Hillsborough County Tax Collector
Rate sheet prepared by Web User on 10/18/2022 12:53:02 PM.
Florida Payroll Premium rates are Semi-Monthly for industry Class A.

The rates shown on this insert page are for illustration purposes only; they do not imply coverage. For more information about policy/plan benefits and limitations, please refer to the accompanying product brochure for each insurance policy/plan listed below.

DENTAL ESSENTIALS - Series A-82100R

		Premium	Total
18-70	**INDIVIDUAL**	$11.64	$11.64
18-70	**ONE-PARENT FAMILY**	$20.35	$20.35
18-70	**INSURED/SPOUSE**	$20.48	$20.48
18-70	**TWO-PARENT FAMILY**	$29.32	$29.32

VISION NOW - Series VSN100

Age	Individual	One Parent Family	Insured/Spouse	Two Parent Family
18-39	$5.40	$8.91	$8.52	$11.25
40-49	$7.35	$10.27	$12.42	$14.56
50-70	$11.05	$12.81	$19.05	$19.44

aflac.com | **1.800.99.AFLAC** (1.800.992.3522)

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

Peace of Mind *and* Real Cash Benefits

DENTAL INSURANCE

DE^E

Aflac®

DENTAL INSURANCE

Policy Series A82000
This brochure accompanies Schedule of Dental Procedures A82ES75SCHR1FL.

DE[E]

Smile.

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.[1]

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.[2]

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 $120 after each 12 consecutive months the policy is in force up to a maximum of $600 per Covered Person.

[1]Subject to applicable Waiting Periods.
[2]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	$20–$35
Fillings and Basic Services	3 Months	$20–$310
Pain Management and Adjunctive Services	3 Months	$35–$170
Other Preventive Services	6 Months	$25–$140
Oral Surgery, Gum Treatments, and Prosthetic Repair	6 Months	$30–$1,040
Crowns and Major Services	12 Months	$25–$485
Major Prosthetic Services	24 Months	$60–$625
POLICY YEAR MAXIMUM		$1,680

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.

VISITING A DENTIST IS IMPORTANT.

Dentists can spot **EARLY WARNING SIGNS** in the mouth that may indicate disease elsewhere in the body.

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 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.

Aflac Vision Now®

VISION INSURANCE

You can never see into the future.
But our vision plan helps make the path
to getting there a little clearer.

Aflac®

AFLAC VISION NOW®

VISION INSURANCE

Policy Series VSN100

VN

The First Plan Designed to Help Protect One of Your Most Valuable Assets—Your Vision

According to an old proverb, the eyes are the windows of the soul. While we agree that may be true in a philosophical sense, at Aflac we also believe your eyes are the windows to even more: Your overall health for instance. Aside from maintaining good vision and detecting conditions such as glaucoma, eye exams can also reveal much more. They can help spot high blood pressure, diabetes, high cholesterol, and even brain tumors.

That's why we've developed the **Aflac Vision Now®** vision insurance policy.

The **Aflac Vision Now®** plan is different because it encourages individuals and their families to be more proactive and preventive about caring for their vision. Most importantly, it takes vision insurance to the next level by paying benefits for eye surgeries, specific eye diseases/disorders, and permanent visual impairment.

Read on to learn more about this unique approach to insuring one of your most important assets.

UNDERSTANDING THE FACTS CAN HELP YOU UNDERSTAND THE THINKING BEHIND AFLAC'S VISION NOW® INSURANCE POLICY:

FACT NO. 1

90%

OF ALL EYE AND VISION INJURIES COULD BE PREVENTED WITH SIMPLE SAFETY STEPS SUCH AS WEARING PROPERLY DESIGNED AND FITTED PROTECTIVE EYEWEAR.[1]

FACT NO. 2

14 MILLION

AMERICANS 12 YEARS AND OLDER HAVE VISUAL IMPAIRMENT—MORE THAN 80% COULD BE CORRECTED TO GOOD VISION WITH REFRACTIVE CORRECTION.[2]

[1]American Optometric Association, "Healthy Vision on the Job Is Everyone's Business," <www.aoa.org/x14313.xml>, accessed on February 8, 2012.
[2]Centers for Disease Control and Prevention, "Vision Health Initiative Fast Facts," <www.cdc.gov/visionhealth/basic_information/fast_facts.htm>, accessed on February 8, 2012.

Understand the Difference Aflac Makes in Caring for Your Vision

Aflac goes beyond traditional exams and provides benefits for serious eye conditions. In addition to an Eye Exam Benefit and a choice of Vision Correction Benefits, we will pay benefits for specific eye diseases and disorders, eye surgeries, and permanent visual impairment—all without network restrictions.

NO PROVIDER NETWORK

You have the freedom to choose any eye-care provider.

COMPREHENSIVE EYE-CARE BENEFITS

Vision Now® pays benefits for eye surgeries, specific eye diseases/disorders, and permanent visual impairment.

VISION CORRECTION BENEFIT OPTIONS

Three benefit options allow you to choose the benefit amount and frequency that best meets your needs.

GUARANTEED-RENEWABLE REGARDLESS OF AGE

The policy is guaranteed-renewable for your lifetime with no reduction in benefits due to age.

NO COORDINATION OF BENEFITS

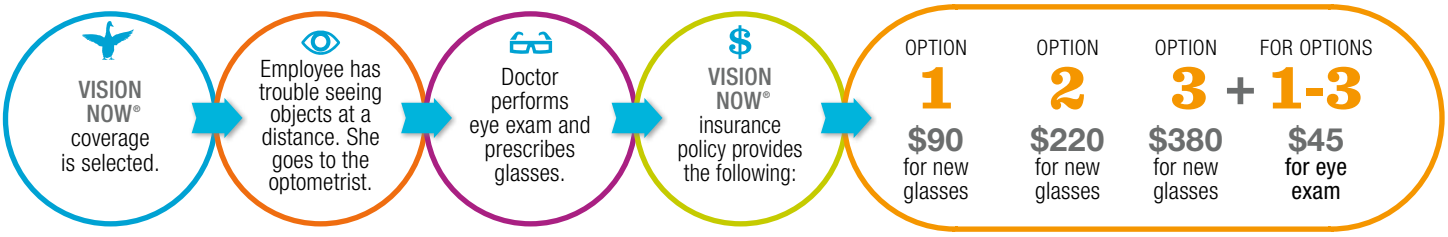
Benefits are paid regardless of any other insurance.

PRE-TAX DEDUCTIONS

The policy is eligible for pre-tax deduction of premiums under a Section 125 Cafeteria Plan.

Our Vision Now® insurance policy offers you three plan options with **Vision Correction Benefits** of **$90, $220,** or **$380** for materials, such as glasses and contacts. All three options include an **Eye Exam Benefit** of **$45**.

HOW IT WORKS



The policy has limitations and exclusions that may affect benefits payable. This brochure is for illustrative purposes only. Refer to the policy for complete details, definitions, limitations, and exclusions.

American Family Life Assurance Company of Columbus (herein referred to as Aflac)

VISION INSURANCE COVERAGE

POLICY SERIES VSN100

Worldwide Headquarters • 1932 Wynnton Road • Columbus, Georgia 31999
Toll-Free 1.800.99.AFLAC (1.800.992.3522)

I. Read the Policy Carefully. This document provides a very brief description of the important features of the policy. This is not the insurance contract and only the actual policy provisions will control. The policy itself sets forth, in detail, the rights and obligations of both you and Aflac. It is, therefore, important that you **READ THE POLICY CAREFULLY.**

II. Benefits. Subject to the waiting period, listed in the Benefit section (Part 5) of the policy, for the Vision Correction Benefit and the provisions in the Limitations and Exclusions section, we will pay the following benefits when a charge is incurred for covered vision treatment that occurs while coverage is in force. See the policy for the specific waiting period for the Vision Correction Benefit.

A. EYE EXAMINATION BENEFIT: Aflac will pay $45 when a charge is incurred for an eye examination for a covered person. This benefit is limited to one examination per covered person, per Policy Year. The eye examination must be performed by an Optometrist or Ophthalmologist. No lifetime maximum.

While the policy is in force, the following benefits will be paid, subject to Part 2, Limitations and Exclusions of the policy, and all other policy provisions. Please see section (III) of this document.

B. VISION CORRECTION BENEFIT: The option you have chosen on your application is indicated below by a check mark in the appropriate option box. PLEASE NOTE: Only one Vision Correction Benefit option can be in effect at any given time.

☐ **Option 1 VISION CORRECTION BENEFIT:** Aflac will pay $90 when a charge is incurred for prescribed Vision Correction Materials or $140 when a charge is incurred for Refractive Error Correction Surgery for a covered person. This benefit is payable once per covered person, per Policy Year. **NOTE: If a covered person receives a benefit for Vision Correction Materials and later receives Refractive Error Correction Surgery in the same Policy Year, we will pay $50 for Refractive Error Correction Surgery.**

☐ **Option 2 VISION CORRECTION BENEFIT:** After a 12-month waiting period, Aflac will pay $220 when a charge is incurred for prescribed Vision Correction Materials or $340 when a charge is incurred for Refractive Error Correction Surgery for a covered person. This benefit is payable once per covered person during each successive 24-month period following the end of the waiting period, and applies only for charges incurred during that period. **NOTE: If a covered person receives a benefit for Vision Correction Materials and later receives Refractive Error Correction Surgery during the same 24-month period, we will pay $120 for Refractive Error Correction Surgery.**

☐ **Option 3 VISION CORRECTION BENEFIT:** After a 24-month waiting period, Aflac will pay $380 when a charge is incurred for prescribed Vision Correction Materials or $590 when a charge is incurred for Refractive Error Correction Surgery for a covered person. This benefit is payable once per covered person during each successive 36-month period following the end of the waiting period, and applies only for charges incurred during that period. **NOTE: If a covered person receives a benefit for Vision Correction Materials and later receives Refractive Error Correction Surgery during the same 36-month period, we will pay $210 for Refractive Error Correction Surgery.**

C. SPECIFIC EYE DISEASES/DISORDERS BENEFIT: Aflac will pay $1,100 when a covered person is first diagnosed after the Effective Date as having any of the eye diseases or disorders listed below. The eye disease or disorder must be diagnosed by an Ophthalmologist or a Physician.

Glaucoma (excluding preglaucoma and/or borderline glaucoma)

Proliferative diabetic retinopathy	Retinal detachment
Retinitis pigmentosa	Macular degeneration

This benefit is payable only once per covered disease or disorder, per covered person, and will be paid in addition to any other benefit in the policy.

D. EYE SURGERY BENEFIT: When a surgical operation is performed on a covered person for a diagnosed eye disease or disorder, Aflac will pay the indemnity amount listed in the Schedule of Operations in the policy for the specific procedure when a charge is incurred. Surgeries must be performed by an Ophthalmologist or a Physician.

If any operation for a diagnosed eye disease or disorder is performed other than those listed, Aflac will pay an amount comparable to the amount shown in the Schedule of Operations for the operation most nearly similar in severity and gravity.

NOTE: Surgical benefits for Refractive Error Correction Surgery are payable only under the Vision Correction Benefit.

Surgical benefits are limited to surgeries of the eye, eye socket, eyelid, and tear ducts. Only one benefit is payable per 24-hour period for surgery even though more than one surgical procedure may be performed. We will pay the highest eligible benefit. No lifetime maximum.

E. PERMANENT VISUAL IMPAIRMENT BENEFIT: When a covered person is first diagnosed after the Effective Date of coverage with a Visual Impairment for which there is no medical prognosis of recovery, Aflac will pay the following indemnity amount(s) for the specific level(s) of Visual Impairment that apply to your current stage of Visual Impairment.

VISUAL IMPAIRMENT LEVEL	TOTAL PER LEVEL	MAXIMUM CUMULATIVE BENEFIT PER EYE
(Level 1) – Severe	$825	$825
(Level 2) – Profound	+ $1,925	$2,750
(Level 3) – Near-Total	+ $2,750	$5,500
(Level 4) – Total	+ $5,500	$11,000

If a covered person is diagnosed with a Level 2, 3, or 4 Visual Impairment, benefits for previously unpaid lower levels of Visual Impairment, if any, will be paid in addition to benefits for the level diagnosed. Each level of Visual Impairment is payable a maximum of once per eye, per covered person.

The permanent Visual Impairment must be diagnosed by an Ophthalmologist or a Physician. Benefits for a child born visually impaired are payable only if the visually impaired child is born after ten months from the Effective Date of the policy. Lifetime maximum of $11,000 per eye, per covered person. Lifetime maximum of $22,000 per covered person.

III. EXCEPTIONS, REDUCTIONS AND LIMITATIONS OF THE POLICY:

A. The policy contains a 30-day waiting period. If a covered person has an eye disease or disorder, other than one caused by an Injury, diagnosed before coverage has been in force 30 days from the Effective Date of coverage shown in the Policy Schedule, benefits for treatment of that eye disease or disorder will apply only to treatment occurring after two years from the Effective Date of the policy or, at your option, you may elect to void the policy from its beginning and receive a full refund of premium. **The 30-day waiting period does not apply to the Eye Examination Benefit or the Vision Correction Benefit.**

B. The policy does not cover losses caused by or resulting from:

1. Services that are not recommended by an Optometrist, Ophthalmologist, or a Physician.
2. Cosmetic surgery that is not due to eye disease, disorder, or Injury.
3. Treatment or diagnosis received while outside the territorial limits of the United States or, if outside the United States, the territorial limits of the place where the policy was issued.
4. Intentionally self-inflicting bodily Injury or attempting suicide, while sane or insane.

C. If you change your Vision Correction Benefit option, this benefit will be subject to a new waiting period, if any, beginning with the Effective Date of the new option. **YOU ARE ELIGIBLE TO CHANGE YOUR VISION CORRECTION BENEFIT OPTION ONLY ONCE EACH YEAR, WITH THE CHANGE TO BE EFFECTIVE ON THE NEXT POLICY ANNIVERSARY DATE.**

IV. RENEWABILITY:

The policy is guaranteed-renewable for your lifetime by payment of the premium in effect at the beginning of each renewal period. Premium rates may change only if changed on all policies of the same form number and class in force in your state.

The policy has limitations that may affect benefits payable.
This brochure is for illustration purposes only.
Refer to the policy for complete definitions, details, limitations, and exclusions.

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). Newborn children are automatically covered from the moment of birth. If coverage is for individual or named insured/spouse only and you desire uninterrupted coverage for a newborn child, you must notify Aflac in writing within 60 days of the birth of your child, 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 mental retardation or physical handicap and who became so incapacitated while covered under the policy and before age 26. *Dependent Children* are your natural children, stepchildren, legally adopted children, foster children, or children in the insured's custodial care who are under age 26.

EFFECTIVE DATE: The date(s) shown in the Policy Schedule. The Effective Date of the policy is not the date you signed the application for coverage.

OPHTHALMOLOGIST: A licensed Physician, other than a member of your immediate family, specializing in diagnosis, care, and treatment of refractive, medical, and surgical problems related to eye diseases and disorders.

OPTOMETRIST: A licensed doctor of optometry, other than a member of your immediate family, who specializes in vision problems; treating vision conditions with spectacles, contact lenses, low-vision aids, and vision therapy; and prescribing medications for certain eye diseases and disorders.

PHYSICIAN: A legally qualified person, other than a member of your immediate family, who is licensed as a Physician by the state to treat the type of condition for which a claim is made.

PRE-EXISTING CONDITIONS: A *Pre-existing Condition* is a disease or disorder for which, within the 12-month period before the Effective Date of coverage, medical advice, consultation, or treatment was recommended or received, or for which symptoms existed that would ordinarily cause a prudent person to seek diagnosis, care, or treatment. Care or treatment caused by a Pre-existing Condition will not be covered unless it begins more than 12 months after the Effective Date of coverage. **The Pre-existing Conditions provision does not apply to the Eye Examination Benefit or to the Vision Correction Benefit.**

VISUAL IMPAIRMENT: Specific levels of Visual Impairment are defined below. Visual Impairment must be a result of an eye injury, eye disease, or eye defect.

If this coverage is a replacement of similar coverage, we will give credit for the time the person was covered under previous coverage when determining the Pre-existing Conditions limitations, exclusive of any applicable waiting periods under the new coverage.

- **LEVEL 1 – SEVERE VISUAL IMPAIRMENT:** Maximum visual acuity, after correction, of 20/200 or less, or a total diameter of the visual field in that eye of 20 degrees or less.
- **LEVEL 2 – PROFOUND VISUAL IMPAIRMENT:** Maximum visual acuity, after correction, of 20/500 or less, or a total diameter of the visual field in that eye of 10 degrees or less.
- **LEVEL 3 – NEAR-TOTAL VISUAL IMPAIRMENT:** Maximum visual acuity, after correction, of less than 20/1000, or a total diameter of the visual field in that eye of 5 degrees or less.
- **LEVEL 4 – TOTAL VISUAL IMPAIRMENT:** Complete loss of vision with no remaining perception of light, or loss of the natural eye.

ADDITIONAL INFORMATION

Covered refractive error correction surgeries include but are not limited to laser assisted in-situ keratomileusis (LASIK), laser thermokeratoplasty (LTK), photorefractive keratectomy (PRK), radial keratotomy (RK), and intracorneal rings (Intacs).

Covered vision correction materials include prescribed glasses, sunglasses, sports glasses, spare pairs of glasses, and contact lenses. Covered vision correction materials do not include items available for purchase without a prescription.

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