Aflac Dental Insurance

Benefits Proposal

This Proposal has been prepared for:

South Dakota

Presented by:

Aflac

Proposal State:

South Dakota

American Family Life Assurance Company of Columbus
Policy Series: QN81000

Plan Description

The Aflac Dental Plan gives you something to smile about. Rely on us for access to affordable dental care and more

Features and Plan Provisions (specific provisions and descriptions may vary by state)	
Benefit Amounts	See benefit schedule for available options
Eligibility	Employees who are active full time employees working at least 30 hours per week and have been continuously employed for the duration set by the employer. Seasonal and temporary employee are not eligible. Dependents are eligible, but only if the employee is eligible and participates.
Enrollment Assumptions	Enrollments take place once each 12-month period. Later enrollees cannot enroll outside of an annual enrollment period.
Broker Commissions	10%
Number of Eligible Lives	25-250
Participation	Greater of 20% or 10 Enrolled Employees
Rate Guarantee	24 months
Rate Cap(s)	N/A
Effective Date	7/1/2026 and Later
Product Type	PPO Plan
Ineligible Industries	Dental Offices, Dental Services Offices, Non-Traditional Groups (Unions, PEOS, Trusts, Assocations, Etc), Cannabis Related Groups, and Native American Tribes
Benefit Waiting Period	
Class A Class B Class C Orthodontia	In-Network: 0 months, Out-of-Network: 0 months In-Network: 0 months, Out-of-Network: 0 months In-Network: 0 months, Out-of-Network: 0 months In-Network: 0 months, Out-of-Network: 0 months

Eligibility Reminders:

- Employees must work a minimum of 30 hours per week
- 25 Full Time eligible employees
- The greater of 10 enrolled employees or 20% participation
- Accounts are not eligible to move from Everwell to brochure plans
- Multiple option plans:
  - Must have completely different plans (not the same plan but one with ortho and one without ortho)
  - Dual options will require the greater of 5 enrolled employees or 15% of the enrolled population in one plan, with the remaining enrolled population in the other plan being sold
  - No triple options

Plan Benefits Option 1

(Descriptions of specific benefits may vary by state)

Plan Summary	In-Network / Out-of-Network	In-Network / Out-of-Network
Coverage	**Without Ortho**	**With Ortho**
Deductible	$50 Annual; Max 3 per family (decreasing over time)	$50 Annual; Max 3 per family (decreasing over time)
Deductible waived for A services	Waived	Waived
Calendar Year	$1,000	$1,000
Class A - Preventive	100%	100%
Class B - Basic Restorative	60%	60%
Class C - Major Restorative	40%	40%
Class D - Orthodontia	Not Covered	50%
Network Negotiated Fee	Negotiated Fee / 95th Percentile	Negotiate Fee / 95th Percentile
Orthodontia Maximum	Not Covered	$1,000
Maximum Carryover Benefit	Included	Included
Clear Align Ortho	Not Covered	Included
Accidental Dental Injury	Included	Included

Benefit and Premium Rates

Premiums		
Members/Coverage	**Monthly Rate**	**Monthly Rate**
Employee	$26.92	$26.92
Employee & Spouse	$52.96	$52.96
Employee & Child(ren)	$62.74	$76.67
Family	$88.78	$102.71

Preventive Benefits	Frequency
Cleanings (Prophylaxis)	2 per calendar year
Exams	2 per calendar year
Fluoride treatments	1 per 12 months, Under age 14

Basic Services	Frequency
Radiographs - Intraoral (Periapical/Occlusal)	1 every 12 months
Radiographs Full Mouth	1 every 60 months
Sealants	1 tooth per lifetime, Under age 14
Space Maintainers	Maximum of 1 each tooth per 24 months, under Age 14
Emergency Pallative Treatment	
Restorations for Anterior and Posterior (Amalgams & Resin)	Under age 19, replacing existing only if in place for 12 months. Age 19 and over, replace existing only if in place for 36 months.

Major Services	Frequency
Simple Extractions (Extraction, erupted tooth or exposed root)	
Surgical Extractions	
Oral Surgery	
Endodontics - Root Canal	One Per Tooth
Pulpotomy	Dependent Children Under Age 14
Pulp Capping	
Pulp Therapy	
Periodontal Maintenance	2 per calendar year
Periodontal Scaling & Root Planning	1 per quadrant per 24 months
Periodontal Surgical Extractions	1 per quadrant per 36 months
Anesthesia	
Onlays	1 per tooth in 5 calendar years
Prefabricated Stainless Steel Crowns	1 per tooth in 5 calendar years
Crowns	1 per tooth in 5 calendar years
Crown Repairs	6 months must have passed since initial placement
Bridges	1 per tooth in 5 calendar years
Bridge Repairs	6 months must have passed since initial placement
Dentures	1 per tooth in 5 calendar years
Denture Repairs	6 months must have passed since initial placement
Implants	1 per tooth in 5 calendar years

Orthodontia Benefits	Frequency	
Orthodontic	Not Covered	Child Only, under age 19

Plan Benefits Option 2

(Descriptions of specific benefits may vary by state)

Plan Summary	In-Network / Out-of-Network	In-Network / Out-of-Network
Coverage	**Without Ortho**	**With Ortho**
Deductible	$50 Annual; Max 3 per family (decreasing over time)	$50 Annual; Max 3 per family (decreasing over time)
Deductible waived for A services	Waived	Waived
Calendar Year	$1,000	$1,000
Class A - Preventive	100%	100%
Class B - Basic Restorative	80%	80%
Class C - Major Restorative	50%	50%
Class D - Orthodontia	Not Covered	50%
Network Negotiated Fee	Negotiated Fee / 95th Percentile	Negotiate Fee / 95th Percentile
Orthodontia Maximum	Not Covered	$1,000
Maximum Carryover Benefit	Included	Included
Clear Align Ortho	Not Covered	Included
Accidental Dental Injury	Included	Included

Benefit and Premium Rates

Premiums		
Members/Coverage	**Monthly Rate**	**Monthly Rate**
Employee	$34.07	$34.07
Employee & Spouse	$67.26	$67.26
Employee & Child(ren)	$76.19	$90.11
Family	$109.38	$123.30

Preventive Benefits	Frequency
Cleanings (Prophylaxis)	2 per calendar year
Exams	2 per calendar year
Radiographs - Intraoral (Periapical/Occlusal)	1 every 12 months
Fluoride treatments	1 per 12 months, Under age 16
Sealants	1 tooth per 60 months, Under age 16
Space Maintainers	Maximum of 1 each tooth per 24 months, Under Age 16

Basic Services	Frequency
Radiographs Full Mouth	1 every 60 months
Emergency Pallative Treatment	
Restorations for Anterior and Posterior (Amalgams & Resin)	Under age 19, replacing existing only if in place for 12 months. Age 19 and over, replace existing only if in place for 36 months.
Endodontics - Root Canal	One Per Tooth
Pulpotomy	Dependent Children Under Age 14
Pulp Capping	
Pulp Therapy	
Periodontal Maintenance	2 per calendar year
Periodontal Scaling & Root Planning	1 per quadrant per 24 months
Periodontal Surgical Extractions	1 per quadrant per 36 months
Simple Extractions (Extraction, erupted tooth or exposed root)	

Major Services	Frequency
Surgical Extractions	
Oral Surgery	
Anesthesia	
Onlays	1 per tooth in 5 calendar years
Prefabricated Stainless Steel Crowns	1 per tooth in 5 calendar years
Crowns	1 per tooth in 5 calendar years
Crown Repairs	6 months must have passed since initial placement
Bridges	1 per tooth in 5 calendar years
Bridge Repairs	6 months must have passed since initial placement
Dentures	1 per tooth in 5 calendar years
Denture Repairs	6 months must have passed since initial placement
Implants	1 per tooth in 5 calendar years

Orthodontia Benefits	Frequency	
Orthodontic	Not Covered	Child Only, under age 19

Plan Benefits Option 3

(Descriptions of specific benefits may vary by state)

Plan Summary	In-Network / Out-of-Network	In-Network / Out-of-Network
Coverage	**Without Ortho**	**With Ortho**
Deductible	$50 Annual; Max 3 per family (decreasing over time)	$50 Annual; Max 3 per family (decreasing over time)
Deductible waived for A services	Waived	Waived
Calendar Year	$1,500	$1,500
Class A - Preventive	100%	100%
Class B - Basic Restorative	80%	80%
Class C - Major Restorative	50%	50%
Class D - Orthodontia	Not Covered	50%
Network Negotiated Fee	Negotiated Fee / 95th Percentile	Negotiate Fee / 95th Percentile
Orthodontia Maximum	Not Covered	$1,500
Maximum Carryover Benefit	Included	Included
Clear Align Ortho	Not Covered	Included
Accidental Dental Injury	Included	Included

Benefit and Premium Rates

Premiums		
Members/Coverage	**Monthly Rate**	**Monthly Rate**
Employee	$37.09	$37.09
Employee & Spouse	$73.29	$73.29
Employee & Child(ren)	$80.79	$100.28
Family	$116.99	$136.48

Preventive Benefits	Frequency
Cleanings (Prophylaxis)	2 per calendar year
Exams	2 per calendar year
Radiographs - Intraoral (Periapical/Occlusal)	1 every 12 months
Fluoride treatments	1 per 12 months, Under age 16
Sealants	1 tooth per 60 months, Under age 16
Space Maintainers	Maximum of 1 each tooth per 24 months, Under Age 16

Basic Services	Frequency
Radiographs Full Mouth	1 every 60 months
Emergency Pallative Treatment	
Restorations for Anterior and Posterior (Amalgams & Resin)	Under age 19, replacing existing only if in place for 12 months. Age 19 and over, replace existing only if in place for 36 months.
Endodontics - Root Canal	One Per Tooth
Pulpotomy	Dependent Children Under Age 14
Pulp Capping	
Pulp Therapy	
Periodontal Maintenance	2 per calendar year
Periodontal Scaling & Root Planning	1 per quadrant per 24 months
Periodontal Surgical Extractions	1 per quadrant per 36 months
Simple Extractions (Extraction, erupted tooth or exposed root)	

Major Services	Frequency
Surgical Extractions	
Oral Surgery	
Anesthesia	
Onlays	1 per tooth in 5 calendar years
Prefabricated Stainless Steel Crowns	1 per tooth in 5 calendar years
Crowns	1 per tooth in 5 calendar years
Crown Repairs	6 months must have passed since initial placement
Bridges	1 per tooth in 5 calendar years
Bridge Repairs	6 months must have passed since initial placement
Dentures	1 per tooth in 5 calendar years
Denture Repairs	6 months must have passed since initial placement
Implants	1 per tooth in 5 calendar years

Orthodontia Benefits	Frequency	
Orthodontic	Not Covered	Child Only, under age 19

Plan Benefits Option 4

(Descriptions of specific benefits may vary by state)

Plan Summary	In-Network / Out-of-Network	In-Network / Out-of-Network
Coverage	**Without Ortho**	**With Ortho**
Deductible	$50 Annual; Max 3 per family (decreasing over time)	$50 Annual; Max 3 per family (decreasing over time)
Deductible waived for A services	Waived	Waived
Calendar Year	$2,000	$2,000
Class A - Preventive	100%	100%
Class B - Basic Restorative	90%	90%
Class C - Major Restorative	50%	50%
Class D - Orthodontia	Not Covered	50%
Network Negotiated Fee	Negotiated Fee / 95th Percentile	Negotiate Fee / 95th Percentile
Orthodontia Maximum	Not Covered	$2,000
Maximum Carryover Benefit	Included	Included
Clear Align Ortho	Not Covered	Included
Accidental Dental Injury	Included	Included

Benefit and Premium Rates

Premiums		
Members/Coverage	**Monthly Rate**	**Monthly Rate**
Employee	$40.71	$40.71
Employee & Spouse	$80.53	$80.53
Employee & Child(ren)	$87.80	$112.87
Family	$127.64	$152.70

Preventive Benefits	Frequency
Cleanings (Prophylaxis)	2 per calendar year
Exams	2 per calendar year
Radiographs - Intraoral (Periapical/Occlusal)	1 every 12 months
Radiographs Full Mouth	1 every 36 months
Fluoride treatments	1 per 12 months, Under age 19
Sealants	1 tooth per 36 months, Under age 19
Space Maintainers	Maximum of 1 each tooth per 24 months, Under Age 19
Emergency Pallative Treatment	

Basic Services	Frequency
Restorations for Anterior and Posterior (Amalgams & Resin)	Under age 19, replacing existing only if in place for 12 months. Age 19 and over, replace existing only if in place for 36 months.
Endodontics - Root Canal	One Per Tooth
Pulpotomy	Dependent Children Under Age 14
Pulp Capping	
Pulp Therapy	
Periodontal Maintenance	2 per calendar year
Periodontal Scaling & Root Planning	1 per quadrant per 24 months
Periodontal Surgical Extractions	1 per quadrant per 36 months
Simple Extractions (Extraction, erupted tooth or exposed root)	

Major Services	Frequency
Surgical Extractions	
Oral Surgery	
Anesthesia	
Onlays	1 per tooth in 5 calendar years
Prefabricated Stainless Steel Crowns	1 per tooth in 5 calendar years
Crowns	1 per tooth in 5 calendar years
Crown Repairs	6 months must have passed since initial placement
Bridges	1 per tooth in 5 calendar years
Bridge Repairs	6 months must have passed since initial placement
Dentures	1 per tooth in 5 calendar years
Denture Repairs	6 months must have passed since initial placement
Implants	1 per tooth in 5 calendar years

Orthodontia Benefits	Frequency	
Orthodontic	Not Covered	Child Only, under age 19

Benefit Information

Orthodontic Benefit

We will pay a benefit for the following Orthodontic services:

- Initial orthodontic examination;
- Initial placement of braces or appliances; and
- Continuing treatment for braces or appliances

We will pay an initial benefit for covered Orthodontic services related to the initial Orthodontic treatment, which consists of:

a. diagnosis;
b. evaluation;
c. pre-care; and
d. insertion of bands or appliances up to 25% of the maximum lifetime benefit.

After the payment for the initial orthodontic treatment, benefits for covered orthodontic services will be paid in equal monthly installments over the course of the remaining orthodontic treatment, up to 75% of the maximum lifetime benefit. The subsequent monthly payments will be made only if your dependent remains insured under the certificate and provides proof that the orthodontic treatment continues.

Orthodontic Benefit Limitations

- If orthodontic treatment continues after the maximum lifetime benefit has been paid, no further benefits will be paid.
- Orthodontic services must begin while the policy is in force. No payments will be made for orthodontic treatment if the appliances or bands are inserted prior to becoming insured except as provided in the takeover of existing coverage provision.
- We consider orthodontic treatment to be started on the date the bands or appliances are inserted. Any other orthodontic treatment that can be completed on the same day it is rendered is considered to be started and completed on the date the orthodontic treatment is rendered.

Accidental Dental Injury

Covered Dental Injury: an injury to a Sound Natural Tooth, sustained while the Insured Person is insured under the Policy, and which is caused solely by a sudden violent act or accident which could not be predicted in advance or avoided. No member coinsurance, and/or deductible, or waiting period will apply to services received as a result of the accident.

Clear Align Benefit

Orthodontic Services does include treatment with clear aligners; covered at 50% up to the lifetime orthodontia maximum. Orthodontic Services for braces or appliances and Orthodontic Services for clear aligners are not payable for the same Insured person.

Maximum Carryover Benefit

- Carryover amount: $250
- Threshold Limit: $500
- Maximum Carryover Limited: $1000

When quoted this benefit allows insured plan members to carryover $250 each calendar year, if:

a. An insured submits at least one qualifying claim for Class A dental expenses incurred during the calendar year, and/or
b. At least one qualifying claim for any other Class dental expense in excess of applicable deductible or co-pay fees, and
c. The total benefit amount paid stays below $500 for that calendar year.

Group Dental & Vision Brochure Installation Guide

Applies when just dental/vision only cases

Dental & Vision Parameters

Eligible Lives:	25 - 250 eligible *
Broker Commission:	10%
Contribution:	Voluntary / Contributory / Non-Contributory
Rate Guarantee:	2 Years (Dental & Vision)
Participation:	Greater of 20% or 10 Enrolled
EPS:	Brochure Cases DO NOT need to be entered into EPS if not including VB

*Eligible lives needs to be indicated on the Master Application
*Please provide the enrollment packet to the brokerage firm once you get a sale

Case Submission Process if D&V Only

1. Include the name of the brochure (i.e New York National Brochure)
2. Include the brochure product name selected and rates sold (i.e., Dental Plan Option 4 with Ortho, Vision Plan 4)
3. Client must sign and circle the brochure plan/rates they are purchasing, or provide a letter on company letterhead indicating the brochure plan they are purchasing
4. Attach the Letter/or Signed document and State Brochure Proposal provided by Underwriting
5. Include Group's Tax ID and SIC Code in body of email
6. Attach the Spreadsheet Enrollment document (available on One Aflac)*
7. If using a third party enrollment platform, indicate the platform used*
    - Employee Navigator - *Please note that when possible Employee Navigator is the "preferred" enrollment method.*
    - Benefit Harbor
    - Selerix
    - IES
    - *Please note some platforms may require up to a 6 week set up prior to effective date. Excel census may be used until set up is complete.*
8. Attach the completed Master Group Application (State specific)
9. Attach the completed Group ADV Commission set-up form
10. Once all of the above is complete, package everything in one email and send to: aflacdvsold@aflac.com
11. CC - Your Regional Practice Leader and LAE on all dental/vision sales
12. Upon receipt Aflac Tampa will provide a welcome letter that will include-
    - *Policy Documents*
    - *ACH Form and Remittance Options*
    - *Portal Access*
    - *Policy Numbers*
    - *Customer Service Contact Information*

**For the best client experience, claim readiness, and receipt of ID Cards, enrollment should be submitted by the 15th of the month prior to effective date.*

Reference Files

1. Enrollment Packet
    - *State specific master application*
    - *Spreadsheet Enrollment Template File*
    - *ADV Custom Commission Allocation Form*
    - *Group Case Set-Up Form*

If group VB is being sold with D&V Brochure plan, follow the 100+ custom group path at this time, but no changes can be made to the brochure plans.