Aflac Vision Insurance

ALLOWANCE PLAN 2

At Aflac, your vision is our focus. Rely on us for access to affordable eye care and more

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.

Underwritten by:
American Family Life Assurance Company of Columbus
Worldwide Headquarters | 1932 Wynnton Road | Columbus, Georgia 31999

AFLAC VISION INSURANCE

Policy Series QNV1000

VIA2

Your vision is our focus

Vision correction is just one of the reasons to get your eyes examined. Getting regular eye exams is a great way to spot eye disease early and preserve your vision. Eye diseases are common and may go unnoticed for a long time. Some don't even show symptoms in the beginning. It's important to discover them in the early stages when treatment can be most effective. While it's important for adults, it's just as important for children to have early vision screenings. Healthy eyes and vision are a critical part of a child's development.

But did you know that your eye care professional can also spot other conditions during a regular eye exam – like high blood pressure or diabetes? Some say eyes are the window to the soul, but they can also be the window to your overall health.

Why choose Aflac vision insurance?

Aflac's vision insurance helps to make it easy and more affordable to get regular eye exams and much more. You may select the eye care provider of your choice.

We make it easy to find a provider. You can visit www.aflac.com/VisionNetwork and click "Provider Search" or call Davis Vision directly at **1.800.999.5431.** You'll have access to more than 85,000 providers throughout the United States.

We also make it easy to schedule an appointment. Simply have your member ID number, name and date of birth handy and the provider will take care of the rest.

Aflac herein means American Family Life Assurance Company of Columbus.

AFLAC VISION INSURANCE

Policy Series QNV1000

VI A2

What is Covered?

Benefits and Allowances[1]				
	In-Network Provider:			Out-of-Network Provider:
	Visionworks	**Collection**	**Non-Collection**	
VISION EXAM				
Benefit Frequency: Once every 12 Months	$10 Co-Pay	$10 Co-Pay	$10 Co-Pay	Up to $40 allowance[10]
TELEMEDICINE EYE EXAM[2]				
Benefit Frequency: Once every 12 Months	$10 Co-Pay	$10 Co-Pay	$10 Co-Pay	Up to $40 allowance[10]
CONTACT LENSES EVALUATION, FITTING, AND FOLLOW-UP CARE				
Benefit Frequency: Once every 12 Months				
Standard	Not Available	Not Available	Not Available	Not Available
Specialty	Not Available	Not Available	Not Available	Not Available
Collection	Not Available	Covered in Full	Not Available	Not Available
VISION MATERIALS[3]				
Eyeglass Lenses – per pair[4] Benefit Frequency: 12 Months	$10 Co-Pay	$10 Co-Pay	$10 Co-Pay	Up to allowance
Single Vision	Covered in Full After $10 Co-Pay	Covered in Full After $10 Co-Pay	Covered in Full After $10 Co-Pay	Up to $40 allowance
Bifocals	Covered in Full After $10 Co-Pay	Covered in Full After $10 Co-Pay	Covered in Full After $10 Co-Pay	Up to $60 allowance
Trifocals	Covered in Full After $10 Co-Pay	Covered in Full After $10 Co-Pay	Covered in Full After $10 Co-Pay	Up to $80 allowance
Lenticular	Covered in Full After $10 Co-Pay	Covered in Full After $10 Co-Pay	Covered in Full After $10 Co-Pay	Up to $100 allowance
EYEGLASS FRAMES[4]				
Benefit Frequency: Once 24 Months				
Collection[3] Fashion Designer Premier	Not Available	Covered in Full Covered in Full $25 Co-Pay	Not Available	Not Available
Non-Collection	Up to $180 allowance	Not Available	Up to $130 allowance	Up to $50 allowance

CONTACT LENSES[5]				
Benefit Frequency: Once every 12 Months				
Collection[3, 5] Planned Replacement Disposable	Not Available	 2 boxes 4 boxes	Not Available	Not Available
Non-Collection[5]	Up to $130 allowance	Not Available	Up to $130 allowance	Up to $105 allowance
Non-Elective/ Visually-Necessary Contact Lenses[5, 6, 8]	Covered in Full	Not Available	Covered in Full	Up to $225 allowance
LENS OPTIONS – PER PAIR[7]				
Benefit Frequency: Once every 12 Months				
Tint[7]	Covered in Full	Covered in Full	Covered in Full	Not Available
Ultraviolet (UV) Coating[7]	$12 Co-Pay	$12 Co-Pay	$12 Co-Pay	Not Available
Scratch Resistant Coating[7]	Covered in Full	Covered in Full	Covered in Full	Not Available
Scratch Protection Plan[7] Single Vision Multifocal	 $20 Co-Pay $40 Co-Pay	 $20 Co-Pay $40 Co-Pay	 $20 Co-Pay $40 Co-Pay	Not Available
Polycarbonate Lenses[7] Age 18 and Under Over Age 18	 Covered in Full $30 Co-Pay	 Covered in Full $30 Co-Pay	 Covered in Full $30 Co-Pay	Not Available
Progressive Lenses[7] Standard Premium Ultra Ultimate	 $50 Co-Pay $90 Co-Pay $140 Co-Pay $175 Co-Pay	 $50 Co-Pay $90 Co-Pay $140 Co-Pay $175 Co-Pay	 $50 Co-Pay $90 Co-Pay $140 Co-Pay $175 Co-Pay	Paid at the lined Bifocal benefit level[9]
Photochromic[7] Plastic Lenses	 $65 Co-Pay	 $65 Co-Pay	 $65 Co-Pay	 Not Available
Polarized Lenses[7]	$75 Co-Pay	$75 Co-Pay	$75 Co-Pay	Not Available
Anti-Reflective (AR) Coating[7] Standard Premium Ultra Ultimate	 $35 Co-Pay $48 Co-Pay $60 Co-Pay $85 Co-Pay	 $35 Co-Pay $48 Co-Pay $60 Co-Pay $85 Co-Pay	 $35 Co-Pay $48 Co-Pay $60 Co-Pay $85 Co-Pay	Not Available
High-Index Lenses[7]	$55 Co-Pay	$55 Co-Pay	$55 Co-Pay	Not Available
Blue Light Filtering[7]	$15 Co-Pay	$15 Co-Pay	$15 Co-Pay	Not Available

[1]Where an "allowance" is shown, you are responsible for paying any charges in excess of the allowance. [2]The Telemedicine Eye Exam is paid in lieu of the Vision Exam. [3]Collection Vision Materials are not available from Non-Collection or Out-of-Network Providers. [4]Eyeglass Lenses and Frames are paid in lieu of the Contact Lenses benefit. [5]Contact Lenses are payable in lieu of Eyeglass Lenses and Frames. [6]Prior Authorization Required. If an In-Network Provider is selected, the provider will facilitate prior authorization. The insured member does not need to submit anything. However, if an Out-of-Network Provider is selected, it is the insured member's responsibility to submit the request for authorization for this benefit. The insured member should contact the company via the contact information found on their ID Card (telephone, email, or fax). [7]This Lens Option benefit is in addition to the standard Lens benefit shown above. [8]If the Non-Elective Contact Lenses are prescribed solely for the purpose of correcting aphakia (after cataract surgery), then a pair of prescription single vision or multifocal eyeglass lenses and an eyeframe can be provided in addition to Non-Elective Contact Lenses for this condition. [9]Under this benefit the provider will apply the retail charge for standard bifocal lenses against the charge for the style of progressive lens you have selected. You pay the provider the difference, if any, between the two. [10]Vision Exam and Telemedicine Eye Exam share one combined allowance.

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 brochure is a brief description of coverage and is not a contract. Read your certificate carefully for exact terms and conditions as well as a complete list of the Schedule of Benefits payable under the plan.

TERMS YOU NEED TO KNOW

Co-pay: an insured person's share of the costs for covered services or materials that are provided by an in-network provider. The co-pay is paid directly to the provider at the time services are rendered. Co-pay amounts are listed in the Schedule of Benefits.

Contact Lenses: contact lenses an insured person elects to wear instead of eyeglasses for reasons of comfort or appearance.

Contact Lenses, Non-Elective: contact lenses that are prescribed solely for the purpose of correcting one of the following medical conditions. These conditions prevent the insured person from achieving a specified level of visual acuity (performance) through the wearing of conventional eyeglasses.

- Aphakia (after cataract surgery).
- When visual acuity cannot be corrected to 20/70 in the better eye except through the use of contact lenses (must be 20/60 or better).
- Anisometropia of 4.0 diopters or more, provided visual acuity improves to 20/60 or better in the weak eye.
- Keratoconus.

Covered Services or Materials: the materials that qualify for benefits under the plan. Covered services or materials are shown in the Schedule of Benefits.

Eligible Dependent: someone who is residing in the United States and who is:

- Your legally married spouse, civil union partner or lawful domestic partner; or
- Your or your spouse's natural child, stepchild, legally adopted child, child in your custodial care pursuant to a court order, or child for whom you have been appointed as legal guardian, who is under age 26.

Refer to your certificate for details.

Eyeglass Lenses: a standard glass or plastic (CR39) lens, which is optically clear, that will fit an eye glass frame with a lens size less than 61mm in length. Standard multifocal lenses include segments through flat top 35 for plastic bifocal and lenticular lenses, through flat top 28 for glass trifocals, and through flat top 35 for plastic trifocals.

In-network provider: an ophthalmologist, optometrist or optician who has entered into an agreement with the administrator to provide covered services or materials at an agreed-to cost. When an in-network provider is used, the insured person will generally incur less out-of-pocket cost for the services rendered.

Ophthalmologist: a person who is licensed by the state in which he or she practices as a doctor of medicine or osteopathy and is qualified to practice within the medical specialty of ophthalmology. The ophthalmologist cannot be 1) the insured person; 2) a family member; or 3) retained by the policyholder.

Optician: a person or business that grinds and/or dispenses eyeglass lenses and contact lenses prescribed by either an optometrist or ophthalmologist. The optician cannot be 1) the insured person; 2) a family member; or 3) retained by the policyholder. The optician must be licensed by the state in which services are rendered, if such state requires licensing.

Optometrist: a person licensed to practice optometry as defined by the laws of the state in which services are rendered. The optometrist cannot be 1) the insured person; 2) a family member; or 3) retained by the policyholder.

Out-of-network provider: an ophthalmologist, optometrist or optician who is not an in-network provider. These providers have not entered into an agreement with us to limit their charges. They are not listed in the in-network provider directory.

EFFECTIVE DATE PROVISIONS

Eligible members and eligible dependents

Coverage takes effect on the certificate effective date shown on your ID card.

Additional dependents

The effective date of any newly acquired eligible dependent will be governed by the same rules as described above under the heading "eligible members and eligible dependents." You must first complete, sign and submit to us a new enrollment form for all your additional dependents, including newborn children. The additional premium, if any, must be remitted to us by the policyholder. However, newborn children will be covered for the first 90 days following their birth. To continue coverage beyond that 90-day period, you must notify us in writing of the child's date of birth at any time during the 90-day period.

Other stipulations may apply. See your certificate for details.

TERMINATION PROVISIONS

Insured members

All of your insurance under the policy will terminate at 11:59 p.m. at the main office of the policyholder on the earliest of the following dates:

- The date the policy terminates;
- The last day of the month in which you cease to be an eligible member;
- The date you die; or
- On any premium due date, when full payment for insurance is not made within the grace period. Premium payments are remitted to us by the policyholder.

If an event that is described above occurs, written notice must be provided to us, by you or the policyholder, within 31 days of such event.

Insured dependents

Your dependent's insurance under the policy will terminate at 11:59 p.m. at the main office of the policyholder on the earliest of the following dates:

- The date the policy terminates;
- The last day of the month in which you cease to be an eligible member;

TERMS YOU NEED TO KNOW

- The date the insured dependent ceases to be an eligible dependent;
- The date you die;
- The date the insured dependent dies;
- On any premium due date, when full payment for insurance is not made within the grace period (premium payments are remitted by the policyholder to us); or
- The date we receive your request to terminate dependent coverage subject to any limitation imposed by the policyholder.

If an event that is described above occurs, written notice must be provided to us, by you or the policyholder, within 31 days of such event.

Coverage may be continued until age 30 for any eligible dependent child who is unmarried or not partnered in a lawful domestic partnership or civil union partnership, who is a full-time or part-time student, has no dependents of his or her own and is not eligible for coverage under another provider.

Notice required when your coverage terminates

We must be informed promptly, by you or the policyholder, when your status as an eligible member terminates for any reason. Failure to provide timely notice will not continue your insurance past the time it would have otherwise ended as provided above.

In the event premiums have been paid to us on your behalf after your coverage should have terminated, we will refund the premium for the period for which premiums were paid in error up to a maximum of three policy months or to the last policy anniversary, whichever is less. If we are not notified that your coverage is terminated and we pay any benefits for your covered services or materials incurred after the date your coverage terminated, the full amount of those benefits will be considered an overpayment which must be repaid to us.

Other stipulations may apply. See your certificate for details.

LIMITATIONS AND EXCLUSIONS

Limitations

Eyeglass lenses and frames are paid in lieu of the contact lenses benefit.

Contact lenses are payable in lieu of eyeglass lenses and frames.

Dilation is covered in full under the vision exam benefit only if required by state law or done for one of the following conditions: central vision loss, photopsia, floaters, high myopia, diabetes or history of ocular surgery, ocular trauma or ocular disease.

Exclusions

No benefits are payable for any of the following conditions, services, procedures and/or materials, unless otherwise specifically listed as a covered benefit in the Schedule of Benefits:

- Replacement frames and/or lenses, except at normal intervals when covered services or materials are otherwise available;
- Plano lens or non-prescription lenses or sunglasses;
- Orthoptics, vision training and any associated supplemental testing;
- Frame cases;
- Low (subnormal) vision aids or aniseikonic lenses;
- Medical and surgical treatment of the eyes;
- Charges incurred after (a) the policy ends; or (b) the insured person's coverage under the policy ends, except as stated in the policy;
- Any eye examination or corrective eyewear required by an employer as a condition of employment;
- Services for which benefits are paid by worker's compensation;
- Blended bifocal lenses;
- Groove, drill or notch, and roll and polish;
- Two pairs of glasses, in lieu of bifocals, trifocals or progressives;
- Coating on lenses (factory scratch coat, anti-reflective, sunglass colors, etc.);
- Cosmetic items;
- Faceted lenses;
- High-index lenses;
- Laminated lenses;
- Oversize lenses – any lens with an eye size of 61mm or greater;
- Photochromic (transition) lenses;
- Polaroid lenses;
- Polished bevel lenses;
- Polycarbonate lenses, except for insured members under 19;
- Prism lenses;
- Slab-off lenses;
- Tints (except pink tint #1 and #2);
- Ultra-violet tint or coating;
- Additional cost for contact lenses over the allowance;
- Additional cost for a frame over the allowance;
- Progressive power lenses

No benefits are payable for services performed by a member of the insured person's family. Insured person's family is limited to a spouse, siblings, parents, children, grandparents, and the spouse's siblings and parents.

Aflac®

aflac.com | 1.877.864.0625

Applies to Policy Series QNV1000.

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

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