

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

If this coverage will replace any existing individual policy, please be aware that it may be in your best interest to maintain their 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.

### TERMS YOU NEED TO KNOW

**Dependent Children** means an employee's 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 this Plan. An employee must furnish proof of such incapacity and dependency to us within 31 days of the Dependent Child's 26th birthday. An employee 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.

**Employee** means a person insured under the Plan who is: 1. an employee of the Policyholder; 2. included in the class of employees eligible for coverage as shown on the application.

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

### ORTHODONTIC BENEFIT RIDER LIMITATION

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

### COSMETIC BENEFIT RIDER LIMITATION

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

### TERMINATIONS

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

1. The date the plan is terminated;
2. On the 31st day after the premium due date if the required premium has not been paid;
3. On the date you cease to meet the definition of an employee as defined in the plan;
4. On the premium due date which falls on or first follows the your 71st birthday; or
5. On the date you are no longer a member of an eligible class.

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

### PORTABILITY

When coverage is effective and would otherwise terminate because the employee ends employment with the employer, coverage may be continued. Employee will continue the coverage that is in force on the date employment ends, including dependent coverage then in effect.

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

Continental American Insurance Company is not aware of whether you receive benefits from Medicare, Medicaid, or a state variation. If you or a dependent are subject to Medicare, Medicaid, or a state variation, any and all benefits under the plan could be assigned. This means that you may not receive any of the benefits outlined in the plan. Please check the coverage in all health insurance plans you already have or may have before you purchase the insurance outlined in this summary to verify the absence of any assignments or liens.

Continental American Insurance Company (CAIC) is a wholly-owned subsidiary of Aflac Incorporated. CAIC underwrites group coverage but is not licensed to solicit business in New York, Guam, Puerto Rico, or the Virgin Islands. Continental American Insurance Company • Columbia, South Carolina

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 Form Series CAI1100.

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The certificate to which this sales material pertains is 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. Definitions, waiting period, limitations and exclusions, benefits, termination, portability, etc., may vary based on your employer's home office. Please see your agent for the plan details specific to your employer.

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# GROUP DENTAL INSURANCE

Policy Series CA1100 This brochure is a brief description of coverage and is not a contract. Read your certificate carefully for exact terms and conditions.



## Smile. We've got you under our wing.®

The best way to maintain or improve your smile is to brush and floss your teeth daily, visit your dentist, and apply for an Aflac Dental Insurance plan.

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

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

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

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

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

\*Subject to applicable Waiting Periods and Exclusions.

### COVERAGE WORK SHEET

#### PAYROLL DEDUCTION

Deductions Begin: \_\_\_\_\_

Effective date: \_\_\_\_\_

**Total Deduction:** \_\_\_\_\_

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

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

PROCEDURES AND SERVICES	BASIC	WAITING PERIOD
Dental Wellness Two visits per year per insured and separated by 150 days. Treatment must be performed by a Dentist or Dental Hygienist .	\$25	0 months
X-Ray Once per year per insured. Treatment must be performed by a Dentist or Dental Hygienist.	\$15	0 months
Fillings and Basic Services A Limited Oral Evaluation is payable only for visits where no other covered services are performed.	Up to \$225	3 months
Pain Management and Adjunctive Services Benefits for Deep Sedation/General Anesthesia (first 30 minutes) and Analgesia, Anxiolysis, or Inhalation of Nitrous Oxide are not payable for the same surgery.	Up to \$120	3 months
Other Preventive Services	Up to \$100	6 months
Oral Surgery, Gum Treatments and Prosthetic Repair	Up to \$750	6 months
Crowns and Major Services	Up to \$350	12 months
Major Prosthetic Services	Up to \$450	24 months

#### COVERAGE YEAR MAXIMUM (PER INSURED)

Basic	\$1,200
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### OPTIONAL BENEFITS

#### ORTHODONTIC BENEFIT

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

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

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

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