

Aflac Vision Insurance - Plan 2

Your employees' vision is our focus

Set your company apart with standout protection

Vision insurance is valuable to employees who need vision correction, but it also helps pay for regular exams that may detect serious eye problems — including those caused by undiagnosed health conditions such as high blood pressure and diabetes.

What does that mean to you as an employer?

- By making vision insurance available to your employees, you're investing in their health.
- You're also investing in the health of your company, because when eye diseases and other health conditions are detected early, they can be treated before they lead to absenteeism and even turnover. (Although vision limitations and loss can be life-altering, many cases can be prevented and treated, although timing and access to care are essential.¹⁾)
- Even simple vision problems can reduce productivity because employees may need more time to finish certain tasks. Eye exams can diagnose and correct these issues, boosting productivity and, ultimately, your bottom line.

Help protect your employees' financial security and overall health — and set yourself apart from companies that may be competing for the same talent — by adding Aflac's vision coverage to your company's benefits options.

Aflac Vision coverage information

We make it easy to find a provider. Members can visit www.aflac.com/VisionNetwork and click "Provider Search" or call Davis Vision directly at **1.800.999.5431**. They'll have access to an expansive list of providers throughout the United States.

We also make it easy to schedule an appointment. When making an appointment, members should have their ID numbers, names and dates of birth handy. The provider will take care of the rest.

In-network Benefits Plan 2

FREQUENCY

Eye examinations inclusive of dilation (when professionally indicated)	Once every 12 months
Prescription lenses	Once every 12 months
Frame	Once every 24 months
Contact lens evaluation, fitting and follow-up care (in lieu of eyeglasses)	Once every 12 months

COPAYMENTS

Eye examination	\$10
Prescription lenses	\$10

EYEGLASS BENEFIT – FRAME

Frame allowance (retail) 20% overage discount**	Up to \$130 OR up to \$180*
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DAVIS VISION FRAME COLLECTION (IN LIEU OF ALLOWANCE)

Member copay

Fashion level	\$0
Designer level	\$0
Premier level	\$25

MATERIALS - EYEGLASS LENSES

Lens upgrade copay

Clear plastic single-vision, lined bifocal, trifocal or lenticular lenses (any size or Rx)	\$0
Tinting of plastic lenses	\$0
Scratch-resistant coating	\$0
Polycarbonate lenses (children/adults)	\$0/\$30
Digital Single Vision (intermediate)	\$30
Ultraviolet coating	\$12
Blue light filtering	\$15
Antireflective (AR) coating (Standard/Premium/Ultra/Ulimate)	\$35/\$48/\$60/\$85
Progressive lenses (Standard/Premium/Ultra/Ulimate)	\$50/\$90/\$140/\$175
High-index lenses	\$55
Polarized lenses	\$75
Plastic photochromic lenses	\$65
Scratch-protection plan: single vision/multifocal lenses	\$20/\$40

CONTACT LENS BENEFIT (IN LIEU OF EYEGLASSES) – STANDARD AND SPECIALTY LENS TYPES

Contact lens material allowance – plus 15% discount on any overage**	Up to \$130
Evaluation, fitting and follow-up care – standard lens types (in lieu of eyeglasses)	15% discount**
Evaluation, fitting and follow-up care – specialty lens types (in lieu of eyeglasses)	15% discount**

COLLECTION CONTACT LENSES BENEFIT (IN LIEU OF CONTACT LENS MATERIAL ALLOWANCE)

Materials disposable: up to	4 boxes/multi-packs
Planned replacement: up to	2 boxes/multi-packs
Evaluation, fitting and follow-up care	\$0 copay

NON-ELECTIVE (VISUALLY REQUIRED) CONTACT LENSES (WITH PRIOR APPROVAL)

Materials, evaluation, fitting and follow-up care	\$0 copay
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ADDITIONAL SAVINGS

Retinal Imaging	Member Charge \$39
Additional pairs of eyeglasses	30% discount

OUT-OF-NETWORK REIMBURSEMENT-ALLOWANCE SCHEDULE

Eye examination	\$40
Frame	\$50
Single-vision lenses	\$40
Bifocal/progressive lenses	\$60
Trifocal lenses	\$80
Lenticular lenses	\$100
Elective contact lenses	\$105
Non-elective (visually required) contact lenses	\$225

*At Visionworks® retail stores.

**Discounts are not part of insured benefits.

Benefits and/or premiums may vary based on the state and benefit option selected. The plan has limitations and exclusions that may affect benefits payable. The plan may contain a waiting period. Refer to the policy and certificate for complete benefit details, definitions, limitations and exclusions. This is a brief description of coverage and is not a contract. Read the certificate carefully for exact terms and conditions as well as a complete list of the Schedule of Benefits payable under the plan.

Applies to Policy Series QNV1000.

States references refer to the state of your group.

Coverage is underwritten by Aflac | WWHQ | 1932 Wynnton Road | Columbus, GA 31999.

For groups situated in New York, coverage is underwritten by Aflac New York | 22 Corporate Woods Boulevard, Suite 2 | Albany, New York 12211.

Vision Network: Davis Vision | Capital Region Health Park, Suite 301 | 711 Troy-Schenectady Road | Latham, NY 12110 | 800.999.5431 | www.davisvision.com.

NOTICE: The coverage offered is not a qualified health plan (QHP) under the Patient Protection and Affordable Care Act (ACA) and is not required to satisfy essential health benefits mandates of the ACA. The coverage provides limited benefits.

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EXP 08/25



Rate sheet

Weekly premium rates for New Jersey Payroll (10-24 Eligible) account.

 Aflac Vision Insurance - Allowance Plan 2 (3 - 50) (Series QNV1100)
Ages: 18–120

Coverage level	Premium
Employee	\$1.77
Employee + Spouse	\$3.55
Employee + Child(ren)	\$3.73
Employee + Spouse & Children	\$5.19