

Aflac Vision Insurance

Benefits Proposal

This proposal has been prepared for:

Missouri

Presented by:

Aflac

Proposal State:

Missouri



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 descriptions may vary by state)	
Benefit Amounts	See benefit schedule for available options
Eligibility	Employees who are active full time employees working at least 30 hours per week 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.
Enrollment Assumption	Enrollments take place once each 12-month period. Late enrollees cannot enroll outside of an annual enrollment period.
Broker Commissions	10%
Number of Eligible Lives	25-250
Participation	Greater of 10 Enrolled lives or 20%
Rate Guarantee	24 months
Effective Date	3/1/2024 and Later
Product Type	PPO Plan
Ineligible Industries	Dental Offices, Dental Services Offices, Non-Traditional Groups (Unions, PEOS, Trusts, Associations, Etc), Cannabis Related Groups, and Native American Tribes
Network Provider	Davis Vision

Eligibility Reminders:

- **Employees must work a minimum of 30 hours per week**
- **25 Full Time eligible employees**
- **The greater of 10 enrolled employees or 20% participation**
- **Accounts are not eligible to move from Everwell to brochure plans**
- **Multiple option plans:**
 - **Must have completely different plans (not the same plan but one with ortho and one without ortho)**
 - **Dual options will require the greater of 5 enrolled employees or 15% of the enrolled population in one plan, with the remaining enrolled population in the other plan being sold**
 - **No triple options**

Plan Benefits

(Descriptions of specific benefits may vary by state.)

In-Network Benefits (Network Available at www.davisvision.com)		Aflac Plan 4
Service Type	Frequency - Once Every:	
Eye Examinations with Dilation (as necessary)	12 Months	
Spectacle Lenses	12 Months	
Frame	24 Months	
Contact Lens (In lieu of eyeglasses)	12 Months	
In Network		
Eye Examination	\$10	
Spectacle Lenses	\$25	
Contact Lens Evaluation, Fitting & Follow-Up Care	\$0	
Eyeglass Benefit - Frame		
Frame Allowance (Retail)	Up to \$130 or Up to \$180 at Visionworks	
Davis Vision Frame Collection (in Lieu of Allowance)		Member Co-Pays
Fashion level	\$0	
Designer level	\$0	
Premier level	\$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)	\$0/\$30	
Ultraviolet Coating	\$12	
Anti-Reflective (AR) Coating (Standard/Premier/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)		
Contact Lens Material Allowance Plus a 15% discount on any overage	Up to \$130	
Evaluation, Fitting & Follow Up Care - Standard Lens Types	15% Discount	
Evaluation, Fitting & Follow Up Care - Specialty Lens Types	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 Copay	
Non-Elective Contact Lenses (with Prior Approval)		
Materials, Evaluation, Fitting & Follow Up Care	\$0 Copay	
Service Type	Out-of-Network Frequency	
Eye Examination:	12 Months	
Lenses:	12 Months	
Frames:	24 Months	
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	\$105	
Visually Required Contact Lenses	\$225	
Premiums		
Members/Coverage	Monthly Rate	
Employee	\$6.79	
Employee & Spouse	\$13.57	
Employee & Dependent Child(ren)	\$13.77	
Family	\$19.91	

Plan Benefits

(Descriptions of specific benefits may vary by state.)

In-Network Benefits (Network Available at www.davisvision.com)		Aflac Plan 6
Service Type	Frequency - Once Every:	
Eye Examinations with Dilation (as necessary)	12 Months	
Spectacle Lenses	12 Months	
Frame	12 Months	
Contact Lens (In lieu of eyeglasses)	12 Months	
In Network		
Eye Examination	\$10	
Spectacle Lenses	\$10	
Contact Lens Evaluation, Fitting & Follow-Up Care	\$0	
Eyeglass Benefit - Frame		
Frame Allowance (Retail)	Up to \$150 or Up to \$200 at Visionworks	
Davis Vision Frame Collection (in Lieu of Allowance)		Member Co-Pays
Fashion level	\$0	
Designer level	\$0	
Premier level	\$0	
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)	\$0/\$30	
Ultraviolet Coating	\$12	
Anti-Reflective (AR) Coating (Standard/Premier/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)		
Contact Lens Material Allowance Plus a 15% discount on any overage	Up to \$150	
Evaluation, Fitting & Follow Up Care - Standard Lens Types	\$0	
Evaluation, Fitting & Follow Up Care - Specialty Lens Types	Up to \$60 allowance plus a 15% discount on any overages	
Collection Contact Lenses Benefit (in Lieu of Contact Lens Material Allowance)		
Materials Disposable: up to	8 boxes/multi-packs	
Planned Replacement: up to	4 boxes/multi-packs	
Evaluation, Fitting & Follow Up Care	\$0 Copay	
Non-Elective Contact Lenses (with Prior Approval)		
Materials, Evaluation, Fitting & Follow Up Care	\$0 Copay	
Service Type	Out-of-Network Frequency	
Eye Examination:	12 Months	
Lenses:	12 Months	
Frames:	12 Months	
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	\$105	
Visually Required Contact Lenses	\$225	
Premiums		
Members/Coverage	Monthly Rate	
Employee	\$8.37	
Employee & Spouse	\$16.73	
Employee & Dependent Child(ren)	\$16.78	
Family	\$24.37	



Group Dental & Vision Brochure Installation Guide

Applies when just dental/vision only cases

Dental & Vision Parameters

Eligible Lives:	25 - 250 eligible *
Broker Commission:	10%
Contribution:	Voluntary
Rate Guarantee:	2 Years (Dental & Vision)
Participation:	Greater of 20% or 10 Enrolled
EPS:	Brochure Cases DO NOT need to be entered into EPS if not including VB

**Eligible lives needs to be indicated on the Master Application*

**Please provide the enrollment packet to the brokerage firm once you get a sale*

Case Submission Process if D&V only

1. Include the name of the brochure
2. Include the brochure product name selected and rates sold (i.e., Dental Plan Option 4 with Ortho, Vision Plan 4)
3. Client must sign and circle the brochure plan/rates they are purchasing, or provide a letter on company letterhead indicating the brochure plan they are purchasing
4. Attach the Letter/or Signed document and State Brochure Proposal provided by Underwriting
5. Attach the Spreadsheet Enrollment document
 - *Please note that simple spreadsheet enrollments are the "preferred" enrollment method and must be submitted 15 days prior to effective date*
6. Attach the completed Group Case Set-up Form (State specific)
7. Attach the completed Master Group Application (State specific)
8. Attach the completed Group ADV Commission set-up form
9. If using a third party enrollment platform, indicate the platform used
 - Employee Navigator
 - Benefit Harbor
 - Selerix
 - IES
 - *Please note some platforms may require up to a 6 week set up prior to effective date. Excel census may be used until set up is complete.*
10. Once all of the above is complete, package everything in one email and send to: aflacdvsold@aflac.com
11. CC - Your Regional Practice Leader and LAE on all dental/vision sales
12. Upon receipt Aflac Tampa will provide a welcome letter that will include
 - *ACH Form and Instructions*
 - *Portal Access*
 - *Policy Numbers*
 - *Customer Service Contact Information*

Reference Files

1. Enrollment Packet
 - *State specific master application*
 - *Spreadsheet Enrollment Template File*
 - *ADV Custom Commission Allocation Form*
 - *Group Case Set-Up Form*

If group VB is being sold with D&V Brochure plan follow the 100+ custom group path at this time, but no changes can be made to the brochure plans.