

# Aflac Dental & Vision Insurance

## Frequently asked questions

Welcome to Aflac! As you enroll for your new dental and vision coverage, we understand that you may have questions or concerns. To aid your understanding of your benefit coverage, we have provided valuable insights through the FAQs listed below. These will assist you in familiarizing yourself with how your coverage will operate during the upcoming plan year as it transitions from Guardian to Aflac. For any additional questions, please do not hesitate to contact the Katy ISD Risk Management department at 281-396-2241.

### What if my provider is not in the network, and how can I nominate my dentist to join the network?

If your preferred dentist is not currently in our network, we have a process in place for you to nominate them to join. Please contact the Katy ISD Risk Management team or visit [www.katybenefits.org](http://www.katybenefits.org) to obtain the **Provider Nomination** form.

### How do costs compare between in-network and out-of-network services?

With an Aflac Dental PPO plan, you have the flexibility to see any licensed dentist. However, cost savings are most significant when you choose a dentist in the Aflac Dental Network. Dentists within our network agree to reduce costs as payment in full, resulting in the lowest out-of-pocket expenses for members.

For instance, here's an example illustrating the savings for a crown (please note this is an estimate).

Example of Crown	Participating Aflac Dentist	Non-participating Dentist
Estimated charge by dentist	\$1,720	\$1,720
Aflac Usual and Customary Charge	\$1,200	\$1,600
Percentage paid by Aflac	50% (\$600)	50% (\$800)
Percentage paid by member	50% (\$600)	50% (\$800)
Amount dentist can balance bill	\$0	\$120
<b>Member's total cost savings</b>	<b>\$580</b>	<b>\$0</b>

### How do out-of-network providers submit claims?

For Aflac PPO plans, providers should submit all claims, whether they are participating providers in network or out of network. The claims submission process remains the same no matter whether the claim is in network or out of network. You can find all the necessary submission information on the back of your ID card.

In the event that your out-of-network provider does not submit claims, a Direct Member Reimbursement form is available for your submission. Please reach out to your Katy ISD Risk Management team or visit [www.katybenefits.org](http://www.katybenefits.org) to access this form. For vision out of network claims, log on to [DavisVision.com](http://DavisVision.com), log in to your account, select out of network claims, then submit a claim and follow the prompts for reimbursement.



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### Transitioning rollover maximum benefit from Guardian to Aflac.

The rollover maximum benefit functions as an accumulator. Rollover benefits from Guardian are transferred into our rollover bank for each employee. This is then applied to your first year annual max.

### What if I am undergoing orthodontic treatment?

If you are in the middle of orthodontic treatment under either of Guardian's Katy ISD dental plans and plan to enroll in the Aflac high dental plan, the following guidelines will be applied:

- Your provider will receive a **Treatment in Progress** letter after the claim has been submitted.
- The provider will complete the **Treatment in Progress** form with any required history needed.
- We will cover 50% of the remaining months' expenses, up to \$1,000. For instance, if you have six months remaining and your provider bills us \$200 for monthly adjustments, we would reimburse a total of \$600 for the remainder of your treatment.

To ensure smooth and accurate benefits administration, Aflac follows industry standards by requesting progress treatment history from the orthodontic provider. This provision applies to both new orthodontic treatments and treatments in progress with a date of service after the effective date of Jan. 1, 2024, with Aflac.

In the unlikely event that the orthodontic provider does not provide progress treatment history to Aflac, there is a slight risk of claim denial. However, we view this as a rare occurrence, as it is common practice for orthodontic providers to share this information during a transition to a new dental administrator. If a member is affected by this situation, contact the Katy ISD Risk Management team to ensure prompt reprocessing of the claim.

### Should I request a predetermination of benefits for dental services?

It is advisable to request a predetermination of benefits when planning for specific treatments. The process involves the provider submitting a pretreatment estimate, which is recommended, though not mandatory, for procedures estimated at \$500 or more.



Aflac dental and vision insurance products will be underwritten by Aflac. Aflac WWHQ | 1932 Wynnton Road | Columbus, GA 31999.  
Please see coverage documentation applicable to your situs state for further details. This is a brief product overview only.

**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.**