

# Dental Insurance



## *Plan Highlights*

- Freedom of choice  
(Choose any dentist.)
- Personal ownership
- Benefits paid regardless  
of any other insurance
- No deductible
- No precertification
- Easy to understand

# Aflac New York Dental Insurance

## **Before your dentist sends your next appointment-reminder card, apply for a plan that may help pay for the visit!**

After all, you are going to the dentist for routine and preventive care, so why not have a dental plan that pays directly toward those periodic checkups and cleanings—in a fast and painless way. These wellness visits—which are necessary to have good oral health and to help reduce the likelihood of expensive treatment later on—saved Americans billions of dollars in dental costs over the past decade. In fact, a thorough examination, including X-rays, is all it usually takes to diagnose a problem.

FLASH a great smile ... dental insurance is now available at home or where you work!

If you've been going to the dentist regularly (or need an incentive to begin), Aflac New York's plan offers some of the finest in easy-to-understand, choice-based coverage. Here's what we mean:

### **You know what you're getting.**

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 with a specific waiting period.

### **There's no deductible.**

Our benefits are not reduced by a plan deductible.

### **You choose your dentist.**

Virtually all managed-care plans require you to use only dentists in their approved network. Aflac New York gives you total freedom to choose your own dentist without restriction.

### **We pay benefits regardless of any other plan.**

Aflac New York pays full policy benefits, period! It doesn't matter if you have other dental or medical coverage that may overlap. Plus, Aflac New York has a long history of prompt claims payment.

## **Aflac New York's Dental Wellness Benefit doesn't count toward your plan maximum.**

Routine visits don't impact your total benefits by one penny.

### **You own the plan.**

Even if you apply at work and then change jobs or retire, you can still keep the same benefits you had as an employee.

### **Your ability to renew is guaranteed.**

You can't be removed from the plan for any reason except failure to pay the premium.

### **Your policy has rate stability.**

Since our policy is schedule-based (pays a set benefit for each service or procedure), it is less sensitive to general price increases. In other words, an increase in dental charges will not automatically trigger a rise in rates.

### **No precertification is required.**

You and your dentist decide what treatment is best for you. If it's on the schedule, you don't need anyone's permission.

### **Plus, these optional riders are also available through payroll deduction only:**

- Orthodontic
- Cosmetic

**American Family Life Assurance Company of New York (Aflac New York)**

**Brush up on all the details.  
Read the enclosed policy description for an overview of plan benefits and exclusions.**



# Aflac New York is ...

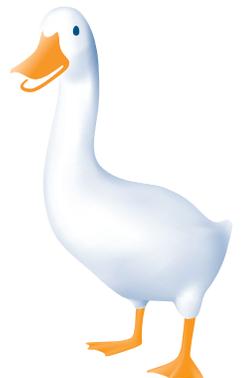
- Rated AA in insurer financial strength by Standard & Poor's (June 2006).
- Rated AA in insurer financial strength by Fitch, Inc. (June 2006).
- Rated A+ (Superior) by the June 2007 A.M. Best Company Report.

Service is a tradition at Aflac New York ... backed by fast, efficient claims service. Providing our best in customer service is the cornerstone of our success. We are as close as your telephone. Our toll-free line puts you in touch with us immediately.



1.800.366.3436

Visit our Web site at [aflacny.com](http://aflacny.com).



Your local Aflac New York insurance agent/producer

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
D6970	Cast Post and Core (in addition to fixed partial denture retainer) . . . . .	130
D6971	Cast Post (as part of fixed partial denture retainer) . . . . .	120
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

#### Repairs and Adjustments to Prosthetic Benefits

Benefits in this category are subject to a 6-month waiting period.

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
D6095	Repair of Implanted Abutment, by Report . . . . .	110
D6100	Implant Removal, by Report . . . . .	35
D6930	Recent Fixed Partial Denture . . . . .	35

#### Extractions and Other Oral Surgery Benefits

Benefits in this category are subject to a 6-month waiting period.

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
D7281	Surgical Exposure of Impacted or Unerupted Tooth to Aid Eruption . . . . .	65
D7282	Mobilization of Erupted or Malpositioned Tooth to Aid Eruption . . . . .	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
D7320	Alveoloplasty Not in Conjunction With Extractions (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
D7520	Incision and Drainage of Abscess (extraoral soft tissue) . . . . .	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
D7970	Excision of Hyperplastic Tissue (per arch) . . . . .	80
D7971	Excision of Pericoronal Gingiva . . . . .	70

#### Pain Relief and Adjunctive Services Benefits

Benefits in this category are subject to a 3-month waiting period. Benefits D9220 and D9230 are not payable for the same surgery.

D9110	Palliative (emergency) Treatment of Dental Pain (minor procedure) . . . . .	\$ 30
D9220	Deep Sedation/General Anesthesia . . . . .	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

#### Guaranteed-Renewable for Your Lifetime

The policy is guaranteed-renewable for your lifetime, subject to Aflac New York's right to change premium rates for all policies of this class.

#### Effective Date

The effective date of the policy will be the date shown in the Policy Schedule, not the date the application is signed. The policy is available through age 65 on payroll deduction and age 64 on direct.

#### Family Coverage

Family coverage includes the insured; the insured's spouse; and dependent, unmarried children to age 19 (age 23 if full-time students). One-parent family coverage includes the insured and dependent, unmarried children to age 19 (age 23 if full-time students). Newborn children are automatically covered from the moment of birth. A dependent child must be under the age of 19 at the time of application to be eligible for coverage.

#### Exceptions, Reductions, and Limitations of the Policy

The policy does not cover losses caused by or resulting from any procedure not shown on the Schedule of Dental Procedures; repairs to dental work within six months of the initial work; replacement prosthetics within five years of last placement; treatment involving crowns for a given tooth within five years of last placement, regardless of the type of crown; replacement for inlays or onlays for a given tooth within five years of last placement; treatment received while outside the territorial limits of the United States, its possessions, or the countries of Canada and Mexico.

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 the effective date of coverage. Benefits are not payable for procedures performed by a member of your immediate family.

If you have started a dental procedure prior to termination which requires multiple visits, then coverage for that procedure will continue until the procedure is completed or until 30 days following the date of termination, whichever comes first.

#### Waiting Period

This is the period after the effective date of coverage for which benefits are not payable for each covered person. If a dependent is added by endorsement, the waiting period will begin from the effective date of the addition. In the event of reinstatement, all covered persons will be subject to new waiting periods beginning with the effective date of reinstatement.

# Aflac New York Dental Insurance – Basic Coverage

## Policy NY81100

Aflac New York will pay the following benefits when a charge is incurred for covered dental treatment that occurs while coverage is in force. If a covered ADA code is revised or replaced by the American Dental Association, Aflac New York will pay an amount comparable to the amount shown in the Schedule of Dental Procedures for the procedure or code shown below.

#### Dental Wellness Benefit

*Aflac New York will pay \$25* per visit to you or any covered person for any one treatment listed below. This benefit is payable once per visit, regardless of the number of treatments received. For benefits 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. There is no waiting period for this benefit.

D0110	Initial Oral Evaluation
D0120	Periodic Oral Evaluation
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)
D1201	Topical Application of Fluoride (child, including prophylaxis)
D1203	Topical Application of Fluoride (child, prophylaxis not included)
D1204	Topical Application of Fluoride (adult, prophylaxis not included)
D1205	Topical Application of Fluoride (adult, including prophylaxis)
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

#### X-Ray Benefit

*Aflac New York will pay \$10* per visit to you or any covered person for any one of the X-ray procedures listed below. 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. There is no waiting period for this benefit.

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)
D0274	Bitewings (four films)
D0277	Vertical Bitewings (seven to eight films)
D0330	Panoramic Film
D0340	Cephalometric Film

Refer to the policy for complete details, limitations, and exclusions.

**Scheduled Benefits**

The benefits listed below are subject to waiting periods as shown and a policy year maximum of \$1,200 per covered person. Benefits will be paid only for specific ADA codes as listed in the policy when a charge is incurred for the covered dental treatment while coverage is in force. All treatments must be performed by a dentist.

**Other Preventive Benefits**

Benefits in this category are subject to a 6-month waiting period.

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

**Other Diagnostic Benefits**

Benefits in this category are subject to a 3-month waiting period. Benefits D0130 and D0140 are payable only for visits where no other covered services are performed.

D0130 Emergency Oral Evaluation . . . . .	\$ 20
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
D0460 Pulp Vitality Tests . . . . .	15
D0470 Diagnostic Casts . . . . .	20
D0471 Diagnostic Photographs . . . . .	10
D0501 Histopathologic Exam . . . . .	40

**Fillings and Other Basic Restorative Benefits**

Benefits in this category are subject to a 3-month waiting period.

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

**Crowns and Other Major Restorative Benefits**

Benefits in this category are subject to a 12-month waiting period.

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
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
D2910 Recement Inlay . . . . .	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
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

**Root Canals and Other Endodontic Benefits**

Benefits in this category are subject to a 12-month waiting period.

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
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
D3340 Root Canal (four or more) . . . . .	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/calific repair of perforations, root resorption, etc.) . . . . .	130
D3352 Apexification/Recalcification (interim medication replacement; apical closure/calific repair of perforations, root resorption, etc.) . . . . .	30
D3353 Apexification/Recalcification (final visit; includes completed root canal therapy; apical closure/calific 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

**Gum Treatments/Periodontic Benefits**

Benefits in this category are subject to a 6-month waiting period.

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
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
D4250 Mucogingival Surgery (per quadrant) . . . . .	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 (intracoronar) . . . . .	150
D4321 Provisional Splinting (extracoronar) . . . . .	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

**Dentures and Other Prosthetic Benefits**

Benefits in this category are subject to a 24-month waiting period.

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
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
D6020 Abutment Placement or Substitution: Endosteal Implant . . . . .	450
D6040 Surgical Placement: Eposteal Implant . . . . .	450
D6050 Surgical Placement: Transosteal Implant . . . . .	450
D6080 Implant Maintenance Procedures, Including Removal of Prosthesis, Cleansing of Prosthesis and Abutments, and Reinsertion of Prosthesis . . . . .	150
D6210 Pontic (cast high noble metal) . . . . .	250
D6211 Pontic (cast predominantly base metal) . . . . .	250
D6212 Pontic (cast noble metal) . . . . .	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
D6720 Crown (resin with high noble metal) . . . . .	250
D6721 Crown (resin with predominantly base metal) . . . . .	250
D6722 Crown (resin with noble metal) . . . . .	250

# Aflac New York Dental Insurance – Standard Coverage

## Policy NY81200

Aflac New York will pay the following benefits when a charge is incurred for covered dental treatment that occurs while coverage is in force. If a covered ADA code is revised or replaced by the American Dental Association, Aflac New York will pay an amount comparable to the amount shown in the Schedule of Dental Procedures for the procedure or code shown below.

### Dental Wellness Benefit

**Aflac New York will pay \$50** per visit to you or any covered person for any one treatment listed below. This benefit is payable once per visit, regardless of the number of treatments received. For benefits 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. There is no waiting period for this benefit.

- D0110 Initial Oral Evaluation
- D0120 Periodic Oral Evaluation
- 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)
- D1201 Topical Application of Fluoride (child, including prophylaxis)
- D1203 Topical Application of Fluoride (child, prophylaxis not included)
- D1204 Topical Application of Fluoride (adult, prophylaxis not included)
- D1205 Topical Application of Fluoride (adult, including prophylaxis)
- 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

### X-Ray Benefit

**Aflac New York will pay \$25** per visit to you or any covered person for any one of the X-ray procedures listed below. 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. There is no waiting period for this benefit.

- 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)
- D0274 Bitewings (four films)
- D0277 Vertical Bitewings (seven to eight films)
- D0330 Panoramic Film
- D0340 Cephalometric Film

**Refer to the policy for complete details, limitations, and exclusions.**

### Scheduled Benefits

The benefits listed below are subject to waiting periods as shown and a policy year maximum of \$1,400 per covered person. Benefits will be paid only for specific ADA codes as listed in the policy when a charge is incurred for the covered dental treatment while coverage is in force. All treatments must be performed by a dentist.

#### Other Preventive Benefits

Benefits in this category are subject to a 6-month waiting period.

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

#### Other Diagnostic Benefits

Benefits in this category are subject to a 3-month waiting period. Benefits D0130 and D0140 are payable only for visits where no other covered services are performed.

D0130	Emergency Oral Evaluation . . . . .	\$ 25
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
D0460	Pulp Vitality Tests. . . . .	15
D0470	Diagnostic Casts. . . . .	30
D0471	Diagnostic Photographs . . . . .	15
D0501	Histopathologic Exam . . . . .	45

#### Fillings and Other Basic Restorative Benefits

Benefits in this category are subject to a 3-month waiting period.

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

### Crowns and Other Major Restorative Benefits

Benefits in this category are subject to a 12-month waiting period.

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
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
D2910	Recement Inlay. . . . .	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
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

## Root Canals and Other Endodontic Benefits

Benefits in this category are subject to a 12-month waiting period.

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
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
D3340	Root Canal (four or more)	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

## Gum Treatments/Periodontic Benefits

Benefits in this category are subject to a 6-month waiting period.

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
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
D4250	Mucogingival Surgery (per quadrant)	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

## Dentures and Other Prosthetic Benefits

Benefits in this category are subject to a 24-month waiting period.

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
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
D6020	Abutment Placement or Substitution: Endosteal Implant . . . . .	550
D6040	Surgical Placement: Eposteal Implant . . . . .	550
D6050	Surgical Placement: Transosteal Implant . . . . .	550
D6080	Implant Maintenance Procedures, Including Removal of Prosthesis, Cleansing of Prosthesis and Abutments, and Reinsertion of Prosthesis . . . . .	175
D6210	Pontic (cast high noble metal) . . . . .	325
D6211	Pontic (cast predominantly base metal) . . . . .	325
D6212	Pontic (cast noble metal) . . . . .	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
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
D6970	Cast Post and Core (in addition to fixed partial denture retainer). . . . .	140
D6971	Cast Post (as part of fixed partial denture retainer). . . . .	130
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

### Repairs and Adjustments to Prosthetic Benefits

Benefits in this category are subject to a 6-month waiting period.

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
D6095	Repair of Implanted Abutment, by Report . . . . .	120
D6100	Implant Removal, by Report . . . . .	40
D6930	Recement Fixed Partial Denture . . . . .	40

### Extractions and Other Oral Surgery Benefits

Benefits in this category are subject to a 6-month waiting period.

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
D7281	Surgical Exposure of Impacted or Unerupted Tooth to Aid Eruption . . . . .	75
D7282	Mobilization of Erupted or Malpositioned Tooth to Aid Eruption . . . . .	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
D7320	Alveoloplasty Not in Conjunction With Extractions (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
D7520	Incision and Drainage of Abscess (extraoral soft tissue) . . . . .	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
D7970	Excision of Hyperplastic Tissue (per arch) . . . . .	85
D7971	Excision of Pericoronal Gingiva . . . . .	75

### Pain Relief and Adjunctive Services Benefits

Benefits in this category are subject to a 3-month waiting period. Benefits D9220 and D9230 are not payable for the same surgery.

D9110	Palliative (emergency) Treatment of Dental Pain (minor procedure) . . . . .	\$ 30
D9220	Deep Sedation/General Anesthesia . . . . .	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

### Guaranteed-Renewable for Your Lifetime

The policy is guaranteed-renewable for your lifetime, subject to Aflac New York's right to change premium rates for all policies of this class.

### Effective Date

The effective date of the policy will be the date shown in the Policy Schedule, not the date the application is signed. The policy is available through age 65 on payroll deduction and age 64 on direct.

### Family Coverage

Family coverage includes the insured; the insured's spouse; and dependent, unmarried children to age 19 (age 23 if full-time students). One-parent family coverage includes the insured and dependent, unmarried children to age 19 (age 23 if full-time students). Newborn children are automatically covered from the moment of birth. A dependent child must be under the age of 19 at the time of application to be eligible for coverage.

### Exceptions, Reductions, and Limitations of the Policy

The policy does not cover losses caused by or resulting from any procedure not shown on the Schedule of Dental Procedures; repairs to dental work within six months of the initial work; replacement prosthetics within five years of last placement; treatment involving crowns for a given tooth within five years of last placement, regardless of the type of crown; replacement for inlays or onlays for a given tooth within five years of last placement; treatment received while outside the territorial limits of the United States, its possessions, or the countries of Canada and Mexico.

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 the effective date of coverage. Benefits are not payable for procedures performed by a member of your immediate family.

If you have started a dental procedure prior to termination which requires multiple visits, then coverage for that procedure will continue until the procedure is completed or until 30 days following the date of termination, whichever comes first.

### Waiting Period

This is the period after the effective date of coverage for which benefits are not payable for each covered person. If a dependent is added by endorsement, the waiting period will begin from the effective date of the addition. In the event of reinstatement, all covered persons will be subject to new waiting periods beginning with the effective date of reinstatement.

# Aflac New York Dental Insurance – Premier Coverage

Policy NY81300

Aflac New York will pay the following benefits when a charge is incurred for covered dental treatment that occurs while coverage is in force. If a covered ADA code is revised or replaced by the American Dental Association, Aflac New York will pay an amount comparable to the amount shown in the Schedule of Dental Procedures for the procedure or code shown below.

## Dental Wellness Benefit

**Aflac New York will pay \$50** per visit to you or any covered person for any one treatment listed below. This benefit is payable once per visit, regardless of the number of treatments received. For benefits 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. There is no waiting period for this benefit.

- D0110 Initial Oral Evaluation
- D0120 Periodic Oral Evaluation
- 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)
- D1201 Topical Application of Fluoride (child, including prophylaxis)
- D1203 Topical Application of Fluoride (child, prophylaxis not included)
- D1204 Topical Application of Fluoride (adult, prophylaxis not included)
- D1205 Topical Application of Fluoride (adult, including prophylaxis)
- 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

## X-Ray Benefit

**Aflac New York will pay \$25** per visit to you or any covered person for any one of the X-ray procedures listed below. 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. There is no waiting period for this benefit.

- 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)
- D0274 Bitewings (four films)
- D0277 Vertical Bitewings (seven to eight films)
- D0330 Panoramic Film
- D0340 Cephalometric Film

**Refer to the policy for complete details, limitations, and exclusions.**

American Family Life Assurance Company of New York (Aflac New York) · 22 Corporate Woods Boulevard, Suite 2 · Albany, New York 12211 · aflacny.com

### Scheduled Benefits

The benefits listed below are subject to waiting periods as shown and a policy year maximum of \$1,600 per covered person. Benefits will be paid only for specific ADA codes as listed in the policy when a charge is incurred for the covered dental treatment while coverage is in force. All treatments must be performed by a dentist.

#### Other Preventive Benefits

Benefits in this category are subject to a 6-month waiting period.

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

#### Other Diagnostic Benefits

Benefits in this category are subject to a 3-month waiting period. Benefits D0130 and D0140 are payable only for visits where no other covered services are performed.

D0130	Emergency Oral Evaluation	\$ 30
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
D0460	Pulp Vitality Tests	15
D0470	Diagnostic Casts	30
D0471	Diagnostic Photographs	15
D0501	Histopathologic Exam	50

#### Fillings and Other Basic Restorative Benefits

Benefits in this category are subject to a 3-month waiting period.

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

**Crowns and Other Major Restorative Benefits**

Benefits in this category are subject to a 12-month waiting period.

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
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
D2910	Recement Inlay. . . . .	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
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

## Root Canals and Other Endodontic Benefits

Benefits in this category are subject to a 12-month waiting period.

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
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
D3340	Root Canal (four or more)	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

## Gum Treatments/Periodontic Benefits

Benefits in this category are subject to a 6-month waiting period.

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
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
D4250	Mucogingival Surgery (per quadrant)	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 (intracoronal)	180
D4321	Provisional Splinting (extracoronal)	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

## Dentures and Other Prosthetic Benefits

Benefits in this category are subject to a 24-month waiting period.

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
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
D6020	Abutment Placement or Substitution: Endosteal Implant . . . . .	650
D6040	Surgical Placement: Eposteal Implant . . . . .	650
D6050	Surgical Placement: Transosteal Implant . . . . .	650
D6080	Implant Maintenance Procedures, Including Removal of Prosthesis, Cleansing of Prosthesis and Abutments, and Reinsertion of Prosthesis . . . . .	225
D6210	Pontic (cast high noble metal) . . . . .	375
D6211	Pontic (cast predominantly base metal) . . . . .	375
D6212	Pontic (cast noble metal) . . . . .	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
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
D6970	Cast Post and Core (in addition to fixed partial denture retainer) . . . . .	160
D6971	Cast Post (as part of fixed partial denture retainer) . . . . .	140
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

### Repairs and Adjustments to Prosthetic Benefits

Benefits in this category are subject to a 6-month waiting period.

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
D6095	Repair of Implanted Abutment, by Report . . . . .	130
D6100	Implant Removal, by Report . . . . .	40
D6930	Recement Fixed Partial Denture . . . . .	40

### Extractions and Other Oral Surgery Benefits

Benefits in this category are subject to a 6-month waiting period.

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
D7281	Surgical Exposure of Impacted or Unerupted Tooth to Aid Eruption . . . . .	80
D7282	Mobilization of Erupted or Malpositioned Tooth to Aid Eruption . . . . .	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
D7320	Alveoloplasty Not in Conjunction With Extractions (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
D7520	Incision and Drainage of Abscess (extraoral soft tissue) . . . . .	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
D7970	Excision of Hyperplastic Tissue (per arch) . . . . .	100
D7971	Excision of Pericoronal Gingiva . . . . .	85

**Pain Relief and Adjunctive Services Benefits**

Benefits in this category are subject to a 3-month waiting period. Benefits D9220 and D9230 are not payable for the same surgery.

D9110	Palliative (emergency) Treatment of Dental Pain (minor procedure) . . . . .	\$ 35
D9220	Deep Sedation/General Anesthesia . . . . .	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

**Guaranteed-Renewable for Your Lifetime**

The policy is guaranteed-renewable for your lifetime, subject to Aflac New York’s right to change premium rates for all policies of this class.

**Effective Date**

The effective date of the policy will be the date shown in the Policy Schedule, not the date the application is signed. The policy is available through age 65 on payroll deduction and age 64 on direct.

**Family Coverage**

Family coverage includes the insured; the insured’s spouse; and dependent, unmarried children to age 19 (age 23 if full-time students). One-parent family coverage includes the insured and dependent, unmarried children to age 19 (age 23 if full-time students). Newborn children are automatically covered from the moment of birth. A dependent child must be under the age of 19 at the time of application to be eligible for coverage.

**Exceptions, Reductions, and Limitations of the Policy**

The policy does not cover losses caused by or resulting from any procedure not shown on the Schedule of Dental Procedures; repairs to dental work within six months of the initial work; replacement prosthetics within five years of last placement; treatment involving crowns for a given tooth within five years of last placement, regardless of the type of crown; replacement for inlays or onlays for a given tooth within five years of last placement; treatment received while outside the territorial limits of the United States, its possessions, or the countries of Canada and Mexico.

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 the effective date of coverage. Benefits are not payable for procedures performed by a member of your immediate family.

If you have started a dental procedure prior to termination which requires multiple visits, then coverage for that procedure will continue until the procedure is completed or until 30 days following the date of termination, whichever comes first.

**Waiting Period**

This is the period after the effective date of coverage for which benefits are not payable for each covered person. If a dependent is added by endorsement, the waiting period will begin from the effective date of the addition. In the event of reinstatement, all covered persons will be subject to new waiting periods beginning with the effective date of reinstatement.

# Aflac New York Dental Insurance – Premier Plus Coverage

## Policy NY81400

Aflac New York will pay the following benefits when a charge is incurred for covered dental treatment that occurs while coverage is in force. If a covered ADA code is revised or replaced by the American Dental Association, Aflac New York will pay an amount comparable to the amount shown in the Schedule of Dental Procedures for the procedure or code shown below.

### Dental Wellness Benefit

**Aflac New York will pay \$75** per visit to you or any covered person for any one treatment listed below. This benefit is payable once per visit, regardless of the number of treatments received. For benefits 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. There is no waiting period for this benefit.

- D0110 Initial Oral Evaluation
- D0120 Periodic Oral Evaluation
- 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)
- D1201 Topical Application of Fluoride (child, including prophylaxis)
- D1203 Topical Application of Fluoride (child, prophylaxis not included)
- D1204 Topical Application of Fluoride (adult, prophylaxis not included)
- D1205 Topical Application of Fluoride (adult, including prophylaxis)
- 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

### X-Ray Benefit

**Aflac New York will pay \$25** per visit to you or any covered person for any one of the X-ray procedures listed below. 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. There is no waiting period for this benefit.

- 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)
- D0274 Bitewings (four films)
- D0277 Vertical Bitewings (seven to eight films)
- D0330 Panoramic Film
- D0340 Cephalometric Film

**Refer to the policy for complete details, limitations, and exclusions.**

### Scheduled Benefits

The benefits listed below are subject to waiting periods as shown and a policy year maximum of \$1,800 per covered person. Benefits will be paid only for specific ADA codes as listed in the policy when a charge is incurred for the covered dental treatment while coverage is in force. All treatments must be performed by a dentist.

### Other Preventive Benefits

Benefits in this category are subject to a 6-month waiting period.

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

### Other Diagnostic Benefits

Benefits in this category are subject to a 3-month waiting period. Benefits D0130 and D0140 are payable only for visits where no other covered services are performed.

D0130	Emergency Oral Evaluation . . . . .	\$ 35
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
D0460	Pulp Vitality Tests. . . . .	20
D0470	Diagnostic Casts. . . . .	35
D0471	Diagnostic Photographs . . . . .	20
D0501	Histopathologic Exam . . . . .	55

### Fillings and Other Basic Restorative Benefits

Benefits in this category are subject to a 3-month waiting period.

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

### Crowns and Other Major Restorative Benefits

Benefits in this category are subject to a 12-month waiting period.

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
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
D2910	Recement Inlay. . . . .	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
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

## Root Canals and Other Endodontic Benefits

Benefits in this category are subject to a 12-month waiting period.

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
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
D3340	Root Canal (four or more) . . . . .	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

## Gum Treatments/Periodontic Benefits

Benefits in this category are subject to a 6-month waiting period.

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
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
D4250	Mucogingival Surgery (per quadrant) . . . . .	375
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

## Dentures and Other Prosthetic Benefits

Benefits in this category are subject to a 24-month waiting period.

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
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
D6020	Abutment Placement or Substitution: Endosteal Implant . . . . .	800
D6040	Surgical Placement: Eposteal Implant . . . . .	800
D6050	Surgical Placement: Transosteal Implant . . . . .	800
D6080	Implant Maintenance Procedures, Including Removal of Prosthesis, Cleansing of Prosthesis and Abutments, and Reinsertion of Prosthesis . . . . .	275
D6210	Pontic (cast high noble metal) . . . . .	450
D6211	Pontic (cast predominantly base metal) . . . . .	450
D6212	Pontic (cast noble metal) . . . . .	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
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
D6970	Cast Post and Core (in addition to fixed partial denture retainer) . . . . .	170
D6971	Cast Post (as part of fixed partial denture retainer) . . . . .	150
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

### Repairs and Adjustments to Prosthetic Benefits

Benefits in this category are subject to a 6-month waiting period.

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
D6095	Repair of Implanted Abutment, by Report . . . . .	150
D6100	Implant Removal, by Report . . . . .	45
D6930	Recement Fixed Partial Denture . . . . .	45

### Extractions and Other Oral Surgery Benefits

Benefits in this category are subject to a 6-month waiting period.

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
D7281	Surgical Exposure of Impacted or Unerupted Tooth to Aid Eruption . . . . .	85
D7282	Mobilization of Erupted or Malpositioned Tooth to Aid Eruption . . . . .	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
D7320	Alveoloplasty Not in Conjunction With Extractions (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
D7520	Incision and Drainage of Abscess (extraoral soft tissue) . . . . .	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
D7970	Excision of Hyperplastic Tissue (per arch) . . . . .	100
D7971	Excision of Pericoronal Gingiva . . . . .	90

**Pain Relief and Adjunctive Services Benefits**

Benefits in this category are subject to a 3-month waiting period. Benefits D9220 and D9230 are not payable for the same surgery.

D9110	Palliative (emergency) Treatment of Dental Pain (minor procedure) . . . . .	\$ 35
D9220	Deep Sedation/General Anesthesia . . . . .	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

**Guaranteed-Renewable for Your Lifetime**

The policy is guaranteed-renewable for your lifetime, subject to Aflac New York’s right to change premium rates for all policies of this class.

**Effective Date**

The effective date of the policy will be the date shown in the Policy Schedule, not the date the application is signed. The policy is available through age 65 on payroll deduction.

**Family Coverage**

Family coverage includes the insured; the insured’s spouse; and dependent, unmarried children to age 19 (age 23 if full-time students). One-parent family coverage includes the insured and dependent, unmarried children to age 19 (age 23 if full-time students). Newborn children are automatically covered from the moment of birth. A dependent child must be under the age of 19 at the time of application to be eligible for coverage.

**Exceptions, Reductions, and Limitations of the Policy**

The policy does not cover losses caused by or resulting from any procedure not shown on the Schedule of Dental Procedures; repairs to dental work within six months of the initial work; replacement prosthetics within five years of last placement; treatment involving crowns for a given tooth within five years of last placement, regardless of the type of crown; replacement for inlays or onlays for a given tooth within five years of last placement; treatment received while outside the territorial limits of the United States, its possessions, or the countries of Canada and Mexico.

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 the effective date of coverage. Benefits are not payable for procedures performed by a member of your immediate family.

If you have started a dental procedure prior to termination which requires multiple visits, then coverage for that procedure will continue until the procedure is completed or until 30 days following the date of termination, whichever comes first.

**Waiting Period**

This is the period after the effective date of coverage for which benefits are not payable for each covered person. If a dependent is added by endorsement, the waiting period will begin from the effective date of the addition. In the event of reinstatement, all covered persons will be subject to new waiting periods beginning with the effective date of reinstatement.

# OPTIONAL ORTHODONTIC BENEFIT RIDER SUMMARY PAGE

Rider NY82050

# DE<sup>R</sup>

*The Orthodontic Benefit Rider is a part of the policy and is subject to all policy provisions, unless modified herein.*

## WHAT WE WILL PAY

After the rider has been in force for 24 months, Aflac will pay \$500 for the initial treatment of one of the orthodontic procedures listed below.\* After the benefit for 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 the 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.

ADA CODE**	DESCRIPTION
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 the rider.

\*\*Current Dental Terminology © 2008 American Dental Association. All rights reserved.

## TERMS YOU NEED TO KNOW

### EFFECTIVE DATE

The Effective Date of the rider is the Effective Date of the policy or the Effective Date of the rider as stated in the Policy Schedule, if later.

### TERMINATION

The 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 the rider is not paid.

**REFER TO THE POLICY AND RIDER FOR COMPLETE DETAILS, DEFINITIONS, LIMITATIONS, AND EXCLUSIONS.**

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# OPTIONAL COSMETIC BENEFIT RIDER SUMMARY PAGE

Rider NY82051

# DE<sup>R</sup>

*The Cosmetic Benefit Rider is a part of the policy and is subject to all policy provisions, unless modified herein.*

## WHAT WE WILL PAY

After the rider has been in force for 24 months, 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. The maximum amount payable under the rider is \$600 per policy year. The lifetime maximum amount payable under the rider is \$1,800.

ADA CODE*	DESCRIPTION	BENEFIT AMOUNT
D2960	Labial Veneer (lamine) – Chairside	\$200
D2961	Labial Veneer (resin lamine) – Laboratory	200
D2962	Labial Veneer (porcelain lamine) – 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 or Two Teeth	125
D9972	External Bleaching – Per Arch	250
D9973	External Bleaching – Per Tooth	25
D9974	Internal Bleaching – Per Tooth	100

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## TERMS YOU NEED TO KNOW

### EFFECTIVE DATE

The Effective Date of the rider is the Effective Date of the policy or the Effective Date of the rider as stated in the Policy Schedule, if later.

### TERMINATION

The 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 the rider is not paid.

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Peace of Mind *and*  
Real Cash Benefits



DENTAL INSURANCE

DE<sup>1</sup>

Aflac<sup>®</sup>

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

## DENTAL INSURANCE

Policy NY82200

This brochure accompanies Schedule of Dental Procedures NY82175SCH.

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

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

Aflac Dental provides benefits for periodic checkups and cleanings, X-rays, fillings, crowns, and much more. It's your smile and your policy; Aflac Dental 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 doesn't have precertification requirements. If the treatment is covered by your policy, you don't need Aflac's permission to receive it.<sup>2</sup>

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

- **You know what you're getting with Aflac Dental.** The plan spells out the benefits for both wellness and other diagnostic/treatment services. There are no gray areas. Each covered procedure has a specific benefit amount.
- **Aflac Dental doesn't have an annual deductible.** Other dental plans may require you to meet an annual deductible before benefits are payable.
- **Aflac Dental pays benefits regardless of any other plan.** Even if you have other coverage, you'll receive your full Aflac benefit amount.<sup>3</sup>

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

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

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

<sup>3</sup>If the applicant retains existing dental coverage with another company, only the Essentials plan can be offered.

Aflac Dental pays benefits for seven categories of dental treatments and hundreds of procedures. The benefit amounts within each category vary based on the procedure received and are subject to a Policy Year Maximum. Benefit amounts and the Policy Year Maximum are per Covered Person.

BENEFIT CATEGORIES	WAITING PERIOD	BENEFIT AMOUNTS
Preventive (Wellness and X-Ray)	None	\$35-\$50
Fillings and Basic Services	3 Months	\$15-\$250
Pain Management and Adjunctive Services	3 Months	\$30-\$130
Other Preventive Services	6 Months	\$20-\$110
Oral Surgery, Gum Treatments, and Prosthetic Repair	6 Months	\$30-\$850
Crowns and Major Services	12 Months	\$15-\$375
Major Prosthetic Services	24 Months	\$45-\$550
<b>POLICY YEAR MAXIMUM</b>		\$1,400

THIS BROCHURE IS FOR ILLUSTRATIVE PURPOSES ONLY.

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FOR MORE INFORMATION ABOUT THE BENEFITS AVAILABLE, PLEASE SEE THE SCHEDULE OF DENTAL PROCEDURES.

AFLAC HEREIN MEANS AMERICAN FAMILY LIFE ASSURANCE COMPANY OF NEW YORK.



OVER  
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**POLICY YEAR MAXIMUM:** The *Policy Year Maximum* is the total dollar amount of benefits payable per policy year, per Covered Person.

**WAITING PERIOD:** The *Waiting Period* is 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.

### WHAT IS NOT COVERED

Aflac will not pay benefits for losses caused by or resulting from any procedure not shown on the Schedule of Dental Procedures; repairs to dental work within six months of the initial work; treatment received while outside the territorial limits of the United States, its possessions, or the countries of Canada and Mexico; or treatment received prior to the Effective Date of coverage or treatment received during a benefit's Waiting Period.

No benefits will be paid for replacement of teeth missing before the Effective Date of coverage.

Aflac will not pay benefits for services rendered by you or a member of the immediate family of a Covered Person.

Aflac will not pay benefits whenever coverage provided by the 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.

Please see the Schedule of Dental Procedures for procedure-specific limitations and exclusions.

<sup>4</sup>"Warning Signs in the Mouth Can Save Lives," Academy of General Dentistry, October 2008.

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DENTAL INSURANCE

DE<sup>2</sup>



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# DENTAL INSURANCE

Policy NY82300

This brochure accompanies Schedule of Dental Procedures NY82275SCH.

# DE<sup>2</sup>

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Pain Management and Adjunctive Services	3 Months	\$35-\$140
Other Preventive Services	6 Months	\$20-\$120
Oral Surgery, Gum Treatments, and Prosthetic Repair	6 Months	\$30-\$975
Crowns and Major Services	12 Months	\$20-\$425
Major Prosthetic Services	24 Months	\$45-\$650
<b>POLICY YEAR MAXIMUM</b>		\$1,600

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22 Corporate Woods Boulevard, Suite 2 | Albany, New York 12211



Peace of Mind *and*  
Real Cash Benefits



DENTAL INSURANCE

DE<sup>3</sup>

Aflac<sup>®</sup>

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

## DENTAL INSURANCE

Policy NY82400

This brochure accompanies Schedule of Dental Procedures NY82375SCH.

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

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

Aflac Dental provides benefits for periodic checkups and cleanings, X-rays, fillings, crowns, and much more. It's your smile and your policy; Aflac Dental 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 doesn't have precertification requirements. If the treatment is covered by your policy, you don't need Aflac's permission to receive it.<sup>2</sup>

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

- **You know what you're getting with Aflac Dental.** The plan spells out the benefits for both wellness and other diagnostic/treatment services. There are no gray areas. Each covered procedure has a specific benefit amount.
- **Aflac Dental doesn't have an annual deductible.** Other dental plans may require you to meet an annual deductible before benefits are payable.
- **Aflac Dental pays benefits regardless of any other plan.** Even if you have other coverage, you'll receive your full Aflac benefit amount.<sup>3</sup>

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

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

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

<sup>3</sup>If the applicant retains existing dental coverage with another company, only the Essentials plan can be offered.

Aflac Dental pays benefits for seven categories of dental treatments and hundreds of procedures. The benefit amounts within each category vary based on the procedure received and are subject to a Policy Year Maximum. Benefit amounts and the Policy Year Maximum are per Covered Person.

BENEFIT CATEGORIES	WAITING PERIOD	BENEFIT AMOUNTS
Preventive (Wellness and X-Ray)	None	\$35-\$75
Fillings and Basic Services	3 Months	\$15-\$325
Pain Management and Adjunctive Services	3 Months	\$35-\$150
Other Preventive Services	6 Months	\$30-\$130
Oral Surgery, Gum Treatments, and Prosthetic Repair	6 Months	\$35-\$1,100
Crowns and Major Services	12 Months	\$25-\$450
Major Prosthetic Services	24 Months	\$50-\$800
<b>POLICY YEAR MAXIMUM</b>		<b>\$1,800</b>

THIS BROCHURE IS FOR ILLUSTRATIVE PURPOSES ONLY.  
 REFER TO THE POLICY FOR COMPLETE DEFINITIONS, DETAILS, LIMITATIONS, AND EXCLUSIONS.  
 FOR MORE INFORMATION ABOUT THE BENEFITS AVAILABLE, PLEASE SEE THE SCHEDULE OF DENTAL PROCEDURES.  
 AFLAC HEREIN MEANS AMERICAN FAMILY LIFE ASSURANCE COMPANY OF NEW YORK.



OVER  
**90%**  
OF SYSTEMIC DISEASES,  
including heart disease, have oral symptoms.<sup>4</sup>

### TERMS YOU NEED TO KNOW

**COVERED PERSON:** *Covered Person* includes any person insured under the coverage type you applied for.

Please see the Schedule of Dental Procedures for a complete and comprehensive definition.

**GUARANTEED-RENEWABLE:** The policy is Guaranteed-Renewable for your lifetime, subject to Aflac's right to change premiums by class.

**POLICY YEAR MAXIMUM:** The *Policy Year Maximum* is the total dollar amount of benefits payable per policy year, per Covered Person.

**WAITING PERIOD:** The *Waiting Period* is 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.

### WHAT IS NOT COVERED

Aflac will not pay benefits for losses caused by or resulting from any procedure not shown on the Schedule of Dental Procedures; repairs to dental work within six months of the initial work; treatment received while outside the territorial limits of the United States, its possessions, or the countries of Canada and Mexico; or treatment received prior to the Effective Date of coverage or treatment received during a benefit's Waiting Period.

No benefits will be paid for replacement of teeth missing before the Effective Date of coverage.

Aflac will not pay benefits for services rendered by you or a member of the immediate family of a Covered Person.

Aflac will not pay benefits whenever coverage provided by the 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.

Please see the Schedule of Dental Procedures for procedure-specific limitations and exclusions.

<sup>4</sup>"Warning Signs in the Mouth Can Save Lives," Academy of General Dentistry, October 2008.

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under our wing.®**

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DENTAL INSURANCE

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## DENTAL INSURANCE

Policy NY82100

This brochure accompanies Schedule of Dental Procedures NY82ES75SCH.

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

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BENEFIT CATEGORIES	WAITING PERIOD	BENEFIT AMOUNTS
Preventive (Wellness and X-Ray)	None	\$15-\$25
Fillings and Basic Services	3 Months	\$10-\$225
Pain Management and Adjunctive Services	3 Months	\$25-\$120
Other Preventive Services	6 Months	\$15-\$100
Oral Surgery, Gum Treatments, and Prosthetic Repair	6 Months	\$20-\$750
Crowns and Major Services	12 Months	\$15-\$350
Major Prosthetic Services	24 Months	\$40-\$450
<b>POLICY YEAR MAXIMUM</b>		\$1,200

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