, President

AMERICAN FAMILY LIFE ASSURANCE COMPANY OF COLUMBUS (AFLAC)

Worldwide Headquarters: Columbus, Georgia 31999

A Stock Company

This **COSMETIC BENEFIT RIDER** is a part of the policy and is subject to all policy provisions unless modified herein.

Part 1
EFFECTIVE DATE

The effective date of this rider is the effective date of the policy or the effective date of this rider, as stated on the Policy Schedule, if later.

Part 2
BENEFITS

Subject to the Waiting Period listed in the Policy Schedule, AFLAC will pay the following benefits when a charge is incurred by a covered person for covered dental treatment that occurs while coverage is in force. The benefits listed are per covered person. All treatments must be performed by a Dentist or Dental Hygienist. Lifetime maximum of \$1,800 per policy. The maximum amount payable under this rider is \$600 per Policy Year.

<u>ADA Code</u>	<u>Description</u>	<u>Benefit Level</u>
D2960	Labial Veneer (Laminate)-Chairside	\$200
D2961	Labial Veneer (Resin Laminate)-Laboratory	200
D2962	Labial Veneer (Porcelain Laminate)Laboratory	200
D3960	Bleaching of discolored tooth	100
D9951	Occlusion Adjustment-Limited	50
D9952	Occlusion Adjustment-Complete	225
D9970	Enamel microabrasion	65
D9971	Odontoplasty one-two teeth	125
D9972	External bleaching-per arch	250
D9973	External bleaching-per tooth	25
D9974	Internal bleaching-per tooth	100

Part 3
TERMINATION

This rider will terminate if the policy to which it is attached terminates, when the maximum benefit has been paid to all covered persons, or if the premium for this rider is not paid.

In witness whereof, AFLAC's president and secretary signed this rider in Columbus, Georgia, as of the effective date shown in the Policy Schedule.

ABCD

Joey M. Loudermilk, Secretary

ABCD

Daniel P. Amos, President

Section 5

***Administrative
Guidelines***

Eligibility

Dental is available to applicants ages 18–65 on a payroll basis and ages 18–64 on a nonpayroll basis. Dental is also available through the Government Allotment Account.

Both the primary insured and spouse, if applicable, must meet the age requirements. Family coverage includes dependent children who are unmarried, under 19 years of age, and who qualify as legal dependents for tax exemption purposes. Coverage of dependent children will be extended to age 23 for full-time students.

Only the Basic, Standard, and Premier policies are available for nonpayroll sales. Premier Plus (where available) and the optional Orthodontic and Cosmetic Riders are not eligible for nonpayroll sales.

Pre-Tax

The base policy and the Orthodontic Rider are eligible for pre-tax deduction of premiums under Section 125. The Cosmetic Rider is not eligible for pre-tax deduction.

Billing Modes

All billing modes are available on payroll deduction. For nonpayroll sales, acceptable modes are monthly, quarterly, semiannual, and annual. Monthly billing of nonpayroll policies requires bank draft or credit card payment. Direct payment by check on a monthly basis is not available.

Advanced Effective Date

The effective date may be advanced up to 90 days from the enrollment date. If the effective date will be advanced more than 60 days, Statement of Understanding **A-13072** must be submitted with the application.

Payroll Account Acknowledgment Form

Complete Payroll Account Acknowledgment Form **M-0138** for all new accounts.

Transmittal

The Dental line of business code for the transmittal (Form **M-0018R**) is DE.

Replacement Notice

Some states require that an applicant complete a Replacement Notice if the applicant intends to replace another carrier's dental insurance policy. Please refer to your specific state introduction memorandum for details.

Outline of Coverage

Some states require that an Outline of Coverage be left with the applicant. If an Outline of Coverage is required, the applicant must acknowledge its receipt by checking the appropriate box in the Applicant's Statements and Agreements section of the application. Please refer to your specific state introduction memorandum for details.

Medicare Supplement Guide

Guide To Health Insurance for People with Medicare (A105712004) must be given to any applicant who is eligible for Medicare.

Guaranteed-Renewable

The policy is guaranteed-renewable for the policyholder's lifetime with no reduction in benefits due to age.

Portability

A payroll policy is transferable to direct at the payroll rate after one month's premium has been paid through payroll deduction. Submit Form **HL0046** to transfer a payroll policy to direct billing.

Transfers to Payroll

If a policy was originally written at nonpayroll rates, but the policyholder now works at an Aflac payroll account, transferring the policy to payroll billing will often reduce the premiums. If the employer is an existing payroll account, simply submit Dental Request for Change Form **A81003** to transfer the policy to payroll billing. If the employer is not an existing payroll account, first set up a payroll account using Payroll Account Acknowledgment Form **M-0138**. Then submit Dental Request for Change Form **A81003** for each policy to request a transfer to payroll billing.

A new application is not required for transfers. However, if additional benefits are desired, such as the addition of a rider that was not available on a nonpayroll basis, a conversion application must be completed and the applicant must pass underwriting to receive the new benefits.

Missed Payments

Due to the high volume of claims, Aflac's dental product line uses a shorter lapse cycle:

Status 13 policies (no premium received) will receive a notification letter after the second missed invoice and will lapse in 30 days.

Status 22 policies (active with at least one month's premium received) will receive a notification letter after the first missed invoice and will lapse in 30 days.

Aflac will not pay dental claims on policies more than 90 days in arrears, regardless of policy status.

Section 6

***Sales Support
Materials***

Brochure

Brochure **A81075** is a folder designed to hold insert pages. The folder highlights the policy features, but does not contain specific benefit information.

Insert Pages

Each policy has a separate insert that outlines the ADA codes and corresponding benefit amounts for that particular policy:

- The Basic insert is **A81175**.
- The Standard insert is **A81275**.
- The Premier insert is **A81375**.
- The Premier Plus insert is **A81475**.

The Orthodontic Rider benefits are outlined on Insert Page **A81076**, and the Cosmetic Rider benefits are outlined on Insert Page **A81077**.

Provider Education Flyer and Web Site

M1078 is a tent card designed for dental providers. It markets "Aflac Dental Express" by highlighting the simplicity of the policy and provides helpful hints for completing the ADA claim form. The tent card also references our provider-friendly Web site, aflacdental.com, which provides instructions for filing claims electronically.

The Web site will also provide benefit information for specific policies. Upon entering an active policy number and ADA code(s), the provider will be given the benefit amount and description for the respective code(s). If the policy is no longer active, no information will be given, even though treatment may have occurred before the termination date. Specific policyholder information will not be provided, and a disclaimer will also state that providing this benefit information does not guarantee coverage for a particular person. Because this information is tied to the policy record, it will only be available when these systems are in use at headquarters; however, this should accommodate most dental office hours, including the West Coast.

The applications contain a space for the dental provider's name, to remind you to ask for this information if you wish to distribute tent cards to these providers as part of your marketing efforts. Worldwide headquarters does not maintain a database of dental providers for marketing purposes.

For privacy reasons, do not provide specific applicant names, but simply advise the dentist that his or her patient(s) have purchased our dental insurance and that you want to provide some information to assist in filing claims. You may also wish to use this visit as a prospecting opportunity to turn the dental office into an Aflac account!

Employer Flyer

Flyer **MMC-00-236** is designed to target the employer.

Section 7

Applications/Underwriting

Applications

Use Application **A81001** for standard payroll sales and **A81002D** for nonpayroll sales. (See Competitive Replacements for instructions on completing those applications.)

A blank for the dental provider's name is included in the applicant's section. This is not required; however, you may wish to ask for this information to compile a list of your customers' dentists and later visit them to explain how the policy works. (See the section on Sales Support Materials for further information about our provider education tools.)

The replacement questions include the following:

- *Do you have any other dental insurance coverage in force with another company?*
If the applicant has other dental insurance in force and does not intend to replace it, only the Basic policy may be offered.
- *Are you covered under any other Aflac dental insurance?*
If the applicant already has an Aflac dental policy, this must be a conversion of that policy. Please provide the current policy number.
- *Is this insurance intended to replace any other dental insurance now in force?*
If the applicant is replacing coverage with another company, complete the Replacement Notice if required in your state. Receipt of the Replacement Notice should also be indicated in the Applicant's Statements and Agreements.

Dependent Information

Unlike most Aflac products, dental requires that each dependent child to be covered is listed on the application. Please provide the name, date of birth, sex, and Social Security number for each child. Although the Social Security number is not required, this information does expedite the claims payment process. The application also provides a check box to indicate if a child is handicapped, which allows us to indicate an exception on the policy record. This can help reduce the number of automatic claim denials due to the dependent age limits.

If more than eight dependent children are to be covered, use Additional Information Supplement Form **A-80005**. The Social Security number for each child must be provided on this form. Verification of dependent status, such as a copy of the birth certificate, adoption papers, or tax return, is also required for each child when there are more than eight dependent children.

Newborn children are automatically covered for 31 days from the date of birth, and adopted children are covered for 31 days from the date of petition. To ensure uninterrupted coverage for newborn or adopted children, the policyholder must notify Aflac within 31 days of the child's birth or the date of petition for adoption. Form A81003 should be used for additions to both payroll and nonpayroll policies. We will adjust the coverage type, if necessary, and notify the policyholder of any additional premium due.

Underwriting

There are no underwriting questions on the payroll application. One underwriting question appears on the nonpayroll application:

Have you or has anyone to be covered been diagnosed with or treated for any gum disease such as gingivitis within the last 24 months?

Any such person must be indicated in Question 2, and he or she will not be covered under the policy.

Conversions

The same applications are used for both new business and conversions. For conversions, check the conversion box in the upper right-hand corner and provide the current policy number.

If benefits are increased through a conversion, new waiting periods apply only to the amount of coverage being increased. If waiting periods have not been satisfied under the new policy, claims will be reviewed under the previous coverage. If benefits are decreased through a conversion, the waiting periods continue to run from the original effective date.

Continuous Coverage

If the named insured and spouse divorce, the spouse's coverage will terminate. The spouse may apply for, without evidence of insurability, his or her own policy with benefits equal to or less than the original coverage. No new waiting periods will be imposed; however, if waiting periods had not been met under the original policy, that time frame must be satisfied before benefits are payable under the new policy. Any covered dependents may be covered under either parent's policy, but not both.

If the primary insured dies, the spouse will become the named insured. Waiting periods will not start over.

If coverage terminates on a dependent child, he or she may apply for a new policy without evidence of insurability and without interruption in coverage. Notification must be made to Aflac before the 31st day after the anniversary date on which the child is no longer covered.

Family Status Changes

Use Changes/Reinstatements Form **A81003** for name changes or to add or delete family members. For changes involving dependent children, complete the information table for each child. For additions of family members to nonpayroll policies, also complete the underwriting questions.

Reinstatements

Use Changes/Reinstatements Form **A81003** for reinstatements. The reinstatement period is six months. A reinstated policy will cover only loss resulting from covered dental treatment that begins after the date of reinstatement. **Waiting periods will start over as of the effective date of reinstatement.**

Sample Applications

Samples of the applications are shown on the following pages.

*These are samples to be used for training purposes only.
Please refer to your state-specific applications when writing business.*



DENTAL INSURANCE POLICY (A81000 Series)

- New
- Conversion

Application to: American Family Life Assurance Company of Columbus (AFLAC)
 Worldwide Headquarters: Columbus, Georgia 31999

Policy Number: _____

Is this a (takeover) competitive replacement? Yes No

Please Print in Black Ink –To Be Completed by Applicant

Applicant's Name _____ DOB _____ Sex _____
Last First MI Month/Day/Year

Applicant's SSN _____ - _____ - _____ Will dependent children be covered? Yes No

(Write spouse's name below if you are applying for Two-Parent Family or Named Insured/Spouse Only coverage; if no spouse or spouse is not to be covered, put N/A in space below.)

Spouse's Name _____ DOB _____ Sex _____
Last First MI Month/Day/Year

Spouse's SSN _____ - _____ - _____

Address _____ Apt. No. _____
Street or Post Office Box

City _____ State _____ ZIP _____

Home Telephone () _____ Name of Employer _____

Name of Dental Provider (optional): _____

Do you have any other dental insurance coverage in force with another company? Yes No
 Are you covered under any other AFLAC dental insurance? Yes No
 If yes, this must be a conversion of that coverage. Please provide your current policy number. _____
 Please read the **"NOTE – IF THIS IS AN APPLICATION FOR CONVERSION"** section on page 2.
 Is this insurance intended to replace any other dental insurance now in force? Yes No
 If yes, please read and sign the Replacement Notice provided by your associate/agent, if applicable.

TO BE COMPLETED BY AFLAC ASSOCIATE/AGENT

Check Coverage Desired:	<input type="checkbox"/> Individual	<input type="checkbox"/> One-Parent Family	<input type="checkbox"/> Two-Parent Family	<input type="checkbox"/> Named Insured/Spouse Only
<input type="checkbox"/> Basic Policy (Series A81100) \$25 Dental Wellness			<input type="checkbox"/> Pre-Tax	
<input type="checkbox"/> Standard Policy (Series A81200) \$50 Dental Wellness			or	
<input type="checkbox"/> Premier Policy (Series A81300) \$50 Dental Wellness			<input type="checkbox"/> After-Tax	
<input type="checkbox"/> Premier Plus Policy (Series A81400) \$75 Dental Wellness				
<input type="checkbox"/> Orthodontic Benefit Rider (Series A81050)				

Cosmetic Benefit Rider (Series A81051) After-Tax Only

Billing Method:	Mode:	<input type="checkbox"/> 01 Semimonthly	<input type="checkbox"/> 06 Semiannual
<input checked="" type="checkbox"/> Payroll Deduction	<input type="checkbox"/> 01 Weekly	<input type="checkbox"/> 01 Monthly	<input type="checkbox"/> 12 Annual
	<input type="checkbox"/> 01 14-Day Biweekly	<input type="checkbox"/> 03 Quarterly	
	<input type="checkbox"/> 01 28-Day Biweekly		

Employee No. _____ Dept. No. _____ Assoc./Agent's No. _____

Billable Premium \$ _____ Premium Collected \$ _____ Sit. Code _____

The following information must be completed on each dependent child to be covered. If additional space is needed please complete Supplemental Application Form Series A-80005.

Name – Last, First, MI	Date of Birth	Sex	SSN	Check if:
		<input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/> Handicapped child
		<input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/> Handicapped child
		<input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/> Handicapped child
		<input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/> Handicapped child
		<input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/> Handicapped child
		<input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/> Handicapped child
		<input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/> Handicapped child
		<input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/> Handicapped child

NOTE – IF THIS IS AN APPLICATION FOR CONVERSION: Any increased benefit amounts resulting from the replacement of the original AFLAC coverage with this new coverage will be subject to new Waiting Periods, if any, beginning with the effective date of this new coverage. The new Waiting Periods, if any, apply only to the amount of coverage being increased. If the Waiting Period is not met on the new policy, then any benefits due will be paid under the original plan.

APPLICANT'S STATEMENTS AND AGREEMENTS:

1. I understand that the effective date of the policy will be the date recorded in the Policy Schedule by AFLAC Worldwide Headquarters.
2. I understand that the policy I am applying for will not cover any person who has attained age 66 before the effective date of the policy.
3. I understand that the policy I am applying for contains different Waiting Periods for benefits listed in the Schedule of Dental Procedures in the policy. This means that no benefits are payable during the listed Waiting Period. The Waiting Period begins on the effective date of the policy.
4. I understand that dependent children, if any, will be covered until age 19 (23 if full-time students).
5. I understand that the Orthodontic Benefit Rider (Series A81050) and the Cosmetic Benefit Rider (Series A81051) will only be issued with a 24-month Waiting Period.
6. I acknowledge receipt of, if applicable:
 Replacement Notice Outline of Coverage Guide To Health Insurance for People with Medicare
7. I understand that: (a) AFLAC is not bound by any statement made by me, the applicant, or any associate/agent of AFLAC unless written herein. (b) The associate/agent cannot change the provisions of the policy or waive any of its provisions either orally or in writing. (c) The policy, together with this application, endorsements, benefit agreements, riders and attached papers, if any, is the entire contract of insurance. (d) No change to the policy will be valid until approved by AFLAC's president and secretary, and noted in or attached to the policy.

NOTICE OF INFORMATION PRACTICES

To issue an insurance policy, AFLAC may need to obtain additional information about you and any other persons proposed for insurance. Some information will come from you and some may come from other sources. That information and any other subsequent information collected by AFLAC may in some circumstances be disclosed to third parties without your specific consent. You have the right to access and correct the information collected about you except information that relates to a claim or to a civil or criminal proceeding. If you wish to have a more detailed explanation of our information practices, please submit a written request to our worldwide headquarters. This notice applies only in Arizona, California, Connecticut, Georgia, Illinois, Maine, Massachusetts, Minnesota, Nevada, New Jersey, North Carolina, Ohio, Oregon, and Virginia.

I understand that the premium amount listed on this application represents the premium amount that my employer will remit to AFLAC on my behalf. I further understand that this amount, because of my employer's billing/payroll practices, may differ from the amount being deducted from my paycheck or the premium amount quoted to me by my associate/agent.

I also understand that if I am receiving any Medicaid benefits, the purchase of this coverage is not necessary.

If I am applying to replace existing coverage with this policy, I acknowledge that the policies may have different benefits and that I should make a comparison to personally determine which is best for me. I understand and agree that I am terminating my current policy and its benefits for the benefits provided in the AFLAC policy. I have read, or had read to me, the completed application, and I realize that policy issuance is based upon statements and answers provided herein, and they are complete and true to the best of my knowledge and belief.

Signed and Dated at _____ on _____
City and State Date

Applicant's Signature _____

Associate/Agent's Signature _____ Date _____
Licensed Resident Associate/Agent

**MAKE CHECK OR MONEY ORDER PAYABLE TO AFLAC.
FOR INFORMATION, CALL TOLL-FREE 1-800-99-AFLAC (1-800-992-3522).
VISIT OUR WEB SITE AT www.aflac.com.**

Nonpayroll

DENTAL INSURANCE POLICY (A81000 Series)

- New
- Conversion

Application to: American Family Life Assurance Company of Columbus (AFLAC)
Worldwide Headquarters: Columbus, Georgia 31999

Policy Number:

Please Print in Black Ink – To Be Completed by Applicant

Applicant's Name _____ DOB _____ Sex _____
Last First MI Month/Day/Year

Applicant's SSN _____ - _____ - _____ Will dependent children be covered? Yes No

(Write spouse's name below if you are applying for One-Parent Family, Two-Parent Family or Named Insured/ Spouse Only coverage; if no spouse or spouse is not to be covered, put N/A in space below.)

Spouse's Name _____ DOB _____ Sex _____
Last First MI Month/Day/Year

Spouse's SSN _____ - _____ - _____

Address _____
Street or Post Office Box Apt. No.

City _____ State _____ ZIP _____

Home Telephone () _____

Name of Dental Provider (optional): _____

Name of Employer/Association: _____

Do you have any other dental insurance coverage in force with another company? Yes No
Are you covered under any other AFLAC dental insurance? Yes No
If yes, this must be a conversion of that coverage. Please provide your current policy number. _____
Please read the "**NOTE – IF THIS IS AN APPLICATION FOR CONVERSION**" section on page 2.
Is this insurance intended to replace any other dental insurance now in force? Yes No
If yes, please read and sign the Replacement Notice provided by your associate/agent, if applicable.

TO BE COMPLETED BY AFLAC ASSOCIATE/AGENT

Check Coverage Desired:	<input type="checkbox"/> Individual	<input type="checkbox"/> One-Parent Family	<input type="checkbox"/> Two-Parent Family	<input type="checkbox"/> Named Insured and Spouse Only
--------------------------------	-------------------------------------	--	--	--

<input type="checkbox"/> Basic Policy (Series A81100) \$25 Dental Wellness
<input type="checkbox"/> Standard Policy (Series A81200) \$50 Dental Wellness
<input type="checkbox"/> Premier Policy (Series A81300) \$50 Dental Wellness

TO BE COMPLETED BY AFLAC ASSOCIATE/AGENT

Billing Method:	Modes:	
<input type="checkbox"/> Direct	<input type="checkbox"/> 01 Monthly (B/D & C/C Only)	<input type="checkbox"/> 06 Semiannual
<input type="checkbox"/> Bank Draft (B/D, ACH)	<input type="checkbox"/> 03 Quarterly	<input type="checkbox"/> 12 Annual
<input type="checkbox"/> Credit Card (C/C)		

Card Name _____ Card No. _____

Expiration Date _____

I authorize American Family Life Assurance Company of Columbus (AFLAC) to charge my VISA/MASTERCARD/AMERICAN EXPRESS account in accordance with the premium rate that I have chosen. Premiums will be advanced by my bank until I cancel authorization in writing to AFLAC. Cancellation will be effective on the first day of the month following AFLAC's receipt of notice to cancel.

Signature _____ Date _____

Associate/Agent No. _____ Sit. Code _____ Billable Premium \$ _____ Premium Collected \$ _____

The following information must be completed on each dependent child to be covered. If additional space is needed please complete Supplemental Application Form Series A-80005.

Name – Last, First, MI	Date of Birth	Sex	SSN	Check if:
		<input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/> Handicapped child
		<input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/> Handicapped child
		<input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/> Handicapped child
		<input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/> Handicapped child
		<input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/> Handicapped child
		<input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/> Handicapped child
		<input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/> Handicapped child
		<input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/> Handicapped child

1. Have you or has anyone to be covered been diagnosed with or treated for any gum disease such as gingivitis within the last 24 months? Yes No

2. **If Question 1 is answered yes, was it the:**
 Named Insured Spouse Child? If "Child," please list the name of the child(ren)

Any person(s) so designated will not be covered under the policy.

NOTE – IF THIS IS AN APPLICATION FOR CONVERSION: Any increased benefit amounts resulting from the replacement of the original AFLAC coverage with this new coverage will be subject to new Waiting Periods, if any, beginning with the effective date of this new coverage. The new Waiting Periods, if any, apply only to the amount of coverage being increased. If the Waiting Period is not met on the new policy, then any benefits due will be paid under the original plan.

APPLICANT'S STATEMENTS AND AGREEMENTS:

1. I understand that the effective date of the policy will be the date recorded in the Policy Schedule by AFLAC Worldwide Headquarters.
 2. I understand that the policy I am applying for will not cover any person who has attained age 65 before the effective date of the policy.

REQUEST FOR CHANGE/APPLICATION FOR REINSTATEMENT – DENTAL

American Family Life Assurance Company of Columbus (AFLAC), Worldwide Headquarters: Columbus, GA 31999
For information, call toll-free 1-800-99-AFLAC (1-800-992-3522).

Name of Policyholder _____	SSN _____
Policy Number _____	Date of Birth _____
Current Address of Policyholder _____ (Street)	(Apt. No.) _____
City _____	State _____ ZIP _____ Telephone No. _____
Former Address of Policyholder _____ (Street)	(Apt. No.) _____
City _____	State _____ ZIP _____

Associate/Agent's Signature _____	Writing Number _____
Licensed Resident Associate/Agent	

PLEASE MAKE THE FOLLOWING CHANGES TO MY POLICY:

REINSTATEMENT ONLY

TRANSFERS ONLY

Transfer From _____
To _____
(Employer or Account Name and Number)

Amount Remitted \$ _____ Months _____

Payroll Billing Name _____

Effective Date of Transfer _____

NAME CHANGE ONLY

Name Shown on Policy _____
Change Name to _____

Reason _____
(Marriage/Divorce/Death/Other)

Effective Date of Change _____

DELETIONS ONLY

Person to Be Deleted _____ Relationship _____

If the deletion involves a dependent child, please complete the table below.

Effective Date of Deletion _____ Reason _____
(Divorce/Death/Other)

New Policy/Contract Holder's Full Name _____

Birth Date of New Policy/Contract Holder _____

Type of Coverage Now Desired Individual One-Parent Family
 Two-Parent Family Named Insured/Spouse Only

ADDITION Person(s) to Be Added _____

If the addition involves a dependent child, please complete the table below.

Date(s) of Birth _____ Relationship _____

SSN _____

Reason(s) for Addition(s) _____

Effective Date of Addition(s) _____

Type of Coverage Now Desired Two-Parent Family One-Parent Family
 Named Insured/Spouse Only

The following information must be completed on each dependent child to be covered. If additional space is needed please complete Supplemental Application Form Series A-80005.

Name – Last, First, MI	Date of Birth	Sex	SSN	Check if:
		<input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/> Handicapped child
		<input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/> Handicapped child
		<input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/> Handicapped child
		<input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/> Handicapped child
		<input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/> Handicapped child
		<input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/> Handicapped child
		<input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/> Handicapped child
		<input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/> Handicapped child

ANSWER QUESTIONS 1 AND 2 FOR REINSTATEMENTS OR ADDITIONS ON NONPAYROLL SALES ONLY

1. Have you or has anyone to be covered been diagnosed with or treated for any gum disease such as gingivitis within the last 24 months? Yes No

2. **If Question 1 is answered yes, was it the:**

Named Insured Spouse Child? If "Child," please list the name of the child(ren)

Any person(s) so designated will not be covered under the policy.

NOTICE OF INFORMATION PRACTICES

To issue an insurance policy, AFLAC may need to obtain additional information about you and any other persons proposed for insurance. Some information will come from you and some may come from other sources. That information and any other subsequent information collected by AFLAC may in some circumstances be disclosed to third parties without your specific consent. You have the right to access and correct the information collected about you except information that relates to a claim or to a civil or criminal proceeding. If you wish to have a more detailed explanation of our information practices, please submit a written request to our worldwide headquarters. This notice applies only in Arizona, California, Connecticut, Georgia, Illinois, Maine, Massachusetts, Minnesota, Nevada, New Jersey, North Carolina, Ohio, Oregon and Virginia.

I understand that the reinstated policy will cover only loss resulting from covered dental treatment that begins after the date of reinstatement. I understand that the information on this form applies **ONLY** to my dental policy.

I have read, or had read to me, the completed application and realize that policy reinstatement is based upon statements and answers provided herein. They are complete and true to the best of my knowledge and belief, and I understand that AFLAC and I will have the same rights as provided under the policy(s) immediately before the due date of the defaulted premium, subject to any provisions endorsed on or attached to the policy(s) in connection with the reinstatement. I further understand that coverage under the reinstated policy is subject to the terms set forth in my policy(s) Reinstatement provision.

I understand that any covered person will be subject to new Waiting Periods, if any, beginning from the effective date of reinstatement.

Policyholder's Signature _____

Date _____

Section 125 Account Approval _____
(Section 125 Plan Administrator Signature)

Date _____

FOR WORLDWIDE HEADQUARTERS USE ONLY

PTD _____
Lapsed _____
Reinstated _____
Premiums Applied From _____
Initials _____

No. of Months Dropped _____
\$ Applied _____
No. of Months _____
New PTD _____

American Family Life Assurance Company of Columbus (AFLAC)
Worldwide Headquarters: Columbus, Georgia 31999
 For information, call toll-free 1-800-99-AFLAC (1-800-992-3522).

Additional Information Supplement Form

This is part of the application and will become part of the policy.

Insured _____

Policy Number _____

The following information must be completed on each dependent child to be covered.

Name – Last, First, MI	Date of Birth	Sex	SSN	Check if:
		<input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/> Handicapped child
		<input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/> Handicapped child
		<input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/> Handicapped child
		<input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/> Handicapped child
		<input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/> Handicapped child
		<input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/> Handicapped child
		<input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/> Handicapped child
		<input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/> Handicapped child

Signature of Applicant/Named Insured _____ Date _____

Section 8

***Rates and
Commissions***

Rate Sheets

Rate sheet **M-RS069-1** lists the premiums for the Basic, Standard, and Premier policies. Rate sheet **M-RS069** includes the Premier Plus.

Premium Work Sheets

Two premium work sheets are available to assist in the premium calculation. Work Sheet **A90137-1** should be used in states with three tiers of coverage, and Work Sheet **A90137** should be used in states with Premier Plus.

Premium Quote

Rates are also available via Premium Quote.

Payroll Monthly Premiums

Policy	Individual	One-Parent Family	Insured/Spouse	Two-Parent Family
Basic	\$ 23.40	\$ 40.90	\$ 41.20	\$ 58.90
Standard	30.40	58.40	59.20	88.30
Premier	37.20	72.40	72.90	108.90
Premier Plus	53.90	106.20	107.30	159.50
Orthodontic Rider	27.00	29.50	29.50	29.50
Cosmetic Rider	25.70	25.70	25.70	25.70

Nonpayroll Monthly Premiums

Policy	Issue Ages	Individual	One-Parent Family	Insured/Spouse	Two-Parent Family
Basic	18–49	\$ 30.80	\$ 53.80	\$ 54.20	\$ 77.50
	50–64	36.90	64.50	64.90	92.90
Standard	18–49	39.90	76.80	77.80	116.10
	50–64	47.90	92.20	93.40	139.30
Premier	18–49	48.90	95.20	95.90	143.20
	50–64	58.70	114.20	115.10	171.80

These are standard rates only. Not all states will use standard rates.

This rate sheet is for agent training only. This is not to be used with applicants.

Sample Premium Work Sheets

A sample of each premium work sheet is shown on the following pages.

AFLAC DENTAL PREMIUM WORK SHEET

(Not part of the application)

Premium and Benefit Calculations

Dental Base Plans

Basic

Standard

Premier

Premier Plus

\$ _____

Optional Riders

+

Orthodontics Benefit Rider

\$ _____

Cosmetic Benefit Rider

\$ _____

BASE AND RIDER(S) ANNUAL PREMIUM = \$ _____

MODAL FACTOR ÷ _____

MODAL FACTORS

Monthly = Annual ÷ 12

Quarterly = Annual ÷ 4

Semiannual = Annual ÷ 2

8-Month = Annual ÷ 8

9-Month = Annual ÷ 9

10-Month = Annual ÷ 10

Biweekly = Annual ÷ 26

Semi-monthly = Annual ÷ 24

Weekly = Annual ÷ 52

PREMIUM TOTAL \$ _____

EXAMPLE: If you select: Two-Parent Family – Basic + Orthodontics Benefit Rider + Cosmetic Benefit Rider on a Biweekly mode, the calculation would be:

\$706.80	Base Plan (Basic)
+ \$354.00	Orthodontics Benefit Rider
+ \$308.40	Cosmetic Benefit Rider
<hr/>	
\$1,369.20	Base and Riders Annual Premium
÷ 26	Modal Factor
\$52.66	Total Biweekly Premium

AFLAC DENTAL PREMIUM WORK SHEET

(Not part of the application)

Premium and Benefit Calculations

Dental Base Plans

Basic

Standard

Premier

\$ _____

Optional Riders

+

Orthodontics Benefit Rider

\$ _____

Cosmetic Benefit Rider

\$ _____

BASE AND RIDER(S) ANNUAL PREMIUM =

\$ _____

MODAL FACTOR ÷ _____

MODAL FACTORS

Monthly = Annual ÷ 12

Quarterly = Annual ÷ 4

Semiannual = Annual ÷ 2

8-Month = Annual ÷ 8

9-Month = Annual ÷ 9

10-Month = Annual ÷ 10

Biweekly = Annual ÷ 26

Semimonthly = Annual ÷ 24

Weekly = Annual ÷ 52

PREMIUM TOTAL

\$ _____

EXAMPLE: If you select: Two-Parent Family – Basic + Orthodontics Benefit Rider + Cosmetic Benefit Rider on a Biweekly mode, the calculation would be:

\$706.80	Base Plan (Basic)
+ \$354.00	Orthodontics Benefit Rider
+ \$308.40	Cosmetic Benefit Rider
<u>\$1,369.20</u>	Base and Riders Annual Premium
÷ 26	Modal Factor
<u>\$52.66</u>	Total Biweekly Premium

Commissions

Dental production is eligible for the 3.5 percent stock bonus and production credit for nationally sponsored contests, to include Convention. Standard commissions for writing associates are outlined below.

Commissions for **new associates without a broker:**

	First Year	Renewals
Basic Policy	25.00%	6.10%
Standard, Premier, and Premier Plus Policies	20.00%	5.10%
Orthodontic and Cosmetic Riders	2.35%	2.35%

Commissions for **new associates with a nonsoliciting broker:**

	First Year	Renewals
Basic Policy	22.75%	3.75%
Standard, Premier, and Premier Plus Policies	18.20%	3.25%
Orthodontic and Cosmetic Riders	1.50%	1.50%

Commissions for **veteran associates without a broker:**

	First Year	Renewals
Basic Policy	14.00%	10.90%
Standard, Premier, and Premier Plus Policies	10.50%	9.60%
Orthodontic and Cosmetic Riders	2.35%	2.35%

Commissions for **veteran associates with a nonsoliciting broker:**

	First Year	Renewals
Basic Policy	11.50%	8.75%
Standard, Premier, and Premier Plus Policies	8.55%	7.75%
Orthodontic and Cosmetic Riders	1.50%	1.50%

Conversions: Standard conversion commissions will be paid and production credit given to the converting associate and his or her hierarchy based on the incremental increase in premium.

These are standard commissions only. Commissions may vary by state.

Section 9

***Competitive
Replacements***

Requirements

The competitive replacement (takeover) process allows reduced waiting periods for groups that are replacing existing group dental insurance with our dental plan. All other policy benefits remain the same; only the waiting periods are reduced.

The following requirements must be met before an account can be considered for reduced waiting periods:

- Fifty or more eligible employees
- A group dental plan that has been in place for at least one year
- At least 70 percent participation in Aflac Dental

Conversions of existing Aflac dental policies do not count toward the participation requirements.

To request reduced waiting periods for a competitive replacement, submit Dental Competitive Replacement Checksheet **M-0978R** to New Account Set-Up. For SmartApp® enrollments, submit the form at least five days prior to writing business. If the account is approved, you will need to download the group update to access the takeover applications.

Waiting Periods

If approved, competitive replacement policies will receive the following waiting periods:

Benefit Category	Waiting Period
Dental Wellness Benefits	None
X-Ray Benefit	None
Other Preventive Benefits	None
Other Diagnostic Benefits	None
Fillings and Other Basic Restorative Benefits	None
Crowns and Other Major Restorative Benefits	3 months
Root Canals and Other Endodontic Benefits	3 months
Gum Treatments/Periodontic Benefits	3 months
Dentures and Other Prosthetic Benefits	6 months
Repairs and Adjustments to Prosthetics Benefits	3 months
Extractions and Other Oral Surgery Benefits	3 months
Pain Relief and Other Adjunctive Services Benefits	3 months
Optional Riders	
Orthodontic Benefit Rider	24 months
Cosmetic Benefit Rider	24 months

Competitive Replacements

Reduced waiting periods are available only during the initial enrollment period. Any employees applying after the initial enrollment, including new employees, will receive standard waiting periods.

Family members added to the policy are eligible for reduced waiting periods. The waiting periods begin with the effective date of the addition.

Application

Use Application A8101T for competitive replacements. **Policies will be issued with reduced waiting periods only if the account meets the competitive replacement requirements.** If the requirements are not met, policies may still be issued with standard waiting periods. The applicant must indicate whether this is acceptable by completing the following portion of the application:

PLEASE NOTE: This policy has standard Waiting Periods ranging from 0 to 24 months. Where specific Aflac requirements are met, these Waiting Periods will be reduced. Upon receipt of your policy, please see your Policy Schedule for a list of Waiting Periods.

- I agree to have this policy issued with either standard or reduced Waiting Periods.
_____ Applicant's Initials
- Do not issue this policy with standard Waiting Periods.
_____ Applicant's Initials

Applications will be held in New Business until the account meets the requirements for reduced waiting periods or until the enrollment dates have passed, whichever comes first. If reduced waiting periods are not possible and the applicant indicated that standard waiting periods are acceptable, the policy will issue with standard waiting periods. If reduced waiting periods are not possible and the applicant advised that standard waiting periods are not acceptable, the application will close. Aflac will also send a letter to the applicant advising that no policy was issued. If the applicant later decides that standard waiting periods are acceptable, a standard application must be completed.

Rates and Commissions

Competitive replacements use the same rates as standard dental policies. To compensate for reduced waiting periods, however, competitive replacements receive lower commissions.

Commissions for new and veteran associates without a broker are as follows:

	First Year	Renewals
Basic Policy	7.50%	7.50%
Standard, Premier, and Premier Plus Policies	7.00%	7.00%
Orthodontic and Cosmetic Riders	2.35%	2.35%

Commissions for new and veteran associates with a nonsoliciting broker are as follows:

	First Year	Renewals
Basic Policy	4.85%	4.85%
Standard, Premier, and Premier Plus Policies	4.50%	4.50%
Orthodontic and Cosmetic Riders	2.35%	2.35%

Sample Forms

Samples of the Dental Competitive Replacement Checksheet and takeover application are shown on the following pages.

***These are samples to be used for training purposes only.
Please refer to your state- specific forms when writing business.***

DENTAL COMPETITIVE REPLACEMENT CHECKSHEET

The associate should complete the top portion of this form and submit it to New Business with competitive replacement applications.

For SmartApp® enrollments, complete and submit or fax this form to (866) 235-6272 with the Payroll Account Acknowledgement Form (M-0138) five days before submitting business. If the account is approved for a competitive replacement, the associate must request an upload of the account information to use the applications for the reduced waiting periods.

Note: Reduced waiting periods are for the initial enrollment only. All employees applying after the initial enrollment date, including new employees, will have the standard waiting periods.

To be considered for reduced waiting periods, an account must meet the following guidelines:

- Have 50 or more eligible employees
- Have a group dental plan that has been in place for at least one year
- Have a participation level of at least 70% in **AFLAC's Revised Dental** plan

Company Name _____ Account No. _____

Address _____

City _____ State _____ ZIP _____

Telephone Number _____ Fax Number _____

Associate Name _____ Writing Number _____

Telephone Number _____ Fax Number _____

Please answer the following questions so that this account may be considered for a competitive replacement:

Has the company's group dental plan been in place for at least one year? Yes No

How many eligible employees does the company have? _____

Enrollment Dates _____ to _____

Requested Effective Date _____

Employer Signature _____ Title _____

New Business has reviewed the dental competitive replacement applications and has approved
 disapproved the business for processing. New Business is referring this account to Marketing for:

American Family Life Assurance Company of Columbus (AFLAC)
Worldwide Headquarters: Columbus, Georgia 31999

**Payroll
Takeover**

DENTAL INSURANCE POLICY (A81000 Series)

New

Application to: American Family Life Assurance Company of Columbus (AFLAC)
Worldwide Headquarters: Columbus, Georgia 31999

Policy Number:

Is this a (takeover) competitive replacement? Yes No

Please Print in Black Ink – To Be Completed by Applicant

Applicant's Name _____ DOB _____ Sex _____
Last First MI Month/Day/Year

Applicant's SSN _____ - _____ - _____ Will dependent children be covered? Yes No

(Write spouse's name below if you are applying for Two-Parent Family or Named Insured/Spouse Only coverage; if no spouse or spouse is not to be covered, put N/A in space below.)

Spouse's Name _____ DOB _____ Sex _____
Last First MI Month/Day/Year

Spouse's SSN _____ - _____ - _____

Address _____ Apt. No. _____
Street or Post Office Box

City _____ State _____ ZIP _____

Home Telephone () _____ Name of Employer _____

Name of Dental Provider (optional): _____

Do you have any other dental insurance coverage in force with another company? Yes No
Is this insurance intended to replace any other dental insurance now in force? Yes No
If yes, please read and sign the Replacement Notice provided by your associate/agent, if applicable.

TO BE COMPLETED BY AFLAC ASSOCIATE/AGENT

Check Coverage Desired:	<input type="checkbox"/> Individual	<input type="checkbox"/> One-Parent Family	<input type="checkbox"/> Two-Parent Family	<input type="checkbox"/> Named Insured/Spouse Only
<input type="checkbox"/> Basic Policy (Series A81100) \$25 Dental Wellness			<input type="checkbox"/> Pre-Tax	
<input type="checkbox"/> Standard Policy (Series A81200) \$50 Dental Wellness			or	
<input type="checkbox"/> Premier Policy (Series A81300) \$50 Dental Wellness			<input type="checkbox"/> After-Tax	
<input type="checkbox"/> Premier Plus Policy (Series A81400) \$75 Dental Wellness				
<input type="checkbox"/> Orthodontic Benefit Rider (Series A81050)				

Cosmetic Benefit Rider (Series A81051) After-Tax Only

Billing Method:	Mode:	<input type="checkbox"/> 01 Semimonthly	<input type="checkbox"/> 06 Semiannual
<input checked="" type="checkbox"/> Payroll Deduction	<input type="checkbox"/> 01 Weekly	<input type="checkbox"/> 01 Monthly	<input type="checkbox"/> 12 Annual
	<input type="checkbox"/> 01 14-Day Biweekly	<input type="checkbox"/> 03 Quarterly	
	<input type="checkbox"/> 01 28-Day Biweekly		

Employee No. _____ Dept. No. _____ Assoc./Agent's No. _____
Billable Premium \$ _____ Premium Collected \$ _____ Sit. Code _____

PLEASE NOTE: This policy has standard Waiting Periods ranging from 0 to 24 months. Where specific AFLAC requirements are met, these Waiting Periods will be reduced. Upon receipt of your policy, please see your Policy Schedule for a list of Waiting Periods.

- I agree to have this policy issued with either standard or reduced Waiting Periods. _____ **Applicant's Initials**
 Do not issue this policy with standard Waiting Periods. _____ **Applicant's Initials**

The following information must be completed on each dependent child to be covered. If additional space is needed please complete Supplemental Application Form Series A-80005.

Name – Last, First, MI	Date of Birth	Sex	SSN	Check if:
		<input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/> Handicapped child
		<input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/> Handicapped child
		<input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/> Handicapped child
		<input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/> Handicapped child
		<input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/> Handicapped child
		<input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/> Handicapped child
		<input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/> Handicapped child
		<input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/> Handicapped child

APPLICANT'S STATEMENTS AND AGREEMENTS:

- I understand that the effective date of the policy will be the date recorded in the Policy Schedule by AFLAC Worldwide Headquarters.
- I understand that the policy I am applying for will not cover any person who has attained age 66 before the effective date of the policy.
- I understand that the policy I am applying for contains different Waiting Periods for benefits listed in the Schedule of Dental Procedures in the policy. This means that no benefits are payable during the listed Waiting Period. The Waiting Period begins on the effective date of the policy.
- I understand that dependent children, if any, will be covered until age 19 (23 if full-time students).
- I understand that the Orthodontic Benefit Rider (Series A81050) and the Cosmetic Benefit Rider (Series A81051) will only be issued with a 24-month Waiting Period.
- I acknowledge receipt of, if applicable:
 - Replacement Notice Outline of Coverage
 - Guide To Health Insurance for People with Medicare
- I understand that: (a) AFLAC is not bound by any statement made by me, the applicant, or any associate/agent of AFLAC unless written herein. (b) The associate/agent cannot change the provisions of the policy or waive any of its provisions either orally or in writing. (c) The policy, together with this application, endorsements, benefit agreements, riders and attached papers, if any, is the entire contract of insurance. (d) No change to the policy will be valid until approved by AFLAC's president and secretary, and noted in or attached to the policy.

NOTICE OF INFORMATION PRACTICES

To issue an insurance policy, AFLAC may need to obtain additional information about you and any other persons proposed for insurance. Some information will come from you and some may come from other sources. That information and any other subsequent information collected by AFLAC may in some circumstances be disclosed to third parties without your specific consent. You have the right to access and correct the information collected about you except information that relates to a claim or to a civil or criminal proceeding. If you wish to have a more detailed explanation of our information practices, please submit a written request to our worldwide headquarters. This notice applies only in Arizona, California, Connecticut, Georgia, Illinois, Maine, Massachusetts, Minnesota, Nevada, New Jersey, North Carolina, Ohio, Oregon, and Virginia.

I understand that the premium amount listed on this application represents the premium amount that my employer will remit to AFLAC on my behalf. I further understand that this amount, because of my employer's billing/payroll practices, may differ from the amount being deducted from my paycheck or the premium amount quoted to me by my associate/agent.

I also understand that if I am receiving any Medicaid benefits, the purchase of this coverage is not necessary.

If I am applying to replace existing coverage with this policy, I acknowledge that the policies may have different benefits and that I should make a comparison to personally determine which is best for me. I understand and agree that I am terminating my current policy and its benefits for the benefits provided in the AFLAC policy. I have read, or had read to me, the completed application, and I realize that policy issuance is based upon statements and answers provided herein, and they are complete and true to the best of my knowledge and belief.

Signed and Dated at _____ on _____
City and State Date

Applicant's Signature _____

Associate/Agent's Signature _____ Date _____
Licensed Resident Associate/Agent

**MAKE CHECK OR MONEY ORDER PAYABLE TO AFLAC.
FOR INFORMATION, CALL TOLL-FREE 1-800-99-AFLAC (1-800-992-3522).
VISIT OUR WEB SITE AT www.aflac.com.**

Section 10

Claims

ID Cards

Two ID cards will be sent when a policy is issued or converted, or when the type of coverage is changed. The cards are located inside the policy. A policyholder may request duplicate ID cards through the Customer Call Center at 1-800-99-AFLAC (1-800-992-3522). The front of the ID card contains the policyholder name, policy number, coverage type, and effective date. The back of the ID card references the provider Web site and also contains instructions on how to file claims.

Filing Instructions

Electronic dental claims are preferred; however, **typed** ADA claim forms will also be accepted. For faster service, providers should use Aflac's payer number, 58066, to submit electronic claims to WebMD. (The payer number is also listed on the Dental ID cards.) To submit a claim form, the dentist's office should complete the **entire** form and mail it to the Claims Department, 1932 Wynnton Road, Columbus, Georgia 31999. The ADA Claim Form **HF004** is available at aflac.com, and a sample is shown on the following pages.

Handwritten or faxed dental claim forms are not permitted.

Dental claim checks will not be mailed to the associate for delivery. Due to the nature of dental claim filing processes, most claim payments will be made directly to the provider. If Aflac benefits result in an overpayment to the provider, the provider should reimburse the insured.

Policies in Arrears

Aflac will not pay claims on dental policies more than 90 days in arrears, regardless of the policy status.

X-Rays

Dental benefits are based on the ADA procedure code(s) indicated on the claim form. Please do not send X-rays.

ADA Code Revisions

ADA codes are revised approximately every three years. Policyholders may request updated copies of their Schedule of Dental Procedures from the Customer Call Center.

**PLEASE DO NOT SUBMIT THIS FORM FOR PRECERTIFICATION.
AFLAC DOES NOT REQUIRE PRECERTIFICATIONS AND WILL NOT COMPLETE THE FORM FOR
PRECERTIFICATION.**

1. All claims must be submitted on a typed ADA claim form; a copy is on the back of these instructions. Your dentist may prefer to file your claims electronically with WebMD.
2. Only dental claims may be filed with this claim form. If you need to file a claim under another AFLAC policy, please submit the appropriate claim form.
3. Please ask your dentist's office to complete the entire form. Blank fields will cause the form to be returned and the claim processing to be delayed. We must have the following information:
 - The policyholder's dental policy number.
 - The policyholder's complete name as it is printed on the Dental Plan ID card.
 - The patient's full name, sex, date of birth and relationship to the insured.
 - The treatment date, tooth or surface, ADA code and charge for each procedure.
 - **The patient's Social Security number. (This will speed up claim processing.)**
4. If the patient is a full-time student and over age 19, please indicate this on the form.
5. If you are filing for the initial benefit under the Orthodontic Rider, the patient must be a covered dependent child less than 17 years of age. There is a two-year waiting period before benefits are payable under the Orthodontic Rider.
6. Your dentist may submit the claim electronically to WebMD. Make sure that AFLAC's payer number (58066) is included on each claim submitted.

**Submit the typed claim form directly to AFLAC at:
AFLAC Worldwide Headquarters
Attention: Claims Department
1932 Wynnton Road
Columbus, GA 31999-7254**

If you have any questions, please call our toll-free number 1-800-99-AFLAC (1-800-992-3522) or visit our Web site at www.aflac.com.

Section 11

***Marketing
Aflac Dental***

Successfully marketing dental insurance requires an understanding of the current benefits market in your area, as well as the average costs of dental treatment. What works in one area of the country may not be as successful in a different region. However, some general ideas are presented here that may assist your marketing efforts.

Key Features of Aflac Dental

No Provider Network

Policyholders have the freedom to choose any dentist.

No Precertification

Covered procedures are listed by ADA code; precertification of treatment is not required.

No Deductible

The policy pays a first dollar benefit for any qualifying treatment.

No Coordination of Benefits

Benefits are paid regardless of any other insurance.

Simple Plan Design

The table of allowances clearly indicates what is paid for each covered procedure. There is no guesswork in trying to determine how benefits will be paid based on usual, customary, and reasonable charges.

Multiple Tier Plan Design

Offering several coverage options allows each applicant to choose the benefit amounts that best meet his or her needs.

Guaranteed-Renewable

The policy is guaranteed-renewable for the policyholder's lifetime with no reduction in benefits due to age.

Pre-Tax

The base policy and Orthodontic Rider are eligible for pre-tax deduction of premiums under a Section 125 Cafeteria Plan, offering the policyholder an opportunity to save tax dollars. (The Cosmetic Rider is not eligible for pre-tax deduction of premiums.)

Individually Issued/Portable

The policyholder—not an employer or other group—owns the policy. It is his or hers to keep regardless of employment status or group affiliation.

Rate Stability

Rate stability is often a concern for employers with traditional dental plans because costs tend to increase each year. The guaranteed-renewable provision means that Aflac cannot raise rates for a policy unless they are raised for all similar policies within a state. Prior approval from the state's Department of Insurance is also required. Rate stability flyer **M-1013** is a great marketing tool to demonstrate Aflac's history, and it references the original Aflac Dental plan.

Guaranteed-Issue for Payroll Sales

All employees who meet the age requirements (18–65) are eligible for the policy.

Fast Claims Turnaround

Claims filed electronically are typically paid within three business days.

Wellness and X-Ray Benefits

These benefits provide payment for preventive dental procedures with no waiting period. They also do not apply toward annual maximums.

Understanding Group Coverage

When marketing in the payroll environment, you will find that most employers who are familiar with dental insurance think in terms of group coverage. It is your job to educate the employer on the differences between our product and group coverage, and to help them see the Aflac advantage.

Most group dental benefits are based on a percentage of the usual, customary, and reasonable (UCR) charges. The UCR charges are set by the insurance company and are supposed to represent the average charges for a particular area. However, individual dentists may actually charge more or less than the UCR charges. If the dentist charges more, the insurer will only pay the stated percentage of the UCR charges. If the dentist charges less, the insurer will pay the stated percentage of the dentist's, not the UCR, charges.

Percentages can make it difficult for the policyholder to interpret exactly what will be paid for a specific procedure. The policy may state 80 percent, but until the treatment is billed, the policyholder cannot translate 80 percent into a dollar amount. On the other hand, Aflac Dental pays a specific dollar amount for each listed procedure. Regardless of what the dentist charges, it is perfectly clear what Aflac will pay.

Other differences in Aflac Dental and group dental coverage are the typical advantages of most of Aflac's products. The policy is individually owned and there are no contribution or participation requirements. Rates are the same for all policies of the same class, rather than based on the experience of one particular group. The policy is guaranteed-renewable by continuing to pay premiums; ownership of the policy is not tied to employment or group membership. Other than providing a vehicle for premium deduction, the employer or group is taken out of the equation and the contract is between each individual and Aflac.

How Much Coverage?

For most Aflac products where multiple levels are offered, the highest level is usually the most commonly sold. However, with dental insurance, selling the highest available option is not always appropriate. Dental expenses are unlikely to produce the catastrophic financial consequences for a family that a serious illness or injury could. While a lengthy hospital stay and extensive medical treatment can quickly reach hundreds of thousands of dollars in costs, dental treatment is much less expensive.

It is important to offer a dental policy that is relative to the cost of treatment. Just like other dental insurance, Aflac does not intend to cover **all** costs of dental treatment but to reduce the policyholder's out-of-pocket expenses. If the Standard benefits provide a good benefit in relation to the dental costs in your area, don't start every sales call with the Premier. Not only are you selling benefits that a person doesn't need, you may also be taking away premium dollars that could be used toward the purchase of other Aflac products.

Reminder: If supplementing existing dental insurance, only the Basic policy is available.

Section 12

***Dental
Terminology***

Dental Terms

The list below includes many of the dental terms used in the policy:

Abutment: The tooth or structure on either side of a missing tooth that anchors a prosthetic device.

Amalgam: A type of tooth filling made of silver and mercury. The metallic mixture is initially soft so that it can be molded to fit the tooth and gradually hardens.

Anterior: Located at the front of the mouth.

Apex: The end of the root.

Bicuspid: The fourth and fifth teeth from the center of the mouth to the back of the mouth (also known as premolars). The bicuspid has only two points (cusps) and are used for chewing.

Bitewing X-ray: X-ray that shows the crowns and parts of the roots of the teeth (the portion of the teeth above the gumline).

Bleaching: The whitening of teeth.

Bridge: A fixed appliance inside the mouth that replaces missing teeth.

Canal: The narrow chamber inside the root of the tooth that contains the nerve and blood vessels.

Caries: Tooth decay.

Cast: A model of teeth.

Cavity: A hole on a tooth.

Cementation: The process of attaching an appliance to the associated area.

Cephalometric X-ray: X-ray that shows a side view of the entire head.

Clasp: A metal arm that extends from a removable partial denture to help anchor the denture.

Composite: A type of tooth filling made of resin and particles that are mixed together and given time to harden. Composite fillings are white in color, so they are generally used on the front teeth; however, they are not as strong as amalgam fillings.

Crown: A "cap" made of composite, porcelain, or metal that is cemented on top of a damaged tooth. Crowns may be used with actual teeth or prosthetic teeth, and the waiting period will differ accordingly.

Denture: A removable, artificial object that replaces missing teeth.

Endodontics: The treatment of diseases that affect the root tip or nerve of the tooth.

Erupted Tooth: A visible tooth that has broken the surface of the gum.

Excision: The action of cutting something off.

Filling: A restoration placed on a tooth, usually due to a cavity, to restore its function and appearance.

Framework: A metal skeleton of a removable partial denture to support the false teeth and plastic attachments.

Fluoride: A chemical substance known to strengthen teeth enamel, making teeth less susceptible to decay. Fluoride may be ingested through food or water, or may be applied directly to the surface of the teeth by a dentist.

General Anesthesia: A substance that relieves the sensation of pain on the whole body by rendering the patient unconscious.

Gingiva: The gums.

- Gingivectomy:** A procedure performed by a periodontist to remove gum tissue.
- Gingivitis:** Early gum disease often accompanied by inflammation and bleeding of the gums.
- Gingivoplasty:** A procedure performed by a periodontist to reshape the gum.
- Gold Foil:** A type of tooth filling made of gold, which typically lasts longer than amalgam fillings, but is also more complicated and more expensive.
- Impacted Tooth:** A tooth that is unable to break the surface of the gum because it is blocked by another tooth or bone.
- Implant:** A device put in the jawbone to support a false tooth, denture, or bridge.
- Inlay:** A restoration (usually gold, composite, or ceramic) made in a lab that is cemented onto a tooth.
- Mandible:** The lower jaw.
- Maxilla:** The upper jaw.
- Molars:** The sixth, seventh, and eighth teeth from the center of the mouth to the back of the mouth. Molars have four points (cusps) and large chewing surfaces.
- Occlusal X-ray:** X-ray that shows the whole bite of the lower and upper jaw.
- Occlusion:** How the upper and lower teeth close together.
- Onlay:** A restoration covering the entire biting surface of a tooth.
- Oral Surgery:** Surgery of the mouth.
- Orthodontics:** The treatment of bite abnormalities; usually involves straightening of the teeth.
- Osseous Surgery:** A procedure used to treat gum disease by eliminating pockets that have formed around the teeth.
- Panoramic X-ray:** X-ray that shows a complete two-dimensional representation of all teeth.
- Perforation:** An opening on a tooth or other oral structure.
- Periapical X-ray:** X-ray that shows complete side views from the roots to the crowns of the teeth.
- Periodontics:** The treatment of diseases of the gums or supporting structures.
- Permanent Teeth:** Adult teeth.
- Pin:** A piece of nail-like metal used for better retention of a filling.
- Pontic:** The false tooth in a bridge or denture that replaces the missing tooth.
- Post:** A big pin, which can be made with different materials such as metal or carbon, used to support a big buildup on a tooth.
- Posterior:** Located at the back of the mouth.
- Primary Teeth:** Baby teeth.
- Prophylaxis:** Cleaning the teeth.
- Prosthetics:** Fixed or removable appliances that replace missing teeth.
- Pulp:** The innermost part of a tooth, containing the nerves and blood vessels of the tooth.
- Pulpotomy:** The removal of the top part of the pulp inside a tooth.
- Quadrant:** One of the four equal sections of the mouth-upper right, upper left, lower right, or lower left.
- Recementation:** The process of reattaching an appliance to the associated area.

Restoration: An item used to restore the normal function of a tooth or an area in the mouth.

Retreatment: The process of repeating a root canal treatment.

Root: The bottom part of a tooth that anchors a tooth to its supporting units.

Root Canal: Treatment given when the inner pulp of the tooth is irreversibly damaged. The pulp is removed from the tooth, the inside of the tooth is smoothed and cleaned, a filling is placed inside the tooth, and an artificial crown is placed on top of the tooth.

Root Planing: Deep cleaning of the teeth to remove plaque below the gumline or on the roots of the teeth.

Scaling: Cleaning the teeth below the gumline.

Sealant: A substance applied to the biting surface of teeth to protect the teeth from decay.

Sialography: An X-ray of the salivary ducts and the related glandular structures.

Space Maintainer: An appliance to maintain the space between teeth.

Splinting: The process of wiring a loose tooth to surrounding teeth, then topping it with a composite to hold the wire in place.

Torus Mandibularis: An outgrowth of bone on the lower jaw near the tongue.

Torus Palatinus: An outgrowth of bone on the roof of the mouth.

Veneer: A layer of tooth-colored material (porcelain, composite, or ceramic) attached to the front of the tooth, usually to improve the appearance of the tooth.

Section 13

Forms List

List of Forms for Aflac Dental (A-81000 Series)

Brochure Folder	A81075
Basic Insert Page	A81175
Standard Insert Page	A81275
Premier Insert Page	A81375
Premier Plus Insert Page	A81475
Orthodontic Rider Insert Page	A81076
Cosmetic Rider Insert Page	A81077
Provider Tent Card	M1078
Flyer	MMC-00-236
<i>Guide To Health Insurance for People with Medicare</i>	A105712-004
Outline of Coverage	
Basic	A81125
Standard	A81225
Premier	A81325
Premier Plus	A81425
Payroll Application	A81001
Nonpayroll Application	A81002D
Takeover Application	A8101T
Competitive Replacement Checksheet	M0978R
Additional Information Supplement Form	A-80005
Statement of Understanding	A-13072
Replacement Notice	A-8691
Transmittal	M-0018R
Additions/Reinstatements Application	A81003
Change Form	HL0046
Rate Sheet (Basic, Standard, and Premier)	M-RS069-1
Rate Sheet (Basic, Standard, Premier, and Premier Plus)	M-RS069
Premium Work Sheet (Basic, Standard, and Premier)	A90137-1
Premium Work Sheet (Basic, Standard, Premier, and Premier Plus)	A90137
Payroll Account Acknowledgment Form	M-0138
ADA Claim Form	HF004

Section 14

Quiz

Dental Product Knowledge Quiz

Complete the following quiz to test your Dental product knowledge. You can find the answers throughout the book to score yourself. Or, if you prefer immediate scoring, you can take the same quiz on *Aflac University*SM as part of the Dental product course.

1. If the applicant has existing dental insurance and does not intend to replace it, only the ____ policy(ies) may be offered.
 - a. Basic
 - b. Basic or Standard
 - c. Standard
 - d. Basic, Standard, or Premier

2. The Wellness Benefit does not count toward the policy year maximum.
 True False

3. The Orthodontic Rider is available only to children under the age of 17.
 True False

4. The Orthodontic Rider has a lifetime maximum of ____ per covered person.
 - a. \$600
 - b. \$1,000
 - c. \$1,200
 - d. \$1,500

5. The Cosmetic Rider will pay a maximum of ____ per policy year.
 - a. \$200
 - b. \$600
 - c. \$1,200
 - d. \$1,800

6. Dental is available through the Government Allotment Account.
 True False

7. The Standard policy has a Wellness Benefit of _____.
 - a. \$25
 - b. \$50
 - c. \$75
 - d. \$100

8. X-rays are covered under the Wellness Benefit.
 True False

Quiz

9. The issue ages for Dental are:
- 18–70 for payroll and 18–64 for nonpayroll
 - 18–65 for both payroll and nonpayroll
 - 18–70 for both payroll and nonpayroll
 - 18–65 for payroll and 18–64 for nonpayroll
10. Waiting periods start over on the date of reinstatement.
 True False
11. Dental uses no underwriting questions on the payroll application.
 True False
12. Premier Plus is available in all states.
 True False
13. The waiting period for fillings and other Basic Restorative Benefits is:
- None
 - 3 months
 - 6 months
 - 12 months
14. The Basic policy has a Wellness Benefit of ____.
- \$25
 - \$50
 - \$75
 - \$100
15. X-ray Benefits apply toward the policy year maximums.
 True False
16. Limitations and exclusions vary according to the level of coverage purchased.
 True False
17. To receive reduced waiting periods for a competitive replacement, at least 50 percent participation in Aflac Dental is required.
 True False
18. Benefits are not payable for treatment received while outside the territorial limits of the United States.
 True False
19. The Premier policy has a policy year maximum of ____.
- \$1,200
 - \$1,500
 - \$1,600
 - \$1,800

20. If a Dental policy is converted to a higher level, waiting periods start over for the entire benefit amount.
 True False
21. The waiting period for crowns and other Major Restorative Benefits is six months.
 True False
22. The Basic policy has a ____ X-ray Benefit.
a. \$10
b. \$25
c. \$50
d. None of the above
23. Dental is guaranteed-renewable for the policyholder's lifetime.
 True False
24. The Standard policy has a policy year maximum of ____.
a. \$1,200
b. \$1,300
c. \$1,400
d. \$1,500
25. Electronic filing is the preferred method for submitting claims.
 True False
26. On the nonpayroll application, anyone with a history of gum disease in the past five years will not be covered.
 True False
27. The Premier policy has an X-ray Benefit of ____.
a. \$10
b. \$20
c. \$25
d. \$40
28. Dental nonpayroll rates are age-banded.
 True False
29. The Cosmetic Rider is eligible for pre-tax deduction of premiums under Section 125.
 True False
30. The dental provider's name is required to be listed on the application.
 True False

Quiz

31. If the effective date is advanced more than ____ days, a Statement of Understanding must be submitted with the application.
- a. 30
 - b. 60
 - c. 90
 - d. 120
32. The Cosmetic Rider has a waiting period of ____ months.
- a. 3
 - b. 6
 - c. 12
 - d. 24
33. The optional riders are available only for payroll sales.
- True False
34. The Premier policy has a \$75 Wellness Benefit.
- True False
35. Wellness visits must be separated by ____ days or more.
- a. 90
 - b. 150
 - c. 180
 - d. 365
36. The Basic policy has a policy year maximum of ____.
- a. \$1,000
 - b. \$1,200
 - c. \$1,500
 - d. \$2,000
37. The Cosmetic Rider has a lifetime maximum of ____.
- a. \$600 per covered person
 - b. \$1,200 per policy
 - c. \$1,200 per covered person
 - d. \$1,800 per policy
38. Crowns may have different waiting periods depending on where the crowns are placed.
- True False
39. Dependent children are covered to the age of 25.
- True False

40. The Premier Plus policy is available for nonpayroll sales in ten states.
 True False
41. Aflac will not pay dental claims on policies more than ____ days in arrears, regardless of policy status.
a. 30
b. 45
c. 60
d. 90
42. If more than eight dependent children will be covered, an additional form is required for the dependent information.
 True False
43. Types of Dental coverage are:
a. Individual, insured/spouse, one-parent family, and two-parent family
b. Individual and family only
c. Individual, insured/spouse, and two-parent family only
d. None of the above
44. Reinstatements should be submitted via the universal Application for Reinstatement, Form A-90021.
 True False
45. Newborn children must be added to the policy within ____ of birth.
a. 31 days
b. 6 months
c. 1 year
d. It is not necessary to add newborn children to the policy.
46. If Dental benefits are downgraded to a lower level, waiting periods start over on the date of conversion.
 True False
47. Covered dependent children who reach the limiting age may apply for continuous coverage without evidence of insurability.
 True False
48. Competitive replacements require at least ____ eligible employees.
a. 10
b. 25
c. 50
d. 100
49. Group dental benefits usually pay based on usual, customary, and reasonable charges, which are set by the insurance carrier.
 True False