

AFLAC Dental Insurance – Standard Coverage

(Supplemental Dental Insurance)

Policy A81200PA

DENTAL WELLNESS BENEFIT

AFLAC will pay **\$50** per visit to you or any covered person for any one treatment listed below. This benefit is payable once per visit, regardless of the number of treatments received. For benefits to be payable, dental wellness visits must be separated by 150 days or more. This benefit is payable twice per policy year, per covered person. The treatment must be performed by a dentist or dental hygienist. **There is no waiting period for this benefit.**

- D0110 Initial Oral Evaluation
- D0120 Periodic Oral Evaluation
- D0150 Comprehensive Oral Evaluation (new or established patient)
- D0160 Detailed and Extensive Oral Evaluation (problem-focused, by report)
- D0170 Re-evaluation – Limited, Problem (established patient; not postoperative visit)
- D0180 Comprehensive Periodontal Evaluation (new or established patient)
- D0425 Caries Susceptibility Tests
- D1110 Prophylaxis (adult)
- D1120 Prophylaxis (child)
- D1201 Topical Application of Fluoride (child, including prophylaxis)
- D1203 Topical Application of Fluoride (child, prophylaxis not included)
- D1204 Topical Application of Fluoride (adult, prophylaxis not included)
- D1205 Topical Application of Fluoride (adult, including prophylaxis)
- D1310 Nutritional Counseling for Control of Dental Disease
- D1320 Tobacco Counseling for the Control and Prevention of Oral Disease
- D1330 Oral Hygiene Instructions
- D4910 Periodontal Maintenance
- D9430 Office Visit for Observation (during regularly scheduled hours, no other services performed)
- D9910 Application of Desensitizing Medicament

X-RAY BENEFIT

AFLAC will pay **\$25** per visit to you or any covered person for any one of the X-ray procedures listed below. This benefit is payable once per visit, regardless of the number of X-rays received. This benefit is payable only once per policy year, per covered person. The treatment must be performed by a dentist or dental hygienist. **There is no waiting period for this benefit.**

- D0210 Intraoral (complete series, including bitewings)
- D0220 Intraoral (periapical, first film)
- D0230 Intraoral (periapical, each additional film)
- D0240 Intraoral (occlusal film)
- D0250 Extraoral (first film)
- D0260 Extraoral (each additional film)
- D0270 Bitewing (single film)
- D0272 Bitewings (two films)
- D0274 Bitewings (four films)
- D0277 Vertical Bitewings (seven to eight films)
- D0330 Panoramic Film
- D0340 Cephalometric Film

Refer to the policy for complete details, limitations, and exclusions.

SCHEDULED BENEFITS

The benefits listed below are subject to waiting periods as shown and a policy year maximum of **\$1,400** per covered person. Benefits will be paid only for specific ADA codes as listed in the policy when a charge is incurred for the covered dental treatment while coverage is in force.

OTHER PREVENTIVE BENEFITS

Benefits in this category are subject to a 6-month waiting period.

D1351 Sealant (per tooth)	\$ 20
D1510 Space Maintainer (fixed, unilateral)	85
D1515 Space Maintainer (fixed, bilateral)	110
D1520 Space Maintainer (removable, unilateral)	85
D1525 Space Maintainer (removable, bilateral)	110
D1550 Recementation of Space Maintainer.	40

OTHER DIAGNOSTIC BENEFITS

Benefits in this category are subject to a 3-month waiting period. Benefits D0130 and D0140 are payable only for visits where no other covered services are performed.

D0130 Emergency Oral Evaluation	\$ 25
D0140 Limited Oral Evaluation	25
D0290 Posterior-Anterior or Lateral Skull and Facial Bone Survey Film	65
D0310 Sialography	170
D0415 Bacteriologic Studies for Determination of Pathologic Agents	15
D0460 Pulp Vitality Tests	15
D0470 Diagnostic Casts	30
D0471 Diagnostic Photographs.	15
D0501 Histopathologic Exam	45

FILLINGS AND OTHER BASIC RESTORATIVE BENEFITS

Benefits in this category are subject to a 3-month waiting period.

D2140 Amalgam (one surface)	
Primary	\$ 45
Permanent	60
D2150 Amalgam (two surfaces)	
Primary	50
Permanent	65
D2160 Amalgam (three surfaces)	
Primary	55
Permanent	70
D2161 Amalgam (four or more surfaces)	
Primary	60
Permanent	75
D2330 Resin-Based Composite (one surface, anterior)	55
D2331 Resin-Based Composite (two surfaces, anterior)	65
D2332 Resin-Based Composite (three surfaces, anterior)	75
D2335 Resin-Based Composite (four or more surfaces or involving incisal angle, anterior)	85
D2390 Resin-Based Composite Crown (anterior)	85
D2391 Resin-Based Composite (one surface, posterior)	
Primary	50
Permanent	55
D2392 Resin-Based Composite (two surfaces, posterior)	
Primary	60
Permanent	65
D2393 Resin-Based Composite (three surfaces, posterior)	
Primary	70
Permanent	75

D2394	Resin-Based Composite (four or more surfaces, posterior)	
	Primary	70
	Permanent	75
D2410	Gold Foil (one surface)	225
D2420	Gold Foil (two surfaces)	250

CROWNS AND OTHER MAJOR RESTORATIVE BENEFITS

Benefits in this category are subject to a 12-month waiting period.

D2510	Inlay (metallic, one surface)	\$200
D2520	Inlay (metallic, two surfaces)	250
D2530	Inlay (metallic, three or more surfaces)	375
D2542	Onlay (metallic, two surfaces)	250
D2543	Onlay (metallic, three surfaces)	275
D2544	Onlay (metallic, four or more surfaces)	325
D2610	Inlay (porcelain/ceramic, one surface)	225
D2620	Inlay (porcelain/ceramic, two surfaces)	250
D2630	Inlay (porcelain/ceramic, three or more surfaces)	375
D2642	Onlay (porcelain/ceramic, two surfaces)	275
D2643	Onlay (porcelain/ceramic, three surfaces)	325
D2644	Onlay (porcelain/ceramic, four or more surfaces)	350
D2650	Inlay (resin-based composite, one surface)	200
D2651	Inlay (resin-based composite, two surfaces)	225
D2652	Inlay (resin-based composite, three or more surfaces)	275
D2662	Onlay (resin-based composite, two surfaces)	250
D2663	Onlay (resin-based composite, three surfaces)	275
D2664	Onlay (resin-based composite, four or more surfaces)	275
D2710	Crown (resin, indirect)	170
D2720	Crown (resin with high noble metal)	325
D2721	Crown (resin with predominantly base metal)	325
D2722	Crown (resin with noble metal)	325
D2740	Crown (porcelain/ceramic substrate)	325
D2750	Crown (porcelain fused to high noble metal)	325
D2751	Crown (porcelain fused to predominantly base metal)	325
D2752	Crown (porcelain fused to noble metal)	325
D2780	Crown (3/4-cast high noble metal)	325
D2781	Crown (3/4-cast predominantly base metal)	325
D2782	Crown (3/4-cast noble metal)	325
D2783	Crown (3/4-porcelain/ceramic)	325
D2790	Crown (full-cast high noble metal)	325
D2791	Crown (full-cast predominantly base metal)	325
D2792	Crown (full-cast noble metal)	325
D2910	Recement Inlay	35
D2920	Recement Crown	35
D2930	Prefabricated Stainless Steel Crown (primary tooth)	75
D2931	Prefabricated Stainless Steel Crown (permanent tooth)	80
D2932	Prefabricated Resin Crown	110
D2933	Prefabricated Stainless Steel Crown With Resin Window	130
D2940	Sedative Filling	30
D2950	Core Buildup (including any pins)	75
D2951	Pin Retention (per tooth, in addition to restoration)	15
D2952	Cast Post and Core (in addition to crown)	110
D2954	Prefabricated Post and Core (in addition to crown)	110
D2955	Post Removal (not in conjunction with endodontic therapy)	85
D2970	Temporary Crown (fractured tooth)	80
D2980	Crown Repairs, by Report	160

ROOT CANALS AND OTHER ENDODONTIC BENEFITS

Benefits in this category are subject to a 12-month waiting period.

D3110 Pulp Cap (direct, excluding final restoration)	\$ 20
D3120 Pulp Cap (indirect, excluding final restoration)	20
D3220 Therapeutic Pulpotomy (excluding final restoration) Removal of Pulp Coronal to the Dentinocemental Junction and Application of Medicament.	45
D3230 Pulpal Therapy (resorbable filling; anterior, primary tooth, excluding final restoration)	50
D3240 Pulpal Therapy (resorbable filling; posterior, primary tooth, excluding final restoration)	50
D3310 Anterior (excluding final restoration, root canal)	200
D3320 Bicuspid (excluding final restoration, root canal)	250
D3330 Molar (excluding final restoration, root canal)	325
D3340 Root Canal (four or more)	325
D3346 Retreatment of Previous Root Canal Therapy (anterior)	180
D3347 Retreatment of Previous Root Canal Therapy (bicuspid)	225
D3348 Retreatment of Previous Root Canal Therapy (molar)	300
D3351 Apexification/Recalcification (initial visit; apical closure/calcific repair of perforations, root resorption, etc.)	140
D3352 Apexification/Recalcification (interim medication replacement; apical closure/calcific repair of perforations, root resorption, etc.)	35
D3353 Apexification/Recalcification (final visit; includes completed root canal therapy; apical closure/calcific repair of perforations, root resorption, etc.)	75
D3410 Apicoectomy/Periradicular Surgery (anterior)	160
D3421 Apicoectomy/Periradicular Surgery (bicuspid; first root)	300
D3425 Apicoectomy/Periradicular Surgery (molar; first root)	325
D3426 Apicoectomy/Periradicular Surgery (each additional root)	120
D3430 Retrograde Filling (per root)	85
D3450 Root Amputation (per root)	170
D3920 Hemisection (including any root removal; not including root canal therapy)	130
D3950 Canal Preparation and Fitting of Preformed Dowel or Post	60

GUM TREATMENTS/PERIODONTIC BENEFITS

Benefits in this category are subject to a 6-month waiting period.

D4210 Gingivectomy or Gingivoplasty (four or more contiguous teeth or bounded teeth spaces per quadrant)	\$150
D4211 Gingivectomy or Gingivoplasty (one to three teeth per quadrant)	50
D4240 Gingival Flap Procedure, Including Root Planing (four or more contiguous teeth or bounded teeth spaces per quadrant)	250
D4241 Gingival Flap Procedure, Including Root Planing (one to three teeth per quadrant)	250
D4249 Clinical Crown Lengthening (hard tissue)	275
D4250 Mucogingival Surgery (per quadrant)	275
D4260 Osseous Surgery (including flap entry and closure; four or more contiguous teeth or bounded teeth spaces per quadrant)	275
D4261 Osseous Surgery (including flap entry and closure; one to three teeth per quadrant)	275
D4263 Bone Replacement Graft (first site in quadrant)	300
D4264 Bone Replacement Graft (each additional site in quadrant)	225
D4270 Pedicle Soft Tissue Graft Procedure	300
D4271 Free Soft Tissue Graft Procedure (including donor site surgery)	300
D4273 Subepithelial Connective Tissue Graft Procedures	325
D4275 Soft Tissue Allograft	300
D4320 Provisional Splinting (intracoronal)	160
D4321 Provisional Splinting (extracoronal)	130
D4341 Periodontal Scaling and Root Planing (four or more contiguous teeth or bounded teeth spaces per quadrant)	65

D4342	Periodontal Scaling and Root Planing (one to three teeth per quadrant) . . .	65
D4355	Full Mouth Debridement to Enable Comprehensive Evaluation and Diagnosis.	60

DENTURES AND OTHER PROSTHETIC BENEFITS

Benefits in this category are subject to a 24-month waiting period.

D5110	Complete Denture (maxillary)	\$425
D5120	Complete Denture (mandibular)	425
D5130	Immediate Denture (maxillary)	425
D5140	Immediate Denture (mandibular)	425
D5211	Maxillary Partial Denture (resin base; including any conventional clasps, rests, and teeth)	325
D5212	Mandibular Partial Denture (resin base; including any conventional clasps, rests, and teeth)	325
D5213	Maxillary Partial Denture (cast metal framework with resin denture bases; including any conventional clasps, rests, and teeth)	450
D5214	Mandibular Partial Denture (cast metal framework with resin denture bases; including any conventional clasps, rests, and teeth)	450
D5281	Removable Unilateral Partial Denture (one-piece cast metal; including clasps and teeth)	325
D5670	Replace All Teeth and Acrylic on Cast Metal Framework (maxillary)	45
D5671	Replace All Teeth and Acrylic on Cast Metal Framework (mandibular)	45
D5810	Interim Complete Denture (maxillary)	225
D5811	Interim Complete Denture (mandibular)	250
D5820	Interim Partial Denture (maxillary)	180
D5821	Interim Partial Denture (mandibular)	200
D6010	Surgical Placement of Implant Body: Endosteal Implant	550
D6020	Abutment Placement or Substitution: Endosteal Implant	550
D6040	Surgical Placement: Eosteal Implant	550
D6050	Surgical Placement: Transosteal Implant	550
D6080	Implant Maintenance Procedures, Including Removal of Prosthesis, Cleansing of Prosthesis and Abutments, and Reinsertion of Prosthesis . . .	175
D6210	Pontic (cast high noble metal).	325
D6211	Pontic (cast predominantly base metal).	325
D6212	Pontic (cast noble metal)	325
D6240	Pontic (porcelain fused to high noble metal).	325
D6241	Pontic (porcelain fused to predominantly base metal).	325
D6242	Pontic (porcelain fused to noble metal)	325
D6245	Pontic (porcelain/ceramic)	325
D6250	Pontic (resin with high noble metal).	325
D6251	Pontic (resin with predominantly base metal).	325
D6252	Pontic (resin with noble metal)	325
D6253	Provisional Pontic.	325
D6545	Retainer (cast metal for resin-bonded fixed prosthesis).	160
D6548	Retainer (porcelain/ceramic for resin-bonded fixed prosthesis)	160
D6600	Inlay (porcelain/ceramic, two surfaces)	250
D6601	Inlay (porcelain/ceramic, three or more surfaces)	375
D6602	Inlay (cast high noble metal, two surfaces)	350
D6603	Inlay (cast high noble metal, three or more surfaces)	375
D6604	Inlay (cast predominantly base metal, two surfaces)	350
D6605	Inlay (cast predominantly base metal, three or more surfaces)	375
D6606	Inlay (cast noble metal, two surfaces)	350
D6607	Inlay (cast noble metal, three or more surfaces)	375
D6608	Onlay (porcelain/ceramic, two surfaces)	275
D6609	Onlay (porcelain/ceramic, three or more surfaces)	325
D6610	Onlay (cast high noble metal, two surfaces)	375
D6611	Onlay (cast high noble metal, three or more surfaces)	400
D6612	Onlay (cast predominantly base metal, two surfaces)	375
D6613	Onlay (cast predominantly base metal, three or more surfaces)	400

D6614	Onlay (cast noble metal, two surfaces)	375
D6615	Onlay (cast noble metal, three or more surfaces)	400
D6720	Crown (resin with high noble metal)	325
D6721	Crown (resin with predominantly base metal)	325
D6722	Crown (resin with noble metal).	325
D6740	Crown (porcelain/ceramic).	325
D6750	Crown (porcelain fused to high noble metal)	325
D6751	Crown (porcelain fused to predominantly base metal)	325
D6752	Crown (porcelain fused to noble metal).	325
D6780	Crown (3/4-cast high noble metal)	325
D6781	Crown (3/4-cast predominantly base metal)	325
D6782	Crown (3/4-cast noble metal).	325
D6783	Crown (3/4-porcelain/ceramic).	325
D6790	Crown (full-cast high noble metal)	325
D6791	Crown (full-cast predominantly base metal)	325
D6792	Crown (full-cast noble metal)	325
D6793	Provisional Retainer Crown.	325
D6970	Cast Post and Core (in addition to fixed partial denture retainer).	140
D6971	Cast Post (as part of fixed partial denture retainer)	130
D6972	Prefabricated Post and Core (in addition to fixed partial denture retainer)	120
D6973	Core Buildup for Retainer (including any pins)	90
D6975	Coping (metal)	250

REPAIRS AND ADJUSTMENTS TO PROSTHETIC BENEFITS

Benefits in this category are subject to a 6-month waiting period.

D5410	Adjust Complete Denture (maxillary)	\$ 30
D5411	Adjust Complete Denture (mandibular)	30
D5421	Adjust Partial Denture (maxillary).	30
D5422	Adjust Partial Denture (mandibular).	30
D5510	Repair Broken Complete Denture Base	50
D5520	Replace Missing or Broken Teeth (complete denture; each tooth)	45
D5610	Repair Resin Denture Base	50
D5620	Repair Cast Framework	65
D5630	Repair or Replace Broken Clasp	55
D5640	Replace Broken Teeth (per tooth)	45
D5650	Add Tooth to Existing Partial Denture	50
D5660	Add Clasp to Existing Partial Denture	65
D5710	Rebase Complete Maxillary Denture	140
D5711	Rebase Complete Mandibular Denture	180
D5720	Rebase Maxillary Partial Denture	180
D5721	Rebase Mandibular Partial Denture	180
D5730	Reline Complete Maxillary Denture (chairside).	85
D5731	Reline Complete Mandibular Denture (chairside).	85
D5740	Reline Maxillary Partial Denture (chairside).	100
D5741	Reline Mandibular Partial Denture (chairside).	100
D5750	Reline Complete Maxillary Denture (laboratory).	120
D5751	Reline Complete Mandibular Denture (laboratory).	120
D5760	Reline Maxillary Partial Denture (laboratory)	150
D5761	Reline Mandibular Partial Denture (laboratory).	150
D5850	Tissue Conditioning (maxillary)	45
D5851	Tissue Conditioning (mandibular).	45
D6090	Repair of Implanted Supported Prosthetic, by Report	120
D6095	Repair of Implanted Abutment, by Report	120
D6100	Implant Removable, by Report	40
D6930	Recement Fixed Partial Denture	40

EXTRACTIONS AND OTHER ORAL SURGERY BENEFITS

Benefits in this category are subject to a 6-month waiting period.

D7111	Coronal Remnants (deciduous tooth).	\$ 45
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D7140	Extraction, Erupted Tooth or Exposed Root (elevation and/or forceps removal)	45
D7210	Surgical Removal of Erupted Tooth Requiring Elevation of Mucoperiosteal Flap and Removal of Bone and/or Section of Tooth	80
D7220	Removal of Impacted Tooth (soft tissue)	100
D7230	Removal of Impacted Tooth (partially bony)	130
D7240	Removal of Impacted Tooth (completely bony).	150
D7241	Removal of Impacted Tooth (completely bony, with unusual surgical complications).	170
D7250	Surgical Removal of Residual Tooth Roots (cutting procedure)	80
D7260	Oroantral Fistula Closure	200
D7270	Tooth Reimplantation and/or Stabilization of Accidentally Evulsed or Displaced Tooth and/or Alveolus	200
D7280	Surgical Access of an Unerupted Tooth.	225
D7281	Surgical Exposure of Impacted or Unerupted Tooth to Aid Eruption	75
D7282	Mobilization of Erupted or Malpositioned Tooth to Aid Eruption	75
D7285	Biopsy of Oral Tissue – Hard (bone, tooth)	400
D7286	Biopsy of Oral Tissue – Soft (all others).	170
D7310	Alveoloplasty in Conjunction With Extractions (per quadrant)	70
D7320	Alveoloplasty Not in Conjunction With Extractions (per quadrant)	85
D7340	Vestibuloplasty – Ridge Extension (secondary epithelialization).	850
D7350	Vestibuloplasty – Ridge Extension (including soft tissue grafts, muscle reattachment, revision of soft tissue attachment, and management of hypertrophied and hyperplastic tissue)	800
D7410	Excision of Benign Lesion (up to 1.25 cm).	575
D7411	Excision of Benign Lesion (greater than 1.25 cm).	575
D7412	Excision of Benign Lesion (complicated)	575
D7413	Excision of Malignant Lesion (up to 1.25 cm)	725
D7414	Excision of Malignant Lesion (greater than 1.25 cm)	725
D7415	Excision of Malignant Lesion (complicated)	725
D7440	Excision of Malignant Tumor (lesion diameter up to 1.25 cm)	725
D7441	Excision of Malignant Tumor (lesion diameter greater than 1.25 cm)	725
D7450	Removal of Benign Odontogenic Cyst or Tumor (lesion diameter up to 1.25 cm)	575
D7451	Removal of Benign Odontogenic Cyst or Tumor (lesion diameter greater than 1.25 cm)	575
D7460	Removal of Benign Nonodontogenic Cyst or Tumor (lesion diameter up to 1.25 cm).	575
D7461	Removal of Benign Nonodontogenic Cyst or Tumor (lesion diameter greater than 1.25 cm)	575
D7471	Removal of Lateral Exostosis (maxilla or mandible)	425
D7472	Removal of Torus Palatinus	425
D7473	Removal of Torus Mandibularis	425
D7485	Surgical Reduction of Osseous Tuberosity	500
D7510	Incision and Drainage of Abscess (intraoral soft tissue)	110
D7520	Incision and Drainage of Abscess (extraoral soft tissue)	525
D7530	Removal of Foreign Body From Mucosa, Skin, or Subcutaneous Alveolar Tissue.	180
D7540	Removal of Reaction-Producing Foreign Bodies (musculoskeletal system).	200
D7550	Partial Osteotomy/Sequestrectomy for Removal of Nonvital Bone.	130
D7560	Maxillary Sinusotomy for Removal of Tooth Fragment or Foreign Body.	800
D7610	Maxilla (open reduction; teeth immobilized, if present).	800
D7620	Maxilla (closed reduction; teeth immobilized, if present)	800
D7630	Mandible (open reduction; teeth immobilized, if present)	70
D7640	Mandible (closed reduction; teeth immobilized, if present).	90
D7650	Malar and/or Zygomatic Arch (open reduction)	800
D7660	Malar and/or Zygomatic Arch (closed reduction)	600
D7670	Alveolus (closed reduction, may include stabilization of teeth)	800
D7671	Alveolus (open reduction, may include stabilization of teeth).	400
D7710	Maxilla (open reduction)	800
D7720	Maxilla (closed reduction)	800

D7730 Mandible (open reduction)	85
D7740 Mandible (closed reduction)	85
D7750 Malar and/or Zygomatic Arch (open reduction)	350
D7760 Malar and/or Zygomatic Arch (closed reduction)	350
D7770 Alveolus (open reduction stabilization of teeth)	400
D7771 Alveolus (closed reduction stabilization of teeth)	800
D7960 Frenulectomy (frenectomy or frenotomy; separate procedure).	85
D7970 Excision of Hyperplastic Tissue (per arch)	85
D7971 Excision of Pericoronal Gingiva	75

PAIN RELIEF AND ADJUNCTIVE SERVICES BENEFITS

Benefits in this category are subject to a 3-month waiting period. Benefits D9220 and D9230 are not payable for the same surgery.

D9110 Palliative (emergency) Treatment of Dental Pain (minor procedure)	\$ 30
D9220 Deep Sedation/General Anesthesia	85
D9230 Analgesia, Anxiolysis, Inhalation of Nitrous Oxide.	85
D9241 Intravenous Conscious Sedation/Analgesia (first 30 minutes).	130
D9310 Consultation (diagnostic service provided by dentist or physician other than practitioner providing treatment)	30
D9410 House/Extended-Care Facility Call	30
D9420 Hospital Call	30
D9440 Office Visit (after regularly scheduled hours)	30
D9450 Case Presentation, Detailed and Extensive Treatment Planning	30

GUARANTEED-RENEWABLE FOR YOUR LIFETIME

This policy is guaranteed-renewable for your lifetime, subject to AFLAC's right to change premium rates for all policies of this class.

Effective Date – The effective date of the policy will be the date shown in the Policy Schedule, not the date the application is signed. This policy is available through age 65 on payroll deduction and age 64 on direct.

Family Coverage – *Family coverage* includes the insured; the insured's spouse; and dependent, unmarried children to age 19 (age 23 if full-time students). *One-parent family coverage* includes the insured and dependent, unmarried children to age 19 (age 23 if full-time students). Newborn children are automatically covered from the moment of birth.

EXCEPTIONS, REDUCTIONS, AND LIMITATIONS OF THIS POLICY

This policy does not cover any procedure not shown on the Schedule of Dental Procedures; services that are not recommended by a dentist or that are not required for the preservation or restoration of oral health; treatment 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.

Benefits for sealants are limited to secondary molars for dependent children under age 16 and will not be payable more often than every five years.

Waiting Period – This is the period after the effective date of coverage for which benefits are not payable for each covered person. If a dependent is added by endorsement, the waiting period will begin from the effective date of the addition. In the event of reinstatement, all covered persons will be subject to new waiting periods beginning with the effective date of reinstatement.