

AMERICAN FAMILY LIFE ASSURANCE COMPANY OF COLUMBUS (AFLAC)  
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## VISION INSURANCE POLICY

Outline of Coverage for Policy Form VSN100FL  
LIMITED BENEFIT INSURANCE  
THIS IS NOT MEDICARE SUPPLEMENT COVERAGE.

**Notice to Buyer: This policy provides Vision benefits only.**

If you are eligible for Medicare, review the Medicare Supplement Buyer's Guide furnished by Aflac.

- I. READ YOUR POLICY CAREFULLY:** This Outline of Coverage provides a very brief description of some of the important features of your 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. Therefore, it is important that you READ YOUR POLICY CAREFULLY.
- II. LIMITED BENEFIT HEALTH COVERAGE:** Policies of this category are designed to provide, to persons insured, limited or supplemental coverage.
- III. BENEFITS:** Subject to the waiting period, if any, listed in 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.
- A. EYE EXAMINATION BENEFIT:** Aflac will pay \$35 (thirty-five dollars) 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 your policy, and all other policy provisions. Please see section (IV) of this outline of coverage.**

**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 \$50 (fifty dollars) when a charge is incurred for prescribed Vision Correction Materials or \$100 (one hundred dollars) 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 (fifty dollars) for Refractive Error Correction Surgery.**

**Option 2 VISION CORRECTION BENEFIT:** After a 12-month waiting period, Aflac will pay \$120 (one hundred twenty dollars) when a charge is incurred for prescribed Vision Correction Materials or \$240 (two hundred forty dollars) 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 (one hundred twenty dollars) for Refractive Error Correction Surgery.**

**☐ Option 3 VISION CORRECTION BENEFIT:** After a 24-month waiting period, Aflac will pay \$210 (two hundred ten dollars) when a charge is incurred for prescribed Vision Correction Materials or \$420 (four hundred twenty dollars) 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 (two hundred ten dollars) for Refractive Error Correction Surgery.**

**C. SPECIFIC EYE DISEASES/DISORDERS BENEFIT:** Aflac will pay \$1,000 (one thousand dollars) 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)	Retinitis pigmentosa
Proliferative diabetic retinopathy	Retinal detachment
	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 this 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 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.

**SCHEDULE OF OPERATIONS**

<b>Cornea Transplant</b>	\$1,500	<b>Miscellaneous Eye Surgeries</b>	
<b>Cataracts</b>		Exenteration of orbit	1,500
Removal	800	Keratoprosthesis	1,500
Discission	400	Orbitotomy	
<b>Glaucoma</b>		with bone flap	1,500
Fistulization of sclera	800	without bone flap	1,000
Iridotomy/Iridectomy	400	Evisceration of ocular contents	800
<b>Eye Cancer and Tumors</b>		Enucleation of eye	800
Radiation implant, with removal	1,200	Insertion of ocular implant	800
Destruction by Photocoagulation	800	Removal of blood clot,	
Destruction by Cryotherapy	800	anterior segment of eye	800
Excision of gland tumor	800	Removal of foreign body	
<b>Retinopathy</b>		from anterior chamber or lens	800
Destruction by Photocoagulation	800	external eye	50
Destruction by Cryotherapy	800	Repair of laceration, cornea,	
<b>Retinal Detachment Repair</b>	1,000	sclera, or conjunctiva	400
		Ciliary Body destruction	400
		Excision of lesion, other	
		than chalazion	200
		Excision of chalazion	100

**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.

<b>VISUAL IMPAIRMENT LEVEL</b>	<b>TOTAL PER LEVEL</b>	<b>MAXIMUM CUMULATIVE BENEFIT PER EYE</b>
(Level 1) – Severe	\$750	\$750
(Level 2) – Profound	+ \$1,750	\$2,500
(Level 3) – Near-Total	+ \$2,500	\$5,000
(Level 4) – Total	+ \$5,000	\$10,000

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 this policy. Lifetime maximum of \$10,000 (ten thousand dollars) per eye, per covered person. Lifetime maximum of \$20,000 (twenty thousand dollars) per covered person.

**IV. EXCEPTIONS, REDUCTIONS AND LIMITATIONS OF THIS POLICY:**

- A.** This 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.** This 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 your 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 YOUR NEXT POLICY ANNIVERSARY DATE.**

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 Benefit A, Eye Examination Benefit or to Benefit B, Vision Correction Benefit.**

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.

- V. **RENEWABILITY:** This 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.

**RETAIN FOR YOUR RECORDS.**

**THIS OUTLINE OF COVERAGE IS ONLY A BRIEF SUMMARY OF THE COVERAGE PROVIDED.  
THE POLICY ITSELF SHOULD BE CONSULTED TO DETERMINE  
GOVERNING CONTRACTUAL PROVISIONS.**