

Aflac Vision Insurance Proposal

SOLD Benefits Proposal

This proposal has been
prepared for:

People Lease

Presented by:

AFLAC

Proposal State:

MS

Presentation Date:

08/23/2023

This quote is valid for up to 120
days

*Notices- This proposal is a brief description of coverage, not a contract.
Read your policy, certificate, and riders (as applicable) carefully for exact
plan language, terms, and conditions*



American Family Life Assurance
Company of Columbus
Policy Series QNV1000

Plan Description

The Aflac Group Vision plan helps bring vision into focus. Our plans offer flexibility, competitive rates and comprehensive coverage. We offer an extensive network of independent providers and national retailers, so employees are almost certain to have nearby options when they need eye exams and other services

Features and Plan Provisions (specific provisions and descriptions may vary by state)	
Benefit Amounts	See benefit schedule for available options
Coverage	We have assumed this is Takeover Coverage
Eligibility	Employees who are active full time employees working at least 30 and have been continuously employed for the duration set by the employer. Seasonal and temporary employees are not eligible. Dependents are eligible, but only if the employee is eligible and participates.
Dependent Age Limitation	To Age 26
Enrollment Assumptions	Enrollments take place once each 12-month period. Later enrollees cannot enroll outside of an annual enrollment period.
Broker Commissions	Flat 6%
Eligible Lives	4654
Employer Contribution	0%
Participation	20% Participation, Based Upon 4654 Eligible Lives
Rate Guarantee	24 months
Effective Date	01/01/2024
SIC Code	7363
Industry	Business Service
Plan Type	Voluntary
Network Provider	Davis Vision

SOLD Plan Benefits

(Descriptions of specific benefits may vary by state.)

In-Network Benefits (Network Available at www.davisvision.com)	Plan 5 (Standard)
Service Type	Frequency - Once Every:
Eye Examinations with Dilation (as necessary)	Once Every 12 months
Spectacle Lenses	Once Every 12 months
Frame	Once Every 12 months
Contact Lens (In lieu of eyeglasses)	Once Every 12 months
In Network	
Eye Examination	\$10
Retinal Imaging	\$39
Spectacle Lenses	\$10
Non-elective (visually required) Contact Lens Evaluation, Fitting & Follow-Up Care	\$0
Eyeglass Benefit - Frame	
Frame Allowance (Retail)	Up to \$130 Up to \$180 at VisionWorks
Additional Pairs	30% discount on additional pairs at select retailers
Davis Vision Frame Collection (in Lieu of Allowance)	Member Co-Pays
Fashion level/Designer level/Premier level	\$0 / \$0 / \$25
Eyeglass Benefits - Spectacle Lenses	Member Co-Pays
Clear plastic lenses in any RX (Single Vision, Bifocal, Trifocal, Lenticular)	\$0
Tinting of Plastic Lenses	\$0
Scratch Resistant Coating	\$0
Polycarbonate Lenses (Children/Adults)	\$00/\$30
Digital Single Vision (Intermediate)	\$30
Ultraviolet Coating	\$12
Blue Light Filtering	\$15
Anti-Reflective (AR) Coatin (Standard/Premier/Ultra/Ultimate)	\$35/\$48/\$60/\$85
Progressive Lenses (Standard/Premier/Ultra/Ultimate)	\$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)	
Contact Lens Material Allowance Plus a 15% discount on any overage	Up to \$130 plus 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 & Follow Up Care	\$0

Out-of-Network Reimbursement Allowance Schedule: Up to

Eye Examination	Up to \$40
Frame	Up to \$50
Lenses - Single Vision	Up to \$40
Lenses - Bifocal/Progressive	Up to \$60
Lenses – Trifocal	Up to \$80
Lenses – Lenticular	Up to \$100
Elective Contact Lenses	Up to \$105
Visually Required Contact Lenses	Up to \$225

Benefit and Premium Rates

Premiums			
Members/Coverage	Lives	Monthly Rate	Annual Premium
Employee Only	400	\$7.51	\$36,048.00
Employee and Spouse	238	\$12.81	\$36,585.36
Employee and Child(ren)	92	\$13.48	\$14,881.92
Employee and Family	201	\$19.81	\$47,781.72
TOTALS	931		\$135,297.00

Note:

- If participation changes by more than 15%, we reserve the right to review and adjust premiums based on final participation
- The rates and product availability indicated in this proposal are subject to change as a result of final underwriting

LIMITATIONS AND EXCLUSIONS

Limitations and exclusions vary by state. Please see the master policy for full and complete information. All benefit descriptions, limitations and exclusions appear regardless of the benefit options chosen. Appearance of benefit descriptions, limitations or exclusions does not necessarily indicate inclusion of the corresponding benefits in your plan design. Descriptions of specific benefits may vary by state.

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.

Coverage for a late entrant or re-enrollee is limited to the vision exam benefit during the first 24 months after such person's effective date of coverage.

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 and materials provided by another vision plan except for coordination of benefits;
- Services for which benefits are paid by worker's compensation;
- Benefits provided under the employee's medical insurance except for coordination of benefits;
- 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.

Notices

This proposal is a brief description of coverage, not a contract. Read your policy and riders (as applicable) carefully for exact plan language, terms, and conditions.

This is a limited benefit plan and provides vision benefits only. Aflac's contracts of insurance, including Aflac's network dental and vision plans, provide limited-scope and/or supplemental benefits only and do not constitute comprehensive health insurance coverage. Aflac's contracts of insurance do not satisfy the requirement of minimum essential coverage under the Patient Protection and Affordable Care Act (ACA) and are not designed to meet any of the essential health benefit requirements mandated by the ACA or federal law, including pediatric oral or vision care services. Aflac's contracts of insurance are not an alternative to, or a substitute for, comprehensive health insurance coverage and should only be used to supplement comprehensive health insurance coverage.

Coverage is underwritten by American Family Life Assurance Company of Columbus (Aflac).

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