## **Know the difference:** Aflac group dental vs. supplemental dental

Aflac offers two types of dental insurance coverage. Knowing the difference helps ensure claims are filed properly and paid quickly.

**Aflac Dental Insurance** is our new group plan. Your office submits the claims and receives the reimbursement just as you would with other carriers. All Aflac Dental Insurance plan members are issued an ID card that clearly states which plan the member is enrolled in.





Aflac's provider portal is your source for filing claims, verifying eligibility, submitting pre-authorizations, and more. Log in to the portal at: <a href="https://providerportal.aflac.com">https://providerportal.aflac.com</a>

**Aflac Dental Insurance-Supplemental Plan** works like our other supplemental plans. The patient files the claim and receives the benefits. There is no provider network and no action you need to take. Below are some example ID cards associated with the supplemental plan.

DENTAL PLAN

Policyholder Name: FIRST LAST NAME
Policy Number: XXXXXXXX

Coverage Type: Individual

Effective Date: January 1, 2040

This card is for identification purposes only and is not a guarantee of coverage or payment.

Precertification is not needed.
Claim form must be typed or sent electronically.
Send claims to: Aflac
1932 Wynnton Road
Columbus, GA 31999-7254
Payer Number 58066
For inquiries, call:
1-800-99-AFLAC (1-800-992-3522)
For residents of New York, call 1.800.366.3436.
Dental Provider: www.aflacdental.com
Coverage provided is under the jurisdiction of the Insurance
Commissioner of the State of New Hampshire.

These ID cards, like the one shown above, are most likely enrolled in an Aflac supplemental plan. They should submit their own claims directly to Aflac through the claims section of our website at <u>aflac.com</u>.

If you have questions or need help, call our customer service team at 855.819.1873 or email us at DVCustCare@aflac.com.

Thank you for being a valued member of our nationwide network. We appreciate all you do to help bring healthy smiles to our customers.



Aflac Benefits Solutions, Inc. (ABS), formerly Argus Dental & Vision, Inc., is a subsidiary of Aflac Incorporated. ABS holds licenses, registrations, and/or certificates of authority to act as a Prepaid Limited Health Service Organization (PLHSO) in Florida, Discount Medical Plan Organization in Florida, Employee Benefit Plan Administrator (EBPA) in Wisconsin, an agency in Florida (License No. L096749), and as a third party administratory (TPA) in most U.S. jurisdictions. ABS is licensed in New York State as a life broker (License No. 1630554) and conducts business in New York State under the name Argus Administrative Services. ABS provides administrative services for dental and vision overages underwritten by American Family Life Assurance Company of Columbus and American Family Life Assurance Company of New York. Coverage underwritten by American Family Life Assurance Company of Columbus is offered in all U.S. jurisdictions except NY for dental and vision, Puerto Rico for dental and vision, and MT and NM for vision. Coverage underwritten by American Family Life Assurance Office New York is offered in NY. Please sec overage documentation applicable to your state for further details. American Family Life Assurance Company of Columbus, GA. American Family Life Assurance Company of New York | Albac Benefits Solutions, Inc. | Tampa, FL. 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. Individual supplemental insurance coverage is underwritten by Aflac | WWHQ | 1932 Wynnton Road | Columbus, GA 31999 | In New York, coverage is underwritten by Aflac New York | 22 Corporate Woods Boulevard, Suite 2 | Albany, NY 12211. Group supplemental insurance coverage is underwritten by Continental American Insurance Company | Columbia, SC continental American Life Insurance Company. | Columbia, SC

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