Aflac

Group Dental

INSURANCE – PREMIER PLAN

No networks. No deductibles.
Use any dentist you choose.

A dental plan that gives you
something to smile about.

Aflac®

We've got you under our wing.®

AFLAC GROUP DENTAL INSURANCE

PREMIER PLAN

Policy Series CAI1100

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Developed to help keep one of your most vital assets healthy for life.

A smile is a beautiful thing. It means warmth and friendship in almost every culture and language around the world. And it says great things about you, too. That's just one reason why taking care of your teeth is so important.

It's also why the Aflac group Dental plan was developed.

In addition to giving you a shiny-white smile, regular dental exams help stave off cavities, fight gum disease, and help you avoid other health issues.

In fact, the American Heart Association published a statement in April 2012 supporting an association between gum disease and heart disease. So, you can see why good oral hygiene can play a part in your overall health down the road. Of course, there are some other important reasons why our plan might be good for you, too:

- There are no networks, so you can go to any dentist you choose.
- There are no precertification requirements.
- There's no annual deductible.
- Aflac pays benefits regardless of any other plan.

What you need, when you need it.

Group dental insurance pays cash benefits that you can use any way you see fit.

Here's why the Aflac group Dental plan may be right for you.

For more than 60 years, Aflac has been dedicated to helping provide individuals and families peace of mind and financial security when they've needed it most. Our group Dental plan is just another innovative way to help make sure you're well protected under our wing.

But it doesn't stop there. Having group Dental insurance from Aflac means that you could have added financial resources to help with routine dental care.

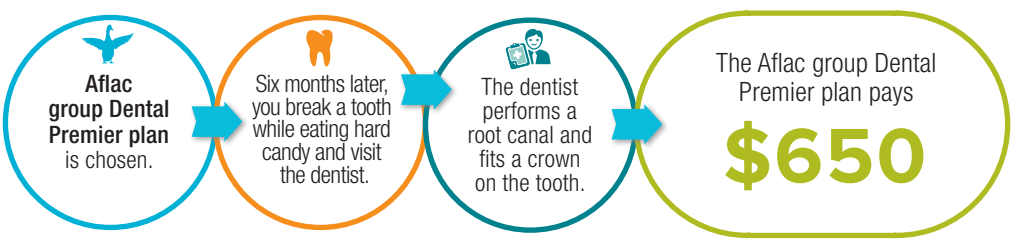
The Aflac group Dental plan benefits include the following for routine care:

- Cleanings and Preventive Care
- X-rays
- Sealants
- Root Canals
- Crowns and Major Services
- Major Prosthetic Services
- Optional Orthodontia and Cosmetic Services

Features:

- Coverage is guaranteed-issue (which means you may qualify for coverage without having to answer health questions).
- Benefits are paid directly to you, unless otherwise assigned.
- Coverage is available for you, your spouse, and dependent children.
- Fast claims payment. Most claims are processed in about four business days.

How it works



Amount payable was generated based on benefit amounts for: Crown-Full Cast Noble Metal ($325), and Molar (excluding final restoration), and Root Canal ($325).

The plan has limitations and exclusions that may affect benefits payable. This brochure is for illustrative purposes only. Refer to your certificate for complete details, definitions, limitations, and exclusions.

For more information, ask your insurance agent/producer or call 1.800.433.3036. aflacgroupinsurance.com

Benefits Overview+

PROCEDURES AND SERVICES	PREMIER	WAITING PERIOD
DENTAL WELLNESS This benefit is payable for any insured for a dental wellness procedure. This benefit is payable once per visit and twice per plan year per insured. Dental wellness visits must be separated by 150 days or more. Treatment must be performed by a dentist or dental hygienist.	$50	0 months
X-RAY This benefit is payable once per visit for any one X-ray procedure. This benefit is payable once per plan year, per insured. This treatment must be performed by a dentist or dental hygienist.	$35	0 months
FILLINGS AND BASIC SERVICES The Limited Oral Evaluation Benefit is payable only for visits where no other covered services are performed.	Up to $275	3 months
PAIN MANAGEMENT AND ADJUNCTIVE SERVICES The benefits for deep sedation/general anesthesia (first 30 minutes) and analgesia, anxiolysis, or inhalation of nitrous oxide are not payable for the same surgery.	Up to $140	3 months
OTHER PREVENTIVE SERVICES	Up to $120	6 months
ORAL SURGERY, GUM TREATMENTS, AND PROSTHETIC REPAIR	Up to $975	6 months
MAJOR PROSTHETIC SERVICES	Up to $650	24 months
CROWNS AND MAJOR SERVICES	Up to $425	12 months
COVERAGE YEAR MAXIMUM (per insured)	$1,600	
ANNUAL MAXIMUM BUILDING BENEFIT (per insured) We will increase your annual maximum after each 12 consecutive months of coverage being in force. This increase is a maximum of 5 years, per insured.	$100 per year, up to $500 maximum, per insured	

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OPTIONAL BENEFIT RIDERS

ORTHODONTIC BENEFIT RIDER	
Initial Treatment* We will pay the Initial Treatment Benefit for a covered orthodontic procedure after any applicable waiting period. The Initial Treatment Benefit is not payable for periodic orthodontic treatment visits (ADA Code D8670).	$500
Continued Treatment We will pay the amount shown when an insured receives continued treatment involving a covered orthodontic procedure, with a maximum of one treatment per month, up to 18 treatments. Periodic orthodontic treatment vsits are payable under the Continued Treatment Benefit.	$50
Total Annual Maximum per Family	$2,600
Lifetime Maximum per Insured	$1,400
Waiting Period	24 Months
COSMETIC BENEFIT RIDER (not available for Section 125 pre-tax plans)	
Covered Cosmetic Treatment	Up to $250
Total Annual Maximum	$600
Lifetime Maximum	$1,800
Waiting Period	24 Months

Optional Benefit Riders are part of the plan and are subject to all plan provisions, definitions, limitations, and exclusions, unless modified by the riders.

If a covered ADA code is revised or replaced by the American Dental Association, we 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.

The plan has limitations and exclusions that may affect benefits payable. This brochure is for illustrative purposes only. Refer to your certificate for complete details, definitions, limitations, and exclusions.

DENTAL INSURANCE

LIMITATIONS AND EXCLUSIONS, WHAT IS NOT COVERED, AND TERMS YOU NEED TO KNOW

LIMITATIONS AND EXCLUSIONS

If the coverage outlined in this summary will replace any existing coverage, please be aware that it may be in your best interest to maintain your individual guaranteed-renewable policy.

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

1. Any procedure not shown on the schedule of dental procedures.
2. Services that are not recommended by a dentist or that are not required for the preservation or restoration of oral health.
3. Repairs to dental work within six months of the initial work.
4. Replacement prosthetics within five years of last placement.
5. Treatment involving crowns for a given tooth within five years of last placement, regardless of the type of crown.
6. Replacement for inlays or onlays for a given tooth within five years of last placement.
7. Treatment received while outside the territorial limits of the United States.
8. Treatment received prior to an insured's effective date of coverage or treatment received during a benefit's waiting period.
9. A dentist's or dental practice's failure to comply with the current ADA coding convention including, but not limited to, upcoding, the overutilization of certain codes and/or the misrepresentation of services (e.g., unbundling).

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

No benefits will be paid for replacement of teeth missing before an insured's effective date of coverage.

We will not pay benefits for services rendered by you or a member of the immediate family of an insured.

ORTHODONTIC BENEFIT RIDER LIMITATION
This benefit is not payable for dental services when the initial treatment occurred prior to the effective date or before the waiting period ended.

COSMETIC BENEFIT RIDER LIMITATION
This benefit is subject to the waiting period listed in your certificate schedule. All treatments must be performed by a dentist or dental hygienist.

TERMS YOU NEED TO KNOW

Dependent Children means your natural children, stepchildren, or legally adopted children who are under age 26. Coverage of a dependent child will terminate on the child's 26th birthday. Coverage provided under any one-parent or two-parent Family coverage will include any other 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 the plan. You must furnish proof of such incapacity and dependency to us within 31 days of the dependent child's 26th birthday. You must furnish proof of continued incapacity and dependency at our request, but not more often than annually, after the two-year period following the dependent child's 26th birthday.

Dentist or Dental Hygienist refers to a legally qualified person, other than a member of an insured's immediate family, who is licensed by the state to treat the type of condition for which a claim is made.

Immediate Family means any person, as applicable, who is 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.

Contractor means a person insured under the plan who is: 1. a contractor of the policyholder; 2. included in the class of contractors eligible for coverage as shown on the application.

Spouse means the person to whom you are legally married and who is listed in your application.

TERMINATION OF COVERAGE
Your insurance may terminate when the plan is terminated; the 31st day after the premium due date if the premium has not been paid; or the date you no longer belong to an eligible class. If your coverage terminates, we will provide benefits for valid claims that arose while your coverage was in force.

YOU MAY CONTINUE YOUR COVERAGE
Your coverage may be continued with certain stipulations. See certificate for details.

Notice to Consumer: The coverages provided by Continental American Insurance Company (CAIC) represent supplemental benefits only. They do not constitute comprehensive health insurance coverage and do not satisfy the requirement of minimum essential coverage under the Affordable Care Act. CAIC coverage is not intended to replace or be issued in lieu of major medical coverage. It is designed to supplement a major medical program.

We've got you under our wing.®

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Continental American Insurance Company • Columbia, South Carolina

The certificate to which this sales material pertains may be written only in English; the certificate prevails if interpretation of this material varies.

This brochure is a brief description of coverage and is not a contract. Read your certificate carefully for exact terms and conditions.

This brochure is subject to the terms, conditions, and limitations of Policy Series CAI1100.