

Peace of Mind *and*  
Real Cash Benefits



DENTAL INSURANCE  
DENTAL INDEMNITY INSURANCE

DE<sup>1</sup>

Affrac<sup>®</sup>

We've got you under our wing.\*

# DENTAL INSURANCE

## DENTAL INDEMNITY INSURANCE

Policy Series A82000

This brochure accompanies Schedule of Dental Procedures A82175SCHWA.

# DE<sup>1</sup>

## 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>		<b>\$1,400</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 COLUMBUS.



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 upon any renewal date.

**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; services that are not recommended by a dentist or dentist, or that are not required for the preservation or restoration of oral health; repairs to dental work within six months of the initial work; treatment received while outside the territorial limits of the United States or, if outside the United States, the territorial limits of the place where your policy was issued; 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.

## SCHEDULE OF DENTAL PROCEDURES

### This schedule accompanies Plan 1 Brochure A82175WA.

#### TERMS YOU NEED TO KNOW

**COVERED PERSON:** Any person insured under the coverage type you applied for: individual (named insured listed in the Policy Schedule), named insured/Spouse only (named insured and Spouse), one-parent family (named insured and Dependent Children), or two-parent family (named insured, Spouse, and Dependent Children). *Spouse* is defined as the person to whom you are legally married and who is listed on your application. This includes the relationship created by a domestic partnership. Newborn children are automatically insured from the moment of birth. If coverage is for individual or named insured/Spouse only and if payment of an additional premium is required to provide coverage, you must notify Aflac in writing within 60 days of the child's birth, and Aflac will convert the policy to one-parent family or two-parent family coverage and advise you of the additional premium due. Coverage will include any other Dependent Child, regardless of age, who is incapable of self-sustaining employment by reason of developmental disability or physical handicap and who became so incapacitated prior to age 26 and while covered under the policy. *Dependent Children* are your natural children, stepchildren, or adopted children who are under age 26.

**EFFECTIVE DATE:** The *Effective Date* is the date coverage begins, as shown in the Policy Schedule. It is not the date you signed the application for coverage.

#### WHAT IS NOT COVERED

Aflac will not pay benefits for losses caused by or resulting from:

- 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.
- A dentist's, denturist's, or dental practice's failure to comply with the current ADA coding\* convention, including but not limited to upcoding, the overutilization of certain codes, and/or the misrepresentation of services (e.g., unbundling).

Benefits for sealants are limited to secondary molars for Dependent Children under age 16 and will not be payable more often than every five years.

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

#### WHAT WE WILL PAY

Aflac will pay the following benefits when a charge is incurred for covered dental treatment that is received while coverage is in force. If a covered ADA code is revised or replaced by the American Dental Association, Aflac will pay the amount shown in the Schedule of Dental Procedures for the code most comparable to the revised or replaced code. Benefits will be paid based on the current ADA coding convention.

##### A. PREVENTIVE BENEFITS

1. **Dental Wellness Benefit:** This benefit is payable for you or any Covered Person for any one treatment listed below per visit. This benefit is payable once per visit, regardless of the number of treatments received. 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.

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

**THIS SCHEDULE OF DENTAL PROCEDURES IS FOR ILLUSTRATIVE PURPOSES ONLY.  
REFER TO THE POLICY FOR COMPLETE DEFINITIONS, DETAILS, LIMITATIONS, AND EXCLUSIONS.**

**Underwritten by:  
American Family Life Assurance Company of Columbus**

**1. Dental Wellness Benefit – continued**

ADA Code	Description	Amount
D0120	Periodic Oral Evaluation	\$50
D0145	Oral Evaluation for Patient Wellness	50
D0150	Comprehensive Oral Evaluation (new or established patient)	50
D0160	Detailed and Extensive Oral Evaluation (problem focused, by report)	50
D0170	Re-Evaluation – Limited, Problem (established patient; not postoperative visit)	50
D0180	Comprehensive Periodontal Evaluation (new or established patient)	50
D0425	Caries Susceptibility Tests	50
D1110	Prophylaxis (adult)	50
D1120	Prophylaxis (child)	50
D1203	Topical Application of Fluoride (child, prophylaxis not included)	50
D1204	Topical Application of Fluoride (adult, prophylaxis not included)	50
D1206	Topical Fluoride Varnish; Therapeutic Application for Moderate to High Caries Risk Patients	50
D1310	Nutritional Counseling for Control of Dental Disease	50
D1320	Tobacco Counseling for the Control and Prevention of Oral Disease	50
D1330	Oral Hygiene Instructions	50
D4910	Periodontal Maintenance	50
D9430	Office Visit for Observation (during regularly scheduled hours, no other services performed)	50
D9910	Application of Desensitizing Medicament	50

**2. X-Ray Benefit:** This benefit is payable for you or any Covered Person for any one X-ray procedure listed below per visit. 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.

ADA Code	Description	Amount
D0210	Intraoral (complete series, including bitewings)	\$35
D0220	Intraoral (periapical, first film)	35
D0230	Intraoral (periapical, each additional film)	35
D0240	Intraoral (occlusal film)	35
D0250	Extraoral (first film)	35
D0260	Extraoral (each additional film)	35
D0270	Bitewing (single film)	35
D0272	Bitewings (two films)	35
D0273	Bitewings (three films)	35
D0274	Bitewings (four films)	35
D0277	Vertical Bitewings (seven to eight films)	35
D0330	Panoramic Film	35
D0340	Cephalometric Film	35

The benefits below are subject to the Waiting Period shown in the Policy Schedule and a Policy Year Maximum of \$1,400 per Covered Person. The benefits listed are per Covered Person. All treatments must be performed by a dentist.

**Exception: Treatments for Major Prosthetic Services may be performed by a dentist or denturist.**

**B. ANNUAL MAXIMUM BUILDING BENEFIT:** Aflac will increase each Covered Person's Policy Year Maximum by \$100 after each 12 consecutive months of the policy's being in force. This benefit builds to a maximum of \$500 per Covered Person.

**C. FILLINGS AND BASIC SERVICES:** Benefits in this category are subject to a three-month Waiting Period. Benefit D0140 is payable only for visits where no other covered services are performed.

**C. FILLINGS AND BASIC SERVICES – continued**

ADA Code	Description	Amount
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
D0416	Viral Culture	15
D0417	Collection and Preparation of Saliva Sample for Lab Diagnostic Testing	15
D0418	Analysis of Saliva Sample	15
D0421	Genetic Test for Susceptibility to Oral Diseases	15
D0431	Adjunctive Prediagnostic Test That Aids in Detection of Mucosal Abnormalities, Including Premalignant and Malignant Lesions, Not to Include Cytology or Biopsy	15
D0460	Pulp Vitality Tests	15
D0470	Diagnostic Casts	30
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

**D. PAIN MANAGEMENT AND ADJUNCTIVE SERVICES:** Benefits in this category are subject to a three-month Waiting Period. Benefits D9220 and D9230 are not payable for the same surgery.

ADA Code	Description	Amount
D9110	Palliative (emergency) Treatment of Dental Pain (minor procedure)	\$30
D9220	Deep Sedation/General Anesthesia (first 30 minutes)	85
D9221	Deep Sedation/General Anesthesia (each additional 15 minutes)	85

**D. PAIN MANAGEMENT AND ADJUNCTIVE SERVICES – continued**

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

**E. OTHER PREVENTIVE SERVICES:** Benefits in this category are subject to a six-month Waiting Period.

ADA Code	Description	Amount
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
D1555	Removal of Fixed Space Maintainer	85

**F. ORAL SURGERY, GUM TREATMENTS, AND PROSTHETIC REPAIR:** Benefits in this category are subject to a six-month Waiting Period.

ADA Code	Description	Amount
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
D4230	Anatomical Crown Exposure (four or more contiguous teeth per quadrant)	150
D4231	Anatomical Crown Exposure (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
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
D5410	Adjust Complete Denture (maxillary)	30
D5411	Adjust Complete Denture (mandibular)	30

**F. ORAL SURGERY, GUM TREATMENTS, AND PROSTHETIC REPAIR – continued**

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
D6091	Replacement of Semiprecision or Precision Attachment (male or female component) of Implant/ Abutment-Supported Prosthesis (per attachment)	120
D6092	Recement Implant/Abutment-Supported Crown	120
D6093	Recement Implant/Abutment-Supported Fixed Partial Denture	120
D6095	Repair of Implanted Abutment, by Report	120
D6100	Implant Removal, by Report	40
D6930	Recement Fixed Partial Denture	40
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
D7282	Mobilization of Erupted or Malpositioned Tooth to Aid Eruption	75
D7283	Placement of Device to Facilitate Eruption of Impacted Tooth	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
D7311	Alveoloplasty in Conjunction With Extractions (one to three teeth or tooth spaces, per quadrant)	70
D7320	Alveoloplasty Not in Conjunction With Extractions (per quadrant)	85



**F. ORAL SURGERY, GUM TREATMENTS, AND PROSTHETIC REPAIR – continued**

D7321	Alveoloplasty Not in Conjunction With Extractions (one to three teeth or tooth spaces, 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
D7511	Incision and Drainage of Abscess (intraoral soft tissue – complicated; includes drainage of multiple fascial spaces)	525
D7520	Incision and Drainage of Abscess (extraoral soft tissue)	525
D7521	Incision and Drainage of Abscess (extraoral soft tissue – complicated; includes drainage of multiple fascial spaces)	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
D7963	Frenuloplasty	85
D7970	Excision of Hyperplastic Tissue (per arch)	85
D7971	Excision of Pericoronal Gingiva	75
D9120	Fixed Partial Denture Sectioning	40

**G. CROWNS AND MAJOR SERVICES:** Benefits in this category are subject to a 12-month Waiting Period.

ADA Code	Description	Amount
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
D2712	Crown (3/4 resin-based composite, 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
D2794	Crown (titanium)	325
D2910	Recement Inlay	35
D2915	Recement Cast or Prefabricated Post and Core	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
D2934	Prefabricated Esthetic-Coated Stainless Steel Crown (primary tooth)	75
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
D3110	Pulp Cap (direct, excluding final restoration)	20

**G. CROWNS AND MAJOR SERVICES – continued**

D3120	Pulp Cap (indirect, excluding final restoration)	\$20
D3220	Therapeutic Pulpotomy (excluding final restoration) Removal of Pulp Coronal to the Dentinoenamel Junction and Application of Medicament	45
D3222	Partial Pulpotomy for Apexogenesis (perm tooth with incomplete root development)	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
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

**H. MAJOR PROSTHETIC SERVICES:** Benefits in this category are subject to a 24-month Waiting Period. (The treatment must be performed by a dentist or denturist.)

ADA Code	Description	Amount
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
D5225	Maxillary Partial Denture (flexible base, including any clasps, rests, and teeth)	450
D5226	Mandibular Partial Denture (flexible base, including any 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
D6012	Surgical Placement of Interim Implant Body for Transitional Prosthesis: Endosteal Implant	550

**H. MAJOR PROSTHETIC SERVICES – continued**

D6040	Surgical Placement: Epostal Implant	\$550
D6050	Surgical Placement: Transosteal Implant	550
D6056	Prefabricated Abutment (includes placement)	550
D6057	Custom Abutment (includes placement)	550
D6058	Abutment-Supported Porcelain/Ceramic Crown	325
D6059	Abutment-Supported Porcelain Fused to Metal Crown (high noble metal)	325
D6060	Abutment-Supported Porcelain Fused to Metal Crown (predominantly base metal)	325
D6061	Abutment-Supported Porcelain Fused to Metal Crown (noble metal)	325
D6062	Abutment-Supported Cast Metal Crown (high noble metal)	325
D6063	Abutment-Supported Cast Metal Crown (predominantly base metal)	325
D6064	Abutment-Supported Cast Metal Crown (noble metal)	325
D6065	Implant-Supported Porcelain/Ceramic Crown	325
D6066	Implant-Supported Porcelain Fused to Metal Crown (titanium, titanium alloy, high noble metal)	325
D6067	Implant-Supported Metal Crown (titanium, titanium alloy, high noble metal)	325
D6068	Abutment-Supported Retainer for Porcelain/Ceramic FPD	325
D6069	Abutment-Supported Retainer for Porcelain Fused to Metal FPD (high noble metal)	325
D6070	Abutment-Supported Retainer for Porcelain Fused to Metal FPD (predominantly base metal)	325
D6071	Abutment-Supported Retainer for Porcelain Fused to Metal FPD (noble metal)	325
D6072	Abutment-Supported Retainer for Cast Metal FPD (high noble metal)	325
D6073	Abutment-Supported Retainer for Cast Metal FPD (predominantly base metal)	325
D6074	Abutment-Supported Retainer for Cast Metal FPD (noble metal)	325
D6075	Implant-Supported Retainer for Ceramic FPD	325
D6076	Implant-Supported Retainer for Porcelain Fused to Metal FPD (titanium, titanium alloy, or high noble metal)	325
D6077	Implant-Supported Retainer for Cast Metal FPD (titanium, titanium alloy, or high noble metal)	325
D6078	Implant/Abutment-Supported Fixed Denture for Completely Edentulous Arch	325
D6079	Implant/Abutment-Supported Fixed Denture for Partially Edentulous Arch	325
D6080	Implant Maintenance Procedures, Including Removal of Prosthesis, Cleansing of Prosthesis and Abutments, and Reinsertion of Prosthesis	175
D6094	Abutment-Supported Crown (titanium)	325
D6194	Abutment-Supported Retainer Crown for FPD (titanium)	325
D6205	Pontic (indirect resin-based composite)	325
D6210	Pontic (cast high noble metal)	325
D6211	Pontic (cast predominantly base metal)	325
D6212	Pontic (cast noble metal)	325
D6214	Pontic (titanium)	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

**H. MAJOR PROSTHETIC SERVICES – continued**

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
D6624	Inlay (titanium)	375
D6634	Onlay (titanium)	400
D6710	Crown (indirect resin-based composite)	325
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
D6794	Crown (titanium)	325
D6970	Cast Post and Core (in addition to fixed partial denture retainer)	140
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

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