

SERFF Tracking Number: AFLA-126621749 State: Arkansas
 Filing Company: American Family Life Assurance Company of Columbus State Tracking Number: 45634
 Company Tracking Number: A82000
 TOI: H10I Individual Health - Dental Sub-TOI: H10I.000 Health - Dental
 Product Name: Dental
 Project Name/Number: A82000 Series/A82000

Filing at a Glance

Company: American Family Life Assurance Company of Columbus

Product Name: Dental SERFF Tr Num: AFLA-126621749 State: Arkansas
 TOI: H10I Individual Health - Dental SERFF Status: Closed-Approved- State Tr Num: 45634
 Closed
 Sub-TOI: H10I.000 Health - Dental Co Tr Num: A82000 State Status: Approved-Closed
 Filing Type: Form/Rate Reviewer(s): Rosalind Minor
 Author: Connie Gates Disposition Date: 05/26/2010
 Date Submitted: 05/10/2010 Disposition Status: Approved-Closed
 Implementation Date Requested: On Approval Implementation Date:

State Filing Description:

General Information

Project Name: A82000 Series Status of Filing in Domicile: Authorized
 Project Number: A82000 Date Approved in Domicile: 05/07/2010
 Requested Filing Mode: Review & Approval Domicile Status Comments:
 Explanation for Combination/Other: Market Type: Individual
 Submission Type: New Submission Group Market Size:
 Overall Rate Impact: Group Market Type:
 Filing Status Changed: 05/26/2010 Explanation for Other Group Market Type:
 State Status Changed: 05/26/2010
 Deemer Date: Created By: Connie Gates
 Submitted By: Connie Gates Corresponding Filing Tracking Number:
 Filing Description:
 See attached filing letter.

Company and Contact

Filing Contact Information

Connie Gates, Policy Analyst c gates@aflac.com
 1932 Wynnton Road 706-596-5048 [Phone]
 Columbus, GA 31999 706-660-7080 [FAX]

SERFF Tracking Number: AFLA-126621749 State: Arkansas
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 Project Name/Number: A82000 Series/A82000

Filing Company Information

American Family Life Assurance Company of Columbus
 1932 Wynnton Road
 Columbus, GA 31999
 (706) 323-3431 ext. [Phone]

CoCode: 60380
 Group Code:
 Group Name:
 FEIN Number: 58-0663085

State of Domicile: Nebraska
 Company Type: Life and Health
 State ID Number:

Filing Fees

Fee Required? No
 Retaliatory? No
 Fee Explanation:
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
American Family Life Assurance Company of Columbus	\$700.00	05/10/2010	36373205

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	05/26/2010	05/26/2010
Approved-Closed	Rosalind Minor	05/17/2010	05/17/2010

Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending Industry Response	Rosalind Minor	05/12/2010	05/12/2010	Connie Gates	05/12/2010	05/12/2010

Amendments

Schedule	Schedule Item Name	Created By	Created On	Date Submitted
Form	DENTAL POLICY	Connie Gates	05/26/2010	05/26/2010
Supporting Document	Redline	Connie Gates	05/26/2010	05/26/2010

Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
A82400AR - Benefit Amounts	Note To Reviewer	Connie Gates	05/25/2010	05/25/2010

SERFF Tracking Number: AFLA-126621749 *State:* Arkansas
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Disposition

Disposition Date: 05/26/2010

Implementation Date:

Status: Approved-Closed

Comment:

This submission has been reopened in order to make corrections to the filing.

The filing is being approved effective on this date.

Rate data does NOT apply to filing.

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Approved-Closed	Yes
Supporting Document (revised)	Application	Approved-Closed	Yes
Supporting Document	Application	Replaced	Yes
Supporting Document	Health - Actuarial Justification	Approved-Closed	Yes
Supporting Document	Outline of Coverage	Approved-Closed	Yes
Supporting Document	Redline	Approved-Closed	Yes
Form	DENTAL POLICY	Approved-Closed	Yes
Form	DENTAL POLICY	Approved-Closed	Yes
Form	DENTAL POLICY	Approved-Closed	Yes
Form (revised)	DENTAL POLICY	Approved-Closed	Yes
Form	DENTAL POLICY	Replaced	Yes
Form	ORTHODONTIC RIDER	Approved-Closed	Yes
Form	COSMETIC RIDER	Approved-Closed	Yes
Form	PAYROLL APPLICATION	Approved-Closed	Yes
Form	UNION APPLICATION	Approved-Closed	Yes
Form	Request for Change/Application for Reinstatement	Approved-Closed	Yes
Form	Additional Information Supplement	Approved-Closed	Yes
Form	OUTLINE OF COVERAGE	Approved-Closed	Yes
Form	OUTLINE OF COVERAGE	Approved-Closed	Yes
Form	OUTLINE OF COVERAGE	Approved-Closed	Yes
Form	OUTLINE OF COVERAGE	Approved-Closed	Yes

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Objection Letter

Objection Letter Status Pending Industry Response
Objection Letter Date 05/12/2010
Submitted Date 05/12/2010

Respond By Date

Dear Connie Gates,

This will acknowledge receipt of the captioned filing.

Objection 1

- UNION APPLICATION, A82UAPPAR (Form)

Comment:

The application must contain a Fraud Statement as outlined under ACA 23-66-503.

Please feel free to contact me if you have questions.

Sincerely,

Rosalind Minor

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Response Letter

Response Letter Status Submitted to State
Response Letter Date 05/12/2010
Submitted Date 05/12/2010

Dear Rosalind Minor,

Comments:

In response to your objection please refer to the previously approved forms AsignARR and AsigncARR.

Response 1

Comments: The required Fraud Statement is found on the forms AsignARR and AsigncARR which were previously approved under AFLA-126031425 on February 12, 2009.

Related Objection 1

Applies To:

- UNION APPLICATION, A82UAPPAR (Form)

Comment:

The application must contain a Fraud Statement as outlined under ACA 23-66-503.

Changed Items:

Supporting Document Schedule Item Changes

Satisfied -Name: Application

Comment: For the fraud statement please refer to the AsignARR and AsigncARR which were previously approved under AFLA-126031425 on February 12, 2009. These forms will be combined with either the A82PAPPAR or A82UAPPAR Application Forms to make application for the policy.

Payroll Application Form A82PAPPAR is self-explanatory and will be used to make application for the policy and the optional rider forms on a payroll basis.

Union Application Form A82UAPPAR is self-explanatory and will be used to make application for the policy and the optional rider forms on a union basis.

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Forms A82PAPPAR and A82UAPPAR will be used in conjunction with Forms AssignARR and AssigncARR to apply for the policies. Forms A82PAPPAR and A82UAPPAR will be used to collect the personal information and select the type of coverage desired. Form AssignARR or AssigncARR will be used to collect the applicant's and agent's signature. When the final application prints and is attached to the policy at the time of issue, the application form and a signature page will be combined to reflect a complete application. Forms AssignARR and AssigncARR were previously approved under AFLA-126031425 on February 12, 2009. These forms differ in that Form AssigncARR contains an agent's certification statement. Form AssignARR does NOT contain the agent's certification statement and will be used in situations where the associate/agent is unable to be present at the time of application.

Additional Information Supplement Form A82005AR will be used in conjunction with the application to capture dependent child(ren) information.

Request for Change/Application for Reinstatement Form A82003AR is self-explanatory and will be used to reinstate policies that have lapsed for non-payment of premium.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Thank you

Sincerely,
Connie Gates

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 Product Name: Dental
 Project Name/Number: A82000 Series/A82000

Amendment Letter

Submitted Date: 05/26/2010

Comments:

I appreciate you reopening the filing to amend A82400AR.

The amended form is attached under the form schedule tab and a redline is attached under supporting documentation tab.

Changed Items:

Form Schedule Item Changes:

Form Schedule Item Changes:

Form Number	Form Type	Form Name	Action	Form Action Other	Previous Filing #	Replaced Form #	Readability Score	Attachments
A82400AR	Policy/Contr act/Fraternal Certificate	DENTAL POLICY	Initial				65.750	A82400AR.pdf

Supporting Document Schedule Item Changes:

User Added -Name: Redline

Comment: A redlined compare of Policy Form A82400AR is attached for your convenience.
 A82400AR REDLINE CMP 05 25 2010.pdf

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Note To Reviewer

Created By:

Connie Gates on 05/25/2010 04:22 PM

Last Edited By:

Rosalind Minor

Submitted On:

05/26/2010 09:29 AM

Subject:

A82400AR - Benefit Amounts

Comments:

Can this filing be reopened so I can amend form A82400AR?

The benefit amounts are incorrect for this policy. I have a redline compare prepared to submit with the amended policy.

thank you,

Connie Gates

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Form Schedule

Lead Form Number: A82100AR

Schedule Item	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed 05/26/2010	A82100AR	Policy/Contract/Fraternal Certificate DENTAL POLICY	Initial		55.998	A82100AR.pdf
Approved-Closed 05/26/2010	A82200AR	Policy/Contract/Fraternal Certificate DENTAL POLICY	Initial		66.472	A82200AR.pdf
Approved-Closed 05/26/2010	A82300AR	Policy/Contract/Fraternal Certificate DENTAL POLICY	Initial		62.707	A82300AR.pdf
Approved-Closed 05/26/2010	A82400AR	Policy/Contract/Fraternal Certificate DENTAL POLICY	Initial		65.750	A82400AR.pdf
Approved-Closed 05/26/2010	A82050	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider ORTHODONTIC RIDER	Initial		56.770	A82050.pdf
Approved-Closed 05/26/2010	A82051	Policy/Contract/Fraternal Certificate: Amendment COSMETIC RIDER	Initial		66.880	A82051.pdf

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 TOI: H101 Individual Health - Dental Sub-TOI: H101.000 Health - Dental
 Product Name: Dental
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Approved- Closed 05/26/2010	A82PAPPA R	Application/ Enrollment Form	PAYROLL APPLICATION Form	Initial	59.880	A82PAPPAR. pdf
Approved- Closed 05/26/2010	A82UAPPA R	Application/ Enrollment Form	UNION APPLICATION Form	Initial	61.240	A82UAPPAR. pdf
Approved- Closed 05/26/2010	A82003AR	Application/ Enrollment Form	Request for Change/Application for Reinstatement	Initial	63.400	A82003AR.pd f
Approved- Closed 05/26/2010	A82005AR	Application/ Enrollment Form	Additional Information Supplement	Initial	82.576	A82005AR.pd f
Approved- Closed 05/26/2010	A82125AR	Outline of Coverage	OUTLINE OF COVERAGE	Initial	61.508	A82125AR.pd f
Approved- Closed 05/26/2010	A82225AR	Outline of Coverage	OUTLINE OF COVERAGE	Initial	60.186	A82225AR.pd f
Approved- Closed 05/26/2010	A82325AR	Outline of Coverage	OUTLINE OF COVERAGE	Initial	60.007	A82325AR.pd f
Approved- Closed 05/26/2010	A82425AR	Outline of Coverage	OUTLINE OF COVERAGE	Initial	60.249	A82425AR.pd f

**DENTAL INSURANCE POLICY
LIMITED BENEFIT HEALTH INSURANCE COVERAGE**

**NOTICE TO BUYER: This policy provides dental benefits only.
Read it carefully with the Outline of Coverage, if applicable.**

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.”

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 definitions of terms, the limitations and exclusions, the insurance benefits, and other provisions.

YOUR RIGHT TO EXAMINE THIS POLICY

It is important to us that you are satisfied with this policy. 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 this 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. Statements made in the application are deemed representations and not warranties. Carefully check the application. Write to us within 30 days of the date you receive this policy if any information shown on the application is not correct or complete. Incorrect or incomplete information may result in the denial of claims or voiding 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 timely 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, as shown in our records, at least 30 days before the change becomes effective.

**AMERICAN FAMILY LIFE ASSURANCE COMPANY OF COLUMBUS (AFLAC)
CLIENT SERVICES AND ADMINISTRATION
[WORLDWIDE HEADQUARTERS • 1932 WYNNTON ROAD • COLUMBUS, GEORGIA 31999
FOR ASSISTANCE OR INFORMATION ABOUT THIS POLICY, CALL 1.800.99.AFLAC (1.800.992.3522).
FOR CLAIM FORMS, VISIT OUR WEB SITE AT AFLAC.COM]**

**If we at Aflac, fail to provide you with reasonable and adequate service,
you should feel free to contact:
ARKANSAS INSURANCE DEPARTMENT-CONSUMER SERVICES DIVISION
1200 WEST THIRD STREET, LITTLE ROCK, ARKANSAS 72201-1904
Telephone (501) 371-2640 or Toll-Free 1-800-852-5494.**

INDEX

Named Insured..... Policy Schedule

Definitions Part 1

Limitations and Exclusions..... Part 2

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Uniform Provisions Part 4

Benefits Part 5

Policy Schedule

NAMED INSURED: John A. Doe

POLICY NUMBER: 111-2222

TYPE OF COVERAGE: Individual

COVERAGE: XXXXXX
AAABBB

MODE OF PAYMENT: Monthly

PREMIUMS:

Policy:	\$XX.xx
Rider:	\$XX.xx
Rider:	\$XX.xx

EFFECTIVE DATES:

Policy:	XX/XX/XX
Rider:	XX/XX/XX
Rider:	XX/XX/XX

Benefit Categories

Waiting Periods

- | | |
|---|-----------|
| A. Preventive Benefits..... | 0 months |
| B. Annual Maximum Building Benefit..... | 12 months |
| C. Fillings and Basic Services..... | 3 months |
| D. Pain Management and Adjunctive Services..... | 3 months |
| E. Other Preventive Services..... | 6 months |
| F. Oral Surgery, Gum Treatments, and Prosthetic Repair..... | 6 months |
| G. Crowns and Major Services..... | 12 months |
| H. Major Prosthetic Services..... | 24 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 policy Effective Date shown in the Policy Schedule.

[Paul S. Amos II, President

Joey M. Loudermilk, Secretary]

This is a legal contract between you and Aflac.

READ YOUR POLICY CAREFULLY.

**Part 1
DEFINITIONS**

- A. COVERED PERSON:** any person insured under Individual, Named Insured/Spouse Only, One-Parent Family, or Two-Parent Family coverage. See Type of Coverage definition.
- B. 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.
- C. 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.
- D. DEPENDENT CHILDREN:** your natural children, stepchildren, or legally adopted children who are (1) unmarried, (2) under age 26, and (3) legal dependents for tax exemption purposes under the United States Internal Revenue Service Tax Code. **A Dependent Child must be under age 26 at the time of application to be eligible for coverage.** Coverage of a Dependent Child will terminate on the anniversary date of this policy following the child's 26th birthday. Coverage provided under any One-Parent or Two-Parent Family policy 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 prior to age 26 and while covered under this policy. You must furnish proof of continued incapacity and dependency at Aflac's request, but not more often than annually, after the two-year period following the Dependent Child's 26th birthday.
- E. EFFECTIVE DATE:** the date(s) coverage begins as shown in the Policy Schedule. The Effective Date of this policy **is not** the date you signed the application for coverage.
- F. IMMEDIATE FAMILY:** anyone related to you in the following manner: spouse; brothers or sisters (includes stepbrothers and stepsisters); children (includes stepchildren); parents (includes stepparents); grandchildren; father- or mother-in-law; brothers- or sisters-in-law; and spouses, as applicable, of any of these.
- G. 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.
- H. POLICY YEAR MAXIMUM:** the total dollar amount of benefits payable per Policy Year, per Covered Person.
- I. TYPE OF COVERAGE** (see your Policy Schedule to determine the Type of Coverage issued: Individual, Named Insured/Spouse Only, One-Parent Family, or Two-Parent Family):
- 1. Individual:** coverage for only you (the Named Insured listed in the Policy Schedule).
 - 2. Named Insured/Spouse Only:** coverage for you (the Named Insured) and your spouse. "Your spouse" is defined as the person to whom you are legally married and who is listed on your application.

3. **One-Parent Family:** coverage for you (the Named Insured) and all of your Dependent Children.
4. **Two-Parent Family:** coverage for you (the Named Insured), your spouse, and all of your Dependent Children (or those of your spouse).

Newborn children are automatically covered under the terms of this policy from the moment of birth. Adopted children are covered from the date of the filing of the petition. If this is an Individual or Named Insured/Spouse Only policy, newborn children are automatically covered from the moment of birth, and adopted children are covered from the date of the filing of the petition if the Named Insured applies for coverage within 60 days after the filing of the petition for adoption. However, coverage shall begin from the moment of birth if the petition for adoption and application for coverage are filed within 60 days after the birth of the minor. This coverage shall terminate upon the dismissal or denial of a petition for adoption. Coverage for newborn or adopted children will be in effect through the 90th day following the date of such event. If you desire uninterrupted coverage for a newborn or an adopted child, you must notify Aflac within 90 days of the child's birth or the date the petition for adoption is filed or before the next premium due date, whichever is later. Upon notification, Aflac will convert this policy to One-Parent Family or Two-Parent Family coverage and advise you of the additional premium due. If One-Parent Family or Two-Parent Family coverage is in force, it is not necessary for you to notify Aflac of the birth of your child or the date of the filing of the petition for adoption of a child, and an additional premium payment will not be required. If you desire any other person(s) to be covered after the Effective Date of this policy, you must apply for such coverage, and that person must be added by endorsement. If Two-Parent Family coverage is already in force, an additional premium will not be required. 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 anniversary date of this policy following the Dependent Child's 26th birthday, on the date the child marries, 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 (for continuation of coverage information, see Part 3, Right of Conversion). Termination will be without prejudice to any claim originating prior to the date of termination. Aflac's acceptance of premium after such date will be considered as premium for only the remaining persons who qualify as Covered Persons under this policy. When coverage on all Dependent Children terminates, you must notify Aflac, in writing, and elect whether to continue this policy on an Individual or Named Insured/Spouse Only basis. After such notice, Aflac will arrange for the payment of the appropriate premium due, including returning any unearned premium. Coverage provided under any One-Parent Family or Two-Parent Family policy will continue to 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 prior to age 26 and while covered under this policy. You must furnish proof of continued incapacity and dependency at Aflac's request, but not more often than annually, after the two-year period following the Dependent Child's 26th birthday.

- J. **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 date of reinstatement. If a dependent is added by endorsement, the Waiting Period for such dependent will begin on 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.** Aflac will not pay benefits for 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.
 8. Treatment received prior to the 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).
- 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.
- D.** Aflac will not pay benefits for services rendered by you or a member of the Immediate Family of a Covered Person.
- E.** Aflac will not pay benefits whenever coverage provided by this policy is in violation of any U.S. economic or trade sanctions. If the coverage violates U.S. economic or trade sanctions, such coverage shall be null and void.

Part 3
RIGHT OF CONVERSION

- A. DISSOLUTION OF MARRIAGE:** If you and your spouse dissolve your marriage by a valid decree of dissolution and your ex-spouse was covered under a Named Insured/Spouse Only or Two-Parent Family policy, your 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 Dependent Children may be covered under either policy, but not both.

- B. DEATH:** In the event of your death, your spouse, if alive and covered under this policy, 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 Dependent Child 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. Such person will have the right to apply for an equivalent 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 Child.

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 president and secretary of Aflac at our worldwide headquarters. Any such change must be noted hereon 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, no misstatements, except fraudulent misstatements, made by you in the application shall be used to void this policy or to deny a claim for loss incurred 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 will continue in force.
- E. REINSTATEMENT:** You may request reinstatement of your policy from your associate (duly licensed agent) or from 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 will 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 your application is received at our worldwide headquarters, your policy will be deemed reinstated. The reinstated policy will cover only loss resulting from covered dental treatment that occurs on or after the date of reinstatement. In all other respects, you and Aflac will have the same rights provided under the policy immediately before the due date of the defaulted premium, subject to new Waiting Periods beginning with the date of reinstatement. Any premium accepted in connection with a reinstatement will be applied to a period for which premium was due, but not to any period more than 60 days 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, [1932 Wynnton Road, Columbus, GA 31999], or to your associate (duly licensed agent). The 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 after the giving of such notice, 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 will 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 due 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 three 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 the 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. Aflac 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.
- N. REFUND OF UNEARNED PREMIUMS:** That portion of the premium paid for a period beyond the end of the policy month in which the Named Insured died shall be paid in a lump sum on a date no later than 30 days after the proof of the Named Insured's death has been furnished to Aflac. Exception: Where Named Insured/Spouse, One-Parent Family or Two-Parent Family coverage is continued, no refund is applicable.

Should the Named Insured cancel this policy prior to its renewal date, Aflac will refund to the Named Insured the unearned portion of such premiums paid for any period beyond the end of the policy month in which the cancellation occurred.

**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 IS RECEIVED WHILE COVERAGE IS IN FORCE. IF A COVERED ADA CODE IS REVISED OR REPLACED BY THE AMERICAN DENTAL ASSOCIATION, AFLAC WILL PAY THE AMOUNT SHOWN IN THE SCHEDULE OF DENTAL PROCEDURES FOR THE CODE MOST COMPARABLE TO THE REVISED OR REPLACED CODE. BENEFITS WILL BE PAID BASED ON CURRENT ADA CODING CONVENTION.

SCHEDULE OF DENTAL PROCEDURES

A. PREVENTIVE BENEFITS

	Benefit Amount
1. DENTAL WELLNESS BENEFIT	\$25

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.

ADA Code	Description
D0120	Periodic Oral Evaluation
D0145	Oral Evaluation for Patient Wellness
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)
D1203	Topical Application of Fluoride (child, prophylaxis not included)
D1204	Topical Application of Fluoride (adult, prophylaxis not included)
D1206	Topical Fluoride Varnish; Therapeutic Application for Moderate to High Caries Risk Patients
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

Benefit
Amount

2. X-RAY BENEFIT..... \$15

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.

ADA Code	Description
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)
D0273	Bitewings (three 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 shown in the Policy Schedule and a Policy Year Maximum of \$1,200 per Covered Person. The benefits listed are per Covered Person. All treatments must be performed by a Dentist.

B. ANNUAL MAXIMUM BUILDING BENEFIT: Aflac will increase each Covered Person's Policy Year Maximum by \$100 after each 12 consecutive months of this policy's being in force. This benefit builds to a maximum of \$500 per Covered Person.

C. FILLINGS AND BASIC SERVICES

Benefit D0140 is payable only for visits where no other covered services are performed.

ADA Code	Description	Benefit Amount
D0140	Limited Oral Evaluation	\$20
D0290	Posterior-Anterior or Lateral Skull and Facial Bone Survey Film	60
D0310	Sialography	160
D0415	Bacteriologic Studies for Determination of Pathologic Agents	10
D0416	Viral Culture.....	10
D0417	Collection and Preparation of Saliva Sample for Lab Diagnostic Testing	10
D0418	Analysis of Saliva Sample	10
D0421	Genetic test for susceptibility to oral diseases	10

D0431	Adjunctive Pre-Diagnostic Test that Aids in Detection of Mucosal Abnormalities Including Pre-Malignant and Malignant Lesions, Not to Include Cytology or Biopsy.....	10
D0460	Pulp Vitality Tests.....	15
D0470	Diagnostic Casts	20
D2140	Amalgam (one surface)	
	Primary	30
	Permanent.....	45
D2150	Amalgam (two surfaces)	
	Primary	30
	Permanent.....	50
D2160	Amalgam (three surfaces)	
	Primary	40
	Permanent.....	55
D2161	Amalgam (four or more surfaces)	
	Primary	45
	Permanent.....	60
D2330	Resin-Based Composite (one surface, anterior)	40
D2331	Resin-Based Composite (two surfaces, anterior)	50
D2332	Resin-Based Composite (three surfaces, anterior)	55
D2335	Resin-Based Composite (four or more surfaces or involving incisal angle, anterior)	60
D2390	Resin-Based Composite Crown (anterior).....	60
D2391	Resin-Based Composite (one surface, posterior)	
	Primary	30
	Permanent.....	40
D2392	Resin-Based Composite (two surfaces, posterior)	
	Primary	45
	Permanent.....	50
D2393	Resin-Based Composite (three surfaces, posterior)	
	Primary	50
	Permanent.....	55
D2394	Resin-Based Composite (four or more surfaces, posterior)	
	Primary	50
	Permanent.....	55
D2410	Gold Foil (one surface).....	200
D2420	Gold Foil (two surfaces)	225

D. PAIN MANAGEMENT AND ADJUNCTIVE SERVICES

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

ADA Code	Description	Benefit Amount
D9110	Palliative (emergency) Treatment of Dental Pain (minor procedure)	\$30
D9220	Deep Sedation/General Anesthesia (first 30 minutes)	75
D9221	Deep Sedation/General Anesthesia (each additional 15 minutes).....	75
D9230	Analgesia, Anxiolysis, Inhalation of Nitrous Oxide	75
D9241	Intravenous Conscious Sedation/Analgesia (first 30 minutes)	120
D9310	Consultation (diagnostic service provided by Dentist or physician other than practitioner providing treatment).....	25
D9410	House/Extended-Care Facility Call	25

D9420	Hospital Call	25
D9440	Office Visit (after regularly scheduled hours)	25
D9450	Case Presentation, Detailed and Extensive Treatment Planning.....	25

E. OTHER PREVENTIVE SERVICES

D1351	Sealant (per tooth).....	\$15
D1510	Space Maintainer (fixed, unilateral).....	80
D1515	Space Maintainer (fixed, bilateral).....	100
D1520	Space Maintainer (removable, unilateral).....	80
D1525	Space Maintainer (removable, bilateral).....	100
D1550	Recementation of Space Maintainer	35
D1555	Removal of Fixed Space Maintainer	80

F. ORAL SURGERY, GUM TREATMENTS & PROSTHETIC REPAIR

D4210	Gingivectomy or Gingivoplasty (four or more contiguous teeth or bounded teeth spaces per quadrant)	\$130
D4211	Gingivectomy or Gingivoplasty (one to three teeth per quadrant)	45
D4230	Anatomical Crown Exposure (four or more contiguous teeth per quadrant).	130
D4231	Anatomical crown exposure - one to three teeth per quadrant.....	45
D4240	Gingival Flap Procedure, Including Root Planing (four or more contiguous teeth or bounded teeth spaces per quadrant)	225
D4241	Gingival Flap Procedure, Including Root Planing (one to three teeth per quadrant)	225
D4249	Clinical Crown Lengthening (hard tissue).....	250
D4260	Osseous Surgery (including flap entry and closure; four or more contiguous teeth or bounded teeth spaces per quadrant)	250
D4261	Osseous Surgery (including flap entry and closure; one to three teeth per quadrant)	250
D4263	Bone Replacement Graft (first site in quadrant)	275
D4264	Bone Replacement Graft (each additional site in quadrant).....	225
D4270	Pedicle Soft Tissue Graft Procedure	275
D4271	Free Soft Tissue Graft Procedure (including donor site surgery)	275
D4273	Subepithelial Connective Tissue Graft Procedures	300
D4275	Soft Tissue Allograft	275
D4320	Provisional Splinting (intracoronal).....	150
D4321	Provisional Splinting (extracoronal).....	110
D4341	Periodontal Scaling and Root Planing (four or more contiguous teeth or bounded teeth spaces per quadrant)	60
D4342	Periodontal Scaling and Root Planing (one to three teeth per quadrant)	60
D4355	Full Mouth Debridement to Enable Comprehensive Evaluation and Diagnosis.....	55
D5410	Adjust Complete Denture (maxillary).....	20
D5411	Adjust Complete Denture (mandibular)	20
D5421	Adjust Partial Denture (maxillary)	20
D5422	Adjust Partial Denture (mandibular)	20
D5510	Repair Broken Complete Denture Base	45
D5520	Replace Missing or Broken Teeth (complete denture; each tooth)	40
D5610	Repair Resin Denture Base.....	45
D5620	Repair Cast Framework.....	60
D5630	Repair or Replace Broken Clasp.....	50
D5640	Replace Broken Teeth (per tooth)	40
D5650	Add Tooth to Existing Partial Denture	45

D5660	Add Clasp to Existing Partial Denture	60
D5710	Rebase Complete Maxillary Denture.....	130
D5711	Rebase Complete Mandibular Denture	170
D5720	Rebase Maxillary Partial Denture.....	170
D5721	Rebase Mandibular Partial Denture	170
D5730	Reline Complete Maxillary Denture (chairside)	80
D5731	Reline Complete Mandibular Denture (chairside).....	80
D5740	Reline Maxillary Partial Denture (chairside)	90
D5741	Reline Mandibular Partial Denture (chairside).....	90
D5750	Reline Complete Maxillary Denture (laboratory).....	110
D5751	Reline Complete Mandibular Denture (laboratory)	110
D5760	Reline Maxillary Partial Denture (laboratory).....	130
D5761	Reline Mandibular Partial Denture (laboratory)	130
D5850	Tissue Conditioning (maxillary)	40
D5851	Tissue Conditioning (mandibular).....	40
D6090	Repair of Implanted Supported Prosthetic, by Report.....	110
D6091	Replacement of Semi-Precision or Precision Attachment (male or female component) of Implant/Abutment Supported Prosthesis (per attachment)...	110
D6092	Recement Implant/Abutment Supported Crown.....	110
D6093	Recement Implant/Abutment Supported Fixed Partial Denture.....	110
D6095	Repair of Implanted Abutment, by Report	110
D6100	Implant Removal, By Report.....	35
D6930	Recement Fixed Partial Denture	35
D7111	Coronal Remnants (deciduous tooth).....	35
D7140	Extraction, Erupted Tooth, or Exposed Root (elevation and/or forceps removal)	40
D7210	Surgical Removal of Erupted Tooth Requiring Elevation of Mucoperiosteal Flap and Removal of Bone and/or Section of Tooth.....	70
D7220	Removal of Impacted Tooth (soft tissue).....	85
D7230	Removal of Impacted Tooth (partially bony).....	120
D7240	Removal of Impacted Tooth (completely bony)	130
D7241	Removal of Impacted Tooth (completely bony, with unusual surgical complications)	150
D7250	Surgical Removal of Residual Tooth Roots (cutting procedure).....	70
D7260	Oroantral Fistula Closure	180
D7270	Tooth Reimplantation and/or Stabilization of Accidentally Evulsed or Displaced Tooth and/or Alveolus.....	180
D7280	Surgical Access of an Unerupted Tooth.....	200
D7282	Mobilization of Erupted or Malpositioned Tooth to Aid Eruption.....	65
D7283	Placement of Device to Facilitate Eruption of Impacted Tooth.....	65
D7285	Biopsy of Oral Tissue – Hard (bone, tooth)	375
D7286	Biopsy of Oral Tissue – Soft (all others)	150
D7310	Alveoloplasty in Conjunction with Extractions (per quadrant).....	65
D7311	Alveoloplasty in Conjunction with Extractions (one to three teeth or tooth spaces, per quadrant)	65
D7320	Alveoloplasty Not in Conjunction with Extractions (per quadrant).....	80
D7321	Alveoloplasty Not in Conjunction with Extractions (one to three teeth or tooth spaces, per quadrant)	80
D7340	Vestibuloplasty – Ridge Extension (secondary epithelialization)	750
D7350	Vestibuloplasty – Ridge Extension (including soft tissue grafts, muscle reattachment, revision of soft tissue attachment, and management of hypertrophied and hyperplastic tissue).....	700

D7410	Excision of Benign Lesion (up to 1.25 cm)	525
D7411	Excision of Benign Lesion (greater than 1.25 cm).....	525
D7412	Excision of Benign Lesion (complicated).....	525
D7413	Excision of Malignant Lesion (up to 1.25 cm).....	650
D7414	Excision of Malignant Lesion (greater than 1.25 cm)	650
D7415	Excision of Malignant Lesion (complicated)	650
D7440	Excision of Malignant Tumor (lesion diameter up to 1.25 cm).....	650
D7441	Excision of Malignant Tumor (lesion diameter greater than 1.25 cm)	650
D7450	Removal of Benign Odontogenic Cyst or Tumor (lesion diameter up to 1.25 cm)	525
D7451	Removal of Benign Odontogenic Cyst or Tumor (lesion diameter greater than 1.25 cm)	525
D7460	Removal of Benign Nonodontogenic Cyst or Tumor (lesion diameter up to 1.25 cm)	525
D7461	Removal of Benign Nonodontogenic Cyst or Tumor (lesion diameter greater than 1.25 cm)	525
D7471	Removal of Lateral Exostosis (maxilla or mandible)	375
D7472	Removal of Torus Palatinus	375
D7473	Removal of Torus Mandibularis	375
D7485	Surgical Reduction of Osseous Tuberosity	425
D7510	Incision and Drainage of Abscess (intraoral soft tissue)	100
D7511	Incision and Drainage of Abscess (intraoral soft tissue – complicated; includes drainage of multiple fascial spaces)	450
D7520	Incision and Drainage of Abscess (extraoral soft tissue)	450
D7521	Incision and Drainage of Abscess (extraoral soft tissue – complicated; includes drainage of multiple fascial spaces)	450
D7530	Removal of Foreign Body From Mucosa, Skin, or Subcutaneous Alveolar Tissue.....	170
D7540	Removal of Reaction-Producing Foreign Bodies (musculoskeletal system)	180
D7550	Partial Osteotomy/Sequestrectomy for Removal of Nonvital Bone	120
D7560	Maxillary Sinusotomy for Removal of Tooth Fragment or Foreign Body	700
D7610	Maxilla (open reduction; teeth immobilized, if present)	700
D7620	Maxilla (closed reduction; teeth immobilized, if present)	700
D7630	Mandible (open reduction; teeth immobilized, if present)	65
D7640	Mandible (closed reduction; teeth immobilized, if present)	80
D7650	Malar and/or Zygomatic Arch (open reduction)	700
D7660	Malar and/or Zygomatic Arch (closed reduction).....	550
D7670	Alveolus (closed reduction, may include stabilization of teeth)	725
D7671	Alveolus (open reduction, may include stabilization of teeth).....	350
D7710	Maxilla (open reduction)	700
D7720	Maxilla (closed reduction).....	700
D7730	Mandible (open reduction).....	80
D7740	Mandible (closed reduction)	80
D7750	Malar and/or Zygomatic Arch (open reduction)	300
D7760	Malar and/or Zygomatic Arch (closed reduction).....	300
D7770	Alveolus (open reduction stabilization of teeth).....	350
D7771	Alveolus (closed reduction stabilization of teeth)	725
D7960	Frenulectomy (frenectomy or frenotomy; separate procedure)	80
D7963	Frenuloplasty.....	80
D7970	Excision of Hyperplastic Tissue (per arch)	80
D7971	Excision of Pericoronal Gingiva.....	70
D9120	Fixed Partial Denture Sectioning.....	35

G. CROWNS AND MAJOR SERVICES

D2510	Inlay (metallic, one surface)	\$190
D2520	Inlay (metallic, two surfaces)	225
D2530	Inlay (metallic, three or more surfaces)	350
D2542	Onlay (metallic, two surfaces)	225
D2543	Onlay (metallic, three surfaces).....	250
D2544	Onlay (metallic, four or more surfaces)	275
D2610	Inlay (porcelain/ceramic, one surface)	200
D2620	Inlay (porcelain/ceramic, two surfaces)	225
D2630	Inlay (porcelain/ceramic, three or more surfaces)	350
D2642	Onlay (porcelain/ceramic, two surfaces)	250
D2643	Onlay (porcelain/ceramic, three surfaces).....	275
D2644	Onlay (porcelain/ceramic, four or more surfaces)	325
D2650	Inlay (resin-based composite, one surface)	180
D2651	Inlay (resin-based composite, two surfaces)	200
D2652	Inlay (resin-based composite, three or more surfaces)	250
D2662	Onlay (resin-based composite, two surfaces)	225
D2663	Onlay (resin-based composite, three surfaces).....	250
D2664	Onlay (resin-based composite, four or more surfaces)	250
D2710	Crown (resin, indirect)	150
D2712	Crown (3/4 resin-based composite, indirect)	150
D2720	Crown (resin with high noble metal)	250
D2721	Crown (resin with predominantly base metal)	250
D2722	Crown (resin with noble metal).....	250
D2740	Crown (porcelain/ceramic substrate).....	250
D2750	Crown (porcelain fused to high noble metal).....	250
D2751	Crown (porcelain fused to predominantly base metal)	250
D2752	Crown (porcelain fused to noble metal).....	250
D2780	Crown (3/4-cast high noble metal)	250
D2781	Crown (3/4-cast predominantly base metal)	250
D2782	Crown (3/4-cast noble metal)	250
D2783	Crown (3/4-porcelain/ceramic)	250
D2790	Crown (full-cast high noble metal).....	250
D2791	Crown (full-cast predominantly base metal)	250
D2792	Crown (full-cast noble metal).....	250
D2794	Crown (titanium)	250
D2910	Recement Inlay	30
D2915	Recement Cast or Prefabricated Post and Core	30
D2920	Recement Crown.....	30
D2930	Prefabricated Stainless Steel Crown (primary tooth).....	65
D2931	Prefabricated Stainless Steel Crown (permanent tooth)	75
D2932	Prefabricated Resin Crown	100
D2933	Prefabricated Stainless Steel Crown with Resin Window	110
D2934	Prefabricated Esthetic Coated Stainless Steel Crown (primary tooth)	65
D2940	Sedative Filling	25
D2950	Core Buildup (including any pins).....	65
D2951	Pin Retention (per tooth, in addition to restoration)	15
D2952	Cast Post and Core (in addition to crown).....	95
D2954	Prefabricated Post and Core (in addition to crown).....	100
D2955	Post Removal (not in conjunction with endodontic therapy).....	75

D2970	Temporary Crown (fractured tooth)	75
D2980	Crown Repairs, By Report.....	125
D3110	Pulp Cap (direct, excluding final restoration).....	15
D3120	Pulp Cap (indirect, excluding final restoration).....	15
D3220	Therapeutic Pulpotomy (excluding final restoration) Removal of Pulp Coronal to the Dentinocemental Junction and Application of Medicament ..	40
D3222	Partial Pulpotomy for Apexogenesis (perm tooth with incomplete root development)	40
D3230	Pulpal Therapy (resorbable filling ; anterior, primary tooth, excluding final restoration)	45
D3240	Pulpal Therapy (resorbable filling; posterior, primary tooth, excluding final restoration)	45
D3310	Anterior (excluding final restoration, root canal).....	150
D3320	Bicuspid (excluding final restoration, root canal).....	200
D3330	Molar (excluding final restoration, root canal)	250
D3346	Retreatment of Previous Root Canal Therapy (anterior)	130
D3347	Retreatment of Previous Root Canal Therapy (bicuspid).....	180
D3348	Retreatment of Previous Root Canal Therapy (molar)	225
D3351	Apexification/Recalcification (initial visit; apical closure/calcific repair of perforations, root resorption, etc.)	130
D3352	Apexification/Recalcification (interim medication replacement; apical closure/calcific repair of perforations, root resorption, etc.).....	30
D3353	Apexification/Recalcification (final visit; includes completed root canal therapy; apical closure/calcific repair of perforations, root resorption, etc.) .	65
D3410	Apicoectomy/Periradicular Surgery (anterior).....	140
D3421	Apicoectomy/Periradicular Surgery (bicuspid; first root)	275
D3425	Apicoectomy/Periradicular Surgery (molar; first root).....	300
D3426	Apicoectomy/Periradicular Surgery (each additional root)	110
D3430	Retrograde Filling (per root)	80
D3450	Root Amputation (per root).....	160
D3920	Hemisection (including any root removal; not including root canal therapy)	120
D3950	Canal Preparation and Fitting of Preformed Dowel or Post.....	55

H. MAJOR PROSTHETIC SERVICES

D5110	Complete Denture (maxillary).....	\$350
D5120	Complete Denture (mandibular)	350
D5130	Immediate Denture (maxillary)	350
D5140	Immediate Denture (mandibular).....	350
D5211	Maxillary Partial Denture (resin base; including any conventional clasps, rests, and teeth)	250
D5212	Mandibular Partial Denture (resin base; including any conventional clasps, rests, and teeth)	250
D5213	Maxillary Partial Denture (cast metal framework with resin denture bases; including any conventional clasps, rests, and teeth)	375
D5214	Mandibular Partial Denture (cast metal framework with resin denture bases; including any conventional clasps, rests, and teeth)	375
D5225	Maxillary Partial Denture (flexible base; including any clasps, rests and teeth)	375
D5226	Mandibular Partial Denture (flexible base; including any clasps, rests and teeth)	375
D5281	Removable Unilateral Partial Denture (one-piece cast metal; including clasps and teeth)	300

D5670	Replace All Teeth and Acrylic on Cast Metal Framework (maxillary)	40
D5671	Replace All Teeth and Acrylic on Cast Metal Framework (mandibular)	40
D5810	Interim Complete Denture (maxillary).....	225
D5811	Interim Complete Denture (mandibular)	225
D5820	Interim Partial Denture (maxillary).....	170
D5821	Interim Partial Denture (mandibular)	180
D6010	Surgical Placement of Implant Body: Endosteal Implant.....	450
D6012	Surgical Placement of Interim Implant Body for Transitional Prosthesis: Endosteal Implant.....	450
D6040	Surgical Placement: Eposteal Implant.....	450
D6050	Surgical Placement: Transosteal Implant.....	450
D6056	Prefabricated Abutment (includes placement)	450
D6057	Custom Abutment (includes placement)	450
D6058	Abutment Supported Porcelain/Ceramic Crown.....	250
D6059	Abutment Supported Porcelain Fused to Metal Crown (high noble metal)...	250
D6060	Abutment Supported Porcelain Fused to Metal Crown (predominantly base metal)	250
D6061	Abutment Supported Porcelain Fused to Metal Crown (noble metal)	250
D6062	Abutment Supported Cast Metal Crown (high noble metal)	250
D6063	Abutment Supported Cast Metal Crown (predominantly base metal)	250
D6064	Abutment Supported Cast Metal Crown (noble metal)	250
D6065	Implant Supported Porcelain/Ceramic Crown	250
D6066	Implant Supported Porcelain Fused to Metal Crown (titanium, titanium alloy, high noble metal)	250
D6067	Implant Supported Metal Crown (titanium, titanium alloy, high noble metal).	250
D6068	Abutment Supported Retainer for Porcelain/Ceramic FPD	250
D6069	Abutment Supported Retainer for Porcelain Fused to Metal FPD (high noble metal)	250
D6070	Abutment Supported Retainer for Porcelain Fused to Metal FPD (predominantly base metal)	250
D6071	Abutment Supported Retainer for Porcelain Fused to Metal FPD (noble metal)	250
D6072	Abutment Supported Retainer for Cast Metal FPD (high noble metal)	250
D6073	Abutment Supported Retainer for Cast Metal FPD (predominantly base metal)	250
D6074	Abutment Supported Retainer for Cast Metal FPD (noble metal)	250
D6075	Implant Supported Retainer for Ceramic FPD.....	250
D6076	Implant Supported Retainer for Porcelain Fused to Metal FPD (titanium, titanium alloy, or high noble metal)	250
D6077	Implant Supported Retainer for Cast Metal FPD (titanium, titanium alloy, or high noble metal)	250
D6078	Implant/Abutment Supported Fixed Denture for Completely Edentulous Arch	250
D6079	Implant/Abutment Supported Fixed Denture for Partially Edentulous Arch..	250
D6080	Implant Maintenance Procedures, Including Removal of Prosthesis, Cleansing of Prosthesis and Abutments, and Reinsertion of Prosthesis	150
D6094	Abutment Supported Crown (titanium)	250
D6194	Abutment Supported Retainer Crown for FPD (titanium)	250
D6205	Pontic (indirect resin based composite)	250
D6210	Pontic (cast high noble metal)	250
D6211	Pontic (cast predominantly base metal)	250
D6212	Pontic (cast noble metal)	250

D6214	Pontic (titanium)	250
D6240	Pontic (porcelain fused to high noble metal)	250
D6241	Pontic (porcelain fused to predominantly base metal)	250
D6242	Pontic (porcelain fused to noble metal)	250
D6245	Pontic (porcelain/ceramic)	250
D6250	Pontic (resin with high noble metal)	250
D6251	Pontic (resin with predominantly base metal)	250
D6252	Pontic (resin with noble metal)	250
D6253	Provisional Pontic	250
D6545	Retainer (cast metal for resin-bonded fixed prosthesis)	140
D6548	Retainer (porcelain/ceramic for resin-bonded fixed prosthesis)	140
D6600	Inlay (porcelain/ceramic, two surfaces)	225
D6601	Inlay (porcelain/ceramic, three or more surfaces)	350
D6602	Inlay (cast high noble metal, two surfaces)	300
D6603	Inlay (cast high noble metal, three or more surfaces)	325
D6604	Inlay (cast predominantly base metal, two surfaces)	300
D6605	Inlay (cast predominantly base metal, three or more surfaces)	325
D6606	Inlay (cast noble metal, two surfaces)	300
D6607	Inlay (cast noble metal, three or more surfaces)	325
D6608	Onlay (porcelain/ceramic, two surfaces)	250
D6609	Onlay (porcelain/ceramic, three or more surfaces)	275
D6610	Onlay (cast high noble metal, two surfaces)	325
D6611	Onlay (cast high noble metal, three or more surfaces)	350
D6612	Onlay (cast predominantly base metal, two surfaces)	325
D6613	Onlay (cast predominantly base metal, three or more surfaces)	350
D6614	Onlay (cast noble metal, two surfaces)	325
D6615	Onlay (cast noble metal, three or more surfaces)	350
D6624	Inlay (titanium)	325
D6634	Onlay (titanium)	350
D6710	Crown (indirect resin based composite)	250
D6720	Crown (resin with high noble metal)	250
D6721	Crown (resin with predominantly base metal)	250
D6722	Crown (resin with noble metal)	250
D6740	Crown (porcelain/ceramic)	250
D6750	Crown (porcelain fused to high noble metal)	250
D6751	Crown (porcelain fused to predominantly base metal)	250
D6752	Crown (porcelain fused to noble metal)	250
D6780	Crown (3/4-cast high noble metal)	250
D6781	Crown (3/4-cast predominantly base metal)	250
D6782	Crown (3/4-cast noble metal)	250
D6783	Crown (3/4-porcelain/ceramic)	250
D6790	Crown (full-cast high noble metal)	250
D6791	Crown (full-cast predominantly base metal)	250
D6792	Crown (full-cast noble metal)	250
D6793	Provisional Retainer Crown	250
D6794	Crown (titanium)	250
D6970	Cast Post and Core (in addition to fixed partial denture retainer)	130
D6972	Prefabricated Post and Core (in addition to fixed partial denture retainer) ..	100
D6973	Core Buildup for Retainer (including any pins)	85
D6975	Coping (metal)	225

**DENTAL INSURANCE POLICY
LIMITED BENEFIT HEALTH INSURANCE COVERAGE**

**NOTICE TO BUYER: This policy provides dental benefits only.
Read it carefully with the Outline of Coverage, if applicable.**

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.”

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 definitions of terms, the limitations and exclusions, the insurance benefits, and other provisions.

YOUR RIGHT TO EXAMINE THIS POLICY

It is important to us that you are satisfied with this policy. 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 this 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. Statements made in the application are deemed representations and not warranties. Carefully check the application. Write to us within 30 days of the date you receive this policy if any information shown on the application is not correct or complete. Incorrect or incomplete information may result in the denial of claims or voiding 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 timely 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, as shown in our records, at least 30 days before the change becomes effective.

**AMERICAN FAMILY LIFE ASSURANCE COMPANY OF COLUMBUS (AFLAC)
CLIENT SERVICES AND ADMINISTRATION
[WORLDWIDE HEADQUARTERS • 1932 WYNNTON ROAD • COLUMBUS, GEORGIA 31999
FOR ASSISTANCE OR INFORMATION ABOUT THIS POLICY, CALL 1.800.99.AFLAC (1.800.992.3522).
FOR CLAIM FORMS, VISIT OUR WEB SITE AT AFLAC.COM.]**

**If we at Aflac, fail to provide you with reasonable and adequate service,
you should feel free to contact:
ARKANSAS INSURANCE DEPARTMENT-CONSUMER SERVICES DIVISION
1200 WEST THIRD STREET, LITTLE ROCK, ARKANSAS 72201-1904
Telephone (501) 371- 2640 or Toll-Free 1-800-852-5494.**

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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:

Policy:	\$XX.xx
Rider:	\$XX.xx
Rider:	\$XX.xx

EFFECTIVE DATES:

Policy:	XX/XX/XX
Rider:	XX/XX/XX
Rider:	XX/XX/XX

Benefit Categories

Waiting Periods

- | | |
|---|-----------|
| A. Preventive Benefits..... | 0 months |
| B. Annual Maximum Building Benefit..... | 12 months |
| C. Fillings and Basic Services..... | 3 months |
| D. Pain Management and Adjunctive Services..... | 3 months |
| E. Other Preventive Services..... | 6 months |
| F. Oral Surgery, Gum Treatments, and Prosthetic Repair..... | 6 months |
| G. Crowns and Major Services..... | 12 months |
| H. Major Prosthetic Services..... | 24 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 policy Effective Date shown in the Policy Schedule.

[Paul S. Amos II, President

Joey M. Loudermilk, Secretary]

This is a legal contract between you and Aflac.

READ YOUR POLICY CAREFULLY.

**Part 1
DEFINITIONS**

- A. COVERED PERSON:** any person insured under Individual, Named Insured/Spouse Only, One-Parent Family, or Two-Parent Family coverage. See Type of Coverage definition.
- B. 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.
- C. 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.
- D. DEPENDENT CHILDREN:** your natural children, stepchildren, or legally adopted children who are (1) unmarried, (2) under age 26, and (3) legal dependents for tax exemption purposes under the United States Internal Revenue Service Tax Code. **A Dependent Child must be under age 26 at the time of application to be eligible for coverage.** Coverage of a Dependent Child will terminate on the anniversary date of this policy following the child's 26th birthday. Coverage provided under any One-Parent or Two-Parent Family policy 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 prior to age 26 and while covered under this policy. You must furnish proof of continued incapacity and dependency at Aflac's request, but not more often than annually, after the two-year period following the Dependent Child's 26th birthday.
- E. EFFECTIVE DATE:** the date(s) coverage begins as shown in the Policy Schedule. The Effective Date of this policy **is not** the date you signed the application for coverage.
- F. IMMEDIATE FAMILY:** anyone related to you in the following manner: spouse; brothers or sisters (includes stepbrothers and stepsisters); children (includes stepchildren); parents (includes stepparents); grandchildren; father- or mother-in-law; brothers- or sisters-in-law; and spouses, as applicable, of any of these.
- G. 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.
- H. POLICY YEAR MAXIMUM:** the total dollar amount of benefits payable per Policy Year, per Covered Person.
- I. TYPE OF COVERAGE** (see your Policy Schedule to determine the Type of Coverage issued: Individual, Named Insured/Spouse Only, One-Parent Family, or Two-Parent Family):
- 1. Individual:** coverage for only you (the Named Insured listed in the Policy Schedule).
 - 2. Named Insured/Spouse Only:** coverage for you (the Named Insured) and your spouse. "Your spouse" is defined as the person to whom you are legally married and who is listed on your application.

3. **One-Parent Family:** coverage for you (the Named Insured) and all of your Dependent Children.
4. **Two-Parent Family:** coverage for you (the Named Insured), your spouse, and all of your Dependent Children (or those of your spouse).

Newborn children are automatically covered under the terms of this policy from the moment of birth. Adopted children are covered from the date of the filing of the petition. If this is an Individual or Named Insured/Spouse Only policy, newborn children are automatically covered from the moment of birth, and adopted children are covered from the date of the filing of the petition if the Named Insured applies for coverage within 60 days after the filing of the petition for adoption. However, coverage shall begin from the moment of birth if the petition for adoption and application for coverage are filed within 60 days after the birth of the minor. This coverage shall terminate upon the dismissal or denial of a petition for adoption. Coverage for newborn or adopted children will be in effect through the 90th day following the date of such event. If you desire uninterrupted coverage for a newborn or an adopted child, you must notify Aflac within 90 days of the child's birth or the date the petition for adoption is filed or before the next premium due date, whichever is later. Upon notification, Aflac will convert this policy to One-Parent Family or Two-Parent Family coverage and advise you of the additional premium due. If One-Parent Family or Two-Parent Family coverage is in force, it is not necessary for you to notify Aflac of the birth of your child or the date of the filing of the petition for adoption of a child, and an additional premium payment will not be required. If you desire any other person(s) to be covered after the Effective Date of this policy, you must apply for such coverage, and that person must be added by endorsement. If Two-Parent Family coverage is already in force, an additional premium will not be required. 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 anniversary date of this policy following the Dependent Child's 26th birthday, on the date the child marries, 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 (for continuation of coverage information, see Part 3, Right of Conversion). Termination will be without prejudice to any claim originating prior to the date of termination. Aflac's acceptance of premium after such date will be considered as premium for only the remaining persons who qualify as Covered Persons under this policy. When coverage on all Dependent Children terminates, you must notify Aflac, in writing, and elect whether to continue this policy on an Individual or Named Insured/Spouse Only basis. After such notice, Aflac will arrange for the payment of the appropriate premium due, including returning any unearned premium. Coverage provided under any One-Parent Family or Two-Parent Family policy will continue to 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 prior to age 26 and while covered under this policy. You must furnish proof of continued incapacity and dependency at Aflac's request, but not more often than annually, after the two-year period following the Dependent Child's 26th birthday.

- J. **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 date of reinstatement. If a dependent is added by endorsement, the Waiting Period for such dependent will begin on 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.** Aflac will not pay benefits for 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.
 8. Treatment received prior to the 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).
- 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.
- D.** Aflac will not pay benefits for services rendered by you or a member of the Immediate Family of a Covered Person.
- E.** Aflac will not pay benefits whenever coverage provided by this policy is in violation of any U.S. economic or trade sanctions. If the coverage violates U.S. economic or trade sanctions, such coverage shall be null and void.

Part 3
RIGHT OF CONVERSION

- A. DISSOLUTION OF MARRIAGE:** If you and your spouse dissolve your marriage by a valid decree of dissolution and your ex-spouse was covered under a Named Insured/Spouse Only or Two-Parent Family policy, your 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 Dependent Children may be covered under either policy, but not both.

- B. DEATH:** In the event of your death, your spouse, if alive and covered under this policy, 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 Dependent Child 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. Such person will have the right to apply for an equivalent 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 Child.

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 president and secretary of Aflac at our worldwide headquarters. Any such change must be noted hereon 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, no misstatements, except fraudulent misstatements, made by you in the application shall be used to void this policy or to deny a claim for loss incurred 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 will continue in force.
- E. REINSTATEMENT:** You may request reinstatement of your policy from your associate (duly licensed agent) or from 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 will 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 your application is received at our worldwide headquarters, your policy will be deemed reinstated. The reinstated policy will cover only loss resulting from covered dental treatment that occurs on or after the date of reinstatement. In all other respects, you and Aflac will have the same rights provided under the policy immediately before the due date of the defaulted premium, subject to new Waiting Periods beginning with the date of reinstatement. Any premium accepted in connection with a reinstatement will be applied to a period for which premium was due, but not to any period more than 60 days 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, [1932 Wynnton Road, Columbus, GA 31999], or to your associate (duly licensed agent). The 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 after the giving of such notice, 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 will 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 due 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 three 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 the 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. Aflac 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.
- N. REFUND OF UNEARNED PREMIUMS:** That portion of the premium paid for a period beyond the end of the policy month in which the Named Insured died shall be paid in a lump sum on a date no later than 30 days after the proof of the Named Insured's death has been furnished to Aflac. Exception: Where Named Insured/Spouse, One-Parent Family or Two-Parent Family coverage is continued, no refund is applicable.
Should the Named Insured cancel this policy prior to its renewal date, Aflac will refund to the Named Insured the unearned portion of such premiums paid for any period beyond the end of the policy month in which the cancellation occurred.

**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 IS RECEIVED WHILE COVERAGE IS IN FORCE. IF A COVERED ADA CODE IS REVISED OR REPLACED BY THE AMERICAN DENTAL ASSOCIATION, AFLAC WILL PAY THE AMOUNT SHOWN IN THE SCHEDULE OF DENTAL PROCEDURES FOR THE CODE MOST COMPARABLE TO THE REVISED OR REPLACED CODE. BENEFITS WILL BE PAID BASED ON CURRENT ADA CODING CONVENTION.

SCHEDULE OF DENTAL PROCEDURES

A. PREVENTIVE BENEFITS

	Benefit Amount
1. DENTAL WELLNESS BENEFIT	\$50

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.

ADA Code	Description
D0120	Periodic Oral Evaluation
D0145	Oral Evaluation for Patient Wellness
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)
D1203	Topical Application of Fluoride (child, prophylaxis not included)
D1204	Topical Application of Fluoride (adult, prophylaxis not included)
D1206	Topical Fluoride Varnish; Therapeutic Application for Moderate to High Caries Risk Patients
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

Benefit
Amount

2. X-RAY BENEFIT..... \$35

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.

ADA Code	Description
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)
D0273	Bitewings (three 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 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.

B. ANNUAL MAXIMUM BUILDING BENEFIT: Aflac will increase each Covered Person's Policy Year Maximum by \$100 after each 12 consecutive months of this policy's being in force. This benefit builds to a maximum of \$500 per Covered Person.

C. FILLINGS AND BASIC SERVICES

Benefit D0140 is payable only for visits where no other covered services are performed.

ADA Code	Description	Benefit Amount
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
D0416	Viral Culture.....	15
D0417	Collection and Preparation of Saliva Sample for Lab Diagnostic Testing	15
D0418	Analysis of Saliva Sample	15
D0421	Genetic test for susceptibility to oral diseases	15
D0431	Adjunctive Pre-Diagnostic Test that Aids in Detection of Mucosal Abnormalities Including Pre-Malignant and Malignant Lesions, Not to Include Cytology or Biopsy.....	15

D0460	Pulp Vitality Tests	15
D0470	Diagnostic Casts	30
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

D. PAIN MANAGEMENT AND ADJUNCTIVE SERVICES

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

ADA Code	Description	Benefit Amount
		\$30
D9110	Palliative (emergency) Treatment of Dental Pain (minor procedure)	
D9220	Deep Sedation/General Anesthesia (first 30 minutes)	85
D9221	Deep Sedation/General Anesthesia (each additional 15 minutes)	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

E. OTHER PREVENTIVE SERVICES

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
D1555	Removal of Fixed Space Maintaner	85

F. ORAL SURGERY, GUM TREATMENTS & PROSTHETIC REPAIR

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
D4230	Anatomical Crown Exposure (four or more contiguous teeth per quadrant).	150
D4231	Anatomical crown exposure - 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
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
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
D6091	Replacement of Semi-Precision or Precision Attachment (male or female component) of Implant/Abutment Supported Prosthesis (per attachment)...	120
D6092	Recement Implant/Abutment Supported Crown	120
D6093	Recement Implant/Abutment Supported Fixed Partial Denture.....	120
D6095	Repair of Implanted Abutment, by Report	120
D6100	Implant Removal, By Report.....	40
D6930	Recement Fixed Partial Denture	40
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
D7282	Mobilization of Erupted or Malpositioned Tooth to Aid Eruption.....	75
D7283	Placement of Device to Facilitate Eruption of Impacted Tooth.....	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
D7311	Alveoloplasty in Conjunction with Extractions (one to three teeth or tooth spaces, per quadrant)	70
D7320	Alveoloplasty Not in Conjunction with Extractions (per quadrant).....	85
D7321	Alveoloplasty Not in Conjunction with Extractions (one to three teeth or tooth spaces, 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
D7511	Incision and Drainage of Abscess (intraoral soft tissue – complicated; includes drainage of multiple fascial spaces)	525
D7520	Incision and Drainage of Abscess (extraoral soft tissue)	525
D7521	Incision and Drainage of Abscess (extraoral soft tissue – complicated; includes drainage of multiple fascial spaces)	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
D7963	Frenuloplasty.....	85
D7970	Excision of Hyperplastic Tissue (per arch)	85
D7971	Excision of Pericoronal Gingiva.....	75
D9120	Fixed Partial Denture Sectioning.....	40

G. CROWNS AND MAJOR SERVICES

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
D2712	Crown (3/4 resin-based composite, 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
D2794	Crown (titanium)	325
D2910	Recement Inlay	35
D2915	Recement Cast or Prefabricated Post and Core	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
D2934	Prefabricated Esthetic Coated Stainless Steel Crown (primary tooth)	75
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
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
D3222	Partial Pulpotomy for Apexogenesis (perm tooth with incomplete root development)	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
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. MAJOR PROSTHETIC SERVICES

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
D5225	Maxillary Partial Denture (flexible base; including any clasps, rests and teeth)	450
D5226	Mandibular Partial Denture (flexible base; including any 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
D6012	Surgical Placement of Interim Implant Body for Transitional Prosthesis: Endosteal Implant.....	550
D6040	Surgical Placement: Eposteal Implant.....	550
D6050	Surgical Placement: Transosteal Implant.....	550
D6056	Prefabricated Abutment (includes placement)	550
D6057	Custom Abutment (includes placement)	550
D6058	Abutment Supported Porcelain/Ceramic Crown.....	325
D6059	Abutment Supported Porcelain Fused to Metal Crown (high noble metal)...	325
D6060	Abutment Supported Porcelain Fused to Metal Crown (predominantly base metal)	325
D6061	Abutment Supported Porcelain Fused to Metal Crown (noble metal)	325
D6062	Abutment Supported Cast Metal Crown (high noble metal)	325
D6063	Abutment Supported Cast Metal Crown (predominantly base metal)	325
D6064	Abutment Supported Cast Metal Crown (noble metal)	325
D6065	Implant Supported Porcelain/Ceramic Crown	325
D6066	Implant Supported Porcelain Fused to Metal Crown (titanium, titanium alloy, high noble metal)	325
D6067	Implant Supported Metal Crown (titanium, titanium alloy, high noble metal).	325
D6068	Abutment Supported Retainer for Porcelain/Ceramic FPD	325
D6069	Abutment Supported Retainer for Porcelain Fused to Metal FPD (high noble metal)	325
D6070	Abutment Supported Retainer for Porcelain Fused to Metal FPD (predominantly base metal)	325
D6071	Abutment Supported Retainer for Porcelain Fused to Metal FPD (noble metal)	325
D6072	Abutment Supported Retainer for Cast Metal FPD (high noble metal)	325
D6073	Abutment Supported Retainer for Cast Metal FPD (predominantly base metal)	325
D6074	Abutment Supported Retainer for Cast Metal FPD (noble metal)	325
D6075	Implant Supported Retainer for Ceramic FPD.....	325
D6076	Implant Supported Retainer for Porcelain Fused to Metal FPD (titanium, titanium alloy, or high noble metal)	325
D6077	Implant Supported Retainer for Cast Metal FPD (titanium, titanium alloy, or high noble metal).....	325
D6078	Implant/Abutment Supported Fixed Denture for Completely Edentulous Arch	325
D6079	Implant/Abutment Supported Fixed Denture for Partially Edentulous Arch..	325
D6080	Implant Maintenance Procedures, Including Removal of Prosthesis, Cleansing of Prosthesis and Abutments, and Reinsertion of Prosthesis	175
D6094	Abutment Supported Crown (titanium)	325
D6194	Abutment Supported Retainer Crown for FPD (titanium)	325
D6205	Pontic (indirect resin based composite)	325
D6210	Pontic (cast high noble metal)	325
D6211	Pontic (cast predominantly base metal)	325
D6212	Pontic (cast noble metal).....	325
D6214	Pontic (titanium)	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
D6624	Inlay (titanium)	375
D6634	Onlay (titanium)	400
D6710	Crown (indirect resin based composite)	325
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
D6794	Crown (titanium)	325
D6970	Cast Post and Core (in addition to fixed partial denture retainer)	140
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

**DENTAL INSURANCE POLICY
LIMITED BENEFIT HEALTH INSURANCE COVERAGE**

**NOTICE TO BUYER: This policy provides dental benefits only.
Read it carefully with the Outline of Coverage, if applicable.**

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.”

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 definitions of terms, the limitations and exclusions, the insurance benefits, and other provisions.

YOUR RIGHT TO EXAMINE THIS POLICY

It is important to us that you are satisfied with this policy. 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 this 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. Statements made in the application are deemed representations and not warranties. Carefully check the application. Write to us within 30 days of the date you receive this policy if any information shown on the application is not correct or complete. Incorrect or incomplete information may result in the denial of claims or voiding 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 timely 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, as shown in our records, at least 30 days before the change becomes effective.

**AMERICAN FAMILY LIFE ASSURANCE COMPANY OF COLUMBUS (AFLAC)
CLIENT SERVICES AND ADMINISTRATION
[WORLDWIDE HEADQUARTERS • 1932 WYNNTON ROAD • COLUMBUS, GEORGIA 31999
FOR ASSISTANCE OR INFORMATION ABOUT THIS POLICY, CALL 1.800.99.AFLAC (1.800.992.3522).
FOR CLAIM FORMS, VISIT OUR WEB SITE AT AFLAC.COM.]**

**If we at Aflac, fail to provide you with reasonable and adequate service,
you should feel free to contact:
ARKANSAS INSURANCE DEPARTMENT-CONSUMER SERVICES DIVISION
1200 WEST THIRD STREET, LITTLE ROCK, ARKANSAS 72201-1904
Telephone (501) 371-2640 or Toll-Free 1-800-852-5494.**

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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:

Policy:	\$XX.xx
Rider:	\$XX.xx
Rider:	\$XX.xx

EFFECTIVE DATES:

Policy:	XX/XX/XX
Rider:	XX/XX/XX
Rider:	XX/XX/XX

Benefit Categories

Waiting Periods

- | | |
|---|-----------|
| A. Preventive Benefits..... | 0 months |
| B. Annual Maximum Building Benefit..... | 12 months |
| C. Fillings and Basic Services..... | 3 months |
| D. Pain Management and Adjunctive Services..... | 3 months |
| E. Other Preventive Services..... | 6 months |
| F. Oral Surgery, Gum Treatments, and Prosthetic Repair..... | 6 months |
| G. Crowns and Major Services..... | 12 months |
| H. Major Prosthetic Services..... | 24 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 policy Effective Date shown in the Policy Schedule.

[Paul S. Amos II, President

Joey M. Loudermilk, Secretary]

This is a legal contract between you and Aflac.

READ YOUR POLICY CAREFULLY.

**Part 1
DEFINITIONS**

- A. COVERED PERSON:** any person insured under Individual, Named Insured/Spouse Only, One-Parent Family, or Two-Parent Family coverage. See Type of Coverage definition.
- B. 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.
- C. 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.
- D. DEPENDENT CHILDREN:** your natural children, stepchildren, or legally adopted children who are (1) unmarried, (2) under age 26, and (3) legal dependents for tax exemption purposes under the United States Internal Revenue Service Tax Code. **A Dependent Child must be under age 26 at the time of application to be eligible for coverage.** Coverage of a Dependent Child will terminate on the anniversary date of this policy following the child's 26th birthday. Coverage provided under any One-Parent or Two-Parent Family policy 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 prior to age 26 and while covered under this policy. You must furnish proof of continued incapacity and dependency at Aflac's request, but not more often than annually, after the two-year period following the Dependent Child's 26th birthday.
- E. EFFECTIVE DATE:** the date(s) coverage begins as shown in the Policy Schedule. The Effective Date of this policy **is not** the date you signed the application for coverage.
- F. IMMEDIATE FAMILY:** anyone related to you in the following manner: spouse; brothers or sisters (includes stepbrothers and stepsisters); children (includes stepchildren); parents (includes stepparents); grandchildren; father- or mother-in-law; brothers- or sisters-in-law; and spouses, as applicable, of any of these.
- G. 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.
- H. POLICY YEAR MAXIMUM:** the total dollar amount of benefits payable per Policy Year, per Covered Person.
- I. TYPE OF COVERAGE** (see your Policy Schedule to determine the Type of Coverage issued: Individual, Named Insured/Spouse Only, One-Parent Family, or Two-Parent Family):
- 1. Individual:** coverage for only you (the Named Insured listed in the Policy Schedule).
 - 2. Named Insured/Spouse Only:** coverage for you (the Named Insured) and your spouse. "Your spouse" is defined as the person to whom you are legally married and who is listed on your application.

3. **One-Parent Family:** coverage for you (the Named Insured) and all of your Dependent Children.
4. **Two-Parent Family:** coverage for you (the Named Insured), your spouse, and all of your Dependent Children (or those of your spouse).

Newborn children are automatically covered under the terms of this policy from the moment of birth. Adopted children are covered from the date of the filing of the petition. If this is an Individual or Named Insured/Spouse Only policy, newborn children are automatically covered from the moment of birth, and adopted children are covered from the date of the filing of the petition if the Named Insured applies for coverage within 60 days after the filing of the petition for adoption. However, coverage shall begin from the moment of birth if the petition for adoption and application for coverage are filed within 60 days after the birth of the minor. This coverage shall terminate upon the dismissal or denial of a petition for adoption. Coverage for newborn or adopted children will be in effect through the 90th day following the date of such event. If you desire uninterrupted coverage for a newborn or an adopted child, you must notify Aflac within 90 days of the child's birth or the date the petition for adoption is filed or before the next premium due date, whichever is later. Upon notification, Aflac will convert this policy to One-Parent Family or Two-Parent Family coverage and advise you of the additional premium due. If One-Parent Family or Two-Parent Family coverage is in force, it is not necessary for you to notify Aflac of the birth of your child or the date of the filing of the petition for adoption of a child, and an additional premium payment will not be required. If you desire any other person(s) to be covered after the Effective Date of this policy, you must apply for such coverage, and that person must be added by endorsement. If Two-Parent Family coverage is already in force, an additional premium will not be required. 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 anniversary date of this policy following the Dependent Child's 26th birthday, on the date the child marries, 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 (for continuation of coverage information, see Part 3, Right of Conversion). Termination will be without prejudice to any claim originating prior to the date of termination. Aflac's acceptance of premium after such date will be considered as premium for only the remaining persons who qualify as Covered Persons under this policy. When coverage on all Dependent Children terminates, you must notify Aflac, in writing, and elect whether to continue this policy on an Individual or Named Insured/Spouse Only basis. After such notice, Aflac will arrange for the payment of the appropriate premium due, including returning any unearned premium. Coverage provided under any One-Parent Family or Two-Parent Family policy will continue to 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 prior to age 26 and while covered under this policy. You must furnish proof of continued incapacity and dependency at Aflac's request, but not more often than annually, after the two-year period following the Dependent Child's 26th birthday.

- J. **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 date of reinstatement. If a dependent is added by endorsement, the Waiting Period for such dependent will begin on 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.** Aflac will not pay benefits for 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.
 8. Treatment received prior to the 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).
- 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.
- D.** Aflac will not pay benefits for services rendered by you or a member of the Immediate Family of a Covered Person.
- E.** Aflac will not pay benefits whenever coverage provided by this policy is in violation of any U.S. economic or trade sanctions. If the coverage violates U.S. economic or trade sanctions, such coverage shall be null and void.

Part 3
RIGHT OF CONVERSION

- A. DISSOLUTION OF MARRIAGE:** If you and your spouse dissolve your marriage by a valid decree of dissolution and your ex-spouse was covered under a Named Insured/Spouse Only or Two-Parent Family policy, your 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 Dependent Children may be covered under either policy, but not both.

- B. DEATH:** In the event of your death, your spouse, if alive and covered under this policy, 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 Dependent Child 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. Such person will have the right to apply for an equivalent 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 Child.

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 president and secretary of Aflac at our worldwide headquarters. Any such change must be noted hereon 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, no misstatements, except fraudulent misstatements, made by you in the application shall be used to void this policy or to deny a claim for loss incurred 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 will continue in force.
- E. REINSTATEMENT:** You may request reinstatement of your policy from your associate (duly licensed agent) or from 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 will 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 your application is received at our worldwide headquarters, your policy will be deemed reinstated. The reinstated policy will cover only loss resulting from covered dental treatment that occurs on or after the date of reinstatement. In all other respects, you and Aflac will have the same rights provided under the policy immediately before the due date of the defaulted premium, subject to new Waiting Periods beginning with the date of reinstatement. Any premium accepted in connection with a reinstatement will be applied to a period for which premium was due, but not to any period more than 60 days 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, [1932 Wynnton Road, Columbus, GA 31999], or to your associate (duly licensed agent). The 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 after the giving of such notice, 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 will 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 due 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 three 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 the 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. Aflac 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.
- N. REFUND OF UNEARNED PREMIUMS:** That portion of the premium paid for a period beyond the end of the policy month in which the Named Insured died shall be paid in a lump sum on a date no later than 30 days after the proof of the Named Insured's death has been furnished to Aflac. Exception: Where Named Insured/Spouse, One-Parent Family or Two-Parent Family coverage is continued, no refund is applicable.

Should the Named Insured cancel this policy prior to its renewal date, Aflac will refund to the Named Insured the unearned portion of such premiums paid for any period beyond the end of the policy month in which the cancellation occurred.

**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 IS RECEIVED WHILE COVERAGE IS IN FORCE. IF A COVERED ADA CODE IS REVISED OR REPLACED BY THE AMERICAN DENTAL ASSOCIATION, AFLAC WILL PAY THE AMOUNT SHOWN IN THE SCHEDULE OF DENTAL PROCEDURES FOR THE CODE MOST COMPARABLE TO THE REVISED OR REPLACED CODE. BENEFITS WILL BE PAID BASED ON CURRENT ADA CODING CONVENTION.

SCHEDULE OF DENTAL PROCEDURES

A. PREVENTIVE BENEFITS

	Benefit Amount
1. DENTAL WELLNESS BENEFIT	\$50

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.

ADA Code	Description
D0120	Periodic Oral Evaluation
D0145	Oral Evaluation for Patient Wellness
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)
D1203	Topical Application of Fluoride (child, prophylaxis not included)
D1204	Topical Application of Fluoride (adult, prophylaxis not included)
D1206	Topical Fluoride Varnish; Therapeutic Application for Moderate to High Caries Risk Patients
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

Amount

2. X-RAY BENEFIT..... \$35

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.

ADA Code	Description
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)
D0273	Bitewings (three 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 shown in the Policy Schedule and a Policy Year Maximum of \$1,600 per Covered Person. The benefits listed are per Covered Person. All treatments must be performed by a Dentist.

B. ANNUAL MAXIMUM BUILDING BENEFIT: Aflac will increase each Covered Person's Policy Year Maximum by \$100 after each 12 consecutive months of this policy's being in force. This benefit builds to a maximum of \$500 per Covered Person.

C. FILLINGS AND BASIC SERVICES

Benefit D0140 is payable only for visits where no other covered services are performed.

ADA Code	Description	Benefit Amount
D0140	Limited Oral Evaluation	\$30
D0290	Posterior-Anterior or Lateral Skull and Facial Bone Survey Film	75
D0310	Sialography	190
D0415	Bacteriologic Studies for Determination of Pathologic Agents	15
D0416	Viral Culture.....	15
D0417	Collection and Preparation of Saliva Sample for Lab Diagnostic Testing	15
D0418	Analysis of Saliva Sample	15
D0421	Genetic test for susceptibility to oral diseases	15
D0431	Adjunctive Pre-Diagnostic Test that Aids in Detection of Mucosal Abnormalities Including Pre-Malignant and Malignant Lesions, Not to Include Cytology or Biopsy.....	15

D0460	Pulp Vitality Tests	15
D0470	Diagnostic Casts	30
D2140	Amalgam (one surface)	
	Primary	55
	Permanent.....	75
D2150	Amalgam (two surfaces)	
	Primary	65
	Permanent.....	80
D2160	Amalgam (three surfaces)	
	Primary	65
	Permanent.....	85
D2161	Amalgam (four or more surfaces)	
	Primary	75
	Permanent.....	95
D2330	Resin-Based Composite (one surface, anterior)	70
D2331	Resin-Based Composite (two surfaces, anterior)	85
D2332	Resin-Based Composite (three surfaces, anterior)	100
D2335	Resin-Based Composite (four or more surfaces or involving incisal angle, anterior)	120
D2390	Resin-Based Composite Crown (anterior).....	120
D2391	Resin-Based Composite (one surface, posterior)	
	Primary	65
	Permanent.....	70
D2392	Resin-Based Composite (two surfaces, posterior)	
	Primary	80
	Permanent.....	85
D2393	Resin-Based Composite (three surfaces, posterior)	
	Primary	95
	Permanent.....	100
D2394	Resin-Based Composite (four or more surfaces, posterior)	
	Primary	95
	Permanent.....	100
D2410	Gold Foil (one surface).....	250
D2420	Gold Foil (two surfaces)	275

D. PAIN MANAGEMENT AND ADJUNCTIVE SERVICES

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

ADA Code	Description	Benefit Amount
D9110	Palliative (emergency) Treatment of Dental Pain (minor procedure)	\$35
D9220	Deep Sedation/General Anesthesia (first 30 minutes)	90
D9221	Deep Sedation/General Anesthesia (each additional 15 minutes).....	90
D9230	Analgesia, Anxiolysis, Inhalation of Nitrous Oxide	90
D9241	Intravenous Conscious Sedation/Analgesia (first 30 minutes)	140
D9310	Consultation (diagnostic service provided by Dentist or physician other than practitioner providing treatment).....	35
D9410	House/Extended-Care Facility Call	35
D9420	Hospital Call	35
D9440	Office Visit (after regularly scheduled hours)	35
D9450	Case Presentation, Detailed and Extensive Treatment Planning.....	35

E. OTHER PREVENTIVE SERVICES

D1351	Sealant (per tooth).....	\$20
D1510	Space Maintainer (fixed, unilateral).....	95
D1515	Space Maintainer (fixed, bilateral).....	120
D1520	Space Maintainer (removable, unilateral).....	95
D1525	Space Maintainer (removable, bilateral).....	120
D1550	Recementation of Space Maintainer	45
D1555	Removal of Fixed Space Maintainer	95

F. ORAL SURGERY, GUM TREATMENTS & PROSTHETIC REPAIR

D4210	Gingivectomy or Gingivoplasty (four or more contiguous teeth or bounded teeth spaces per quadrant)	\$160
D4211	Gingivectomy or Gingivoplasty (one to three teeth per quadrant).....	50
D4230	Anatomical Crown Exposure (four or more contiguous teeth per quadrant).	160
D4231	Anatomical crown exposure - 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)	275
D4241	Gingival Flap Procedure, Including Root Planing (one to three teeth per quadrant)	275
D4249	Clinical Crown Lengthening (hard tissue).....	300
D4260	Osseous Surgery (including flap entry and closure; four or more contiguous teeth or bounded teeth spaces per quadrant)	300
D4261	Osseous Surgery (including flap entry and closure; one to three teeth per quadrant)	300
D4263	Bone Replacement Graft (first site in quadrant)	325
D4264	Bone Replacement Graft (each additional site in quadrant).....	250
D4270	Pedicle Soft Tissue Graft Procedure	325
D4271	Free Soft Tissue Graft Procedure (including donor site surgery)	325
D4273	Subepithelial Connective Tissue Graft Procedures	375
D4275	Soft Tissue Allograft	325
D4320	Provisional Splinting (intracoronaral).....	180
D4321	Provisional Splinting (extracoronaral).....	150
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D4342	Periodontal Scaling and Root Planing (one to three teeth per quadrant)	80
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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.....	75
D5630	Repair or Replace Broken Clasp.....	60
D5640	Replace Broken Teeth (per tooth)	45
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D7286	Biopsy of Oral Tissue – Soft (all others).....	180
D7310	Alveoloplasty in Conjunction with Extractions (per quadrant).....	75
D7311	Alveoloplasty in Conjunction with Extractions (one to three teeth or tooth spaces, per quadrant)	75
D7320	Alveoloplasty Not in Conjunction with Extractions (per quadrant).....	100
D7321	Alveoloplasty Not in Conjunction with Extractions (one to three teeth or tooth spaces, per quadrant)	100
D7340	Vestibuloplasty – Ridge Extension (secondary epithelialization)	975
D7350	Vestibuloplasty – Ridge Extension (including soft tissue grafts, muscle reattachment, revision of soft tissue attachment, and management of hypertrophied and hyperplastic tissue).....	925
D7410	Excision of Benign Lesion (up to 1.25 cm)	650
D7411	Excision of Benign Lesion (greater than 1.25 cm).....	650

D7412	Excision of Benign Lesion (complicated).....	650
D7413	Excision of Malignant Lesion (up to 1.25 cm).....	800
D7414	Excision of Malignant Lesion (greater than 1.25 cm)	800
D7415	Excision of Malignant Lesion (complicated)	800
D7440	Excision of Malignant Tumor (lesion diameter up to 1.25 cm).....	800
D7441	Excision of Malignant Tumor (lesion diameter greater than 1.25 cm)	800
D7450	Removal of Benign Odontogenic Cyst or Tumor (lesion diameter up to 1.25 cm)	650
D7451	Removal of Benign Odontogenic Cyst or Tumor (lesion diameter greater than 1.25 cm)	650
D7460	Removal of Benign Nonodontogenic Cyst or Tumor (lesion diameter up to 1.25 cm)	650
D7461	Removal of Benign Nonodontogenic Cyst or Tumor (lesion diameter greater than 1.25 cm)	650
D7471	Removal of Lateral Exostosis (maxilla or mandible)	450
D7472	Removal of Torus Palatinus	450
D7473	Removal of Torus Mandibularis	450
D7485	Surgical Reduction of Osseous Tuberosity	550
D7510	Incision and Drainage of Abscess (intraoral soft tissue)	120
D7511	Incision and Drainage of Abscess (intraoral soft tissue – complicated; includes drainage of multiple fascial spaces)	575
D7520	Incision and Drainage of Abscess (extraoral soft tissue)	575
D7521	Incision and Drainage of Abscess (extraoral soft tissue – complicated; includes drainage of multiple fascial spaces)	575
D7530	Removal of Foreign Body From Mucosa, Skin, or Subcutaneous Alveolar Tissue.....	200
D7540	Removal of Reaction-Producing Foreign Bodies (musculoskeletal system)	225
D7550	Partial Osteotomy/Sequestrectomy for Removal of Nonvital Bone	140
D7560	Maxillary Sinusotomy for Removal of Tooth Fragment or Foreign Body	925
D7610	Maxilla (open reduction; teeth immobilized, if present)	925
D7620	Maxilla (closed reduction; teeth immobilized, if present)	925
D7630	Mandible (open reduction; teeth immobilized, if present)	75
D7640	Mandible (closed reduction; teeth immobilized, if present)	100
D7650	Malar and/or Zygomatic Arch (open reduction)	925
D7660	Malar and/or Zygomatic Arch (closed reduction).....	650
D7670	Alveolus (closed reduction, may include stabilization of teeth)	850
D7671	Alveolus (open reduction, may include stabilization of teeth).....	450
D7710	Maxilla (open reduction)	925
D7720	Maxilla (closed reduction).....	925
D7730	Mandible (open reduction).....	100
D7740	Mandible (closed reduction)	100
D7750	Malar and/or Zygomatic Arch (open reduction)	400
D7760	Malar and/or Zygomatic Arch (closed reduction).....	400
D7770	Alveolus (open reduction stabilization of teeth).....	450
D7771	Alveolus (closed reduction stabilization of teeth)	850
D7960	Frenulectomy (frenectomy or frenotomy; separate procedure)	100
D7963	Frenuloplasty.....	100
D7970	Excision of Hyperplastic Tissue (per arch)	100
D7971	Excision of Pericoronal Gingiva.....	85
D9120	Fixed Partial Denture Sectioning.....	40

G. CROWNS AND MAJOR SERVICES

D2510	Inlay (metallic, one surface)	\$225
D2520	Inlay (metallic, two surfaces)	250
D2530	Inlay (metallic, three or more surfaces)	400
D2542	Onlay (metallic, two surfaces)	300
D2543	Onlay (metallic, three surfaces).....	325
D2544	Onlay (metallic, four or more surfaces)	350
D2610	Inlay (porcelain/ceramic, one surface)	250
D2620	Inlay (porcelain/ceramic, two surfaces)	275
D2630	Inlay (porcelain/ceramic, three or more surfaces)	425
D2642	Onlay (porcelain/ceramic, two surfaces)	325
D2643	Onlay (porcelain/ceramic, three surfaces).....	350
D2644	Onlay (porcelain/ceramic, four or more surfaces)	375
D2650	Inlay (resin-based composite, one surface)	225
D2651	Inlay (resin-based composite, two surfaces)	250
D2652	Inlay (resin-based composite, three or more surfaces)	325
D2662	Onlay (resin-based composite, two surfaces)	275
D2663	Onlay (resin-based composite, three surfaces).....	325
D2664	Onlay (resin-based composite, four or more surfaces)	325
D2710	Crown (resin, indirect)	190
D2712	Crown (3/4 resin-based composite, indirect)	190
D2720	Crown (resin with high noble metal)	375
D2721	Crown (resin with predominantly base metal)	375
D2722	Crown (resin with noble metal)	375
D2740	Crown (porcelain/ceramic substrate).....	375
D2750	Crown (porcelain fused to high noble metal).....	375
D2751	Crown (porcelain fused to predominantly base metal)	375
D2752	Crown (porcelain fused to noble metal).....	375
D2780	Crown (3/4-cast high noble metal)	375
D2781	Crown (3/4-cast predominantly base metal)	375
D2782	Crown (3/4-cast noble metal)	375
D2783	Crown (3/4-porcelain/ceramic)	375
D2790	Crown (full-cast high noble metal).....	375
D2791	Crown (full-cast predominantly base metal)	375
D2792	Crown (full-cast noble metal).....	375
D2794	Crown (titanium)	375
D2910	Recement Inlay	35
D2915	Recement Cast or Prefabricated Post and Core	35
D2920	Recement Crown.....	35
D2930	Prefabricated Stainless Steel Crown (primary tooth).....	80
D2931	Prefabricated Stainless Steel Crown (permanent tooth)	90
D2932	Prefabricated Resin Crown	130
D2933	Prefabricated Stainless Steel Crown with Resin Window	140
D2934	Prefabricated Esthetic Coated Stainless Steel Crown (primary tooth)	80
D2940	Sedative Filling	30
D2950	Core Buildup (including any pins).....	80
D2951	Pin Retention (per tooth, in addition to restoration)	25
D2952	Cast Post and Core (in addition to crown).....	110
D2954	Prefabricated Post and Core (in addition to crown).....	130
D2955	Post Removal (not in conjunction with endodontic therapy).....	90
D2970	Temporary Crown (fractured tooth)	85

D2980	Crown Repairs, By Report.....	190
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 ..	50
D3222	Partial Pulpotomy for Apexogenesis (perm tooth with incomplete root development)	50
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).....	225
D3320	Bicuspid (excluding final restoration, root canal).....	275
D3330	Molar (excluding final restoration, root canal)	375
D3346	Retreatment of Previous Root Canal Therapy (anterior).....	200
D3347	Retreatment of Previous Root Canal Therapy (bicuspid).....	250
D3348	Retreatment of Previous Root Canal Therapy (molar)	325
D3351	Apexification/Recalcification (initial visit; apical closure/calcific repair of perforations, root resorption, etc.)	160
D3352	Apexification/Recalcification (interim medication replacement; apical closure/calcific repair of perforations, root resorption, etc.).....	40
D3353	Apexification/Recalcification (final visit; includes completed root canal therapy; apical closure/calcific repair of perforations, root resorption, etc.) .	80
D3410	Apicoectomy/Periradicular Surgery (anterior).....	170
D3421	Apicoectomy/Periradicular Surgery (bicuspid; first root)	325
D3425	Apicoectomy/Periradicular Surgery (molar; first root).....	400
D3426	Apicoectomy/Periradicular Surgery (each additional root)	130
D3430	Retrograde Filling (per root)	95
D3450	Root Amputation (per root).....	190
D3920	Hemisection (including any root removal; not including root canal therapy)	150
D3950	Canal Preparation and Fitting of Preformed Dowel or Post.....	65

H. MAJOR PROSTHETIC SERVICES

D5110	Complete Denture (maxillary).....	\$525
D5120	Complete Denture (mandibular)	525
D5130	Immediate Denture (maxillary)	525
D5140	Immediate Denture (mandibular).....	525
D5211	Maxillary Partial Denture (resin base; including any conventional clasps, rests, and teeth)	375
D5212	Mandibular Partial Denture (resin base; including any conventional clasps, rests, and teeth)	375
D5213	Maxillary Partial Denture (cast metal framework with resin denture bases; including any conventional clasps, rests, and teeth)	550
D5214	Mandibular Partial Denture (cast metal framework with resin denture bases; including any conventional clasps, rests, and teeth)	550
D5225	Maxillary Partial Denture (flexible base; including any clasps, rests and teeth)	550
D5226	Mandibular Partial Denture (flexible base; including any clasps, rests and teeth)	550
D5281	Removable Unilateral Partial Denture (one-piece cast metal; including clasps and teeth)	350
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).....	250
D5811	Interim Complete Denture (mandibular)	300
D5820	Interim Partial Denture (maxillary).....	200
D5821	Interim Partial Denture (mandibular)	225
D6010	Surgical Placement of Implant Body: Endosteal Implant.....	650
D6012	Surgical Placement of Interim Implant Body for Transitional Prosthesis: Endosteal Implant.....	650
D6040	Surgical Placement: Eposteal Implant.....	650
D6050	Surgical Placement: Transosteal Implant.....	650
D6056	Prefabricated Abutment (includes placement)	650
D6057	Custom Abutment (includes placement)	650
D6058	Abutment Supported Porcelain/Ceramic Crown.....	375
D6059	Abutment Supported Porcelain Fused to Metal Crown (high noble metal)...	375
D6060	Abutment Supported Porcelain Fused to Metal Crown (predominantly base metal)	375
D6061	Abutment Supported Porcelain Fused to Metal Crown (noble metal)	375
D6062	Abutment Supported Cast Metal Crown (high noble metal)	375
D6063	Abutment Supported Cast Metal Crown (predominantly base metal)	375
D6064	Abutment Supported Cast Metal Crown (noble metal)	375
D6065	Implant Supported Porcelain/Ceramic Crown	375
D6066	Implant Supported Porcelain Fused to Metal Crown (titanium, titanium alloy, high noble metal)	375
D6067	Implant Supported Metal Crown (titanium, titanium alloy, high noble metal).	375
D6068	Abutment Supported Retainer for Porcelain/Ceramic FPD	375
D6069	Abutment Supported Retainer for Porcelain Fused to Metal FPD (high noble metal)	375
D6070	Abutment Supported Retainer for Porcelain Fused to Metal FPD (predominantly base metal)	375
D6071	Abutment Supported Retainer for Porcelain Fused to Metal FPD (noble metal)	375
D6072	Abutment Supported Retainer for Cast Metal FPD (high noble metal)	375
D6073	Abutment Supported Retainer for Cast Metal FPD (predominantly base metal)	375
D6074	Abutment Supported Retainer for Cast Metal FPD (noble metal)	375
D6075	Implant Supported Retainer for Ceramic FPD.....	375
D6076	Implant Supported Retainer for Porcelain Fused to Metal FPD (titanium, titanium alloy, or high noble metal)	375
D6077	Implant Supported Retainer for Cast Metal FPD (titanium, titanium alloy, or high noble metal)	375
D6078	Implant/Abutment Supported Fixed Denture for Completely Edentulous Arch	375
D6079	Implant/Abutment Supported Fixed Denture for Partially Edentulous Arch..	375
D6080	Implant Maintenance Procedures, Including Removal of Prosthesis, Cleansing of Prosthesis and Abutments, and Reinsertion of Prosthesis	225
D6094	Abutment Supported Crown (titanium)	375
D6194	Abutment Supported Retainer Crown for FPD (titanium)	375
D6205	Pontic (indirect resin based composite)	375
D6210	Pontic (cast high noble metal)	375
D6211	Pontic (cast predominantly base metal)	375
D6212	Pontic (cast noble metal).....	375
D6214	Pontic (titanium)	375

D6240	Pontic (porcelain fused to high noble metal)	375
D6241	Pontic (porcelain fused to predominantly base metal)	375
D6242	Pontic (porcelain fused to noble metal)	375
D6245	Pontic (porcelain/ceramic)	375
D6250	Pontic (resin with high noble metal)	375
D6251	Pontic (resin with predominantly base metal)	375
D6252	Pontic (resin with noble metal)	375
D6253	Provisional Pontic	375
D6545	Retainer (cast metal for resin-bonded fixed prosthesis)	170
D6548	Retainer (porcelain/ceramic for resin-bonded fixed prosthesis)	170
D6600	Inlay (porcelain/ceramic, two surfaces)	275
D6601	Inlay (porcelain/ceramic, three or more surfaces)	425
D6602	Inlay (cast high noble metal, two surfaces)	375
D6603	Inlay (cast high noble metal, three or more surfaces)	400
D6604	Inlay (cast predominantly base metal, two surfaces)	375
D6605	Inlay (cast predominantly base metal, three or more surfaces)	400
D6606	Inlay (cast noble metal, two surfaces)	375
D6607	Inlay (cast noble metal, three or more surfaces)	400
D6608	Onlay (porcelain/ceramic, two surfaces)	325
D6609	Onlay (porcelain/ceramic, three or more surfaces)	350
D6610	Onlay (cast high noble metal, two surfaces)	400
D6611	Onlay (cast high noble metal, three or more surfaces)	425
D6612	Onlay (cast predominantly base metal, two surfaces)	400
D6613	Onlay (cast predominantly base metal, three or more surfaces)	425
D6614	Onlay (cast noble metal, two surfaces)	400
D6615	Onlay (cast noble metal, three or more surfaces)	425
D6624	Inlay (titanium)	400
D6634	Onlay (titanium)	425
D6710	Crown (indirect resin based composite)	375
D6720	Crown (resin with high noble metal)	375
D6721	Crown (resin with predominantly base metal)	375
D6722	Crown (resin with noble metal)	375
D6740	Crown (porcelain/ceramic)	375
D6750	Crown (porcelain fused to high noble metal)	375
D6751	Crown (porcelain fused to predominantly base metal)	375
D6752	Crown (porcelain fused to noble metal)	375
D6780	Crown (3/4-cast high noble metal)	375
D6781	Crown (3/4-cast predominantly base metal)	375
D6782	Crown (3/4-cast noble metal)	375
D6783	Crown (3/4-porcelain/ceramic)	375
D6790	Crown (full-cast high noble metal)	375
D6791	Crown (full-cast predominantly base metal)	375
D6792	Crown (full-cast noble metal)	375
D6793	Provisional Retainer Crown	375
D6794	Crown (titanium)	375
D6970	Cast Post and Core (in addition to fixed partial denture retainer)	160
D6972	Prefabricated Post and Core (in addition to fixed partial denture retainer) ..	130
D6973	Core Buildup for Retainer (including any pins)	100
D6975	Coping (metal)	300

**DENTAL INSURANCE POLICY
LIMITED BENEFIT HEALTH INSURANCE COVERAGE**

**NOTICE TO BUYER: This policy provides dental benefits only.
Read it carefully with the Outline of Coverage, if applicable.**

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.”

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 definitions of terms, the limitations and exclusions, the insurance benefits, and other provisions.

YOUR RIGHT TO EXAMINE THIS POLICY

It is important to us that you are satisfied with this policy. 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 this 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. Statements made in the application are deemed representations and not warranties. Carefully check the application. Write to us within 30 days of the date you receive this policy if any information shown on the application is not correct or complete. Incorrect or incomplete information may result in the denial of claims or voiding 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 timely 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, as shown in our records, at least 30 days before the change becomes effective.

**AMERICAN FAMILY LIFE ASSURANCE COMPANY OF COLUMBUS (AFLAC)
CLIENT SERVICES AND ADMINISTRATION
[WORLDWIDE HEADQUARTERS • 1932 WYNNTON ROAD • COLUMBUS, GEORGIA 31999
FOR ASSISTANCE OR INFORMATION ABOUT THIS POLICY, CALL 1.800.99.AFLAC (1.800.992.3522).
FOR CLAIM FORMS, VISIT OUR WEB SITE AT AFLAC.COM.]**

**If we at Aflac, fail to provide you with reasonable and adequate service,
you should feel free to contact:
ARKANSAS INSURANCE DEPARTMENT-CONSUMER SERVICES DIVISION
1200 WEST THIRD STREET, LITTLE ROCK, ARKANSAS 72201-1904
Telephone (501) 371-2640 or Toll-Free 1-800-852-5494.**

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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:

Policy:	\$XX.xx
Rider:	\$XX.xx
Rider:	\$XX.xx

EFFECTIVE DATES:

Policy:	XX/XX/XX
Rider:	XX/XX/XX
Rider:	XX/XX/XX

Benefit Categories

Waiting Periods

- | | |
|---|-----------|
| A. Preventive Benefits..... | 0 months |
| B. Annual Maximum Building Benefit..... | 12 months |
| C. Fillings and Basic Services..... | 3 months |
| D. Pain Management and Adjunctive Services..... | 3 months |
| E. Other Preventive Services..... | 6 months |
| F. Oral Surgery, Gum Treatments, and Prosthetic Repair..... | 6 months |
| G. Crowns and Major Services..... | 12 months |
| H. Major Prosthetic Services..... | 24 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 policy Effective Date shown in the Policy Schedule.

[Paul S. Amos II, President

Joey M. Loudermilk, Secretary]

This is a legal contract between you and Aflac.

READ YOUR POLICY CAREFULLY.

**Part 1
DEFINITIONS**

- A. COVERED PERSON:** any person insured under Individual, Named Insured/Spouse Only, One-Parent Family, or Two-Parent Family coverage. See Type of Coverage definition.
- B. 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.
- C. 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.
- D. DEPENDENT CHILDREN:** your natural children, stepchildren, or legally adopted children who are (1) unmarried, (2) under age 26, and (3) legal dependents for tax exemption purposes under the United States Internal Revenue Service Tax Code. **A Dependent Child must be under age 26 at the time of application to be eligible for coverage.** Coverage of a Dependent Child will terminate on the anniversary date of this policy following the child's 26th birthday. Coverage provided under any One-Parent or Two-Parent Family policy 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 prior to age 26 and while covered under this policy. You must furnish proof of continued incapacity and dependency at Aflac's request, but not more often than annually, after the two-year period following the Dependent Child's 26th birthday.
- E. EFFECTIVE DATE:** the date(s) coverage begins as shown in the Policy Schedule. The Effective Date of this policy **is not** the date you signed the application for coverage.
- F. IMMEDIATE FAMILY:** anyone related to you in the following manner: spouse; brothers or sisters (includes stepbrothers and stepsisters); children (includes stepchildren); parents (includes stepparents); grandchildren; father- or mother-in-law; brothers- or sisters-in-law; and spouses, as applicable, of any of these.
- G. 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.
- H. POLICY YEAR MAXIMUM:** the total dollar amount of benefits payable per Policy Year, per Covered Person.
- I. TYPE OF COVERAGE** (see your Policy Schedule to determine the Type of Coverage issued: Individual, Named Insured/Spouse Only, One-Parent Family, or Two-Parent Family):
- 1. Individual:** coverage for only you (the Named Insured listed in the Policy Schedule).
 - 2. Named Insured/Spouse Only:** coverage for you (the Named Insured) and your spouse. "Your spouse" is defined as the person to whom you are legally married and who is listed on your application.

3. **One-Parent Family:** coverage for you (the Named Insured) and all of your Dependent Children.
4. **Two-Parent Family:** coverage for you (the Named Insured), your spouse, and all of your Dependent Children (or those of your spouse).

Newborn children are automatically covered under the terms of this policy from the moment of birth. Adopted children are covered from the date of the filing of the petition. If this is an Individual or Named Insured/Spouse Only policy, newborn children are automatically covered from the moment of birth, and adopted children are covered from the date of the filing of the petition if the Named Insured applies for coverage within 60 days after the filing of the petition for adoption. However, coverage shall begin from the moment of birth if the petition for adoption and application for coverage are filed within 60 days after the birth of the minor. This coverage shall terminate upon the dismissal or denial of a petition for adoption. Coverage for newborn or adopted children will be in effect through the 90th day following the date of such event. If you desire uninterrupted coverage for a newborn or an adopted child, you must notify Aflac within 90 days of the child's birth or the date the petition for adoption is filed or before the next premium due date, whichever is later. Upon notification, Aflac will convert this policy to One-Parent Family or Two-Parent Family coverage and advise you of the additional premium due. If One-Parent Family or Two-Parent Family coverage is in force, it is not necessary for you to notify Aflac of the birth of your child or the date of the filing of the petition for adoption of a child, and an additional premium payment will not be required. If you desire any other person(s) to be covered after the Effective Date of this policy, you must apply for such coverage, and that person must be added by endorsement. If Two-Parent Family coverage is already in force, an additional premium will not be required. 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 anniversary date of this policy following the Dependent Child's 26th birthday, on the date the child marries, 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 (for continuation of coverage information, see Part 3, Right of Conversion). Termination will be without prejudice to any claim originating prior to the date of termination. Aflac's acceptance of premium after such date will be considered as premium for only the remaining persons who qualify as Covered Persons under this policy. When coverage on all Dependent Children terminates, you must notify Aflac, in writing, and elect whether to continue this policy on an Individual or Named Insured/Spouse Only basis. After such notice, Aflac will arrange for the payment of the appropriate premium due, including returning any unearned premium. Coverage provided under any One-Parent Family or Two-Parent Family policy will continue to 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 prior to age 26 and while covered under this policy. You must furnish proof of continued incapacity and dependency at Aflac's request, but not more often than annually, after the two-year period following the Dependent Child's 26th birthday.

- J. **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 date of reinstatement. If a dependent is added by endorsement, the Waiting Period for such dependent will begin on 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.** Aflac will not pay benefits for 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.
 8. Treatment received prior to the 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).
- 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.
- D.** Aflac will not pay benefits for services rendered by you or a member of the Immediate Family of a Covered Person.
- E.** Aflac will not pay benefits whenever coverage provided by this policy is in violation of any U.S. economic or trade sanctions. If the coverage violates U.S. economic or trade sanctions, such coverage shall be null and void.

Part 3
RIGHT OF CONVERSION

- A. DISSOLUTION OF MARRIAGE:** If you and your spouse dissolve your marriage by a valid decree of dissolution and your ex-spouse was covered under a Named Insured/Spouse Only or Two-Parent Family policy, your 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 Dependent Children may be covered under either policy, but not both.

- B. DEATH:** In the event of your death, your spouse, if alive and covered under this policy, 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 Dependent Child 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. Such person will have the right to apply for an equivalent 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 Child.

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 president and secretary of Aflac at our worldwide headquarters. Any such change must be noted hereon 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, no misstatements, except fraudulent misstatements, made by you in the application shall be used to void this policy or to deny a claim for loss incurred 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 will continue in force.
- E. REINSTATEMENT:** You may request reinstatement of your policy from your associate (duly licensed agent) or from 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 will 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 your application is received at our worldwide headquarters, your policy will be deemed reinstated. The reinstated policy will cover only loss resulting from covered dental treatment that occurs on or after the date of reinstatement. In all other respects, you and Aflac will have the same rights provided under the policy immediately before the due date of the defaulted premium, subject to new Waiting Periods beginning with the date of reinstatement. Any premium accepted in connection with a reinstatement will be applied to a period for which premium was due, but not to any period more than 60 days 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, [1932 Wynnton Road, Columbus, GA 31999], or to your associate (duly licensed agent). The 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 after the giving of such notice, 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 will 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 due 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 three 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 the 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. Aflac 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.
- N. REFUND OF UNEARNED PREMIUMS:** That portion of the premium paid for a period beyond the end of the policy month in which the Named Insured died shall be paid in a lump sum on a date no later than 30 days after the proof of the Named Insured's death has been furnished to Aflac. Exception: Where Named Insured/Spouse, One-Parent Family or Two-Parent Family coverage is continued, no refund is applicable.

Should the Named Insured cancel this policy prior to its renewal date, Aflac will refund to the Named Insured the unearned portion of such premiums paid for any period beyond the end of the policy month in which the cancellation occurred.

**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 IS RECEIVED WHILE COVERAGE IS IN FORCE. IF A COVERED ADA CODE IS REVISED OR REPLACED BY THE AMERICAN DENTAL ASSOCIATION, AFLAC WILL PAY THE AMOUNT SHOWN IN THE SCHEDULE OF DENTAL PROCEDURES FOR THE CODE MOST COMPARABLE TO THE REVISED OR REPLACED CODE. BENEFITS WILL BE PAID BASED ON CURRENT ADA CODING CONVENTION.

SCHEDULE OF DENTAL PROCEDURES

A. PREVENTIVE BENEFITS

	Benefit Amount
1. DENTAL WELLNESS BENEFIT	\$75

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.

ADA Code	Description
D0120	Periodic Oral Evaluation
D0145	Oral Evaluation for Patient Wellness
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)
D1203	Topical Application of Fluoride (child, prophylaxis not included)
D1204	Topical Application of Fluoride (adult, prophylaxis not included)
D1206	Topical Fluoride Varnish; Therapeutic Application for Moderate to High Caries Risk Patients
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

Benefit
Amount

2. X-RAY BENEFIT..... \$35

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.

ADA Code	Description
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)
D0273	Bitewings (three 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 shown in the Policy Schedule and a Policy Year Maximum of \$1,800 per Covered Person. The benefits listed are per Covered Person. All treatments must be performed by a Dentist.

B. ANNUAL MAXIMUM BUILDING BENEFIT: Aflac will increase each Covered Person's Policy Year Maximum by \$100 after each 12 consecutive months of this policy's being in force. This benefit builds to a maximum of \$500 per Covered Person.

C. FILLINGS AND BASIC SERVICES

Benefit D0140 is payable only for visits where no other covered services are performed.

ADA Code	Description	Benefit Amount
D0140	Limited Oral Evaluation	\$35
D0290	Posterior-Anterior or Lateral Skull and Facial Bone Survey Film	80
D0310	Sialography	200
D0415	Bacteriologic Studies for Determination of Pathologic Agents	15
D0416	Viral Culture.....	15
D0417	Collection and Preparation of Saliva Sample for Lab Diagnostic Testing	15
D0418	Analysis of Saliva Sample	15
D0421	Genetic test for susceptibility to oral diseases	15
D0431	Adjunctive Pre-Diagnostic Test that Aids in Detection of Mucosal Abnormalities Including Pre-Malignant and Malignant Lesions, Not to Include Cytology or Biopsy.....	15
D0460	Pulp Vitality Tests.....	20

D0470	Diagnostic Casts	35
D2140	Amalgam (one surface)	
	Primary	65
	Permanent.....	85
D2150	Amalgam (two surfaces)	
	Primary	75
	Permanent.....	95
D2160	Amalgam (three surfaces)	
	Primary	75
	Permanent.....	100
D2161	Amalgam (four or more surfaces)	
	Primary	85
	Permanent.....	110
D2330	Resin-Based Composite (one surface, anterior)	85
D2331	Resin-Based Composite (two surfaces, anterior)	100
D2332	Resin-Based Composite (three surfaces, anterior)	120
D2335	Resin-Based Composite (four or more surfaces or involving incisal angle, anterior)	140
D2390	Resin-Based Composite Crown (anterior).....	140
D2391	Resin-Based Composite (one surface, posterior)	
	Primary	80
	Permanent.....	85
D2392	Resin-Based Composite (two surfaces, posterior)	
	Primary	95
	Permanent.....	100
D2393	Resin-Based Composite (three surfaces, posterior)	
	Primary	120
	Permanent.....	120
D2394	Resin-Based Composite (four or more surfaces, posterior)	
	Primary	120
	Permanent.....	120
D2410	Gold Foil (one surface).....	275
D2420	Gold Foil (two surfaces)	325

D. PAIN MANAGEMENT AND ADJUNCTIVE SERVICES

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

ADA Code	Description	Benefit Amount
D9110	Palliative (emergency) Treatment of Dental Pain (minor procedure)	\$35
D9220	Deep Sedation/General Anesthesia (first 30 minutes)	100
D9221	Deep Sedation/General Anesthesia (each additional 15 minutes).....	100
D9230	Analgesia, Anxiolysis, Inhalation of Nitrous Oxide	100
D9241	Intravenous Conscious Sedation/Analgesia (first 30 minutes)	150
D9310	Consultation (diagnostic service provided by Dentist or physician other than practitioner providing treatment).....	40
D9410	House/Extended-Care Facility Call	40
D9420	Hospital Call	40
D9440	Office Visit (after regularly scheduled hours)	40
D9450	Case Presentation, Detailed and Extensive Treatment Planning.....	40

E. OTHER PREVENTIVE SERVICES

D1351	Sealant (per tooth).....	\$30
D1510	Space Maintainer (fixed, unilateral).....	100
D1515	Space Maintainer (fixed, bilateral).....	130
D1520	Space Maintainer (removable, unilateral).....	100
D1525	Space Maintainer (removable, bilateral).....	130
D1550	Recementation of Space Maintainer	50
D1555	Removal of Fixed Space Maintainer.....	100

F. ORAL SURGERY, GUM TREATMENTS & PROSTHETIC REPAIR

D4210	Gingivectomy or Gingivoplasty (four or more contiguous teeth or bounded teeth spaces per quadrant)	\$170
D4211	Gingivectomy or Gingivoplasty (one to three teeth per quadrant).....	55
D4230	Anatomical Crown Exposure (four or more contiguous teeth per quadrant).....	170
D4231	Anatomical crown exposure - one to three teeth per quadrant.....	55
D4240	Gingival Flap Procedure, Including Root Planing (four or more contiguous teeth or bounded teeth spaces per quadrant)	300
D4241	Gingival Flap Procedure, Including Root Planing (one to three teeth per quadrant)	300
D4249	Clinical Crown Lengthening (hard tissue).....	325
D4260	Osseous Surgery (including flap entry and closure; four or more contiguous teeth or bounded teeth spaces per quadrant)	375
D4261	Osseous Surgery (including flap entry and closure; one to three teeth per quadrant)	375
D4263	Bone Replacement Graft (first site in quadrant)	375
D4264	Bone Replacement Graft (each additional site in quadrant).....	275
D4270	Pedicle Soft Tissue Graft Procedure	375
D4271	Free Soft Tissue Graft Procedure (including donor site surgery)	375
D4273	Subepithelial Connective Tissue Graft Procedures.....	400
D4275	Soft Tissue Allograft	375
D4320	Provisional Splinting (intracoronal).....	200
D4321	Provisional Splinting (extracoronal).....	170
D4341	Periodontal Scaling and Root Planing (four or more contiguous teeth or bounded teeth spaces per quadrant)	85
D4342	Periodontal Scaling and Root Planing (one to three teeth per quadrant)	85
D4355	Full Mouth Debridement to Enable Comprehensive Evaluation and Diagnosis.....	75
D5410	Adjust Complete Denture (maxillary).....	35
D5411	Adjust Complete Denture (mandibular)	35
D5421	Adjust Partial Denture (maxillary).....	35
D5422	Adjust Partial Denture (mandibular)	35
D5510	Repair Broken Complete Denture Base	55
D5520	Replace Missing or Broken Teeth (complete denture; each tooth)	50
D5610	Repair Resin Denture Base.....	55
D5620	Repair Cast Framework.....	85
D5630	Repair or Replace Broken Clasp.....	65
D5640	Replace Broken Teeth (per tooth)	50
D5650	Add Tooth to Existing Partial Denture	60
D5660	Add Clasp to Existing Partial Denture	80
D5710	Rebase Complete Maxillary Denture.....	170
D5711	Rebase Complete Mandibular Denture	225

D5720	Rebase Maxillary Partial Denture	225
D5721	Rebase Mandibular Partial Denture	225
D5730	Reline Complete Maxillary Denture (chairside)	100
D5731	Reline Complete Mandibular Denture (chairside).....	100
D5740	Reline Maxillary Partial Denture (chairside)	120
D5741	Reline Mandibular Partial Denture (chairside).....	120
D5750	Reline Complete Maxillary Denture (laboratory).....	150
D5751	Reline Complete Mandibular Denture (laboratory)	150
D5760	Reline Maxillary Partial Denture (laboratory).....	170
D5761	Reline Mandibular Partial Denture (laboratory)	170
D5850	Tissue Conditioning (maxillary)	50
D5851	Tissue Conditioning (mandibular).....	55
D6090	Repair of Implanted Supported Prosthetic, by Report	150
D6091	Replacement of Semi-Precision or Precision Attachment (male or female component) of Implant/Abutment Supported Prosthesis (per attachment)...	150
D6092	Recement Implant/Abutment Supported Crown	150
D6093	Recement Implant/Abutment Supported Fixed Partial Denture.....	150
D6095	Repair of Implanted Abutment, by Report	150
D6100	Implant Removal, By Report.....	45
D6930	Recement Fixed Partial Denture	45
D7111	Coronal Remnants (deciduous tooth).....	70
D7140	Extraction, Erupted Tooth, or Exposed Root (elevation and/or forceps removal)	50
D7210	Surgical Removal of Erupted Tooth Requiring Elevation of Mucoperiosteal Flap and Removal of Bone and/or Section of Tooth.....	120
D7220	Removal of Impacted Tooth (soft tissue).....	140
D7230	Removal of Impacted Tooth (partially bony).....	170
D7240	Removal of Impacted Tooth (completely bony).....	200
D7241	Removal of Impacted Tooth (completely bony, with unusual surgical complications)	225
D7250	Surgical Removal of Residual Tooth Roots (cutting procedure).....	90
D7260	Oroantral Fistula Closure	250
D7270	Tooth Reimplantation and/or Stabilization of Accidentally Evulsed or Displaced Tooth and/or Alveolus.....	250
D7280	Surgical Access of an Unerupted Tooth.....	250
D7282	Mobilization of Erupted or Malpositioned Tooth to Aid Eruption.....	85
D7283	Placement of Device to Facilitate Eruption of Impacted Tooth.....	85
D7285	Biopsy of Oral Tissue – Hard (bone, tooth)	500
D7286	Biopsy of Oral Tissue – Soft (all others).....	200
D7310	Alveoloplasty in Conjunction with Extractions (per quadrant).....	80
D7311	Alveoloplasty in Conjunction with Extractions (one to three teeth or tooth spaces, per quadrant)	80
D7320	Alveoloplasty Not in Conjunction with Extractions (per quadrant)	100
D7321	Alveoloplasty Not in Conjunction with Extractions (one to three teeth or tooth spaces, per quadrant)	100
D7340	Vestibuloplasty – Ridge Extension (secondary epithelialization)	1,100
D7350	Vestibuloplasty – Ridge Extension (including soft tissue grafts, muscle reattachment, revision of soft tissue attachment, and management of hypertrophied and hyperplastic tissue).....	1,025
D7410	Excision of Benign Lesion (up to 1.25 cm)	725
D7411	Excision of Benign Lesion (greater than 1.25 cm).....	725
D7412	Excision of Benign Lesion (complicated).....	725

D7413	Excision of Malignant Lesion (up to 1.25 cm).....	850
D7414	Excision of Malignant Lesion (greater than 1.25 cm)	850
D7415	Excision of Malignant Lesion (complicated)	850
D7440	Excision of Malignant Tumor (lesion diameter up to 1.25 cm).....	850
D7441	Excision of Malignant Tumor (lesion diameter greater than 1.25 cm)	850
D7450	Removal of Benign Odontogenic Cyst or Tumor (lesion diameter up to 1.25 cm)	725
D7451	Removal of Benign Odontogenic Cyst or Tumor (lesion diameter greater than 1.25 cm)	725
D7460	Removal of Benign Nonodontogenic Cyst or Tumor (lesion diameter up to 1.25 cm)	725
D7461	Removal of Benign Nonodontogenic Cyst or Tumor (lesion diameter greater than 1.25 cm)	725
D7471	Removal of Lateral Exostosis (maxilla or mandible)	525
D7472	Removal of Torus Palatinus	525
D7473	Removal of Torus Mandibularis	525
D7485	Surgical Reduction of Osseous Tuberosity	575
D7510	Incision and Drainage of Abscess (intraoral soft tissue)	130
D7511	Incision and Drainage of Abscess (intraoral soft tissue – complicated; includes drainage of multiple fascial spaces)	600
D7520	Incision and Drainage of Abscess (extraoral soft tissue)	600
D7521	Incision and Drainage of Abscess (extraoral soft tissue – complicated; includes drainage of multiple fascial spaces)	600
D7530	Removal of Foreign Body From Mucosa, Skin, or Subcutaneous Alveolar Tissue.....	225
D7540	Removal of Reaction-Producing Foreign Bodies (musculoskeletal system)	250
D7550	Partial Osteotomy/Sequestrectomy for Removal of Nonvital Bone	160
D7560	Maxillary Sinusotomy for Removal of Tooth Fragment or Foreign Body	1,025
D7610	Maxilla (open reduction; teeth immobilized, if present)	1,025
D7620	Maxilla (closed reduction; teeth immobilized, if present)	1,025
D7630	Mandible (open reduction; teeth immobilized, if present)	80
D7640	Mandible (closed reduction; teeth immobilized, if present)	110
D7650	Malar and/or Zygomatic Arch (open reduction)	1,025
D7660	Malar and/or Zygomatic Arch (closed reduction).....	725
D7670	Alveolus (closed reduction, may include stabilization of teeth)	950
D7671	Alveolus (open reduction, may include stabilization of teeth).....	575
D7710	Maxilla (open reduction)	1,025
D7720	Maxilla (closed reduction).....	1,025
D7730	Mandible (open reduction).....	100
D7740	Mandible (closed reduction)	100
D7750	Malar and/or Zygomatic Arch (open reduction)	450
D7760	Malar and/or Zygomatic Arch (closed reduction).....	450
D7770	Alveolus (open reduction stabilization of teeth).....	575
D7771	Alveolus (closed reduction stabilization of teeth)	950
D7960	Frenulectomy (frenectomy or frenotomy; separate procedure)	100
D7963	Frenuloplasty	100
D7970	Excision of Hyperplastic Tissue (per arch)	100
D7971	Excision of Pericoronal Gingiva.....	90
D9120	Fixed Partial Denture Sectioning.....	45

G. CROWNS AND MAJOR SERVICES

D2510	Inlay (metallic, one surface)	\$250
D2520	Inlay (metallic, two surfaces)	275
D2530	Inlay (metallic, three or more surfaces)	450
D2542	Onlay (metallic, two surfaces)	325
D2543	Onlay (metallic, three surfaces).....	350
D2544	Onlay (metallic, four or more surfaces)	375
D2610	Inlay (porcelain/ceramic, one surface)	275
D2620	Inlay (porcelain/ceramic, two surfaces)	325
D2630	Inlay (porcelain/ceramic, three or more surfaces)	450
D2642	Onlay (porcelain/ceramic, two surfaces)	350
D2643	Onlay (porcelain/ceramic, three surfaces).....	375
D2644	Onlay (porcelain/ceramic, four or more surfaces)	425
D2650	Inlay (resin-based composite, one surface)	225
D2651	Inlay (resin-based composite, two surfaces)	275
D2652	Inlay (resin-based composite, three or more surfaces)	350
D2662	Onlay (resin-based composite, two surfaces)	325
D2663	Onlay (resin-based composite, three surfaces).....	350
D2664	Onlay (resin-based composite, four or more surfaces)	350
D2710	Crown (resin, indirect)	200
D2712	Crown (3/4 resin-based composite, indirect)	200
D2720	Crown (resin with high noble metal)	450
D2721	Crown (resin with predominantly base metal)	450
D2722	Crown (resin with noble metal)	450
D2740	Crown (porcelain/ceramic substrate).....	450
D2750	Crown (porcelain fused to high noble metal).....	450
D2751	Crown (porcelain fused to predominantly base metal)	450
D2752	Crown (porcelain fused to noble metal).....	450
D2780	Crown (3/4-cast high noble metal)	450
D2781	Crown (3/4-cast predominantly base metal)	450
D2782	Crown (3/4-cast noble metal)	450
D2783	Crown (3/4-porcelain/ceramic)	450
D2790	Crown (full-cast high noble metal).....	450
D2791	Crown (full-cast predominantly base metal)	450
D2792	Crown (full-cast noble metal).....	450
D2794	Crown (titanium)	450
D2910	Recement Inlay	40
D2915	Recement Cast or Prefabricated Post and Core	40
D2920	Recement Crown.....	40
D2930	Prefabricated Stainless Steel Crown (primary tooth).....	85
D2931	Prefabricated Stainless Steel Crown (permanent tooth)	95
D2932	Prefabricated Resin Crown	140
D2933	Prefabricated Stainless Steel Crown with Resin Window	150
D2934	Prefabricated Esthetic Coated Stainless Steel Crown (primary tooth)	85
D2940	Sedative Filling	35
D2950	Core Buildup (including any pins).....	85
D2951	Pin Retention (per tooth, in addition to restoration)	25
D2952	Cast Post and Core (in addition to crown).....	130
D2954	Prefabricated Post and Core (in addition to crown).....	140
D2955	Post Removal (not in conjunction with endodontic therapy).....	100
D2970	Temporary Crown (fractured tooth)	95

D2980	Crown Repairs, By Report.....	225
D3110	Pulp Cap (direct, excluding final restoration).....	30
D3120	Pulp Cap (indirect, excluding final restoration).....	30
D3220	Therapeutic Pulpotomy (excluding final restoration) Removal of Pulp Coronal to the Dentinocemental Junction and Application of Medicament ..	50
D3222	Partial Pulpotomy for Apexogenesis (perm tooth with incomplete root development)	50
D3230	Pulpal Therapy (resorbable filling; anterior, primary tooth, excluding final restoration)	55
D3240	Pulpal Therapy (resorbable filling; posterior, primary tooth, excluding final restoration)	55
D3310	Anterior (excluding final restoration, root canal).....	275
D3320	Bicuspid (excluding final restoration, root canal).....	325
D3330	Molar (excluding final restoration, root canal)	425
D3346	Retreatment of Previous Root Canal Therapy (anterior).....	250
D3347	Retreatment of Previous Root Canal Therapy (bicuspid).....	300
D3348	Retreatment of Previous Root Canal Therapy (molar)	400
D3351	Apexification/Recalcification (initial visit; apical closure/calcific repair of perforations, root resorption, etc.)	170
D3352	Apexification/Recalcification (interim medication replacement; apical closure/calcific repair of perforations, root resorption, etc.).....	45
D3353	Apexification/Recalcification (final visit; includes completed root canal therapy; apical closure/calcific repair of perforations, root resorption, etc.) .	85
D3410	Apicoectomy/Periradicular Surgery (anterior).....	180
D3421	Apicoectomy/Periradicular Surgery (bicuspid; first root)	375
D3425	Apicoectomy/Periradicular Surgery (molar; first root).....	425
D3426	Apicoectomy/Periradicular Surgery (each additional root)	140
D3430	Retrograde Filling (per root)	100
D3450	Root Amputation (per root).....	200
D3920	Hemisection (including any root removal; not including root canal therapy)	160
D3950	Canal Preparation and Fitting of Preformed Dowel or Post.....	75

H. MAJOR PROSTHETIC SERVICES

D5110	Complete Denture (maxillary).....	\$575
D5120	Complete Denture (mandibular)	575
D5130	Immediate Denture (maxillary)	575
D5140	Immediate Denture (mandibular).....	575
D5211	Maxillary Partial Denture (resin base; including any conventional clasps, rests, and teeth)	500
D5212	Mandibular Partial Denture (resin base; including any conventional clasps, rests, and teeth)	500
D5213	Maxillary Partial Denture (cast metal framework with resin denture bases; including any conventional clasps, rests, and teeth)	700
D5214	Mandibular Partial Denture (cast metal framework with resin denture bases; including any conventional clasps, rests, and teeth)	700
D5225	Maxillary Partial Denture (flexible base; including any clasps, rests and teeth)	700
D5226	Mandibular Partial Denture (flexible base; including any clasps, rests and teeth)	700
D5281	Removable Unilateral Partial Denture (one-piece cast metal; including clasps and teeth)	375
D5670	Replace All Teeth and Acrylic on Cast Metal Framework (maxillary)	50

D5671	Replace All Teeth and Acrylic on Cast Metal Framework (mandibular)	50
D5810	Interim Complete Denture (maxillary).....	300
D5811	Interim Complete Denture (mandibular)	300
D5820	Interim Partial Denture (maxillary).....	225
D5821	Interim Partial Denture (mandibular)	225
D6010	Surgical Placement of Implant Body: Endosteal Implant.....	800
D6012	Surgical Placement of Interim Implant Body for Transitional Prosthesis: Endosteal Implant.....	800
D6040	Surgical Placement: Eposteal Implant.....	800
D6050	Surgical Placement: Transosteal Implant.....	800
D6056	Prefabricated Abutment (includes placement)	800
D6057	Custom Abutment (includes placement)	800
D6058	Abutment Supported Porcelain/Ceramic Crown.....	450
D6059	Abutment Supported Porcelain Fused to Metal Crown (high noble metal)...	450
D6060	Abutment Supported Porcelain Fused to Metal Crown (predominantly base metal)	450
D6061	Abutment Supported Porcelain Fused to Metal Crown (noble metal)	450
D6062	Abutment Supported Cast Metal Crown (high noble metal)	450
D6063	Abutment Supported Cast Metal Crown (predominantly base metal)	450
D6064	Abutment Supported Cast Metal Crown (noble metal)	450
D6065	Implant Supported Porcelain/Ceramic Crown	450
D6066	Implant Supported Porcelain Fused to Metal Crown (titanium, titanium alloy, high noble metal)	450
D6067	Implant Supported Metal Crown (titanium, titanium alloy, high noble metal).	450
D6068	Abutment Supported Retainer for Porcelain/Ceramic FPD	450
D6069	Abutment Supported Retainer for Porcelain Fused to Metal FPD (high noble metal)	450
D6070	Abutment Supported Retainer for Porcelain Fused to Metal FPD (predominantly base metal)	450
D6071	Abutment Supported Retainer for Porcelain Fused to Metal FPD (noble metal)	450
D6072	Abutment Supported Retainer for Cast Metal FPD (high noble metal)	450
D6073	Abutment Supported Retainer for Cast Metal FPD (predominantly base metal)	450
D6074	Abutment Supported Retainer for Cast Metal FPD (noble metal)	450
D6075	Implant Supported Retainer for Ceramic FPD.....	450
D6076	Implant Supported Retainer for Porcelain Fused to Metal FPD (titanium, titanium alloy, or high noble metal)	450
D6077	Implant Supported Retainer for Cast Metal FPD (titanium, titanium alloy, or high noble metal)	450
D6078	Implant/Abutment Supported Fixed Denture for Completely Edentulous Arch	450
D6079	Implant/Abutment Supported Fixed Denture for Partially Edentulous Arch..	450
D6080	Implant Maintenance Procedures, Including Removal of Prosthesis, Cleansing of Prosthesis and Abutments, and Reinsertion of Prosthesis	275
D6094	Abutment Supported Crown (titanium)	450
D6194	Abutment Supported Retainer Crown for FPD (titanium)	450
D6205	Pontic (indirect resin based composite)	450
D6210	Pontic (cast high noble metal)	450
D6211	Pontic (cast predominantly base metal)	450
D6212	Pontic (cast noble metal).....	450
D6214	Pontic (titanium)	450

D6240	Pontic (porcelain fused to high noble metal)	450
D6241	Pontic (porcelain fused to predominantly base metal)	450
D6242	Pontic (porcelain fused to noble metal)	450
D6245	Pontic (porcelain/ceramic)	450
D6250	Pontic (resin with high noble metal)	450
D6251	Pontic (resin with predominantly base metal)	450
D6252	Pontic (resin with noble metal)	450
D6253	Provisional Pontic	450
D6545	Retainer (cast metal for resin-bonded fixed prosthesis)	190
D6548	Retainer (porcelain/ceramic for resin-bonded fixed prosthesis)	190
D6600	Inlay (porcelain/ceramic, two surfaces)	325
D6601	Inlay (porcelain/ceramic, three or more surfaces)	450
D6602	Inlay (cast high noble metal, two surfaces)	400
D6603	Inlay (cast high noble metal, three or more surfaces)	425
D6604	Inlay (cast predominantly base metal, two surfaces)	400
D6605	Inlay (cast predominantly base metal, three or more surfaces)	425
D6606	Inlay (cast noble metal, two surfaces)	400
D6607	Inlay (cast noble metal, three or more surfaces)	425
D6608	Onlay (porcelain/ceramic, two surfaces)	350
D6609	Onlay (porcelain/ceramic, three or more surfaces)	375
D6610	Onlay (cast high noble metal, two surfaces)	425
D6611	Onlay (cast high noble metal, three or more surfaces)	450
D6612	Onlay (cast predominantly base metal, two surfaces)	425
D6613	Onlay (cast predominantly base metal, three or more surfaces)	450
D6614	Onlay (cast noble metal, two surfaces)	425
D6615	Onlay (cast noble metal, three or more surfaces)	450
D6624	Inlay (titanium)	425
D6634	Onlay (titanium)	450
D6710	Crown (indirect resin based composite)	450
D6720	Crown (resin with high noble metal)	450
D6721	Crown (resin with predominantly base metal)	450
D6722	Crown (resin with noble metal)	450
D6740	Crown (porcelain/ceramic)	450
D6750	Crown (porcelain fused to high noble metal)	450
D6751	Crown (porcelain fused to predominantly base metal)	450
D6752	Crown (porcelain fused to noble metal)	450
D6780	Crown (3/4-cast high noble metal)	450
D6781	Crown (3/4-cast predominantly base metal)	450
D6782	Crown (3/4-cast noble metal)	450
D6783	Crown (3/4-porcelain/ceramic)	450
D6790	Crown (full-cast high noble metal)	450
D6791	Crown (full-cast predominantly base metal)	450
D6792	Crown (full-cast noble metal)	450
D6793	Provisional Retainer Crown	450
D6794	Crown (titanium)	450
D6970	Cast Post and Core (in addition to fixed partial denture retainer)	170
D6972	Prefabricated Post and Core (in addition to fixed partial denture retainer) ..	140
D6973	Core Buildup for Retainer (including any pins)	110
D6975	Coping (metal)	325

AMERICAN FAMILY LIFE ASSURANCE COMPANY OF COLUMBUS (AFLAC)
[Worldwide Headquarters • 1932 Wynnton Road • Columbus, Georgia 31999
1.800.99.AFLAC (1.800.992.3522)
Visit our web site at Aflac.com]

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

While coverage is in force, Aflac will pay \$500 for the initial treatment of one of the orthodontic procedures listed below*, subject to the Waiting Period listed in the Policy Schedule. After the initial treatment is paid and as long as coverage remains in force, we will pay \$50 when that Covered Person receives continued treatment involving one of the orthodontic procedures listed below. Maximum payment of one treatment per month for up to 18 treatments. Lifetime maximum of \$1,400 per Covered Person. The maximum amount payable under this rider is \$2,600 per Policy Year. This benefit is not payable for dental services when the initial treatment occurred prior to the Effective Date or before the Waiting Period ended.

<u>ADA Code</u>	<u>Description</u>
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

*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 this Rider.

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.



[Paul S. Amos II, President



Joey M. Loudermilk, Secretary]

AMERICAN FAMILY LIFE ASSURANCE COMPANY OF COLUMBUS (AFLAC)
[Worldwide Headquarters • 1932 Wynnton Road • Columbus, Georgia 31999
1.800.99.AFLAC (1.800.992.3522)
Visit our web site at Aflac.com]

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 Amount</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.



[
Paul S. Amos II, President



Joey M. Loudermilk, Secretary]



Application for Dental Insurance (A82000 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 Proposed Insured/Employee

Proposed Insured's/Employee's Name Last First MI

DOB Sex SSN (Optional)
Month/Day/Year

Address Street or Post Office Box Apt. No.

City State ZIP

Home Telephone Business Telephone

E-Mail Address (optional)

Are you applying for Dependent Child(ren) coverage? Yes No
If yes, Dependent Children must be under age 26 at the time of application.

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

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

Name of Dental Provider (optional):

Payroll Account Name Payroll Account No.

Name of Employer

Does anyone to be covered have any other dental insurance coverage in force
with another company? Yes No

Does anyone to be covered have any other Aflac dental insurance? Yes No
If yes, this must be a conversion of that coverage.
Please provide your current policy number.

Does the policy listed above include the orthodontic and/or cosmetic rider? Yes No
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.

- I understand that (1) Aflac is not bound by any statement made by me, or any associate/agent of Aflac, unless written herein and (2) The associate/agent cannot change the provisions of the policy or waive any of its provisions either orally or in writing.
- I understand that the premium amount listed on this application represents the premium amount that my employer will remit to Aflac on my behalf, if applicable. 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 have reviewed the statements and answers I have provided on this application. I understand that this policy is to be issued based upon these statements and answers, and any other pertinent information Aflac may require for proper underwriting. The answers are complete and true. I understand that all statements made in this application are deemed representations and not warranties, but that material misrepresentations herein may result in loss of coverage under this policy. No person to be insured is covered by any Title XIX programs such as Medicaid.

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.



Application for Dental Insurance (A82000 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 Proposed Insured

Proposed Insured's Name Last First MI

DOB Sex SSN (Optional)

Address Street or Post Office Box Apt. No.

City State ZIP

Home Telephone Business Telephone

E-Mail Address (optional)

Are you applying for Dependent Child(ren) coverage? Yes No
If yes, Dependent Children must be under age 26 at the time of application.

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

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

Name of Dental Provider (optional):

Account Name Account No.

Name of Employer

Does anyone to be covered have any other dental insurance coverage in force
with another company? Yes No

Does anyone to be covered have any other Aflac dental insurance? Yes No
If yes, this must be a conversion of that coverage.
Please provide your current policy number.

Does the policy listed above include the orthodontic and/or cosmetic rider? Yes No
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 PROPOSED INSURED

Are you currently working at your primary job with the employer listed on the front of this application? Yes No

If no, a policy will not be issued; therefore, do not submit this application.

TO BE COMPLETED BY AFLAC ASSOCIATE/AGENT

Check Coverage Desired:	<input type="checkbox"/> Individual	<input type="checkbox"/> Named Insured/ Spouse Only	<input type="checkbox"/> One-Parent Family	<input type="checkbox"/> Two-Parent Family
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<input type="checkbox"/> Essentials Policy (Series A82100) \$25 Dental Wellness <input type="checkbox"/> Level 1 Policy (Series A82200) \$50 Dental Wellness <input type="checkbox"/> Level 2 Policy (Series A82300) \$50 Dental Wellness <input type="checkbox"/> Level 3 Policy (Series A82400) \$75 Dental Wellness <input type="checkbox"/> Orthodontic Benefit Rider (Series A82050)	<input type="checkbox"/> Pre-Tax or <input type="checkbox"/> After-Tax
---	--

<input type="checkbox"/> Cosmetic Benefit Rider (Series A82051)	<input type="checkbox"/> After-Tax Only]
---	--

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

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

NOTE – IF THIS IS AN APPLICATION FOR CONVERSION: Any increased benefit amounts resulting from the replacement of 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 previous plan.

If I am applying to replace existing Aflac 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 Aflac policy and its benefits, including any attached rider(s) and its benefits, for the benefits provided in this Aflac policy.

Proposed Insured's Initials _____

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. It is not the date this application was signed by me.
- I understand that the policy I am applying for will not cover any person who has attained age 71 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 unmarried, legally Dependent Children, if any, must be under age 26 at the time of application. Once covered, unmarried legally Dependent Children will continue to be covered until the anniversary date of the policy following their 26th birthday.
- I acknowledge receipt of, if applicable:

<input type="checkbox"/> Replacement Notice	<input type="checkbox"/> Outline of Coverage	<input type="checkbox"/> <i>Guide To Health Insurance for People with Medicare</i>
---	--	--
- I understand that (1) The policy of insurance I am now applying for will be issued based upon the written answers to the questions and information asked for in this application and any other pertinent information Aflac may require for proper underwriting; (2) The policy, together with this application, endorsements, benefit agreements, riders, and attached papers, if any, constitutes the entire contract of insurance; and (3) No change to the policy will be valid until approved by Aflac's president and secretary, and noted in or attached to the policy.

- I understand that (1) Aflac is not bound by any statement made by me, or any associate/agent of Aflac, unless written herein and (2) The associate/agent cannot change the provisions of the policy or waive any of its provisions either orally or in writing.
- I understand that the premium amount listed on this application represents the premium amount that my employer will remit to Aflac on my behalf, if applicable. 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 have reviewed the statements and answers I have provided on this application. I understand that this policy is to be issued based upon these statements and answers, and any other pertinent information Aflac may require for proper underwriting. The answers are complete and true. I understand that all statements made in this application are deemed representations and not warranties, but that material misrepresentations herein may result in loss of coverage under this policy. No person to be insured is covered by any Title XIX programs such as Medicaid.

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.

REQUEST FOR CHANGE/APPLICATION FOR REINSTATEMENT – DENTAL (A82000 SERIES)
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 _____ (Optional)

Policy Number _____ Date of Birth _____

Current Address of Policyholder _____

City _____ State _____ ZIP _____ Telephone No. _____

Former Address of Policyholder _____

City _____ State _____ ZIP _____

Name of Employer _____

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

DENTAL DOWNGRADES ONLY

Delete optional benefit rider titled _____

ADDITIONS ONLY Complete applicable questions listed below. Dependent Children must be under age 26 at the time of application. Any added person will be subject to new Waiting Periods, if any, beginning from the Effective Date of addition.

Person(s) to Be Added _____

If the addition involves a Dependent Child, please complete the table below.

Date 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 A82005.

Name – Last, First, MI	Date of Birth	Sex
		<input type="checkbox"/> M <input type="checkbox"/> F
		<input type="checkbox"/> M <input type="checkbox"/> F
		<input type="checkbox"/> M <input type="checkbox"/> F
		<input type="checkbox"/> M <input type="checkbox"/> F
		<input type="checkbox"/> M <input type="checkbox"/> F
		<input type="checkbox"/> M <input type="checkbox"/> F
		<input type="checkbox"/> M <input type="checkbox"/> F
		<input type="checkbox"/> M <input type="checkbox"/> F

ANSWER QUESTION 1 FOR REINSTATEMENTS

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

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. If the Policyholder, the policy will not be reinstated; therefore, do not submit this application.

If a child, are there other children to be covered? Yes No

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, the undersigned policyholder, agree that by signing below I am submitting an application to Aflac for the reinstatement of my policy. The reinstated policy will cover only loss resulting from a condition that begins on or after the date of reinstatement.

I have read, or had read to me, the completed application and realize policy reinstatement is based upon statements and answers provided herein, and they are complete and true. I understand, for the purposes of the Time Limit on Certain Defenses provision of the policy, that the Effective Date of the policy shall now be the reinstatement date. I also understand that Aflac and I will have the same rights provided under the policy immediately before the due date of the defaulted premium, subject to any provisions endorsed on or attached to the policy in connection with the reinstatement. I further understand that coverage under the reinstated policy is subject to the terms set forth in my policy Reinstatement provision.

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

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Policyholder's Signature _____

Date _____

**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 AFLAC.COM.]**

If we at Aflac fail to provide you with reasonable and adequate service, you should feel free to contact:

**ARKANSAS INSURANCE DEPARTMENT - CONSUMER SERVICES DIVISION
1200 WEST THIRD STREET
LITTLE ROCK, ARKANSAS 72201-1904
Telephone (501) 371-2640 or Toll-Free 1-800-852-5494**

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Proposed Insured's/Employee's Signature _____ on _____
City and State Date

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

**MAKE CHECK OR MONEY ORDER PAYABLE TO AFLAC.
AMERICAN FAMILY LIFE ASSURANCE COMPANY OF COLUMBUS (AFLAC),
CLIENT SERVICES AND ADMINISTRATION,
[WORLDWIDE HEADQUARTERS • 1932 WYNNTON ROAD • COLUMBUS, GEORGIA 31999.]
[FOR INFORMATION, CALL TOLL-FREE 1-800-99-AFLAC (1-800-992-3522).
VISIT OUR WEB SITE AT AFLAC.COM.]**

Writing Associate/Agent: Please complete the following – it will become part of the policy.

Associate/Agent's Name _____

Associate/Agent's Address _____ Telephone _____

If we at Aflac fail to provide you with reasonable and adequate service, you should feel free to contact:
**ARKANSAS INSURANCE DEPARTMENT – CONSUMER SERVICES DIVISION
1200 WEST THIRD STREET, LITTLE ROCK, ARKANSAS, 72201-1904, TELEPHONE (501) 371-2640 OR
TOLL-FREE 1-800-852-5494.**

American Family Life Assurance Company of Columbus (Aflac)
[Worldwide Headquarters • 1932 Wynnton Road
Columbus, Georgia 31999
1.800.99.AFLAC (1.800.992.3522)
Visit our web site at Aflac.com]

LIMITED BENEFIT HEALTH COVERAGE
DENTAL INSURANCE POLICY

Outline of Coverage for Policy Form Series A82100
THIS IS NOT MEDICARE SUPPLEMENT COVERAGE.

If you are eligible for Medicare, review the *Medicare Supplement Buyer's Guide* furnished by Aflac.

(1) Read Your Policy Carefully: This Outline of Coverage provides a very brief description of some of the important features of your policy. This is not the insurance contract and only the actual policy provisions will control. The policy itself sets forth, in detail, the rights and obligations of both you and Aflac. It is, therefore, important that you READ YOUR POLICY CAREFULLY.

(2) Limited Benefit Health Coverage: Policies of this category are designed to provide, to persons insured, limited or supplemental coverage.

(3) Benefits: Subject to the Waiting Period listed in the Policy Schedule of your policy 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. Benefits will be paid only for specific ADA codes listed in the policy. See your policy for the specific Waiting Period for each benefit category.

A. DENTAL WELLNESS: We will pay \$25 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.

<u>ADA Code</u>	<u>Description</u>	<u>Benefit Level</u> \$25
D0120	Periodic Oral Evaluation	
D0145	Oral Evaluation for Patient Wellness	
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)	
D1203	Topical Application of Fluoride (child, prophylaxis not included)	
D1204	Topical Application of Fluoride (adult, prophylaxis not included)	
D1206	Topical Fluoride Varnish; Therapeutic Application for Moderate to High Caries Risk Patients	
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
- D0120 Periodic Oral Evaluation

B. X-RAY BENEFIT: We will pay 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.

<u>ADA Code</u>	<u>Description</u>	<u>Benefit Level</u>
		\$15
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)	
D0273	Bitewings (three films)	
D0274	Bitewings (four films)	
D0277	Vertical Bitewings (seven to eight films)	
D0330	Panoramic Film	

THE BENEFITS BELOW ARE SUBJECT TO WAITING PERIODS, AS SHOWN IN THE POLICY SCHEDULE, AND A POLICY YEAR MAXIMUM OF \$1,200 PER COVERED PERSON. THE BENEFITS LISTED ARE PER COVERED PERSON. ALL TREATMENTS MUST BE PERFORMED BY A DENTIST.

We will pay \$10 to \$750 for each procedure listed in your policy. See your policy for specific amounts payable under each of the following benefit categories.

- C. FILLINGS AND BASIC SERVICES**
- D. PAIN MANAGEMENT AND ADJUNCTIVE SERVICES**
- E. OTHER PREVENTIVE SERVICES**
- F. ORAL SURGERY, GUM TREATMENTS, AND PROSTHETIC REPAIR**
- G. CROWNS AND MAJOR SERVICES**
- H. MAJOR PROSTHETIC SERVICES**

(4) Optional Benefits:

ORTHODONTIC BENEFIT RIDER (Series A82050): Applied for Yes No

While coverage is in force, Aflac will pay \$500 for the initial treatment of one of the orthodontic procedures listed below*, subject to the Waiting Period listed in the Policy Schedule. After the initial treatment is paid and as long as coverage remains in force, we will pay \$50 when that Covered Person receives continued treatment involving one of the orthodontic procedures listed below. Maximum payment of one treatment per month for up to 18 treatments. Lifetime maximum of \$1,400 per Covered Person. The maximum amount payable under this rider is \$2,600 per Policy Year. This benefit is not payable for dental services when the initial treatment occurred prior to the Effective Date or before the Waiting Period ended.

<u>ADA Code</u>	<u>Description</u>
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

*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 this Rider.

COSMETIC BENEFIT RIDER (Series A82051): Applied for Yes No

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

(5) Exceptions, Reductions and Limitations of This Policy:

A. Aflac will not pay benefits for 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.
 8. Treatment received prior to the 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).
- 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.
- D.** Aflac will not pay benefits for services rendered by you or a member of the Immediate Family of a Covered Person.
- E.** Aflac will not pay benefits whenever coverage provided by this policy is in violation of any U.S. economic or trade sanctions. If the coverage violates U.S. economic or trade sanctions, such coverage shall be null and void.
- (6) Renewability:** This policy is guaranteed-renewable for your lifetime by payment of the premium in effect at the beginning of each renewal period. Premium rates may change only if changed on all policies of the same form number and class in force in your state.

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LIMITED BENEFIT HEALTH COVERAGE
DENTAL INSURANCE POLICY

Outline of Coverage for Policy Form Series A82200
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(2) Limited Benefit Health Coverage: Policies of this category are designed to provide, to persons insured, limited or supplemental coverage.

(3) Benefits: Subject to the Waiting Period listed in the Policy Schedule of your policy 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. Benefits will be paid only for specific ADA codes listed in the policy. See your policy for the specific Waiting Period for each benefit category.

A. DENTAL WELLNESS: We will pay \$50 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.

<u>ADA Code</u>	<u>Description</u>	<u>Benefit Level</u> \$50
D0120	Periodic Oral Evaluation	
D0145	Oral Evaluation for Patient Wellness	
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)	
D1203	Topical Application of Fluoride (child, prophylaxis not included)	
D1204	Topical Application of Fluoride (adult, prophylaxis not included)	
D1206	Topical Fluoride Varnish; Therapeutic Application for Moderate to High Caries Risk Patients	
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
- D0120 Periodic Oral Evaluation

B. X-RAY BENEFIT: We will pay 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.

<u>ADA Code</u>	<u>Description</u>	<u>Benefit Level</u>
		\$35
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)	
D0273	Bitewings (three films)	
D0274	Bitewings (four films)	
D0277	Vertical Bitewings (seven to eight films)	
D0330	Panoramic Film	

THE BENEFITS BELOW ARE SUBJECT TO WAITING PERIODS, 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.

We will pay \$15 to \$850 for each procedure listed in your policy. See your policy for specific amounts payable under each of the following benefit categories.

- C. FILLINGS AND BASIC SERVICES**
- D. PAIN MANAGEMENT AND ADJUNCTIVE SERVICES**
- E. OTHER PREVENTIVE SERVICES**
- F. ORAL SURGERY, GUM TREATMENTS, AND PROSTHETIC REPAIR**
- G. CROWNS AND MAJOR SERVICES**
- H. MAJOR PROSTHETIC SERVICES**

(4) Optional Benefits:

ORTHODONTIC BENEFIT RIDER (Series A82050): Applied for Yes No

While coverage is in force, Aflac will pay \$500 for the initial treatment of one of the orthodontic procedures listed below*, subject to the Waiting Period listed in the Policy Schedule. After the initial treatment is paid and as long as coverage remains in force, we will pay \$50 when that Covered Person receives continued treatment involving one of the orthodontic procedures listed below. Maximum payment of one treatment per month for up to 18 treatments. Lifetime maximum of \$1,400 per Covered Person. The maximum amount payable under this rider is \$2,600 per Policy Year. This benefit is not payable for dental services when the initial treatment occurred prior to the Effective Date or before the Waiting Period ended.

<u>ADA Code</u>	<u>Description</u>
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

*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 this Rider.

COSMETIC BENEFIT RIDER (Series A82051): Applied for Yes No

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

(5) Exceptions, Reductions and Limitations of This Policy:

A. Aflac will not pay benefits for 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.
 8. Treatment received prior to the 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).
- 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.
- D.** Aflac will not pay benefits for services rendered by you or a member of the Immediate Family of a Covered Person.
- E.** Aflac will not pay benefits whenever coverage provided by this policy is in violation of any U.S. economic or trade sanctions. If the coverage violates U.S. economic or trade sanctions, such coverage shall be null and void.
- (6) Renewability:** This policy is guaranteed-renewable for your lifetime by payment of the premium in effect at the beginning of each renewal period. Premium rates may change only if changed on all policies of the same form number and class in force in your state.

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LIMITED BENEFIT HEALTH COVERAGE
DENTAL INSURANCE POLICY

Outline of Coverage for Policy Form Series A82300
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(2) Limited Benefit Health Coverage: Policies of this category are designed to provide, to persons insured, limited or supplemental coverage.

(3) Benefits: Subject to the Waiting Period listed in the Policy Schedule of your policy 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. Benefits will be paid only for specific ADA codes listed in the policy. See your policy for the specific Waiting Period for each benefit category.

A. DENTAL WELLNESS: We will pay \$50 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.

<u>ADA Code</u>	<u>Description</u>	<u>Benefit Level</u>
		\$50
D0120	Periodic Oral Evaluation	
D0145	Oral Evaluation for Patient Wellness	
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)	
D1203	Topical Application of Fluoride (child, prophylaxis not included)	
D1204	Topical Application of Fluoride (adult, prophylaxis not included)	
D1206	Topical Fluoride Varnish; Therapeutic Application for Moderate to High Caries Risk Patients	
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
- D0120 Periodic Oral Evaluation

B. X-RAY BENEFIT: We will pay 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.

<u>ADA Code</u>	<u>Description</u>	<u>Benefit Level</u>
		\$35
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)	
D0273	Bitewings (three films)	
D0274	Bitewings (four films)	
D0277	Vertical Bitewings (seven to eight films)	
D0330	Panoramic Film	

THE BENEFITS BELOW ARE SUBJECT TO WAITING PERIODS, AS SHOWN IN THE POLICY SCHEDULE, AND A POLICY YEAR MAXIMUM OF \$1,600 PER COVERED PERSON. THE BENEFITS LISTED ARE PER COVERED PERSON. ALL TREATMENTS MUST BE PERFORMED BY A DENTIST.

We will pay \$15 to \$975 for each procedure listed in your policy. See your policy for specific amounts payable under each of the following benefit categories.

- C. FILLINGS AND BASIC SERVICES**
- D. PAIN MANAGEMENT AND ADJUNCTIVE SERVICES**
- E. OTHER PREVENTIVE SERVICES**
- F. ORAL SURGERY, GUM TREATMENTS, AND PROSTHETIC REPAIR**
- G. CROWNS AND MAJOR SERVICES**
- H. MAJOR PROSTHETIC SERVICES**

(4) Optional Benefits:

ORTHODONTIC BENEFIT RIDER (Series A82050): Applied for Yes No

While coverage is in force, Aflac will pay \$500 for the initial treatment of one of the orthodontic procedures listed below*, subject to the Waiting Period listed in the Policy Schedule. After the initial treatment is paid and as long as coverage remains in force, we will pay \$50 when that Covered Person receives continued treatment involving one of the orthodontic procedures listed below. Maximum payment of one treatment per month for up to 18 treatments. Lifetime maximum of \$1,400 per Covered Person. The maximum amount payable under this rider is \$2,600 per Policy Year. This benefit is not payable for dental services when the initial treatment occurred prior to the Effective Date or before the Waiting Period ended.

<u>ADA Code</u>	<u>Description</u>
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

*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 this Rider.

COSMETIC BENEFIT RIDER (Series A82051): Applied for Yes No

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

(5) Exceptions, Reductions and Limitations of This Policy:

A. Aflac will not pay benefits for losses caused by or resulting from:

1. Any procedure not shown on the Schedule of Dental Procedures.
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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.
 8. Treatment received prior to the 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).
- 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.
- D.** Aflac will not pay benefits for services rendered by you or a member of the Immediate Family of a Covered Person.
- E.** Aflac will not pay benefits whenever coverage provided by this policy is in violation of any U.S. economic or trade sanctions. If the coverage violates U.S. economic or trade sanctions, such coverage shall be null and void.
- (6) Renewability:** This policy is guaranteed-renewable for your lifetime by payment of the premium in effect at the beginning of each renewal period. Premium rates may change only if changed on all policies of the same form number and class in force in your state.

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LIMITED BENEFIT HEALTH COVERAGE
DENTAL INSURANCE POLICY

Outline of Coverage for Policy Form Series A82400
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(2) Limited Benefit Health Coverage: Policies of this category are designed to provide, to persons insured, limited or supplemental coverage.

(3) Benefits: Subject to the Waiting Period listed in the Policy Schedule of your policy 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. Benefits will be paid only for specific ADA codes listed in the policy. See your policy for the specific Waiting Period for each benefit category.

A. DENTAL WELLNESS: We will pay \$75 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.

<u>ADA Code</u>	<u>Description</u>	<u>Benefit Level</u> \$75
D0120	Periodic Oral Evaluation	
D0145	Oral Evaluation for Patient Wellness	
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)	
D1203	Topical Application of Fluoride (child, prophylaxis not included)	
D1204	Topical Application of Fluoride (adult, prophylaxis not included)	
D1206	Topical Fluoride Varnish; Therapeutic Application for Moderate to High Caries Risk Patients	
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
- D0120 Periodic Oral Evaluation

B. X-RAY BENEFIT: We will pay 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.

<u>ADA Code</u>	<u>Description</u>	<u>Benefit Level</u>
		\$35
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)	
D0273	Bitewings (three films)	
D0274	Bitewings (four films)	
D0277	Vertical Bitewings (seven to eight films)	
D0330	Panoramic Film	

THE BENEFITS BELOW ARE SUBJECT TO WAITING PERIODS, AS SHOWN IN THE POLICY SCHEDULE, AND A POLICY YEAR MAXIMUM OF \$1,800 PER COVERED PERSON. THE BENEFITS LISTED ARE PER COVERED PERSON. ALL TREATMENTS MUST BE PERFORMED BY A DENTIST.

We will pay \$15 to \$1,100 for each procedure listed in your policy. See your policy for specific amounts payable under each of the following benefit categories.

- C. FILLINGS AND BASIC SERVICES**
- D. PAIN MANAGEMENT AND ADJUNCTIVE SERVICES**
- E. OTHER PREVENTIVE SERVICES**
- F. ORAL SURGERY, GUM TREATMENTS, AND PROSTHETIC REPAIR**
- G. CROWNS AND MAJOR SERVICES**
- H. MAJOR PROSTHETIC SERVICES**

(4) Optional Benefits:

ORTHODONTIC BENEFIT RIDER (Series A82050): Applied for Yes No

While coverage is in force, Aflac will pay \$500 for the initial treatment of one of the orthodontic procedures listed below*, subject to the Waiting Period listed in the Policy Schedule. After the initial treatment is paid and as long as coverage remains in force, we will pay \$50 when that Covered Person receives continued treatment involving one of the orthodontic procedures listed below. Maximum payment of one treatment per month for up to 18 treatments. Lifetime maximum of \$1,400 per Covered Person. The maximum amount payable under this rider is \$2,600 per Policy Year. This benefit is not payable for dental services when the initial treatment occurred prior to the Effective Date or before the Waiting Period ended.

<u>ADA Code</u>	<u>Description</u>
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

*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 this Rider.

COSMETIC BENEFIT RIDER (Series A82051): Applied for Yes No

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

(5) Exceptions, Reductions and Limitations of This Policy:

A. Aflac will not pay benefits for 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.
 8. Treatment received prior to the 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).
- 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.
- D.** Aflac will not pay benefits for services rendered by you or a member of the Immediate Family of a Covered Person.
- E.** Aflac will not pay benefits whenever coverage provided by this policy is in violation of any U.S. economic or trade sanctions. If the coverage violates U.S. economic or trade sanctions, such coverage shall be null and void.
- (6) Renewability:** This policy is guaranteed-renewable for your lifetime by payment of the premium in effect at the beginning of each renewal period. Premium rates may change only if changed on all policies of the same form number and class in force in your state.

**RETAIN FOR YOUR RECORDS.
THIS OUTLINE OF COVERAGE IS ONLY A BRIEF SUMMARY OF THE COVERAGE PROVIDED.
THE POLICY ITSELF SHOULD BE CONSULTED TO DETERMINE
GOVERNING CONTRACTUAL PROVISIONS.**

SERFF Tracking Number: AFLA-126621749 State: Arkansas
 Filing Company: American Family Life Assurance Company of Columbus State Tracking Number: 45634
 Company Tracking Number: A82000
 TOI: H101 Individual Health - Dental Sub-TOI: H101.000 Health - Dental
 Product Name: Dental
 Project Name/Number: A82000 Series/A82000

Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Flesch Certification	Approved-Closed	05/17/2010
Comments:		
The attached filing letter provides a filing description, certification of Rule & Regulation 19, Rule & Regulation 49, Flesch Certification signed by our department officer.		
Attachment:		
AR A82000 DTG ltrSERFF.pdf		

	Item Status:	Status Date:
Satisfied - Item: Application	Approved-Closed	05/26/2010
Comments:		
For the fraud statement please refer to the AssignARR and AssigncARR which were previously approved under AFLA-126031425 on February 12, 2009. These forms will be combined with either the A82PAPPAR or A82UAPPAR Application Forms to make application for the policy.		

Payroll Application Form A82PAPPAR is self-explanatory and will be used to make application for the policy and the optional rider forms on a payroll basis.

Union Application Form A82UAPPAR is self-explanatory and will be used to make application for the policy and the optional rider forms on a union basis.

Forms A82PAPPAR and A82UAPPAR will be used in conjunction with Forms AssignARR and AssigncARR to apply for the policies. Forms A82PAPPAR and A82UAPPAR will be used to collect the personal information and select the type of coverage desired. Form AssignARR or AssigncARR will be used to collect the applicant's and agent's signature. When the final application prints and is attached to the policy at the time of issue, the application form and a signature page will be combined to reflect a complete application. Forms AssignARR and AssigncARR were previously approved under AFLA-126031425 on February 12, 2009. These forms differ in that Form AssigncARR contains an agent's certification statement. Form AssignARR does NOT contain the agent's certification statement and will be used in situations where the associate/agent is unable to be present at the time of application.

SERFF Tracking Number: AFLA-126621749 State: Arkansas
 Filing Company: American Family Life Assurance Company of Columbus State Tracking Number: 45634
 Company Tracking Number: A82000
 TOI: H101 Individual Health - Dental Sub-TOI: H101.000 Health - Dental
 Product Name: Dental
 Project Name/Number: A82000 Series/A82000

Additional Information Supplement Form A82005AR will be used in conjunction with the application to capture dependent child(ren) information.

Request for Change/Application for Reinstatement Form A82003AR is self-explanatory and will be used to reinstate policies that have lapsed for non-payment of premium.

Attachments:

AssignARR.pdf
 AssigncARR.pdf

	Item Status:	Status Date:
Satisfied - Item: Health - Actuarial Justification	Approved-Closed	05/26/2010

Comments:

The actuarial memorandum, attachment and rates are attached.

Attachments:

DentARMemo.pdf
 DentARAttach1.pdf
 DentARRates.pdf

	Item Status:	Status Date:
Bypassed - Item: Outline of Coverage	Approved-Closed	05/26/2010

Bypass Reason: Outline of Coverage Forms A82125AR, A82225AR, A82325AR, or A82425AR will be given to the applicant at the time of application.

Comments:

	Item Status:	Status Date:
Satisfied - Item: Redline	Approved-Closed	05/26/2010

Comments:

A redlined compare of Policy Form A82400AR is attached for your convenience.

Attachment:

A82400AR REDLINE CMP 05 25 2010.pdf



*Deborah T. Grantham
AIRC, HIA, ACS
Second Vice President
Compliance Department*

May 10, 2010

Mr. Joe Musgrove
Arkansas Insurance Department
1200 West Third Street
Little Rock, AR 72201-1904

NAIC # 60380

RE: Dental Insurance Policy Forms A82100AR, A82200AR, A82300AR and A82400AR, Orthodontic Benefit Rider Form A82050, Cosmetic Benefit Rider Form A82051, Payroll Application Form A82PAPPAR, Union Application Form A82UAPPAR, Additional Information Supplement Form A82005AR, Outline of Coverage Forms A82125AR, A82225AR, A82325AR, and A82425AR, and Request for Change/Application for Reinstatement Form A82003AR.

Referenced forms are submitted for your review and approval. Nebraska, our state of domicile, has approved similar versions of these forms on May 07, 2010.

Dental Insurance Policy Forms A82100AR, A82200AR, A82300AR and A82400AR, are policies designed to pay indemnity benefits for a specified schedule of dental procedures, subject to waiting periods and annual maximums.

The policy forms are identical aside from the benefit amounts. The policies will be marketed through payroll deduction and on a union basis to applicants age 18 through 70. These policies are guaranteed-renewable and benefits do not reduce upon the policyholder's attainment of a specific age.

Orthodontic Benefit Rider Form A82050 pays an indemnity amount for certain orthodontic procedures with a lifetime maximum of \$1,400 for specified orthodontic procedures per covered person. The maximum amount payable under this rider is \$2,600 per Policy Year.

Cosmetic Benefit Rider Form A82051 pays an indemnity benefit amount for cosmetic dental treatment with a lifetime maximum of \$1,800 per policy.

Payroll Application Form A82PAPPAR is self-explanatory and will be used to make application for the policy and the optional rider forms on a payroll basis.

Union Application Form A82UAPPAR is self-explanatory and will be used to make application for the policy and the optional rider forms on a union basis.

Forms A82PAPPAR and A82UAPPAR will be used in conjunction with Forms AssignARR and AssigncARR to apply for the policies. Forms A82PAPPAR and A82UAPPAR will be used to collect the personal information and select the type of coverage desired. Form AssignARR or

AsigncARR will be used to collect the applicant's and agent's signature. When the final application prints and is attached to the policy at the time of issue, the application form and a signature page will be combined to reflect a complete application. **Forms AsignARR and AsigncARR were previously approved under AFLA-126031425 on February 12, 2009.** These forms differ in that Form AsigncARR contains an agent's certification statement. Form AsignARR does NOT contain the agent's certification statement and will be used in situations where the associate/agent is unable to be present at the time of application.

Additional Information Supplement Form A82005AR will be used in conjunction with the application to capture dependent child(ren) information.

Request for Change/Application for Reinstatement Form A82003AR is self-explanatory and will be used to reinstate policies that have lapsed for non-payment of premium.

Outline of Coverage Forms A82125AR, A82225AR, A82325AR, or A82425AR will be given to the applicant at the time of application.

I certify that the following forms comply with the requirements of Arkansas Statue Annotated Sections 23-80-201 through 23-80-208, cited as the Life and Disability Insurance Policy Language Simplification Act.

I certify that the enclosed forms meet the minimum reading ease score for the FLESCH test. I further certify the scores for each form are as follows:

	<u>FLESCH Score</u>
Policy Form A82100AR	55.998
Policy Form A82200AR	66.472
Policy Form A82300AR	62.707
Policy Form A82400AR	65.750
Rider Form A82050	56.77
Rider Form A82051	66.88
Application Form A82PAPPAR	59.88
Application Form A82UAPPAR	61.24
Request for Change/Application for Reinstatement Form A82003AR	63.40
Additional Information Supplement Form A82005AR	82.576
Outline of Coverage Form A82125AR	61.508
Outline of Coverage Form A82225AR	60.186
Outline of Coverage Form A82325AR	60.007
Outline of Coverage Form A82425AR	60.249

An actuarial memorandum and rate sheets are also enclosed for your review and approval.

I certify that the forms submitted herewith meet the: applicable provision of Rule and Regulation 18 of the Arkansas Insurance Department Regulations as well as meeting the applicable requirements of Arkansas Insurance Department.

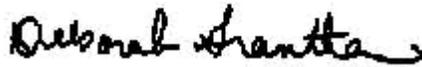
I certify that the forms submitted herewith meet the requirements of Rule and Regulation 49 of the Arkansas Insurance Department Regulations, Life and Disability Guaranty Fund Notices.

The filing fee is submitted by EFT in this SERFF filing. FLESCH certification is provided above.

Aflac reserves the right to alter the format of the forms without re-filing due to future technology changes, i.e. paper size, font, font type, line ending or page ending changes. Be assured that any minimum font-size requirements will be met. When a policy is issued, the company logo will appear at the top left of page one. Any changes to wording or content would be filed for prior approval. We have included brackets in all forms around the address, telephone number, web site, and officer signatures in the event these change in the future. We also reserve the right to use these forms in an electronic format, but Aflac certifies we will retain the filed final print format.

This filing has been prepared by Connie Gates. Should you have any questions or comments concerning this submission, please do not hesitate to call her collect at (706) 596-5048, by fax at (706) 660-7080 or email at cgates@aflac.com. A return envelope is enclosed for your convenience.

Sincerely,

A handwritten signature in black ink that reads "Deborah T. Grantham". The signature is written in a cursive style with a prominent flourish at the end.

Deborah T. Grantham
DTG/CG/cg
Enclosures

I, the undersigned Proposed Insured/Employee, agree that by signing below I am submitting an application to Aflac for the following insurance policy(ies).

- | | | |
|--|---|---|
| <input type="checkbox"/> Lump Sum Critical Illness | <input type="checkbox"/> Dental | <input type="checkbox"/> Vision |
| <input type="checkbox"/> Lump Sum Cancer | <input type="checkbox"/> Hospital Confinement | <input type="checkbox"/> Specified Disease/Cancer |
| <input type="checkbox"/> Short Term Disability | <input type="checkbox"/> Specified Health Event | <input type="checkbox"/> Hospital Intensive Care |
| <input type="checkbox"/> Accident | | |

- This is an electronic application. It has been completed and signed by me electronically without the presence of an associate/agent.
- I verify that the unique identifier used to sign this application is mine and that by clicking the "Accept" button I am signing the application(s) electronically. I further understand, agree, and authorize my employer to deduct the premiums for this policy(ies) from my paycheck.
- I would prefer to receive an electronic copy of my policy(ies) instead of paper. Yes No

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Signed and Dated at _____ on _____
City and State Date

Proposed Insured's/Employee's Signature _____

**MAKE CHECK OR MONEY ORDER PAYABLE TO AFLAC.
AMERICAN FAMILY LIFE ASSURANCE COMPANY OF COLUMBUS (AFLAC),
CLIENT SERVICES AND ADMINISTRATION,
[WORLDWIDE HEADQUARTERS • 1932 WYNNTON ROAD • COLUMBUS, GEORGIA 31999.]
[FOR INFORMATION, CALL TOLL-FREE 1-800-99-AFLAC (1-800-992-3522).
VISIT OUR WEB SITE AT AFLAC.COM.]**

If we at Aflac fail to provide you with reasonable and adequate service, you should feel free to contact:
**ARKANSAS INSURANCE DEPARTMENT – CONSUMER SERVICES DIVISION
1200 WEST THIRD STREET, LITTLE ROCK, ARKANSAS, 72201-1904, TELEPHONE (501) 371-2640 OR
TOLL-FREE 1-800-852-5494.**

I, the undersigned Proposed Insured/Employee, agree that by signing below I am submitting an application to Aflac for the following insurance policy(ies).

- | | | |
|--|---|---|
| <input type="checkbox"/> Lump Sum Critical Illness | <input type="checkbox"/> Dental | <input type="checkbox"/> Vision |
| <input type="checkbox"/> Lump Sum Cancer | <input type="checkbox"/> Hospital Confinement | <input type="checkbox"/> Specified Disease/Cancer |
| <input type="checkbox"/> Short Term Disability | <input type="checkbox"/> Specified Health Event | <input type="checkbox"/> Hospital Intensive Care |
| <input type="checkbox"/> Accident | | |

I would prefer to receive an electronic copy of my policy(ies) instead of paper. Yes No

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Signed and Dated at _____ on _____
City and State Date

Proposed Insured's/Employee's Signature _____

I certify that I personally saw the Proposed Insured/Employee when the application was written, and each question was asked of the Proposed Insured/Employee and answered as recorded. All answers above are correct to the best of my knowledge.

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

**MAKE CHECK OR MONEY ORDER PAYABLE TO AFLAC.
AMERICAN FAMILY LIFE ASSURANCE COMPANY OF COLUMBUS (AFLAC),
CLIENT SERVICES AND ADMINISTRATION,
[WORLDWIDE HEADQUARTERS • 1932 WYNNTON ROAD • COLUMBUS, GEORGIA 31999.]
[FOR INFORMATION, CALL TOLL-FREE 1-800-99-AFLAC (1-800-992-3522).
VISIT OUR WEB SITE AT AFLAC.COM.]**

Writing Associate/Agent: Please complete the following – it will become part of the policy.

Associate/Agent's Name _____

Associate/Agent's Address _____ Telephone _____

If we at Aflac fail to provide you with reasonable and adequate service, you should feel free to contact:
**ARKANSAS INSURANCE DEPARTMENT – CONSUMER SERVICES DIVISION
1200 WEST THIRD STREET, LITTLE ROCK, ARKANSAS, 72201-1904, TELEPHONE (501) 371-2640 OR
TOLL-FREE 1-800-852-5494.**

American Family Life Assurance Company of Columbus (Aflac)
Actuarial Memorandum

Individual Dental Policy Series A82000

Policy Forms: A82100AR, A82200AR, A82300AR, A82400AR
Orthodontic Rider Form A82050, Cosmetic Rider Form A82051

State of Arkansas

Scope & Purpose

These policies are intended to provide coverage for costs associated with Dental care. These policies are guaranteed renewable, subject to the Company's right to revise premiums on a class basis by state. These policies will be marketed individually through agents of the Company and through brokers. This material is intended for the purpose of filing with the State Insurance Department. It is not intended for other purposes.

Benefit Description

Policy Forms A82100AR - A82400AR

These plans pay indemnity benefits for a specific schedule of dental procedures, subject to waiting periods and annual maximums. Types of procedures covered are:

- Preventive Benefits: Including Dental Wellness and X-ray
- Fillings and Basic Restorative
- Pain Management and Adjunctive
- Other Preventive
- Oral Surgery, Gum Treatment and Prosthetic Repair
- Crowns and Major Services
- Major Prosthetic Services
- Annual Maximum Building Benefit

The Dental Wellness benefit pays an indemnity amount when a dental procedure listed as a wellness procedure is performed. 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. This benefit has no waiting period and is not included in the calculation of the total maximum benefits payable per policy year per covered person.

The X-Ray benefit pays an indemnity amount when a dental procedure listed as an X-ray procedure is performed. This benefit is payable once per policy year per covered person. This benefit has no waiting period and is not included in the calculation of the total maximum benefits payable per policy year per covered person.

All other benefits are payable from a schedule of benefits, subject to waiting periods and annual maximums per covered person.

Annual Maximum Building Benefit increases each covered person's policy year maximum amount by \$100 after each 12 consecutive months of the policy being in force. This benefit builds to a maximum of \$500 per covered person.

Wellness indemnity amounts, x-ray indemnity amounts, the schedule of benefits, waiting periods and annual maximums for each policy form are attached.

Orthodontic Rider A82050

This rider pays an indemnity amount for specified Orthodontic procedures, subject to a twenty four months waiting period. Benefits are subject to a lifetime maximum of \$1,400 per covered person and a policy year maximum of \$2,600.

Cosmetic Rider A82051

This rider pays indemnity amounts from a schedule of cosmetic dental procedures, subject to a twenty four months waiting period. Benefits are subject to a policy year maximum of \$600 and lifetime maximum of \$1,800 per policy.

Renewability Clause

These policies are Guaranteed Renewable for life.

Calculation Method

Premiums are based on issue age and are anticipated to remain level during the lifetime of the policies. The premiums were calculated by projecting experience over the anticipated life of the policy and tested to demonstrate compliance with appropriate loss ratio standards. Assumptions used in the calculations and testing include:

Morbidity

Incidence rates by procedure code were developed based on data from consultants and company data. Claim costs were then constructed based on these incidence rates and the corresponding benefit amounts, waiting periods, and annual maximums.

Persistency

The persistency assumptions for these forms are based on Company experience on similarly marketed policy forms.

Distribution

Issue distribution by age and family coverage type is based on Company experience on similarly marketed policy forms.

Premium Classes

All rates apply to both males and females.

These policies may be sold with the following coverage:

1. Individual: covering the Named Insured only.
2. One-Parent Family: covering the Named Insured and Dependent Children.
3. Named Insured/Spouse Only: covering the Named Insured and Spouse.
4. Two-Parent Family: covering the Named Insured, Spouse and Dependent Children.

Premium classifications for these plans include:

Payroll Deduction policies are written on an individual basis to employees of common employer groups with premiums collected through the payroll deduction process or any other method agreed to by Aflac and the employer.

Transfer policies are policies that were sold through payroll deduction and the persons later left their employer group and are billed on an individual basis.

Union policies are written on members of trade or labor union and not billed through payroll deduction process and the members pay premium directly to the company or through central billing arrangement.

Issue Age Range

These policies will be issued for ages 18-70 on Payroll and Union basis. Premiums are based on issue age with insuring age being age last birthday.

Premium Modalization Rules

These policies use the following modal factors:

Quarterly	=	3 X Monthly
Semi-annually	=	6 X Monthly
Annual	=	12 X Monthly

Average Annual Premium

The anticipated average annual premium at issue for this series is \$556.

Lifetime Loss Ratio

The anticipated lifetime loss ratio for this series, calculated as the present value of incurred claims divided by the present value of earned premiums, meets or exceeds 50%.

Actuarial Certification

To the best of my knowledge and judgment, this rate filing is in compliance with applicable laws of the State and Actuarial Standard of Practice No. 8 and the benefits provided are reasonable in relation to the proposed premiums.



5/4/2010

Jason Van Pelt, FSA, MAAA

Date

Attachment I

American Family Life Assurance Company of Columbus (Aflac)
Dental Policy Series A82000
Benefits, Waiting Periods, and Annual Maximums by plan

ADA Code	Description	Waiting Period	Benefit Amounts			
			A82100AR	A82200AR	A82300AR	A82400AR
Dental Wellness	Pays two visits per calendar year per covered insured. Visits must be separated by 150 days or more. Any one or more of the following codes counts as a wellness visit:	0 Month	\$ 25	\$ 50	\$ 50	\$ 75
D0120	Periodic Oral Eval		-	-	-	-
D0145	Oral evaluation for patient wellness		-	-	-	-
D0150	Comprehensive oral evaluation - new or established patient		-	-	-	-
D0160	Detailed & Extensive Oral Eval-Problem-Focused By Report		-	-	-	-
D0170	Re-evaluation - limited, problem focused (established patient; not post-operative visit)		-	-	-	-
D0180	Comprehensive periodontal evaluation		-	-	-	-
D0425	Caries Susceptibility Tests		-	-	-	-
D1110	Prophylaxis-Adult		-	-	-	-
D1120	Prophylaxis-Child		-	-	-	-
D1203	Topical Applic Fluoride (Pxs Not Incl)-Child		-	-	-	-
D1204	Topical Applic Fluoride (Pxs Not Incl)-Adult		-	-	-	-
D1206	Topical fluoride varnish; therap app for mod to high caries risk patients		-	-	-	-
D1310	Nutritional Counseling-Contrl Dental Disease		-	-	-	-
D1320	Tobacco Counseling-Contrl & Preven Oral Disease		-	-	-	-
D1330	Oral Hygiene Instruc		-	-	-	-
D4910	periodontal maintenance		-	-	-	-
D9430	Offic Visit For Obsrv (Reg Hrs)-No Oth Serv)		-	-	-	-
D9910	Applic Desensitizing Meds		-	-	-	-
X-Ray	Payable once per visit, regardless of the number of X-rays received. This benefit is payable only once per Policy Year per covered person. Any one or more of the following codes counts as an X-Ray:	0 Month	\$ 15	\$ 35	\$ 35	\$ 35
D0210	Intraoral-Complt Series (Incl Bitewings)		-	-	-	-
D0220	Intraoral-Periapical-First Film		-	-	-	-
D0230	Intraoral-Periapical-Ea Add Film		-	-	-	-
D0240	Intraoral-Occlusal Film		-	-	-	-
D0250	Extraoral-First Film		-	-	-	-
D0260	Extraoral-Ea Add Film		-	-	-	-
D0270	Bitewing-Sngl Film		-	-	-	-
D0272	Bitewings-2 Films		-	-	-	-
D0273	Bitewings- 3 Films		-	-	-	-
D0274	Bitewings-4 Films		-	-	-	-
D0277	Vertical Bitewings- 7 to 8 films		-	-	-	-
D0330	Panoramic Film		-	-	-	-
D0340	Cephalometric Film		-	-	-	-
Filling & Basic Services		3 Months				
D0140	Ltd Oral Eval-Problem Focused		20	25	30	35
D0290	PA/LAT Skull & Facial Bone Survey Film		60	65	75	80
D0310	Sialography		160	170	190	200
D0415	Bacteriologic Studies-Determ Path Agents		10	15	15	15
D0416	Viral Culture		10	15	15	15
D0417	Collection and preparation of saliva sample for lab diagnostic testing		10	15	15	15
D0418	Analysis of saliva sample		10	15	15	15
D0421	Genetic test for susceptibility to oral diseases		10	15	15	15
D0431	Adjunctive pre-diagnostic test that aids in detection of mucosal abnormalities inclu		10	15	15	15
D0460	Pulp Vitality Tests		15	15	15	20
D0470	Diagnostic Casts		20	30	30	35
D2140	Amalgam-1 Surface, primary or permanent					
	primary		30	45	55	65
	permanent		45	60	75	85
D2150	Amalgam-2 Surfaces, primary or permanent					
	primary		30	50	65	75
	permanent		50	65	80	95
D2160	Amalgam-3 Surfaces, primary or permanent					
	primary		40	55	65	75
	permanent		55	70	85	100
D2161	Amalgam-4/More Surfaces, primary or permanent					
	primary		45	60	75	85
	permanent		60	75	95	110

Attachment I

American Family Life Assurance Company of Columbus (Aflac)
Dental Policy Series A82000
Benefits, Waiting Periods, and Annual Maximums by plan

ADA Code	Description	Waiting Period	Benefit Amounts			
			A82100AR	A82200AR	A82300AR	A82400AR
D2330	Resin-1 Surface Ant		40	55	70	85
D2331	Resin-2 Surfaces Ant		50	65	85	100
D2332	Resin-3 Surfaces Ant		55	75	100	120
D2335	Resin-4/More Surfaces/Involv Incisal Angle (Ant)		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-1 Surface		200	225	250	275
D2420	Gold Foil-2 Surfaces		225	250	275	325
Pain Management & Adjunctive Services		3 Months				
D9110	Palliative (Er) Tx Dental Pain-Minor Proc		\$ 30	\$ 30	\$ 35	\$ 35
D9220	Deep sedation/general anesthesia - first 30 minutes		75	85	90	100
D9221	Deep sedation/general anesthesia - each additional 15 minutes		75	85	90	100
D9230	Analgesia, anxiolysis, nitrous oxide		75	85	90	100
D9241	Intravenous conscious sedation/analgesia - first 30 minutes		120	130	140	150
D9310	Consultation (Diag Serv By Non Treating Practioner)		25	30	35	40
D9410	House call		25	30	35	40
D9420	Hospital call		25	30	35	40
D9440	Offic Visit-After Reg Scheduled Hrs		25	30	35	40
D9450	Case presentation, detailed and extensive treatment planning		25	30	35	40
Other Preventive Services		6 Months				
D1351	Sealant-Per Tooth		\$ 15	\$ 20	\$ 20	\$ 30
D1510	Space Maintainer-Fix-Unilat		80	85	95	100
D1515	Space Maintainer-Fix-Bilat		100	110	120	130
D1520	Space Maintainer-Remov-Unilat		80	85	95	100
D1525	Space Maintainer-Remov-Bilat		100	110	120	130
D1550	Recementation Space Maintainer		35	40	45	50
D1555	Removal of Fixed Space Maintaner		80	85	95	100
Oral Surgery, Gum Treatments & Prosthetic Repair		6 Months				
D4210	Gingivectomy or Gingivoplasty-four or more contiguos 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
D4230	Anatomical crown exposure - four or more contiguous teeth per quadrant		130	150	160	170
D4231	Anatomical crown exposure - one to three teeth per quadrant		45	50	50	55
D4240	Gingival Flap Procedure, including root planning - four or more contiguos teeth or bounded teeth		225	250	275	300
D4241	Gingival Flap Proc Incl Root Planing- 1 to 3 teeth		225	250	275	300
D4249	Clin Crown Lengthening-Hard Tiss		250	275	300	325
D4260	Osseous Surgery (including flap entry and closure)-four or more contiguos teeth or bounded teeth		250	275	300	375
D4261	Osseous Graft - One site		250	275	300	375
D4263	Bone Replac Gft-First Site In Quadrant		275	300	325	375
D4264	Bone Replac Gft-Ea Add Site In Quadrant		225	225	250	275
D4270	Pedicle Soft Tiss Gft Proc		275	300	325	375
D4271	Free Soft Tiss Gft Proc (Incl Donor Site Surg)		275	300	325	375
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 & Root Planing - four or more contiguos teeth or bounded teeth spaces		60	65	80	85
D4342	Periodontal Scaling & Root Planing 1 to 3 teeth		60	65	80	85
D4355	Full Mouth Debridement to Enable comprehensive evaluation and diagnosis		55	60	65	75
D5410	Adjust Complt Denture-Maxil		20	30	30	35
D5411	Adjust Complt Denture-Mandib		20	30	30	35
D5421	Adjust Part Denture-Maxil		20	30	30	35
D5422	Adjust Part Denture-Mandib		20	30	30	35
D5510	Repr Broken Complt Denture Base		45	50	50	55
D5520	Replace Miss/Brkn Teeth-Complt Denture(Ea Tooth)		40	45	45	50

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American Family Life Assurance Company of Columbus (Aflac)
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Benefits, Waiting Periods, and Annual Maximums by plan

ADA Code	Description	Waiting Period	Benefit Amounts			
			A82100AR	A82200AR	A82300AR	A82400AR
D5610	Repr Resin Denture Base		45	50	50	55
D5620	Repr Cast Framework		60	65	75	85
D5630	Repr/Replace Broken Clasp		50	55	60	65
D5640	Replace Broken Teeth-Per Tooth		40	45	45	50
D5650	Add Tooth To Existing Part Denture		45	50	55	60
D5660	Add Clasp To Existing Part Denture		60	65	75	80
D5710	Rebase Complt Maxil Denture		130	140	160	170
D5711	Rebase Complt Mandib Denture		170	180	200	225
D5720	Rebase Maxil Part Denture		170	180	200	225
D5721	Rebase Mandib Part Denture		170	180	200	225
D5730	Reline Complt Maxil Denture (Chairside)		80	85	95	100
D5731	Reline Complt Mandib Denture (Chairside)		80	85	95	100
D5740	Reline Maxil Part Denture (Chairside)		90	100	110	120
D5741	Reline Mandib Part Denture (Chairside)		90	100	110	120
D5750	Reline Complt Maxil Denture (Lab)		110	120	130	150
D5751	Reline Complt Mandib Denture (Lab)		110	120	130	150
D5760	Reline Maxil Part Denture (Lab)		130	150	160	170
D5761	Reline Mandib Part Denture (Lab)		130	150	160	170
D5850	Tiss Conditioning Maxil		40	45	50	50
D5851	Tiss Conditioning Mandib		40	45	50	55
D6090	Repr Implnt Supported Prosth Br		110	120	130	150
D6091	replacement of semi-precision or precision attachment, per attachment		110	120	130	150
D6092	recement implant/abutment supported crown		110	120	130	150
D6093	recement implant/abutment supported fixed partial denture		110	120	130	150
D6095	Repr Implnt Abutment Br		110	120	130	150
D6100	Implnt Remov Br		35	40	40	45
D6930	Recement Fix Part Denture		35	40	40	45
D7111	Coronal remnants - deciduous tooth		35	45	60	70
D7140	Extraction, erupted tooth or exposed root		40	45	50	50
D7210	Remov Erupt Tth-W/Mucoperiostl Flp-Remov Bne/Tth		70	80	90	120
D7220	Remov Impacted Tooth-Soft Tiss		85	100	120	140
D7230	Remov Impacted Tooth-Part Bony		120	130	140	170
D7240	Remov Impacted Tooth-Complt Bony		130	150	160	200
D7241	Remov Impacted Tth-Complt Bony W/Unusual Complic		150	170	170	225
D7250	Surg Remov Residual Tooth Roots (Cutting Proc)		70	80	85	90
D7260	Oroantral Fistula Clos		180	200	225	250
D7270	tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth		180	200	225	250
D7280	Surgical access of an unerupted tooth		200	225	250	250
D7282	Mobilization of erupted or malpositioned tooth to aid eruption		65	75	80	85
D7283	Placement of device to facilitate eruption of impacted tooth		65	75	80	85
D7285	Bx Oral Tiss-Hard		375	400	425	500
D7286	Bx Oral Tiss-Soft		150	170	180	200
D7310	Alveoloplasty W/Extractions-Per Quadrant		65	70	75	80
D7311	Alveoloplasty in conj w ext-one to three teeth or tooth spaces, per quad		65	70	75	80
D7320	Alveoloplasty Not W/Extractions Per Quadrant		80	85	100	100
D7321	Alveoloplasty no conj w ext-one to three teeth or tooth spaces, per quad		80	85	100	100
D7340	Vestibuloplasty-Ridge Exten(Secndry Epitheliztn)		750	850	975	1,100
D7350	Vestibuloplasty-Ridge Exten(W/Soft Tiss Gft)		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
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 diam up to 1.25 cm		650	725	800	850
D7441	Exc Malig Tumor-Les Diam >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

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ADA Code	Description	Waiting Period	Benefit Amounts			
			A82100AR	A82200AR	A82300AR	A82400AR
D7485	surgical reduction of osseous tuberosity		425	500	550	575
D7510	I&D Absc-Intraoral Soft Tiss		100	110	120	130
D7511	I&D Absc- Intraoral Soft Tissue - complicated (includes drain mult		450	525	575	600
D7520	I&D Absc-Extraoral Soft Tiss		450	525	575	600
D7521	I&D Absc-Extraoral Soft Tiss-complicated (includes drain mult		450	525	575	600
D7530	Removal of foreign body from mucosa, skin, or subcutaneous alveolar tissue		170	180	200	225
D7540	Remov Reaction-Producing FB-MS Syst		180	200	225	250
D7550	partial ostectomy/sequestrectomy for removal of non-vital bone		120	130	140	160
D7560	Maxil Sinusotomy For Remov Tooth Fragment/FB		700	800	925	1,025
D7610	Maxil-OP Reduc (Teeth Immobilized) (Simpl FX)		700	800	925	1,025
D7620	Maxil-Clo Reduc (Teeth Immobilized) (Simpl FX)		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 &/Or Zygo Arch-Op Reduc (Simpl FX)		700	800	925	1,025
D7660	Malar &/Or Zygo Arch-Clo Reduc (Simpl FX)		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	Maxil-OP Reduc (Compound FX)		700	800	925	1,025
D7720	Maxil-Clo Reduc (Compound FX)		700	800	925	1,025
D7730	Mandible - open reduction		80	85	100	100
D7740	Mandible - closed reduction		80	85	100	100
D7750	Malar &/Or Zygo Arch-Op Reduc (Compound FX)		300	350	400	450
D7760	Malar &/Or Zygo Arch-Clo Reduc (Compound FX)		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/Frenotomy)-Separt Proc		80	85	100	100
D7963	frenuloplasty		80	85	100	100
D7970	Exc Hyperplastic Tiss-Per Arch		80	85	100	100
D7971	Exc Pericoronal Gingiva		70	75	85	90
D9120	fixed partial denture sectioning		35	40	40	45
Crowns and Major Services			12 Months			
D2510	Inlay-Metallic-1 Surface		\$ 190	\$ 200	\$ 225	\$ 250
D2520	Inlay-Metallic-2 Surfaces		225	250	250	275
D2530	Inlay-Metallic-3/More Surfaces		350	375	400	450
D2542	Onlay-Metallic-2 Surfaces		225	250	300	325
D2543	Onlay-Metallic-3 Surfaces		250	275	325	350
D2544	Onlay-Metallic-4/More Surfaces		275	325	350	375
D2610	Inlay-Porcelain/Ceramic-1 Surface		200	225	250	275
D2620	Inlay-Porcelain/Ceramic-2 Surfaces		225	250	275	325
D2630	Inlay-Porcelain/Ceramic-3/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-4/More Surfaces		325	350	375	425
D2650	Inlay - composite/resin - one surface (lab processed)		180	200	225	225
D2651	Inlay - composite/resin - two surfaces (lab processed)		200	225	250	275
D2652	Inlay - resin based composite - three or more surfaces		250	275	325	350
D2662	Onlay - composite/resin - two surfaces (lab processed)		225	250	275	325
D2663	Onlay - composite/resin - three surfaces (lab processed)		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
D2712	Crown-3/4 resin-based composite (indirect)		150	170	190	200
D2720	Crown-Resin W/Hi Noble Metal		250	325	375	450
D2721	Crown-Resin W/Predominantly Base Metal		250	325	375	450
D2722	Crown-Resin W/Noble Metal		250	325	375	450
D2740	Crown-Porcelain/Ceramic Substrate		250	325	375	450
D2750	Crown-Porcelain Fused To Hi Noble Metal		250	325	375	450
D2751	Crown-Porcelain Fused To Predominantly Base Metl		250	325	375	450
D2752	Crown-Porcelain Fused To Noble Metal		250	325	375	450
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 noble metal		250	325	375	450
D2783	Crown-3/4 porcelain/ceramic		250	325	375	450
D2790	Crown-Full Cast Hi 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
D2794	Crown - Titanium		250	325	375	450
D2910	Recement Inlay		30	35	35	40
D2915	Recement cast or prefabricated post and core		30	35	35	40
D2920	Recement Crown		30	35	35	40
D2930	Prefab Stainless Steel Crown-Prim Tooth		65	75	80	85
D2931	Prefab Stainless Steel Crown-Perm Tooth		75	80	90	95

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ADA Code	Description	Waiting Period	Benefit Amounts			
			A82100AR	A82200AR	A82300AR	A82400AR
D2932	Prefab Resin Crown		100	110	130	140
D2933	Prefab Stainless Steel Crown W/Resin Window		110	130	140	150
D2934	Prefabricated esthetic coated stainless steel crown - primary tooth		65	75	80	85
D2940	Sedative Filling		25	30	30	35
D2950	Core Buildup Incl Any Pins		65	75	80	85
D2951	Pin Retention-Per Tooth In Add To Restoration		15	15	25	25
D2952	Cast Post & Core In Add To Crown		95	110	110	130
D2954	Prefab Post & Core In Add To Crown		100	110	130	140
D2955	Post Remov(Not in Conjunct W/Endodontic Therap)		75	85	90	100
D2970	Temporary Crown (Fx Tooth)		75	80	85	95
D2980	Crown Repr Br		125	160	190	225
D3110	Pulp Cap-Direct (Excl'd Final Restoration)		15	20	20	30
D3120	Pulp Cap-Indirect (Excl'd Final Restoration)		15	20	20	30
D3220	Therap Pulpotomy (Excl'd Final Restoration)		40	45	50	50
D3222	Partial Pulpotomy for apexogenesis - perm tooth w incomplete root		40	45	50	50
D3230	Pulpal Therap(Resorb)-Ant Prim Tth (Excl'd Restr)		45	50	50	55
D3240	Pulpal Therap(Resorb)-Post Prim Tth(Excl'd Restr)		45	50	50	55
D3310	Ant (Excl'd Final Restoration) (Root Canal)		150	200	225	275
D3320	Bicuspid (Excl'd Final Restoration) (Root Canal)		200	250	275	325
D3330	Molar (Excl'd Final Restoration) (Root Canal)		250	325	375	425
D3346	Retx Prev Root Canal Therap-Ant		130	180	200	250
D3347	Retx Prev Root Canal Therap-Bicuspid		180	225	250	300
D3348	Retx Prev Root Canal Therap-Molar		225	300	325	400
D3351	Apexification/Recalcification-Init Visit		130	140	160	170
D3352	Apexification/Recalcificatn-Interim Meds Replac		30	35	40	45
D3353	Apexification/Recalcification-Final Visit		65	75	80	85
D3410	Apicoectomy/Periradicular Surg-Ant		140	160	170	180
D3421	Apicoectomy/Periradicular Surg-Bicusp (1St Root)		275	300	325	375
D3425	Apicoectomy/Periradicular Surg-Molar (1St Root)		300	325	400	425
D3426	Apicoectomy/Periradicular Surg (Ea Add Root)		110	120	130	140
D3430	Retrograde Filling-Per Root		80	85	95	100
D3450	Root Amputat-Per Root		160	170	190	200
D3920	Hemisection(Incl'd Root Remov)Wo Root Canl Therap		120	130	150	160
D3950	Canal Prep & Fitting Of Performed Dowel/Post		55	60	65	75
Major Prosthetic Services		24 Months				
D5110	Complt Denture-Maxil		\$ 350	\$ 425	\$ 525	\$ 575
D5120	Complt Denture-Mandib		350	425	525	575
D5130	Immed Denture-Maxil		350	425	525	575
D5140	Immed Denture-Mandib		350	425	525	575
D5211	Maxil Part Denture-Resin Base(Incl'd Clasp-Rests)		250	325	375	500
D5212	Mandib Part Denture-Resin Base(Incl'd Clasp-Rest)		250	325	375	500
D5213	Maxil Part Denture-Cast Metal Frame W/Resin Base		375	450	550	700
D5214	Mandib Part Denture-Cast Metal Frame W/Res Base		375	450	550	700
D5225	Maxillary Part Denture - Flex base (including any clasps, rests and		375	450	550	700
D5226	Mandib Part Denture - Flex base (including any clasps, rests and teeth)		375	450	550	700
D5281	Remov Unilat Part Denture-1 Piece Cast Metal		300	325	350	375
D5670	Replace all teeth and acrylic on mast metal (maxillary)		40	45	45	50
D5671	Replace all teeth and acrylic on mast metal (mandibular)		40	45	45	50
D5810	Interim Complt Denture (Maxil)		225	225	250	300

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ADA Code	Description	Waiting Period	Benefit Amounts			
			A82100AR	A82200AR	A82300AR	A82400AR
D5811	Interim Complt Denture (Mandib)		225	250	300	300
D5820	Interim Part Denture (Maxil)		170	180	200	225
D5821	Interim Part Denture (Mandib)		180	200	225	225
D6010	Surgical placement of implant body: endosteal implant		450	550	650	800
D6012	surg place of interim implant body for trans prosth: endosteal implant		450	550	650	800
D6040	Surgical placement: epostal implant		450	550	650	800
D6050	Surg Plcmt: Transosteal Implnt		450	550	650	800
D6056	prefabricated abutment - includes placement		450	550	650	800
D6057	custom abutment - includes placement		450	550	650	800
D6058	abutment supported porcelain/ceramic crown		250	325	375	450
D6059	abutment supported porcelain fused to metal crown (high noble metal)		250	325	375	450
D6060	abutment supp porcelain fused to metal crown (predominantly base		250	325	375	450
D6061	abutment supported porcelain fused to metal crown (noble metal)		250	325	375	450
D6062	abutment supported cast metal crown (high noble metal)		250	325	375	450
D6063	abutment supported cast metal crown (predominantly base metal)		250	325	375	450
D6064	abutment supported cast metal crown (noble metal)		250	325	375	450
D6065	implant supported porcelain/ceramic crown		250	325	375	450
D6066	implant supp porc fused to met crwn (titanium, titanium alloy, high nb		250	325	375	450
D6067	implant supported metal crown (titanium, titanium alloy, high noble		250	325	375	450
D6068	abutment supported retainer for porcelain/ceramic FPD		250	325	375	450
D6069	abutment supp retainer for porc fused to metal FPD (high noble metal)		250	325	375	450
D6070	abutment supp retainer for porc fused to metal FPD (pred base metal)		250	325	375	450
D6071	abutment supported retainer for porcelain fused to metal FPD (noble		250	325	375	450
D6072	abutment supported retainer for cast metal FPD (high noble metal)		250	325	375	450
D6073	abutment supp retainer for cast metal FPD (predominantly base		250	325	375	450
D6074	abutment supported retainer for cast metal FPD (noble metal)		250	325	375	450
D6075	implant supported retainer for ceramic FPD		250	325	375	450
D6076	imp supp ret for porc fused to mt FPD (titanium, titanium alloy, high		250	325	375	450
D6077	imp supp ret for cast mt FPD (titanium, titanium alloy, or high noble		250	325	375	450
D6078	implant/abutment supported fixed denture for completely edentulous		250	325	375	450
D6079	implant/abutment supported fixed denture for partially edentulous arch		250	325	375	450
D6080	Implnt Maintenance Proc: Remov-Cleans-Reinsert		150	175	225	275
D6094	abutment supported crown - (titanium)		250	325	375	450
D6194	abutment supported retainer crown for FPD - (titanium)		250	325	375	450
D6205	pontic - indirect resin based composite		250	325	375	450
D6210	Pontic-Cast Hi 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
D6214	pontic - titanium		250	325	375	450
D6240	Pontic-Porcelain Fused To Hi Noble Metal		250	325	375	450
D6241	Pontic-Porcelain Fused To Predominantly Base Mtl		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 W/Hi Noble Metal		250	325	375	450
D6251	Pontic-Resin W/Predominantly Base Metal		250	325	375	450
D6252	Pontic-Resin W/Noble Metal		250	325	375	450
D6253	Provisional pontic		250	325	375	450
D6545	Retainer-Cast Metal For Resin Bonded Fix Prosth		140	160	170	190
D6548	Retainer-Porcelain/Ceramic for Resin-Bonded Fix Prosth		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 predominately base metal, two surfaces		300	350	375	400
D6605	Inlay - cast predominately base metal, three or more surfaces		325	375	400	425
D6606	Inlay - cast noble metal, two surfaces		300	350	375	400
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 predominately base metal, two surfaces		325	375	400	425
D6613	Onlay - cast predominately 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
D6624	inlay - titanium		325	375	400	425
D6634	onlay - titanium		350	400	425	450
D6710	crown - indirect resin based composite		250	325	375	450
D6720	Crown-Resin W/Hi Noble Metal		250	325	375	450
D6721	Crown-Resin W/Predominantly Base Metal		250	325	375	450
D6722	Crown-Resin W/Noble Metal		250	325	375	450
D6740	Crown-Porcelain/Ceramic		250	325	375	450

Attachment I

American Family Life Assurance Company of Columbus (Aflac)
 Dental Policy Series A82000
 Benefits, Waiting Periods, and Annual Maximums by plan

ADA Code	Description	Waiting Period	Benefit Amounts			
			A82100AR	A82200AR	A82300AR	A82400AR
D6750	Crown-Porcelain Fused To Hi Noble Metal		250	325	375	450
D6751	Crown-Porcelain Fused To Predominantly Base Metl		250	325	375	450
D6752	Crown-Porcelain Fused To Noble Metal		250	325	375	450
D6780	Crown-3/4 Cast Hi 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 Hi 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
D6794	crown - titanium		250	325	375	450
D6970	Cast Post & Core In Add To Fix Part Dent Retainr		130	140	160	170
D6972	Prefab Post & Core-Add To Fix Part Dent Retainer		100	120	130	140
D6973	Core Build Up for Retainer Incl Any Pins		85	90	100	110
D6975	Coping-Metal		225	250	300	325
Annual Maximum Building Benefit		12 months	\$ 100	\$ 100	\$ 100	\$ 100
Increases each covered person's Annual Maximum by \$100 per year after each 12 consecutive months being in force to a max of \$500.						
Annual Maximum per covered insured			\$ 1,200	\$ 1,400	\$ 1,600	\$ 1,800

American Family Life Assurance Company of Columbus (Aflac)
 Individual Dental Series A82000
 Monthly Premiums

State of Arkansas

Payroll Deduction, Union, and Transfer Premium Classes

<u>Dental Policy</u>	<u>Issue Ages</u>	<u>Individual</u>	<u>One-Parent Family</u>	<u>Insured/Spouse</u>	<u>Two-Parent Family</u>
A82100AR	18-70	\$ 24.05	\$ 42.12	\$ 42.38	\$ 60.71
A82200AR	18-70	31.33	60.19	60.97	91.00
A82300AR	18-70	38.35	74.62	75.14	112.19
A82400AR	18-70	55.51	109.33	110.50	164.32
<u>Orthodontic Rider</u>	<u>Issue Ages</u>	<u>Individual</u>	<u>One-Parent Family</u>	<u>Insured/Spouse</u>	<u>Two-Parent Family</u>
A82050	18-70	\$ 23.66	\$ 25.87	\$ 25.87	\$ 25.87
<u>Cosmetic Rider</u>	<u>Issue Ages</u>	<u>Individual</u>	<u>One-Parent Family</u>	<u>Insured/Spouse</u>	<u>Two-Parent Family</u>
A82051	18-70	\$ 25.61	\$ 25.61	\$ 25.61	\$ 25.61

**DENTAL INSURANCE POLICY
LIMITED BENEFIT HEALTH INSURANCE COVERAGE**

**NOTICE TO BUYER: This policy provides dental benefits only.
Read it carefully with the Outline of Coverage, if applicable.**

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.”

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 definitions of terms, the limitations and exclusions, the insurance benefits, and other provisions.

YOUR RIGHT TO EXAMINE THIS POLICY

It is important to us that you are satisfied with this policy. 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 this 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. Statements made in the application are deemed representations and not warranties. Carefully check the application. Write to us within 30 days of the date you receive this policy if any information shown on the application is not correct or complete. Incorrect or incomplete information may result in the denial of claims or voiding 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 timely 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, as shown in our records, at least 30 days before the change becomes effective.

**AMERICAN FAMILY LIFE ASSURANCE COMPANY OF COLUMBUS (AFLAC)
CLIENT SERVICES AND ADMINISTRATION
[WORLDWIDE HEADQUARTERS • 1932 WYNNTON ROAD • COLUMBUS, GEORGIA 31999
FOR ASSISTANCE OR INFORMATION ABOUT THIS POLICY, CALL 1.800.99.AFLAC (1.800.992.3522).
FOR CLAIM FORMS, VISIT OUR WEB SITE AT AFLAC.COM.]**

**If we at Aflac, fail to provide you with reasonable and adequate service,
you should feel free to contact:
ARKANSAS INSURANCE DEPARTMENT-CONSUMER SERVICES DIVISION
1200 WEST THIRD STREET, LITTLE ROCK, ARKANSAS 72201-1904
Telephone (501) 371-2640 or Toll-Free 1-800-852-5494.**

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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:

Policy:	\$XX.xx
Rider:	\$XX.xx
Rider:	\$XX.xx

EFFECTIVE DATES:

Policy:	XX/XX/XX
Rider:	XX/XX/XX
Rider:	XX/XX/XX

Benefit Categories

Waiting Periods

- | | |
|---|-----------|
| A. Preventive Benefits..... | 0 months |
| B. Annual Maximum Building Benefit..... | 12 months |
| C. Fillings and Basic Services..... | 3 months |
| D. Pain Management and Adjunctive Services..... | 3 months |
| E. Other Preventive Services..... | 6 months |
| F. Oral Surgery, Gum Treatments, and Prosthetic Repair..... | 6 months |
| G. Crowns and Major Services..... | 12 months |
| H. Major Prosthetic Services..... | 24 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 policy Effective Date shown in the Policy Schedule.

[Paul S. Amos II, President

Joey M. Loudermilk, Secretary]

This is a legal contract between you and Aflac.

READ YOUR POLICY CAREFULLY.

Part 1 DEFINITIONS

- A. COVERED PERSON:** any person insured under Individual, Named Insured/Spouse Only, One-Parent Family, or Two-Parent Family coverage. See Type of Coverage definition.
- B. 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.
- C. 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.
- D. DEPENDENT CHILDREN:** your natural children, stepchildren, or legally adopted children who are (1) unmarried, (2) under age 26, and (3) legal dependents for tax exemption purposes under the United States Internal Revenue Service Tax Code. **A Dependent Child must be under age 26 at the time of application to be eligible for coverage.** Coverage of a Dependent Child will terminate on the anniversary date of this policy following the child's 26th birthday. Coverage provided under any One-Parent or Two-Parent Family policy 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 prior to age 26 and while covered under this policy. You must furnish proof of continued incapacity and dependency at Aflac's request, but not more often than annually, after the two-year period following the Dependent Child's 26th birthday.
- E. EFFECTIVE DATE:** the date(s) coverage begins as shown in the Policy Schedule. The Effective Date of this policy **is not** the date you signed the application for coverage.
- F. IMMEDIATE FAMILY:** anyone related to you in the following manner: spouse; brothers or sisters (includes stepbrothers and stepsisters); children (includes stepchildren); parents (includes stepparents); grandchildren; father- or mother-in-law; brothers- or sisters-in-law; and spouses, as applicable, of any of these.
- G. 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.
- H. POLICY YEAR MAXIMUM:** the total dollar amount of benefits payable per Policy Year, per Covered Person.
- I. TYPE OF COVERAGE** (see your Policy Schedule to determine the Type of Coverage issued: Individual, Named Insured/Spouse Only, One-Parent Family, or Two-Parent Family):
- 1. Individual:** coverage for only you (the Named Insured listed in the Policy Schedule).
 - 2. Named Insured/Spouse Only:** coverage for you (the Named Insured) and your spouse. "Your spouse" is defined as the person to whom you are legally married and who is listed on your application.
 - 3. One-Parent Family:** coverage for you (the Named Insured) and all of your Dependent

Children.

- 4. Two-Parent Family:** coverage for you (the Named Insured), your spouse, and all of your Dependent Children (or those of your spouse).

Newborn children are automatically covered under the terms of this policy from the moment of birth. Adopted children are covered from the date of the filing of the petition. If this is an Individual or Named Insured/Spouse Only policy, newborn children are automatically covered from the moment of birth, and adopted children are covered from the date of the filing of the petition if the Named Insured applies for coverage within 60 days after the filing of the petition for adoption. However, coverage shall begin from the moment of birth if the petition for adoption and application for coverage are filed within 60 days after the birth of the minor. This coverage shall terminate upon the dismissal or denial of a petition for adoption. Coverage for newborn or adopted children will be in effect through the 90th day following the date of such event. If you desire uninterrupted coverage for a newborn or an adopted child, you must notify Aflac within 90 days of the child's birth or the date the petition for adoption is filed or before the next premium due date, whichever is later. Upon notification, Aflac will convert this policy to One-Parent Family or Two-Parent Family coverage and advise you of the additional premium due. If One-Parent Family or Two-Parent Family coverage is in force, it is not necessary for you to notify Aflac of the birth of your child or the date of the filing of the petition for adoption of a child, and an additional premium payment will not be required. If you desire any other person(s) to be covered after the Effective Date of this policy, you must apply for such coverage, and that person must be added by endorsement. If Two-Parent Family coverage is already in force, an additional premium will not be required. 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 anniversary date of this policy following the Dependent Child's 26th birthday, on the date the child marries, 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 (for continuation of coverage information, see Part 3, Right of Conversion). Termination will be without prejudice to any claim originating prior to the date of termination. Aflac's acceptance of premium after such date will be considered as premium for only the remaining persons who qualify as Covered Persons under this policy. When coverage on all Dependent Children terminates, you must notify Aflac, in writing, and elect whether to continue this policy on an Individual or Named Insured/Spouse Only basis. After such notice, Aflac will arrange for the payment of the appropriate premium due, including returning any unearned premium. Coverage provided under any One-Parent Family or Two-Parent Family policy will continue to 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 prior to age 26 and while covered under this policy. You must furnish proof of continued incapacity and dependency at Aflac's request, but not more often than annually, after the two-year period following the Dependent Child's 26th birthday.

- J. 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 date of reinstatement. If a dependent is added by endorsement, the Waiting Period for such dependent will begin on 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.** Aflac will not pay benefits for 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.
 8. Treatment received prior to the 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).
- 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.
- D.** Aflac will not pay benefits for services rendered by you or a member of the Immediate Family of a Covered Person.
- E.** Aflac will not pay benefits whenever coverage provided by this policy is in violation of any U.S. economic or trade sanctions. If the coverage violates U.S. economic or trade sanctions, such coverage shall be null and void.

Part 3 RIGHT OF CONVERSION

- A. DISSOLUTION OF MARRIAGE:** If you and your spouse dissolve your marriage by a valid decree of dissolution and your ex-spouse was covered under a Named Insured/Spouse Only or Two-Parent Family policy, your 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 Dependent Children may be covered under either policy, but not both.
- B. DEATH:** In the event of your death, your spouse, if alive and covered under this policy, 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 Dependent Child 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. Such person will have the right to apply for an equivalent 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 Child.

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 president and secretary of Aflac at our worldwide headquarters. Any such change must be noted hereon 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, no misstatements, except fraudulent misstatements, made by you in the application shall be used to void this policy or to deny a claim for loss incurred 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 will continue in force.
- E. REINSTATEMENT:** You may request reinstatement of your policy from your associate (duly licensed agent) or from 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 will 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 your application is received at our worldwide headquarters, your policy will be deemed reinstated. The reinstated policy will cover only loss resulting from covered dental treatment that occurs on or after the date of reinstatement. In all other respects, you and Aflac will have the same rights provided under the policy immediately before the due date of the defaulted premium, subject to new Waiting Periods beginning with the date of reinstatement. Any premium accepted in connection with a reinstatement will be applied to a period for which premium was due, but not to any period more than 60 days 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, [1932 Wynnton Road, Columbus, GA 31999], or to your associate (duly licensed agent). The 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 after the giving of such notice, 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 will 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 due 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 three 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 the 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. Aflac 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.
- N. REFUND OF UNEARNED PREMIUMS:** That portion of the premium paid for a period beyond the end of the policy month in which the Named Insured died shall be paid in a lump sum on a date no later than 30 days after the proof of the Named Insured's death has been furnished to Aflac. Exception: Where Named Insured/Spouse, One-Parent Family or Two-Parent Family coverage is continued, no refund is applicable.

Should the Named Insured cancel this policy prior to its renewal date, Aflac will refund to the Named Insured the unearned portion of such premiums paid for any period beyond the end of the policy month in which the cancellation occurred.

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 IS RECEIVED WHILE COVERAGE IS IN FORCE. IF A COVERED ADA CODE IS REVISED OR REPLACED BY THE AMERICAN DENTAL ASSOCIATION, AFLAC WILL PAY THE AMOUNT SHOWN IN THE SCHEDULE OF DENTAL PROCEDURES FOR THE CODE MOST COMPARABLE TO THE REVISED OR REPLACED CODE. BENEFITS WILL BE PAID BASED ON CURRENT ADA CODING CONVENTION.

SCHEDULE OF DENTAL PROCEDURES

A. PREVENTIVE BENEFITS

	Benefit Amount
1. DENTAL WELLNESS BENEFIT	\$75

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.

ADA Code	Description
D0120	Periodic Oral Evaluation
D0145	Oral Evaluation for Patient Wellness
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)
D1203	Topical Application of Fluoride (child, prophylaxis not included)
D1204	Topical Application of Fluoride (adult, prophylaxis not included)
D1206	Topical Fluoride Varnish; Therapeutic Application for Moderate to High Caries Risk Patients
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

Benefit
Amount

2. X-RAY BENEFIT..... \$35

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.

ADA Code	Description
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)
D0273	Bitewings (three 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 shown in the Policy Schedule and a Policy Year Maximum of ~~\$1,600~~\$800 per Covered Person. The benefits listed are per Covered Person. All treatments must be performed by a Dentist.

B. ANNUAL MAXIMUM BUILDING BENEFIT: Aflac will increase each Covered Person's Policy Year Maximum by \$100 after each 12 consecutive months of this policy's being in force. This benefit builds to a maximum of \$500 per Covered Person.

C. FILLINGS AND BASIC SERVICES

Benefit D0140 is payable only for visits where no other covered services are performed.

ADA Code	Description	Benefit Amount
D0140	Limited Oral Evaluation	\$30 <u>35</u>
D0290	Posterior-Anterior or Lateral Skull and Facial Bone Survey Film	75 <u>80</u>
D0310	Sialography	<u>200</u> 190
D0415	Bacteriologic Studies for Determination of Pathologic Agents	15
D0416	Viral Culture.....	15
D0417	Collection and Preparation of Saliva Sample for Lab Diagnostic Testing	15
D0418	Analysis of Saliva Sample	15
D0421	Genetic test for susceptibility to oral diseases	15

D0431	Adjunctive Pre-Diagnostic Test that Aids in Detection of Mucosal Abnormalities Including Pre-Malignant and Malignant Lesions, Not to Include Cytology or Biopsy.....	15
D0460	Pulp Vitality Tests.....	45 <u>20</u>
D0470	Diagnostic Casts	30 <u>35</u>
D2140	Amalgam (one surface) Primary	55-65
	Permanent.....	75-85
D2150	Amalgam (two surfaces) Primary	65-75
	Permanent.....	80-95
D2160	Amalgam (three surfaces) Primary	65-75
	Permanent.....	85 <u>100</u>
D2161	Amalgam (four or more surfaces) Primary	75-85
	Permanent.....	95 <u>110</u>
D2330	Resin-Based Composite (one surface, anterior)	70-85
D2331	Resin-Based Composite (two surfaces, anterior).....	85 <u>100</u>
D2332	Resin-Based Composite (three surfaces, anterior)	100 <u>120</u>
D2335	Resin-Based Composite (four or more surfaces or involving incisal angle, anterior)	120 <u>140</u>
D2390	Resin-Based Composite Crown (anterior).....	120 <u>140</u>
D2391	Resin-Based Composite (one surface, posterior) Primary	65-80
	Permanent.....	70-85
D2392	Resin-Based Composite (two surfaces, posterior) Primary	80-95
	Permanent.....	85 <u>100</u>
D2393	Resin-Based Composite (three surfaces, posterior) Primary	95 <u>120</u>
	Permanent.....	100 <u>120</u>
D2394	Resin-Based Composite (four or more surfaces, posterior) Primary	95 <u>120</u>
	Permanent.....	100 <u>120</u>
D2410	Gold Foil (one surface).....	250 <u>275</u>
D2420	Gold Foil (two surfaces)	275

D. PAIN MANAGEMENT AND ADJUNCTIVE SERVICES**Benefits D9220 and D9230 are not payable for the same surgery.**

ADA Code	Description	Benefit Amount
D9110	Palliative (emergency) Treatment of Dental Pain (minor procedure)	\$35
D9220	Deep Sedation/General Anesthesia (first 30 minutes)	90 <u>10</u> 0
D9221	Deep Sedation/General Anesthesia (each additional 15 minutes)	90 <u>10</u> 0
D9230	Analgesia, Anxiolysis, Inhalation of Nitrous Oxide	90 <u>10</u> 0
D9241	Intravenous Conscious Sedation/Analgesia (first 30 minutes)	140 <u>150</u>
D9310	Consultation (diagnostic service provided by Dentist or physician other than practitioner providing treatment)	35 <u>40</u>
D9410	House/Extended-Care Facility Call	35 <u>40</u>
D9420	Hospital Call	35 <u>40</u>
D9440	Office Visit (after regularly scheduled hours)	35 <u>40</u>
D9450	Case Presentation, Detailed and Extensive Treatment Planning	35 <u>40</u>

E. OTHER PREVENTIVE SERVICES

D1351	Sealant (per tooth)	\$20 <u>30</u>
D1510	Space Maintainer (fixed, unilateral)	95 <u>100</u>
D1515	Space Maintainer (fixed, bilateral)	120 <u>130</u>
D1520	Space Maintainer (removable, unilateral)	95 <u>100</u>
D1525	Space Maintainer (removable, bilateral)	120 <u>130</u>
D1550	Recementation of Space Maintainer	45 <u>50</u>
D1555	Removal of Fixed Space Maintainer	95 <u>100</u>

F. ORAL SURGERY, GUM TREATMENTS & PROSTHETIC REPAIR

D4210	Gingivectomy or Gingivoplasty (four or more contiguous teeth or bounded teeth spaces per quadrant)	\$160 <u>170</u>
D4211	Gingivectomy or Gingivoplasty (one to three teeth per quadrant)	50 <u>55</u>
D4230	Anatomical Crown Exposure (four or more contiguous teeth per quadrant)	160 <u>170</u> <u>70</u>
D4231	Anatomical crown exposure - one to three teeth per quadrant	50 <u>55</u>
D4240	Gingival Flap Procedure, Including Root Planing (four or more contiguous teeth or bounded teeth spaces per quadrant)	275 <u>300</u> <u>00</u>
D4241	Gingival Flap Procedure, Including Root Planing (one to three teeth per	

	quadrant)	2753 <u>00</u>
D4249	Clinical Crown Lengthening (hard tissue).....	3003 <u>25</u>
D4260	Osseous Surgery (including flap entry and closure; four or more contiguous teeth or bounded teeth spaces per quadrant)	3003 <u>75</u>
D4261	Osseous Surgery (including flap entry and closure; one to three teeth per quadrant)	3003 <u>75</u>
D4263	Bone Replacement Graft (first site in quadrant)	3253 <u>75</u>
D4264	Bone Replacement Graft (each additional site in quadrant).....	2502 <u>75</u>
D4270	Pedicle Soft Tissue Graft Procedure	3253 <u>75</u>
D4271	Free Soft Tissue Graft Procedure (including donor site surgery)	3253 <u>75</u>
D4273	Subepithelial Connective Tissue Graft Procedures	3754 <u>00</u>
D4275	Soft Tissue Allograft	3253 <u>75</u>
D4320	Provisional Splinting (intracoronaral).....	1802 <u>00</u>
D4321	Provisional Splinting (extracoronaral).....	1501 <u>70</u>
D4341	Periodontal Scaling and Root Planing (four or more contiguous teeth or bounded teeth spaces per quadrant)	80-85
D4342	Periodontal Scaling and Root Planing (one to three teeth per quadrant)	80-85
D4355	Full Mouth Debridement to Enable Comprehensive Evaluation and Diagnosis.....	65-75
D5410	Adjust Complete Denture (maxillary).....	30-35
D5411	Adjust Complete Denture (mandibular)	30-35
D5421	Adjust Partial Denture (maxillary).....	30-35
D5422	Adjust Partial Denture (mandibular)	30-35
D5510	Repair Broken Complete Denture Base	50-55
D5520	Replace Missing or Broken Teeth (complete denture; each tooth)	45-50
D5610	Repair Resin Denture Base.....	50-55
D5620	Repair Cast Framework.....	75-85
D5630	Repair or Replace Broken Clasp.....	60-65
D5640	Replace Broken Teeth (per tooth)	45-50
D5650	Add Tooth to Existing Partial Denture	55-60
D5660	Add Clasp to Existing Partial Denture	75-80
D5710	Rebase Complete Maxillary Denture.....	160 <u>170</u>
D5711	Rebase Complete Mandibular Denture	200 <u>225</u>
D5720	Rebase Maxillary Partial Denture	200 <u>225</u>
D5721	Rebase Mandibular Partial Denture	200 <u>225</u>
D5730	Reline Complete Maxillary Denture (chairside)	95

D5731	Reline Complete Mandibular Denture (chairside).....	100 95 <u>100</u>
D5740	Reline Maxillary Partial Denture (chairside)	110 120 <u>120</u>
D5741	Reline Mandibular Partial Denture (chairside).....	110 120 <u>120</u>
D5750	Reline Complete Maxillary Denture (laboratory).....	130 150 <u>150</u>
D5751	Reline Complete Mandibular Denture (laboratory)	130 150 <u>150</u>
D5760	Reline Maxillary Partial Denture (laboratory).....	160 170 <u>170</u>
D5761	Reline Mandibular Partial Denture (laboratory)	160 170 <u>170</u>
D5850	Tissue Conditioning (maxillary)	50
D5851	Tissue Conditioning (mandibular).....	50 55 <u>55</u>
D6090	Repair of Implanted Supported Prosthetic, by Report.....	130 150 <u>150</u>
D6091	Replacement of Semi-Precision or Precision Attachment (male or female component) of Implant/Abutment Supported Prosthesis (per attachment)...	130 150 <u>150</u>
D6092	Recement Implant/Abutment Supported Crown	130 150 <u>150</u>
D6093	Recement Implant/Abutment Supported Fixed Partial Denture.....	130 150 <u>150</u>
D6095	Repair of Implanted Abutment, by Report	130 150 <u>150</u>
D6100	Implant Removal, By Report.....	40 45 <u>45</u>
D6930	Recement Fixed Partial Denture	40 45 <u>45</u>
D7111	Coronal Remnants (deciduous tooth).....	60 70 <u>70</u>
D7140	Extraction, Erupted Tooth, or Exposed Root (elevation and/or forceps removal)	50
D7210	Surgical Removal of Erupted Tooth Requiring Elevation of Mucoperiosteal Flap and Removal of Bone and/or Section of Tooth.....	90 120 <u>120</u>
D7220	Removal of Impacted Tooth (soft tissue).....	120 140 <u>140</u>
D7230	Removal of Impacted Tooth (partially bony).....	140 170 <u>170</u>
D7240	Removal of Impacted Tooth (completely bony)	160 200 <u>200</u>
D7241	Removal of Impacted Tooth (completely bony, with unusual surgical complications)	170 225 <u>225</u>
D7250	Surgical Removal of Residual Tooth Roots (cutting procedure).....	85 90 <u>90</u>
D7260	Oroantral Fistula Closure	225 250 <u>250</u>
D7270	Tooth Reimplantation and/or Stabilization of Accidentally Evulsed or Displaced Tooth and/or Alveolus.....	225 250 <u>250</u>
D7280	Surgical Access of an Unerupted Tooth.....	250

D7282	Mobilization of Erupted or Malpositioned Tooth to Aid Eruption.....	80 <u>85</u>
D7283	Placement of Device to Facilitate Eruption of Impacted Tooth.....	80 <u>85</u>
D7285	Biopsy of Oral Tissue – Hard (bone, tooth)	425 <u>500</u>
D7286	Biopsy of Oral Tissue – Soft (all others).....	180 <u>200</u>
D7310	Alveoloplasty in Conjunction with Extractions (per quadrant).....	75 <u>80</u>
D7311	Alveoloplasty in Conjunction with Extractions (one to three teeth or tooth spaces, per quadrant)	75 <u>80</u>
D7320	Alveoloplasty Not in Conjunction with Extractions (per quadrant).....	100
D7321	Alveoloplasty Not in Conjunction with Extractions (one to three teeth or tooth spaces, per quadrant)	100
D7340	Vestibuloplasty – Ridge Extension (secondary epithelialization)	975 <u>1,100</u>
D7350	Vestibuloplasty – Ridge Extension (including soft tissue grafts, muscle reattachment, revision of soft tissue attachment, and management of hypertrophied and hyperplastic tissue).....	925 <u>1,025</u>
D7410	Excision of Benign Lesion (up to 1.25 cm)	650 <u>725</u>
D7411	Excision of Benign Lesion (greater than 1.25 cm).....	650 <u>725</u>
D7412	Excision of Benign Lesion (complicated).....	650 <u>725</u>
D7413	Excision of Malignant Lesion (up to 1.25 cm).....	800 <u>850</u>
D7414	Excision of Malignant Lesion (greater than 1.25 cm)	800 <u>850</u>
D7415	Excision of Malignant Lesion (complicated)	800 <u>850</u>
D7440	Excision of Malignant Tumor (lesion diameter up to 1.25 cm).....	800 <u>850</u>
D7441	Excision of Malignant Tumor (lesion diameter greater than 1.25 cm)	800 <u>850</u>
D7450	Removal of Benign Odontogenic Cyst or Tumor (lesion diameter up to 1.25 cm)	650 <u>725</u>
D7451	Removal of Benign Odontogenic Cyst or Tumor (lesion diameter greater than 1.25 cm)	650 <u>725</u>
D7460	Removal of Benign Nonodontogenic Cyst or Tumor (lesion diameter up to 1.25 cm)	650 <u>725</u>
D7461	Removal of Benign Nonodontogenic Cyst or Tumor (lesion diameter greater than 1.25 cm)	650 <u>725</u>
D7471	Removal of Lateral Exostosis (maxilla or mandible)	450 <u>5</u> <u>25</u>
D7472	Removal of Torus Palatinus	450 <u>5</u> <u>25</u>
D7473	Removal of Torus Mandibularis	450 <u>5</u> <u>25</u>

D7485	Surgical Reduction of Osseous Tuberosity	550 <u>75</u>
D7510	Incision and Drainage of Abscess (intraoral soft tissue)	120 <u>130</u>
D7511	Incision and Drainage of Abscess (intraoral soft tissue – complicated; includes drainage of multiple fascial spaces)	575 <u>600</u>
D7520	Incision and Drainage of Abscess (extraoral soft tissue)	575 <u>600</u>
D7521	Incision and Drainage of Abscess (extraoral soft tissue – complicated; includes drainage of multiple fascial spaces)	575 <u>600</u>
D7530	Removal of Foreign Body From Mucosa, Skin, or Subcutaneous Alveolar Tissue	200 <u>225</u>
D7540	Removal of Reaction-Producing Foreign Bodies (musculoskeletal system)	225 <u>250</u>
D7550	Partial Osteotomy/Sequestrectomy for Removal of Nonvital Bone	140 <u>160</u>
D7560	Maxillary Sinusotomy for Removal of Tooth Fragment or Foreign Body	925 <u>1,025</u>
D7610	Maxilla (open reduction; teeth immobilized, if present)	925 <u>1,025</u>
D7620	Maxilla (closed reduction; teeth immobilized, if present)	925 <u>1,025</u>
D7630	Mandible (open reduction; teeth immobilized, if present)	75 <u>80</u>
D7640	Mandible (closed reduction; teeth immobilized, if present)	400 <u>110</u>
D7650	Malar and/or Zygomatic Arch (open reduction)	925 <u>1,025</u>
D7660	Malar and/or Zygomatic Arch (closed reduction)	650 <u>725</u>
D7670	Alveolus (closed reduction, may include stabilization of teeth)	850 <u>950</u>
D7671	Alveolus (open reduction, may include stabilization of teeth)	450 <u>575</u>
D7710	Maxilla (open reduction)	925 <u>1,025</u>
D7720	Maxilla (closed reduction)	925 <u>1,025</u>
D7730	Mandible (open reduction)	100
D7740	Mandible (closed reduction)	100
D7750	Malar and/or Zygomatic Arch (open reduction)	400 <u>450</u>
D7760	Malar and/or Zygomatic Arch (closed reduction)	400 <u>450</u>
D7770	Alveolus (open reduction stabilization of teeth)	450 <u>575</u>
D7771	Alveolus (closed reduction stabilization of teeth)	850 <u>950</u>
D7960	Frenulectomy (frenectomy or frenotomy; separate procedure)	100
D7963	Frenuloplasty	100

D7970	Excision of Hyperplastic Tissue (per arch)	100
D7971	Excision of Pericoronal Gingiva.....	85 <u>90</u>
D9120	Fixed Partial Denture Sectioning.....	40 <u>45</u>

G. CROWNS AND MAJOR SERVICES

D2510	Inlay (metallic, one surface)	\$225 <u>250</u>
D2520	Inlay (metallic, two surfaces)	250 <u>275</u>
D2530	Inlay (metallic, three or more surfaces)	400 <u>450</u>
D2542	Onlay (metallic, two surfaces)	300 <u>325</u>
D2543	Onlay (metallic, three surfaces).....	325 <u>350</u>
D2544	Onlay (metallic, four or more surfaces)	350 <u>375</u>
D2610	Inlay (porcelain/ceramic, one surface)	250 <u>275</u>
D2620	Inlay (porcelain/ceramic, two surfaces)	275 <u>325</u>
D2630	Inlay (porcelain/ceramic, three or more surfaces)	425 <u>450</u>
D2642	Onlay (porcelain/ceramic, two surfaces)	325 <u>350</u>
D2643	Onlay (porcelain/ceramic, three surfaces).....	350 <u>375</u>
D2644	Onlay (porcelain/ceramic, four or more surfaces)	375 <u>425</u>
D2650	Inlay (resin-based composite, one surface)	225
D2651	Inlay (resin-based composite, two surfaces)	275 <u>250</u>
D2652	Inlay (resin-based composite, three or more surfaces)	325 <u>350</u>
D2662	Onlay (resin-based composite, two surfaces)	325 <u>275</u>
D2663	Onlay (resin-based composite, three surfaces).....	350 <u>325</u>
D2664	Onlay (resin-based composite, four or more surfaces)	325 <u>350</u>
D2710	Crown (resin, indirect)	200 <u>190</u>
D2712	Crown (3/4 resin-based composite, indirect)	190 <u>200</u>
D2720	Crown (resin with high noble metal)	375 <u>450</u>
D2721	Crown (resin with predominantly base metal)	375 <u>450</u>
D2722	Crown (resin with noble metal).....	375 <u>450</u>
D2740	Crown (porcelain/ceramic substrate).....	375

D2750	Crown (porcelain fused to high noble metal).....	450 375 <u>450</u>
D2751	Crown (porcelain fused to predominantly base metal)	375 <u>450</u>
D2752	Crown (porcelain fused to noble metal).....	375 <u>450</u>
D2780	Crown (3/4-cast high noble metal)	375 <u>450</u>
D2781	Crown (3/4-cast predominantly base metal)	375 <u>450</u>
D2782	Crown (3/4-cast noble metal)	375 <u>450</u>
D2783	Crown (3/4-porcelain/ceramic)	375 <u>450</u>
D2790	Crown (full-cast high noble metal).....	375 <u>450</u>
D2791	Crown (full-cast predominantly base metal).....	375 <u>450</u>
D2792	Crown (full-cast noble metal).....	375 <u>450</u>
D2794	Crown (titanium)	375 4 <u>50</u>
D2910	Recement Inlay	35 <u>40</u>
D2915	Recement Cast or Prefabricated Post and Core	35 <u>40</u>
D2920	Recement Crown.....	35 <u>40</u>
D2930	Prefabricated Stainless Steel Crown (primary tooth).....	80 85
D2931	Prefabricated Stainless Steel Crown (permanent tooth)	90 95
D2932	Prefabricated Resin Crown	130 <u>140</u>
D2933	Prefabricated Stainless Steel Crown with Resin Window	140 <u>150</u>
D2934	Prefabricated Esthetic Coated Stainless Steel Crown (primary tooth)	80 85
D2940	Sedative Filling	30 35
D2950	Core Buildup (including any pins).....	80 85
D2951	Pin Retention (per tooth, in addition to restoration).....	25
D2952	Cast Post and Core (in addition to crown).....	<u>130</u> 110
D2954	Prefabricated Post and Core (in addition to crown).....	130 <u>140</u>
D2955	Post Removal (not in conjunction with endodontic therapy).....	90 <u>100</u>
D2970	Temporary Crown (fractured tooth)	85 95
D2980	Crown Repairs, By Report.....	190 2 <u>25</u>
D3110	Pulp Cap (direct, excluding final restoration).....	20 30
D3120	Pulp Cap (indirect, excluding final restoration).....	20 30
D3220	Therapeutic Pulpotomy (excluding final restoration) Removal of Pulp Coronal to the Dentinocemental Junction and Application of Medicament ..	50
D3222	Partial Pulpotomy for Apexogenesis (perm tooth with incomplete root development)	50
D3230	Pulpal Therapy (resorbable filling-; anterior, primary tooth, excluding final	

	restoration)	50 <u>55</u>
D3240	Pulpal Therapy (resorbable filling; posterior, primary tooth, excluding final restoration)	50 <u>55</u>
D3310	Anterior (excluding final restoration, root canal).....	225 <u>275</u>
D3320	Bicuspid (excluding final restoration, root canal).....	275 <u>325</u>
D3330	Molar (excluding final restoration, root canal)	375 <u>425</u>
D3346	Retreatment of Previous Root Canal Therapy (anterior).....	200 <u>250</u>
D3347	Retreatment of Previous Root Canal Therapy (bicuspid).....	250 <u>300</u>
D3348	Retreatment of Previous Root Canal Therapy (molar)	325 <u>400</u>
D3351	Apexification/Recalcification (initial visit; apical closure/calcific repair of perforations, root resorption, etc.)	160 <u>170</u>
D3352	Apexification/Recalcification (interim medication replacement; apical closure/calcific repair of perforations, root resorption, etc.).....	40 <u>45</u>
D3353	Apexification/Recalcification (final visit; includes completed root canal therapy; apical closure/calcific repair of perforations, root resorption, etc.) .	80 <u>85</u>
D3410	Apicoectomy/Periradicular Surgery (anterior).....	170 <u>180</u>
D3421	Apicoectomy/Periradicular Surgery (bicuspid; first root)	325 <u>375</u>
D3425	Apicoectomy/Periradicular Surgery (molar; first root).....	400 <u>425</u>
D3426	Apicoectomy/Periradicular Surgery (each additional root)	130 <u>140</u>
D3430	Retrograde Filling (per root)	95 <u>100</u>
D3450	Root Amputation (per root).....	190 <u>200</u>
D3920	Hemisection (including any root removal; not including root canal therapy)	150 <u>160</u>
D3950	Canal Preparation and Fitting of Preformed Dowel or Post.....	65 <u>75</u>

H. MAJOR PROSTHETIC SERVICES

D5110	Complete Denture (maxillary).....	\$525 <u>575</u>
D5120	Complete Denture (mandibular)	525 <u>575</u>
D5130	Immediate Denture (maxillary)	525 <u>575</u>
D5140	Immediate Denture (mandibular).....	525 <u>575</u>
D5211	Maxillary Partial Denture (resin base; including any conventional clasps, rests, and teeth)	375 <u>500</u>
D5212	Mandibular Partial Denture (resin base; including any conventional clasps, rests, and teeth)	375

D5213	Maxillary Partial Denture (cast metal framework with resin denture bases; including any conventional clasps, rests, and teeth)	<u>500</u> 550 <u>700</u>
D5214	Mandibular Partial Denture (cast metal framework with resin denture bases; including any conventional clasps, rests, and teeth)	550 <u>700</u>
D5225	Maxillary Partial Denture (flexible base; including any clasps, rests and teeth)	550 <u>700</u> 00 <u>00</u>
D5226	Mandibular Partial Denture (flexible base; including any clasps, rests and teeth)	550 <u>700</u> 00 <u>00</u>
D5281	Removable Unilateral Partial Denture (one-piece cast metal; including clasps and teeth)	350 <u>375</u>
D5670	Replace All Teeth and Acrylic on Cast Metal Framework (maxillary)	45 <u>50</u>
D5671	Replace All Teeth and Acrylic on Cast Metal Framework (mandibular)	45 <u>50</u>
D5810	Interim Complete Denture (maxillary).....	250 <u>300</u>
D5811	Interim Complete Denture (mandibular)	300
D5820	Interim Partial Denture (maxillary).....	200 <u>225</u>
D5821	Interim Partial Denture (mandibular)	225
D6010	Surgical Placement of Implant Body: Endosteal Implant.....	650 <u>800</u>
D6012	Surgical Placement of Interim Implant Body for Transitional Prosthesis: Endosteal Implant.....	650 <u>800</u> 00 <u>00</u>
D6040	Surgical Placement: Eposteal Implant.....	650 <u>800</u>
D6050	Surgical Placement: Transosteal Implant.....	650 <u>800</u>
D6056	Prefabricated Abutment (includes placement)	650 <u>800</u> 00 <u>00</u>
D6057	Custom Abutment (includes placement)	650 <u>800</u> 00 <u>00</u>
D6058	Abutment Supported Porcelain/Ceramic Crown.....	375 <u>450</u>
D6059	Abutment Supported Porcelain Fused to Metal Crown (high noble metal)...	375 <u>450</u>
D6060	Abutment Supported Porcelain Fused to Metal Crown (predominantly base metal)	375 <u>450</u> 50 <u>50</u>
D6061	Abutment Supported Porcelain Fused to Metal Crown (noble metal)	375 <u>450</u> 50 <u>50</u>
D6062	Abutment Supported Cast Metal Crown (high noble metal)	375 <u>450</u> 50 <u>50</u>
D6063	Abutment Supported Cast Metal Crown (predominantly base metal)	375 <u>450</u> 50 <u>50</u>
D6064	Abutment Supported Cast Metal Crown (noble metal)	375 <u>450</u> 50 <u>50</u>

D6065	Implant Supported Porcelain/Ceramic Crown	375 <u>4</u> 50
D6066	Implant Supported Porcelain Fused to Metal Crown (titanium, titanium alloy, high noble metal)	375 <u>4</u> 50
D6067	Implant Supported Metal Crown (titanium, titanium alloy, high noble metal).	375 <u>4</u> 50
D6068	Abutment Supported Retainer for Porcelain/Ceramic FPD	375 <u>4</u> 50
D6069	Abutment Supported Retainer for Porcelain Fused to Metal FPD (high noble metal)	375 <u>4</u> 50
D6070	Abutment Supported Retainer for Porcelain Fused to Metal FPD (predominantly base metal)	375 <u>4</u> 50
D6071	Abutment Supported Retainer for Porcelain Fused to Metal FPD (noble metal)	375 <u>4</u> 50
D6072	Abutment Supported Retainer for Cast Metal FPD (high noble metal)	375 <u>4</u> 50
D6073	Abutment Supported Retainer for Cast Metal FPD (predominantly base metal)	375 <u>4</u> 50
D6074	Abutment Supported Retainer for Cast Metal FPD (noble metal)	375 <u>4</u> 50
D6075	Implant Supported Retainer for Ceramic FPD.....	375 <u>4</u> 50
D6076	Implant Supported Retainer for Porcelain Fused to Metal FPD (titanium, titanium alloy, or high noble metal)	375 <u>4</u> 50
D6077	Implant Supported Retainer for Cast Metal FPD (titanium, titanium alloy, or high noble metal)	375 <u>4</u> 50
D6078	Implant/Abutment Supported Fixed Denture for Completely Edentulous Arch.....	375 <u>4</u> 50
D6079	Implant/Abutment Supported Fixed Denture for Partially Edentulous Arch..	375 <u>4</u> 50
D6080	Implant Maintenance Procedures, Including Removal of Prosthesis, Cleansing of Prosthesis and Abutments, and Reinsertion of Prosthesis	275 <u>225</u>
D6094	Abutment Supported Crown (titanium)	375 <u>4</u> 50
D6194	Abutment Supported Retainer Crown for FPD (titanium)	375 <u>4</u> 50
D6205	Pontic (indirect resin based composite)	375 <u>4</u> 50
D6210	Pontic (cast high noble metal)	375 <u>450</u>
D6211	Pontic (cast predominantly base metal)	375 <u>450</u>
D6212	Pontic (cast noble metal).....	375

D6214	Pontic (titanium)	375 450
D6240	Pontic (porcelain fused to high noble metal)	375 450
D6241	Pontic (porcelain fused to predominantly base metal)	375 450
D6242	Pontic (porcelain fused to noble metal)	375 450
D6245	Pontic (porcelain/ceramic)	375 450
D6250	Pontic (resin with high noble metal)	375 450
D6251	Pontic (resin with predominantly base metal).....	375 450
D6252	Pontic (resin with noble metal)	375 450
D6253	Provisional Pontic.....	375 450
D6545	Retainer (cast metal for resin-bonded fixed prosthesis)	170 190
D6548	Retainer (porcelain/ceramic for resin-bonded fixed prosthesis)	170 190
D6600	Inlay (porcelain/ceramic, two surfaces)	275 325
D6601	Inlay (porcelain/ceramic, three or more surfaces)	425 450
D6602	Inlay (cast high noble metal, two surfaces)	375 400
D6603	Inlay (cast high noble metal, three or more surfaces)	400 425
D6604	Inlay (cast predominantly base metal, two surfaces)	375 400
D6605	Inlay (cast predominantly base metal, three or more surfaces)	400 425
D6606	Inlay (cast noble metal, two surfaces)	375 400
D6607	Inlay (cast noble metal, three or more surfaces)	425 400
D6608	Onlay (porcelain/ceramic, two surfaces)	325 350
D6609	Onlay (porcelain/ceramic, three or more surfaces)	375 350
D6610	Onlay (cast high noble metal, two surfaces)	400 425
D6611	Onlay (cast high noble metal, three or more surfaces)	425 450
D6612	Onlay (cast predominantly base metal, two surfaces)	400 425
D6613	Onlay (cast predominantly base metal, three or more surfaces)	450 425
D6614	Onlay (cast noble metal, two surfaces)	400 400

		<u>425</u>
D6615	Onlay (cast noble metal, three or more surfaces)	<u>450</u>
		425
D6624	Inlay (titanium)	400
		<u>25</u>
D6634	Onlay (titanium)	425
		<u>50</u>
D6710	Crown (indirect resin based composite)	375
		<u>50</u>
D6720	Crown (resin with high noble metal)	375
		<u>450</u>
D6721	Crown (resin with predominantly base metal)	375
		<u>450</u>
D6722	Crown (resin with noble metal).....	375
		<u>450</u>
D6740	Crown (porcelain/ceramic)	375
		<u>450</u>
D6750	Crown (porcelain fused to high noble metal).....	375
		<u>450</u>
D6751	Crown (porcelain fused to predominantly base metal)	375
		<u>450</u>
D6752	Crown (porcelain fused to noble metal).....	375
		<u>450</u>
D6780	Crown (3/4-cast high noble metal)	375
		<u>450</u>
D6781	Crown (3/4-cast predominantly base metal).....	375
		<u>450</u>
D6782	Crown (3/4-cast noble metal)	375
		<u>450</u>
D6783	Crown (3/4-porcelain/ceramic)	375
		<u>450</u>
D6790	Crown (full-cast high noble metal).....	375
		<u>450</u>
D6791	Crown (full-cast predominantly base metal)	375
		<u>450</u>
D6792	Crown (full-cast noble metal).....	375
		<u>450</u>
D6793	Provisional Retainer Crown.....	375
		<u>450</u>
D6794	Crown (titanium)	375
		<u>50</u>
D6970	Cast Post and Core (in addition to fixed partial denture retainer)	160
		<u>170</u>
D6972	Prefabricated Post and Core (in addition to fixed partial denture retainer) ..	130
		<u>140</u>
D6973	Core Buildup for Retainer (including any pins).....	<u>110</u>
		100
D6975	Coping (metal).....	<u>325</u>
		300

SERFF Tracking Number: AFLA-126621749 State: Arkansas
 Filing Company: American Family Life Assurance Company of Columbus State Tracking Number: 45634
 Company Tracking Number: A82000
 TOI: H101 Individual Health - Dental Sub-TOI: H101.000 Health - Dental
 Product Name: Dental
 Project Name/Number: A82000 Series/A82000

Superseded Schedule Items

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

Creation Date:	Schedule	Schedule Item Name	Replacement Creation Date	Attached Document(s)
05/10/2010	Form	DENTAL POLICY	05/26/2010	A82400AR.pdf (Superceded)
05/10/2010		Supporting Application Document	05/12/2010	

**DENTAL INSURANCE POLICY
LIMITED BENEFIT HEALTH INSURANCE COVERAGE**

**NOTICE TO BUYER: This policy provides dental benefits only.
Read it carefully with the Outline of Coverage, if applicable.**

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.”

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 definitions of terms, the limitations and exclusions, the insurance benefits, and other provisions.

YOUR RIGHT TO EXAMINE THIS POLICY

It is important to us that you are satisfied with this policy. 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 this 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. Statements made in the application are deemed representations and not warranties. Carefully check the application. Write to us within 30 days of the date you receive this policy if any information shown on the application is not correct or complete. Incorrect or incomplete information may result in the denial of claims or voiding 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 timely 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, as shown in our records, at least 30 days before the change becomes effective.

**AMERICAN FAMILY LIFE ASSURANCE COMPANY OF COLUMBUS (AFLAC)
CLIENT SERVICES AND ADMINISTRATION
[WORLDWIDE HEADQUARTERS • 1932 WYNNTON ROAD • COLUMBUS, GEORGIA 31999
FOR ASSISTANCE OR INFORMATION ABOUT THIS POLICY, CALL 1.800.99.AFLAC (1.800.992.3522).
FOR CLAIM FORMS, VISIT OUR WEB SITE AT AFLAC.COM.]**

**If we at Aflac, fail to provide you with reasonable and adequate service,
you should feel free to contact:
ARKANSAS INSURANCE DEPARTMENT-CONSUMER SERVICES DIVISION
1200 WEST THIRD STREET, LITTLE ROCK, ARKANSAS 72201-1904
Telephone (501) 371-2640 or Toll-Free 1-800-852-5494.**

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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:

Policy:	\$XX.xx
Rider:	\$XX.xx
Rider:	\$XX.xx

EFFECTIVE DATES:

Policy:	XX/XX/XX
Rider:	XX/XX/XX
Rider:	XX/XX/XX

Benefit Categories

Waiting Periods

- | | |
|---|-----------|
| A. Preventive Benefits..... | 0 months |
| B. Annual Maximum Building Benefit..... | 12 months |
| C. Fillings and Basic Services..... | 3 months |
| D. Pain Management and Adjunctive Services..... | 3 months |
| E. Other Preventive Services..... | 6 months |
| F. Oral Surgery, Gum Treatments, and Prosthetic Repair..... | 6 months |
| G. Crowns and Major Services..... | 12 months |
| H. Major Prosthetic Services..... | 24 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 policy Effective Date shown in the Policy Schedule.

[Paul S. Amos II, President

Joey M. Loudermilk, Secretary]

This is a legal contract between you and Aflac.

READ YOUR POLICY CAREFULLY.

**Part 1
DEFINITIONS**

- A. COVERED PERSON:** any person insured under Individual, Named Insured/Spouse Only, One-Parent Family, or Two-Parent Family coverage. See Type of Coverage definition.
- B. 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.
- C. 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.
- D. DEPENDENT CHILDREN:** your natural children, stepchildren, or legally adopted children who are (1) unmarried, (2) under age 26, and (3) legal dependents for tax exemption purposes under the United States Internal Revenue Service Tax Code. **A Dependent Child must be under age 26 at the time of application to be eligible for coverage.** Coverage of a Dependent Child will terminate on the anniversary date of this policy following the child's 26th birthday. Coverage provided under any One-Parent or Two-Parent Family policy 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 prior to age 26 and while covered under this policy. You must furnish proof of continued incapacity and dependency at Aflac's request, but not more often than annually, after the two-year period following the Dependent Child's 26th birthday.
- E. EFFECTIVE DATE:** the date(s) coverage begins as shown in the Policy Schedule. The Effective Date of this policy **is not** the date you signed the application for coverage.
- F. IMMEDIATE FAMILY:** anyone related to you in the following manner: spouse; brothers or sisters (includes stepbrothers and stepsisters); children (includes stepchildren); parents (includes stepparents); grandchildren; father- or mother-in-law; brothers- or sisters-in-law; and spouses, as applicable, of any of these.
- G. 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.
- H. POLICY YEAR MAXIMUM:** the total dollar amount of benefits payable per Policy Year, per Covered Person.
- I. TYPE OF COVERAGE** (see your Policy Schedule to determine the Type of Coverage issued: Individual, Named Insured/Spouse Only, One-Parent Family, or Two-Parent Family):
- 1. Individual:** coverage for only you (the Named Insured listed in the Policy Schedule).
 - 2. Named Insured/Spouse Only:** coverage for you (the Named Insured) and your spouse. "Your spouse" is defined as the person to whom you are legally married and who is listed on your application.

3. **One-Parent Family:** coverage for you (the Named Insured) and all of your Dependent Children.
4. **Two-Parent Family:** coverage for you (the Named Insured), your spouse, and all of your Dependent Children (or those of your spouse).

Newborn children are automatically covered under the terms of this policy from the moment of birth. Adopted children are covered from the date of the filing of the petition. If this is an Individual or Named Insured/Spouse Only policy, newborn children are automatically covered from the moment of birth, and adopted children are covered from the date of the filing of the petition if the Named Insured applies for coverage within 60 days after the filing of the petition for adoption. However, coverage shall begin from the moment of birth if the petition for adoption and application for coverage are filed within 60 days after the birth of the minor. This coverage shall terminate upon the dismissal or denial of a petition for adoption. Coverage for newborn or adopted children will be in effect through the 90th day following the date of such event. If you desire uninterrupted coverage for a newborn or an adopted child, you must notify Aflac within 90 days of the child's birth or the date the petition for adoption is filed or before the next premium due date, whichever is later. Upon notification, Aflac will convert this policy to One-Parent Family or Two-Parent Family coverage and advise you of the additional premium due. If One-Parent Family or Two-Parent Family coverage is in force, it is not necessary for you to notify Aflac of the birth of your child or the date of the filing of the petition for adoption of a child, and an additional premium payment will not be required. If you desire any other person(s) to be covered after the Effective Date of this policy, you must apply for such coverage, and that person must be added by endorsement. If Two-Parent Family coverage is already in force, an additional premium will not be required. 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 anniversary date of this policy following the Dependent Child's 26th birthday, on the date the child marries, 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 (for continuation of coverage information, see Part 3, Right of Conversion). Termination will be without prejudice to any claim originating prior to the date of termination. Aflac's acceptance of premium after such date will be considered as premium for only the remaining persons who qualify as Covered Persons under this policy. When coverage on all Dependent Children terminates, you must notify Aflac, in writing, and elect whether to continue this policy on an Individual or Named Insured/Spouse Only basis. After such notice, Aflac will arrange for the payment of the appropriate premium due, including returning any unearned premium. Coverage provided under any One-Parent Family or Two-Parent Family policy will continue to 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 prior to age 26 and while covered under this policy. You must furnish proof of continued incapacity and dependency at Aflac's request, but not more often than annually, after the two-year period following the Dependent Child's 26th birthday.

- J. **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 date of reinstatement. If a dependent is added by endorsement, the Waiting Period for such dependent will begin on 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.** Aflac will not pay benefits for 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.
 8. Treatment received prior to the 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).
- 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.
- D.** Aflac will not pay benefits for services rendered by you or a member of the Immediate Family of a Covered Person.
- E.** Aflac will not pay benefits whenever coverage provided by this policy is in violation of any U.S. economic or trade sanctions. If the coverage violates U.S. economic or trade sanctions, such coverage shall be null and void.

Part 3
RIGHT OF CONVERSION

- A. DISSOLUTION OF MARRIAGE:** If you and your spouse dissolve your marriage by a valid decree of dissolution and your ex-spouse was covered under a Named Insured/Spouse Only or Two-Parent Family policy, your 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 Dependent Children may be covered under either policy, but not both.

- B. DEATH:** In the event of your death, your spouse, if alive and covered under this policy, 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 Dependent Child 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. Such person will have the right to apply for an equivalent 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 Child.

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 president and secretary of Aflac at our worldwide headquarters. Any such change must be noted hereon 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, no misstatements, except fraudulent misstatements, made by you in the application shall be used to void this policy or to deny a claim for loss incurred 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 will continue in force.
- E. REINSTATEMENT:** You may request reinstatement of your policy from your associate (duly licensed agent) or from 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 will 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 your application is received at our worldwide headquarters, your policy will be deemed reinstated. The reinstated policy will cover only loss resulting from covered dental treatment that occurs on or after the date of reinstatement. In all other respects, you and Aflac will have the same rights provided under the policy immediately before the due date of the defaulted premium, subject to new Waiting Periods beginning with the date of reinstatement. Any premium accepted in connection with a reinstatement will be applied to a period for which premium was due, but not to any period more than 60 days 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, [1932 Wynnton Road, Columbus, GA 31999], or to your associate (duly licensed agent). The 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 after the giving of such notice, 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 will 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 due 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 three 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 the 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. Aflac 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.
- N. REFUND OF UNEARNED PREMIUMS:** That portion of the premium paid for a period beyond the end of the policy month in which the Named Insured died shall be paid in a lump sum on a date no later than 30 days after the proof of the Named Insured's death has been furnished to Aflac. Exception: Where Named Insured/Spouse, One-Parent Family or Two-Parent Family coverage is continued, no refund is applicable.

Should the Named Insured cancel this policy prior to its renewal date, Aflac will refund to the Named Insured the unearned portion of such premiums paid for any period beyond the end of the policy month in which the cancellation occurred.

**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 IS RECEIVED WHILE COVERAGE IS IN FORCE. IF A COVERED ADA CODE IS REVISED OR REPLACED BY THE AMERICAN DENTAL ASSOCIATION, AFLAC WILL PAY THE AMOUNT SHOWN IN THE SCHEDULE OF DENTAL PROCEDURES FOR THE CODE MOST COMPARABLE TO THE REVISED OR REPLACED CODE. BENEFITS WILL BE PAID BASED ON CURRENT ADA CODING CONVENTION.

SCHEDULE OF DENTAL PROCEDURES

A. PREVENTIVE BENEFITS

	Benefit Amount
1. DENTAL WELLNESS BENEFIT	\$75

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.

ADA Code	Description
D0120	Periodic Oral Evaluation
D0145	Oral Evaluation for Patient Wellness
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)
D1203	Topical Application of Fluoride (child, prophylaxis not included)
D1204	Topical Application of Fluoride (adult, prophylaxis not included)
D1206	Topical Fluoride Varnish; Therapeutic Application for Moderate to High Caries Risk Patients
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

Amount

2. X-RAY BENEFIT..... \$35

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.

ADA Code	Description
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)
D0273	Bitewings (three 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 shown in the Policy Schedule and a Policy Year Maximum of \$1,600 per Covered Person. The benefits listed are per Covered Person. All treatments must be performed by a Dentist.

B. ANNUAL MAXIMUM BUILDING BENEFIT: Aflac will increase each Covered Person's Policy Year Maximum by \$100 after each 12 consecutive months of this policy's being in force. This benefit builds to a maximum of \$500 per Covered Person.

C. FILLINGS AND BASIC SERVICES

Benefit D0140 is payable only for visits where no other covered services are performed.

ADA Code	Description	Benefit Amount
D0140	Limited Oral Evaluation	\$30
D0290	Posterior-Anterior or Lateral Skull and Facial Bone Survey Film	75
D0310	Sialography	190
D0415	Bacteriologic Studies for Determination of Pathologic Agents	15
D0416	Viral Culture.....	15
D0417	Collection and Preparation of Saliva Sample for Lab Diagnostic Testing	15
D0418	Analysis of Saliva Sample	15
D0421	Genetic test for susceptibility to oral diseases	15
D0431	Adjunctive Pre-Diagnostic Test that Aids in Detection of Mucosal Abnormalities Including Pre-Malignant and Malignant Lesions, Not to Include Cytology or Biopsy.....	15

D0460	Pulp Vitality Tests	15
D0470	Diagnostic Casts	30
D2140	Amalgam (one surface)	
	Primary	55
	Permanent.....	75
D2150	Amalgam (two surfaces)	
	Primary	65
	Permanent.....	80
D2160	Amalgam (three surfaces)	
	Primary	65
	Permanent.....	85
D2161	Amalgam (four or more surfaces)	
	Primary	75
	Permanent.....	95
D2330	Resin-Based Composite (one surface, anterior)	70
D2331	Resin-Based Composite (two surfaces, anterior)	85
D2332	Resin-Based Composite (three surfaces, anterior)	100
D2335	Resin-Based Composite (four or more surfaces or involving incisal angle, anterior)	120
D2390	Resin-Based Composite Crown (anterior).....	120
D2391	Resin-Based Composite (one surface, posterior)	
	Primary	65
	Permanent.....	70
D2392	Resin-Based Composite (two surfaces, posterior)	
	Primary	80
	Permanent.....	85
D2393	Resin-Based Composite (three surfaces, posterior)	
	Primary	95
	Permanent.....	100
D2394	Resin-Based Composite (four or more surfaces, posterior)	
	Primary	95
	Permanent.....	100
D2410	Gold Foil (one surface).....	250
D2420	Gold Foil (two surfaces)	275

D. PAIN MANAGEMENT AND ADJUNCTIVE SERVICES

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

ADA Code	Description	Benefit Amount
D9110	Palliative (emergency) Treatment of Dental Pain (minor procedure)	\$35
D9220	Deep Sedation/General Anesthesia (first 30 minutes)	90
D9221	Deep Sedation/General Anesthesia (each additional 15 minutes).....	90
D9230	Analgesia, Anxiolysis, Inhalation of Nitrous Oxide	90
D9241	Intravenous Conscious Sedation/Analgesia (first 30 minutes)	140
D9310	Consultation (diagnostic service provided by Dentist or physician other than practitioner providing treatment).....	35
D9410	House/Extended-Care Facility Call	35
D9420	Hospital Call	35
D9440	Office Visit (after regularly scheduled hours)	35
D9450	Case Presentation, Detailed and Extensive Treatment Planning.....	35

E. OTHER PREVENTIVE SERVICES

D1351	Sealant (per tooth).....	\$20
D1510	Space Maintainer (fixed, unilateral).....	95
D1515	Space Maintainer (fixed, bilateral).....	120
D1520	Space Maintainer (removable, unilateral).....	95
D1525	Space Maintainer (removable, bilateral).....	120
D1550	Recementation of Space Maintainer	45
D1555	Removal of Fixed Space Maintainer	95

F. ORAL SURGERY, GUM TREATMENTS & PROSTHETIC REPAIR

D4210	Gingivectomy or Gingivoplasty (four or more contiguous teeth or bounded teeth spaces per quadrant)	\$160
D4211	Gingivectomy or Gingivoplasty (one to three teeth per quadrant).....	50
D4230	Anatomical Crown Exposure (four or more contiguous teeth per quadrant).	160
D4231	Anatomical crown exposure - 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)	275
D4241	Gingival Flap Procedure, Including Root Planing (one to three teeth per quadrant)	275
D4249	Clinical Crown Lengthening (hard tissue).....	300
D4260	Osseous Surgery (including flap entry and closure; four or more contiguous teeth or bounded teeth spaces per quadrant)	300
D4261	Osseous Surgery (including flap entry and closure; one to three teeth per quadrant)	300
D4263	Bone Replacement Graft (first site in quadrant)	325
D4264	Bone Replacement Graft (each additional site in quadrant).....	250
D4270	Pedicle Soft Tissue Graft Procedure	325
D4271	Free Soft Tissue Graft Procedure (including donor site surgery)	325
D4273	Subepithelial Connective Tissue Graft Procedures	375
D4275	Soft Tissue Allograft	325
D4320	Provisional Splinting (intracoronaral).....	180
D4321	Provisional Splinting (extracoronaral).....	150
D4341	Periodontal Scaling and Root Planing (four or more contiguous teeth or bounded teeth spaces per quadrant)	80
D4342	Periodontal Scaling and Root Planing (one to three teeth per quadrant)	80
D4355	Full Mouth Debridement to Enable Comprehensive Evaluation and Diagnosis.....	65
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.....	75
D5630	Repair or Replace Broken Clasp.....	60
D5640	Replace Broken Teeth (per tooth)	45
D5650	Add Tooth to Existing Partial Denture	55
D5660	Add Clasp to Existing Partial Denture	75
D5710	Rebase Complete Maxillary Denture.....	160

D5711	Rebase Complete Mandibular Denture	200
D5720	Rebase Maxillary Partial Denture	200
D5721	Rebase Mandibular Partial Denture	200
D5730	Reline Complete Maxillary Denture (chairside)	95
D5731	Reline Complete Mandibular Denture (chairside).....	95
D5740	Reline Maxillary Partial Denture (chairside)	110
D5741	Reline Mandibular Partial Denture (chairside).....	110
D5750	Reline Complete Maxillary Denture (laboratory).....	130
D5751	Reline Complete Mandibular Denture (laboratory)	130
D5760	Reline Maxillary Partial Denture (laboratory).....	160
D5761	Reline Mandibular Partial Denture (laboratory)	160
D5850	Tissue Conditioning (maxillary)	50
D5851	Tissue Conditioning (mandibular).....	50
D6090	Repair of Implanted Supported Prosthetic, by Report.....	130
D6091	Replacement of Semi-Precision or Precision Attachment (male or female component) of Implant/Abutment Supported Prosthesis (per attachment)...	130
D6092	Recement Implant/Abutment Supported Crown	130
D6093	Recement Implant/Abutment Supported Fixed Partial Denture.....	130
D6095	Repair of Implanted Abutment, by Report	130
D6100	Implant Removal, By Report.....	40
D6930	Recement Fixed Partial Denture	40
D7111	Coronal Remnants (deciduous tooth).....	60
D7140	Extraction, Erupted Tooth, or Exposed Root (elevation and/or forceps removal)	50
D7210	Surgical Removal of Erupted Tooth Requiring Elevation of Mucoperiosteal Flap and Removal of Bone and/or Section of Tooth.....	90
D7220	Removal of Impacted Tooth (soft tissue).....	120
D7230	Removal of Impacted Tooth (partially bony).....	140
D7240	Removal of Impacted Tooth (completely bony)	160
D7241	Removal of Impacted Tooth (completely bony, with unusual surgical complications)	170
D7250	Surgical Removal of Residual Tooth Roots (cutting procedure).....	85
D7260	Oroantral Fistula Closure	225
D7270	Tooth Reimplantation and/or Stabilization of Accidentally Evulsed or Displaced Tooth and/or Alveolus.....	225
D7280	Surgical Access of an Unerupted Tooth	250
D7282	Mobilization of Erupted or Malpositioned Tooth to Aid Eruption.....	80
D7283	Placement of Device to Facilitate Eruption of Impacted Tooth.....	80
D7285	Biopsy of Oral Tissue – Hard (bone, tooth)	425
D7286	Biopsy of Oral Tissue – Soft (all others).....	180
D7310	Alveoloplasty in Conjunction with Extractions (per quadrant).....	75
D7311	Alveoloplasty in Conjunction with Extractions (one to three teeth or tooth spaces, per quadrant)	75
D7320	Alveoloplasty Not in Conjunction with Extractions (per quadrant).....	100
D7321	Alveoloplasty Not in Conjunction with Extractions (one to three teeth or tooth spaces, per quadrant)	100
D7340	Vestibuloplasty – Ridge Extension (secondary epithelialization)	975
D7350	Vestibuloplasty – Ridge Extension (including soft tissue grafts, muscle reattachment, revision of soft tissue attachment, and management of hypertrophied and hyperplastic tissue).....	925
D7410	Excision of Benign Lesion (up to 1.25 cm)	650
D7411	Excision of Benign Lesion (greater than 1.25 cm).....	650

D7412	Excision of Benign Lesion (complicated).....	650
D7413	Excision of Malignant Lesion (up to 1.25 cm).....	800
D7414	Excision of Malignant Lesion (greater than 1.25 cm)	800
D7415	Excision of Malignant Lesion (complicated)	800
D7440	Excision of Malignant Tumor (lesion diameter up to 1.25 cm).....	800
D7441	Excision of Malignant Tumor (lesion diameter greater than 1.25 cm)	800
D7450	Removal of Benign Odontogenic Cyst or Tumor (lesion diameter up to 1.25 cm)	650
D7451	Removal of Benign Odontogenic Cyst or Tumor (lesion diameter greater than 1.25 cm)	650
D7460	Removal of Benign Nonodontogenic Cyst or Tumor (lesion diameter up to 1.25 cm)	650
D7461	Removal of Benign Nonodontogenic Cyst or Tumor (lesion diameter greater than 1.25 cm)	650
D7471	Removal of Lateral Exostosis (maxilla or mandible)	450
D7472	Removal of Torus Palatinus	450
D7473	Removal of Torus Mandibularis	450
D7485	Surgical Reduction of Osseous Tuberosity	550
D7510	Incision and Drainage of Abscess (intraoral soft tissue)	120
D7511	Incision and Drainage of Abscess (intraoral soft tissue – complicated; includes drainage of multiple fascial spaces)	575
D7520	Incision and Drainage of Abscess (extraoral soft tissue)	575
D7521	Incision and Drainage of Abscess (extraoral soft tissue – complicated; includes drainage of multiple fascial spaces)	575
D7530	Removal of Foreign Body From Mucosa, Skin, or Subcutaneous Alveolar Tissue.....	200
D7540	Removal of Reaction-Producing Foreign Bodies (musculoskeletal system)	225
D7550	Partial Osteotomy/Sequestrectomy for Removal of Nonvital Bone	140
D7560	Maxillary Sinusotomy for Removal of Tooth Fragment or Foreign Body	925
D7610	Maxilla (open reduction; teeth immobilized, if present)	925
D7620	Maxilla (closed reduction; teeth immobilized, if present)	925
D7630	Mandible (open reduction; teeth immobilized, if present)	75
D7640	Mandible (closed reduction; teeth immobilized, if present)	100
D7650	Malar and/or Zygomatic Arch (open reduction)	925
D7660	Malar and/or Zygomatic Arch (closed reduction).....	650
D7670	Alveolus (closed reduction, may include stabilization of teeth)	850
D7671	Alveolus (open reduction, may include stabilization of teeth).....	450
D7710	Maxilla (open reduction)	925
D7720	Maxilla (closed reduction).....	925
D7730	Mandible (open reduction).....	100
D7740	Mandible (closed reduction)	100
D7750	Malar and/or Zygomatic Arch (open reduction)	400
D7760	Malar and/or Zygomatic Arch (closed reduction).....	400
D7770	Alveolus (open reduction stabilization of teeth).....	450
D7771	Alveolus (closed reduction stabilization of teeth)	850
D7960	Frenulectomy (frenectomy or frenotomy; separate procedure)	100
D7963	Frenuloplasty.....	100
D7970	Excision of Hyperplastic Tissue (per arch)	100
D7971	Excision of Pericoronal Gingiva.....	85
D9120	Fixed Partial Denture Sectioning.....	40

G. CROWNS AND MAJOR SERVICES

D2510	Inlay (metallic, one surface)	\$225
D2520	Inlay (metallic, two surfaces)	250
D2530	Inlay (metallic, three or more surfaces)	400
D2542	Onlay (metallic, two surfaces)	300
D2543	Onlay (metallic, three surfaces).....	325
D2544	Onlay (metallic, four or more surfaces)	350
D2610	Inlay (porcelain/ceramic, one surface)	250
D2620	Inlay (porcelain/ceramic, two surfaces)	275
D2630	Inlay (porcelain/ceramic, three or more surfaces)	425
D2642	Onlay (porcelain/ceramic, two surfaces)	325
D2643	Onlay (porcelain/ceramic, three surfaces).....	350
D2644	Onlay (porcelain/ceramic, four or more surfaces)	375
D2650	Inlay (resin-based composite, one surface)	225
D2651	Inlay (resin-based composite, two surfaces)	250
D2652	Inlay (resin-based composite, three or more surfaces)	325
D2662	Onlay (resin-based composite, two surfaces)	275
D2663	Onlay (resin-based composite, three surfaces).....	325
D2664	Onlay (resin-based composite, four or more surfaces)	325
D2710	Crown (resin, indirect)	190
D2712	Crown (3/4 resin-based composite, indirect)	190
D2720	Crown (resin with high noble metal)	375
D2721	Crown (resin with predominantly base metal)	375
D2722	Crown (resin with noble metal)	375
D2740	Crown (porcelain/ceramic substrate).....	375
D2750	Crown (porcelain fused to high noble metal).....	375
D2751	Crown (porcelain fused to predominantly base metal)	375
D2752	Crown (porcelain fused to noble metal).....	375
D2780	Crown (3/4-cast high noble metal)	375
D2781	Crown (3/4-cast predominantly base metal)	375
D2782	Crown (3/4-cast noble metal)	375
D2783	Crown (3/4-porcelain/ceramic)	375
D2790	Crown (full-cast high noble metal).....	375
D2791	Crown (full-cast predominantly base metal)	375
D2792	Crown (full-cast noble metal).....	375
D2794	Crown (titanium)	375
D2910	Recement Inlay	35
D2915	Recement Cast or Prefabricated Post and Core	35
D2920	Recement Crown.....	35
D2930	Prefabricated Stainless Steel Crown (primary tooth).....	80
D2931	Prefabricated Stainless Steel Crown (permanent tooth)	90
D2932	Prefabricated Resin Crown	130
D2933	Prefabricated Stainless Steel Crown with Resin Window	140
D2934	Prefabricated Esthetic Coated Stainless Steel Crown (primary tooth)	80
D2940	Sedative Filling	30
D2950	Core Buildup (including any pins).....	80
D2951	Pin Retention (per tooth, in addition to restoration)	25
D2952	Cast Post and Core (in addition to crown).....	110
D2954	Prefabricated Post and Core (in addition to crown).....	130
D2955	Post Removal (not in conjunction with endodontic therapy).....	90
D2970	Temporary Crown (fractured tooth)	85

D2980	Crown Repairs, By Report.....	190
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 ..	50
D3222	Partial Pulpotomy for Apexogenesis (perm tooth with incomplete root development)	50
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).....	225
D3320	Bicuspid (excluding final restoration, root canal).....	275
D3330	Molar (excluding final restoration, root canal)	375
D3346	Retreatment of Previous Root Canal Therapy (anterior).....	200
D3347	Retreatment of Previous Root Canal Therapy (bicuspid).....	250
D3348	Retreatment of Previous Root Canal Therapy (molar)	325
D3351	Apexification/Recalcification (initial visit; apical closure/calcific repair of perforations, root resorption, etc.)	160
D3352	Apexification/Recalcification (interim medication replacement; apical closure/calcific repair of perforations, root resorption, etc.).....	40
D3353	Apexification/Recalcification (final visit; includes completed root canal therapy; apical closure/calcific repair of perforations, root resorption, etc.) .	80
D3410	Apicoectomy/Periradicular Surgery (anterior).....	170
D3421	Apicoectomy/Periradicular Surgery (bicuspid; first root)	325
D3425	Apicoectomy/Periradicular Surgery (molar; first root).....	400
D3426	Apicoectomy/Periradicular Surgery (each additional root)	130
D3430	Retrograde Filling (per root)	95
D3450	Root Amputation (per root).....	190
D3920	Hemisection (including any root removal; not including root canal therapy)	150
D3950	Canal Preparation and Fitting of Preformed Dowel or Post.....	65

H. MAJOR PROSTHETIC SERVICES

D5110	Complete Denture (maxillary).....	\$525
D5120	Complete Denture (mandibular)	525
D5130	Immediate Denture (maxillary)	525
D5140	Immediate Denture (mandibular).....	525
D5211	Maxillary Partial Denture (resin base; including any conventional clasps, rests, and teeth)	375
D5212	Mandibular Partial Denture (resin base; including any conventional clasps, rests, and teeth)	375
D5213	Maxillary Partial Denture (cast metal framework with resin denture bases; including any conventional clasps, rests, and teeth)	550
D5214	Mandibular Partial Denture (cast metal framework with resin denture bases; including any conventional clasps, rests, and teeth)	550
D5225	Maxillary Partial Denture (flexible base; including any clasps, rests and teeth)	550
D5226	Mandibular Partial Denture (flexible base; including any clasps, rests and teeth)	550
D5281	Removable Unilateral Partial Denture (one-piece cast metal; including clasps and teeth)	350
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).....	250
D5811	Interim Complete Denture (mandibular)	300
D5820	Interim Partial Denture (maxillary).....	200
D5821	Interim Partial Denture (mandibular)	225
D6010	Surgical Placement of Implant Body: Endosteal Implant.....	650
D6012	Surgical Placement of Interim Implant Body for Transitional Prosthesis: Endosteal Implant.....	650
D6040	Surgical Placement: Eposteal Implant.....	650
D6050	Surgical Placement: Transosteal Implant.....	650
D6056	Prefabricated Abutment (includes placement)	650
D6057	Custom Abutment (includes placement)	650
D6058	Abutment Supported Porcelain/Ceramic Crown.....	375
D6059	Abutment Supported Porcelain Fused to Metal Crown (high noble metal)...	375
D6060	Abutment Supported Porcelain Fused to Metal Crown (predominantly base metal)	375
D6061	Abutment Supported Porcelain Fused to Metal Crown (noble metal)	375
D6062	Abutment Supported Cast Metal Crown (high noble metal)	375
D6063	Abutment Supported Cast Metal Crown (predominantly base metal)	375
D6064	Abutment Supported Cast Metal Crown (noble metal)	375
D6065	Implant Supported Porcelain/Ceramic Crown	375
D6066	Implant Supported Porcelain Fused to Metal Crown (titanium, titanium alloy, high noble metal)	375
D6067	Implant Supported Metal Crown (titanium, titanium alloy, high noble metal).	375
D6068	Abutment Supported Retainer for Porcelain/Ceramic FPD	375
D6069	Abutment Supported Retainer for Porcelain Fused to Metal FPD (high noble metal)	375
D6070	Abutment Supported Retainer for Porcelain Fused to Metal FPD (predominantly base metal)	375
D6071	Abutment Supported Retainer for Porcelain Fused to Metal FPD (noble metal)	375
D6072	Abutment Supported Retainer for Cast Metal FPD (high noble metal)	375
D6073	Abutment Supported Retainer for Cast Metal FPD (predominantly base metal)	375
D6074	Abutment Supported Retainer for Cast Metal FPD (noble metal)	375
D6075	Implant Supported Retainer for Ceramic FPD.....	375
D6076	Implant Supported Retainer for Porcelain Fused to Metal FPD (titanium, titanium alloy, or high noble metal)	375
D6077	Implant Supported Retainer for Cast Metal FPD (titanium, titanium alloy, or high noble metal)	375
D6078	Implant/Abutment Supported Fixed Denture for Completely Edentulous Arch	375
D6079	Implant/Abutment Supported Fixed Denture for Partially Edentulous Arch..	375
D6080	Implant Maintenance Procedures, Including Removal of Prosthesis, Cleansing of Prosthesis and Abutments, and Reinsertion of Prosthesis	225
D6094	Abutment Supported Crown (titanium)	375
D6194	Abutment Supported Retainer Crown for FPD (titanium)	375
D6205	Pontic (indirect resin based composite)	375
D6210	Pontic (cast high noble metal)	375
D6211	Pontic (cast predominantly base metal)	375
D6212	Pontic (cast noble metal).....	375
D6214	Pontic (titanium)	375

D6240	Pontic (porcelain fused to high noble metal)	375
D6241	Pontic (porcelain fused to predominantly base metal)	375
D6242	Pontic (porcelain fused to noble metal)	375
D6245	Pontic (porcelain/ceramic)	375
D6250	Pontic (resin with high noble metal)	375
D6251	Pontic (resin with predominantly base metal)	375
D6252	Pontic (resin with noble metal)	375
D6253	Provisional Pontic	375
D6545	Retainer (cast metal for resin-bonded fixed prosthesis)	170
D6548	Retainer (porcelain/ceramic for resin-bonded fixed prosthesis)	170
D6600	Inlay (porcelain/ceramic, two surfaces)	275
D6601	Inlay (porcelain/ceramic, three or more surfaces)	425
D6602	Inlay (cast high noble metal, two surfaces)	375
D6603	Inlay (cast high noble metal, three or more surfaces)	400
D6604	Inlay (cast predominantly base metal, two surfaces)	375
D6605	Inlay (cast predominantly base metal, three or more surfaces)	400
D6606	Inlay (cast noble metal, two surfaces)	375
D6607	Inlay (cast noble metal, three or more surfaces)	400
D6608	Onlay (porcelain/ceramic, two surfaces)	325
D6609	Onlay (porcelain/ceramic, three or more surfaces)	350
D6610	Onlay (cast high noble metal, two surfaces)	400
D6611	Onlay (cast high noble metal, three or more surfaces)	425
D6612	Onlay (cast predominantly base metal, two surfaces)	400
D6613	Onlay (cast predominantly base metal, three or more surfaces)	425
D6614	Onlay (cast noble metal, two surfaces)	400
D6615	Onlay (cast noble metal, three or more surfaces)	425
D6624	Inlay (titanium)	400
D6634	Onlay (titanium)	425
D6710	Crown (indirect resin based composite)	375
D6720	Crown (resin with high noble metal)	375
D6721	Crown (resin with predominantly base metal)	375
D6722	Crown (resin with noble metal)	375
D6740	Crown (porcelain/ceramic)	375
D6750	Crown (porcelain fused to high noble metal)	375
D6751	Crown (porcelain fused to predominantly base metal)	375
D6752	Crown (porcelain fused to noble metal)	375
D6780	Crown (3/4-cast high noble metal)	375
D6781	Crown (3/4-cast predominantly base metal)	375
D6782	Crown (3/4-cast noble metal)	375
D6783	Crown (3/4-porcelain/ceramic)	375
D6790	Crown (full-cast high noble metal)	375
D6791	Crown (full-cast predominantly base metal)	375
D6792	Crown (full-cast noble metal)	375
D6793	Provisional Retainer Crown	375
D6794	Crown (titanium)	375
D6970	Cast Post and Core (in addition to fixed partial denture retainer)	160
D6972	Prefabricated Post and Core (in addition to fixed partial denture retainer) ..	130
D6973	Core Buildup for Retainer (including any pins)	100
D6975	Coping (metal)	300