

# Aflac Dental Insurance

## Frequently asked questions



Welcome to Aflac! As you enroll for your new dental 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.

### How do I access the Dental Portal?

Members can register in the Aflac Portal at [Aflac MyLogin](#). Once registered, members can view benefits, print and order ID cards, search provider, and view their dental claims. If you need additional help, please contact Dental customer service at 855-819-1873.

*To register for the portal, you will need your social security number and mobile phone number. Or, if you have your member ID number on hand, that works too! Then we'll ask for your name, date of birth and zip code. Please make sure the information provided matches what was used during enrollment, such as the use of your formal first name (for example, Michael vs Mike).*

### How do I add a dependent that is missing from my coverage?

If a dependent is missing from your current coverage, please contact your HR representative at your place of employment.

### How do I search for an in-network provider?

In-network Dental providers can be found here - [Dental Provider Search](#)

### 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 send an email to our Provider Recruitment team at [NetworkRecruitment@aflac.com](mailto:NetworkRecruitment@aflac.com). When nominating a provider please include the provider's name, contact name at office, address and phone number.

### How does my provider submit a claim?

For Aflac Dental PPO plans, providers should submit all claims, whether they are participating providers in-network or out-of-network. Providers can register to file a claim directly to us at <https://app.dentalhub.com/app/login>. Additional information can also be found on the back of your ID card.

### What if I am undergoing orthodontic treatment?

If you are in the middle of orthodontic treatment under another dental plan 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 \$1,500. For instance, if you have six months remaining and your provider bills us \$200 for monthly adjustments, we will reimburse a total of \$600 for the remainder of your treatment.

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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, 2026, 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 insurance company.

### How do I get reimbursement for a claim?

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 HR representative for this form.

*If you have any additional questions or need assistance on any of the above questions, our Customer Service team is available to help! They can be reached at 855-819-1873.*