

Peace of Mind *and*  
Real Cash Benefits



GROUP DENTAL INSURANCE  
Standard

DE<sup>G</sup>

Marketed by  
Provident Agency, Inc.



We've got you under our wing.®

# GROUP DENTAL INSURANCE

Policy Series CA1100NC-SFA

# DE<sup>G</sup>

## Smile. We've got you under our wing.<sup>®</sup>

Millions of people believe a smile is the most important physical attribute—more so than hair, eyes, or figure.<sup>1</sup> The best way to maintain or improve your smile is to brush and floss your teeth daily, visit your dentist, and apply for an Aflac Dental Insurance plan.

Aflac Dental Insurance provides benefits for periodic checkups and cleanings, X-rays, fillings, crowns, and much more. It's your smile and your plan; Aflac Dental Insurance gives you control.

- **You choose your dentist.** Because Aflac doesn't use a network of dentists, you can go to any dentist you choose.
- **You and your dentist choose the best treatment for you.** Aflac Dental Insurance doesn't have precertification requirements. If the treatment is covered by your plan, you don't need Aflac's permission to receive the treatment.<sup>2</sup>

Aflac Dental is different from many other dental plans you may have seen.

- **You know what you're getting with Aflac Dental.** The plan spells out the benefits for both wellness and other diagnostic/treatment services. There are no gray areas. Each covered procedure has a specific benefit amount.
- **Aflac Dental doesn't have an annual deductible.** Other dental plans may require you to meet an annual deductible before benefits are payable.
- **Aflac Dental pays benefits regardless of any other plan.** Even if you have other dental coverage, you'll receive your full Aflac benefit amount.

With Aflac Dental's **Annual Maximum Building Benefit**, you can receive even more benefits. Aflac will increase each Covered Person's Coverage Year Maximum by \$100 after each 12 consecutive months the plan is in force, up to a maximum of \$500 per Covered Person.

<sup>1</sup>"The Public Speaks Up on Oral Health Care: An ADA and Crest/Oral-B Survey," American Dental Association, October 2008.

<sup>2</sup>Subject to applicable Waiting Periods and Exclusions.

## COVERAGE WORK SHEET

Member Benefit: \$ \_\_\_\_\_

Spouse Benefit: \$ \_\_\_\_\_

Child Benefit: \$ \_\_\_\_\_

Total Weekly Deduction: \$ \_\_\_\_\_

This work sheet is for illustration purposes only. It does not imply coverage.

## BENEFITS

PROCEDURES AND SERVICES	STANDARD	WAITING PERIOD
Dental Wellness Two visits per year per insured and separated by 150 days. Treatment must be performed by a Dentist or Dental Hygienist. This benefit is not subject to a waiting period.	\$50	0 months
X-Ray Once per year per insured. Treatment must be performed by a Dentist or Dental Hygienist. This benefit is not subject to a waiting period.	\$35	0 months
Fillings and Basic Services A Limited Oral Evaluation is payable only for visits where no other covered services are performed.	Up to \$250	3 months
Pain Management and Adjunctive Services Benefits for Deep Sedation/General Anesthesia (first 30 minutes) and Analgesia, Anxiolysis, or Inhalation of Nitrous Oxide are not payable for the same surgery.	Up to \$130	3 months
Other Preventive Services	Up to \$110	6 months
Oral Surgery, Gum Treatments and Prosthetic Repair	Up to \$850	6 months
Crowns and Major Services	Up to \$375	12 months
Major Prosthetic Services	Up to \$550	24 months
Congenital Missing Teeth Orthodontia Benefit Initial Treatment* Continued Treatment Lifetime maximum per Insured Total Annual Maximum per Family	\$500 \$50 \$1,400 \$2,600	24 months

\*The \$500 initial treatment benefit is not payable for ADA Code D8670, Periodic Orthodontic Treatment Visit. Periodic orthodontic treatment visits are payable as continued treatment, subject to all other terms of the Rider. Maximum payment of one treatment per month for up to 18 treatments.

This benefit pays only for the care and treatment of congenital missing teeth.

### COVERAGE YEAR MAXIMUM (PER INSURED)

Standard	\$1,400
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## OPTIONAL BENEFITS

### ORTHODONTIC BENEFIT

Initial Treatment*	\$500
Continued Treatment	\$50
Lifetime Maximum per Insured	\$1,400
Total Annual Maximum per Family	\$2,600
Waiting Period	24 Months

### COSMETIC BENEFIT (not available for Section 125 pre-taxplans)

Covered Cosmetic Treatment	Up to \$250
Total Annual Maximum	\$600
Lifetime Maximum	\$1,800
Waiting Period	24 Months

\*The \$500 initial treatment benefit is not payable for ADA Code D8670, Periodic Orthodontic Treatment Visit. Periodic Orthodontic Treatment Visits are payable as Continued Treatment, subject to all other terms of the Rider.

## WHAT IS NOT COVERED, EXCEPTIONS AND REDUCTIONS, AND TERMS YOU NEED TO KNOW

### WE WILL NOT PAY BENEFITS FOR LOSSES CAUSED BY OR RESULTING FROM THE FOLLOWING:

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.
8. Treatment received prior to an Insured's Effective Date of coverage or treatment received during a benefit's Waiting Period.
9. A dentist's or dental practice's failure to comply with the current ADA coding convention including, but not limited to, upcoding, the overutilization of certain codes and/or the misrepresentation of services (e.g., unbundling).

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 an Insured's Effective Date of coverage.

We will not pay benefits for services rendered by you or a member of the Immediate Family of an Insured.

### TERMS YOU NEED TO KNOW

**Dependent Children** means your natural children, step-children, legally adopted children or children placed for adoption, who are unmarried; and younger than age 26.

a. However, if any child is incapable of self-sustaining employment due to mental retardation or physical handicap, the above age of twenty-six (26) shall not apply. Proof of such incapacity must be furnished to the Company within thirty-one (31) days following such 26th birthday, and not more frequently than annually from then forward. b. Newborn Children of a Member and/or his/her insured spouse and newborn Adopted Children shall automatically be covered from the moment of birth, under the same terms and conditions that apply to the natural, dependent children of covered persons. c. Other foster children and adopted children shall be treated the same as newborn infants and are eligible for coverage on the same basis upon placement in the Member's home, under the same terms and conditions that apply to the natural, dependent children of covered persons. d. If a parent is required by a court or administrative order to provide health benefit plan coverage for a child, and the parent is eligible for family health benefit plan coverage through a health insurer, the health insurer: i. Must allow the parent to enroll, under the family coverage, a child who is otherwise eligible for the coverage without regard to any enrollment season restrictions. ii. Must enroll the child under family coverage upon application of the child's other parent or the Department of Health and Human Services in connection with its administration of the Medical Assistance or Child Support Enforcement Program if the parent is enrolled but fails to make application to obtain coverage for the child. iii. May not disenroll or eliminate coverage of the child unless the health insurer is provided satisfactory written evidence that the court or administrative order is no longer in effect or the child is or will be enrolled in comparable health benefit plan coverage through another health insurer, which coverage will take effect not later than the effective date of disenrollment. iv. Will not impose waiting periods. e. If Children are covered under the dependent rider, Children born or placed in the Member's home after the Effective Date of this Rider will also be covered from the moment of

birth. No notice or additional premium is required and the enrollment period will be waived. The company will not impose pre-ex limitations or waiting periods for newborn children, foster and adopted children if they are enrolled upon placement or children covered by the court or administrative order

**Members** means a person insured under the Plan who is: 1. a member of the Policyholder; 2. included in the class of members eligible for coverage as shown on the application. 3. a member of the Policyholder, and has served 0 days continuous membership.

**Spouse** means the person to whom a member is legally married and who is listed on his application.

### ORTHODONTIC BENEFIT RIDER LIMITATION

This benefit is not payable for dental services when the initial treatment occurred prior to the Effective Date or before the Waiting Period ended.

### COSMETIC BENEFIT RIDER LIMITATION

This benefit is subject to the Waiting Period listed in your certificate Schedule. All treatments must be performed by a Dentist or Dental Hygienist.

### CONGENITAL MISSING TEETH ORTHODONTIA BENEFIT LIMITATION

This benefit is not payable for dental services when the initial treatment occurred prior to the Effective Date or before the Waiting Period ended.

### TERMINATIONS

Your insurance will terminate on the earliest of any of the following occurrences:

1. The date the plan is terminated;
2. After the Grace period;
3. On the date you cease to meet the definition of a member as defined in the plan;
4. On the premium due date which falls on or first follows the your 71st birthday; or
5. On the date you are no longer a member of an eligible class.

Termination of the insurance on any Insured will be without prejudice to his rights regarding any claim arising prior to the termination.

### PORTABILITY

When coverage is effective and would otherwise terminate because the member ends membership with the policyholder, coverage may be continued. Member will continue the coverage that is in force on the date membership ends, including dependent coverage then in effect.

The member will be allowed to continue the coverage until the earlier of the date the member fails to pay the required premium, or the date the group master policy is terminated. Coverage may not be continued if the member reaches age 71, fails to pay any required premium or the group master policy terminates.

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