



Endowed Dental and Vision Plans

Employees can choose one of three options in the Ameritas Dental PPO Plan. Regardless of which plan you select, you have the freedom to visit any dentist you choose. You also receive the vision care benefit at no additional cost.

For all of these options, employees may choose any eye care provider; however, if they visit an EyeMed network provider, they may receive eyewear at reduced costs. EyeMed providers honor promotional offers or discounted member costs, whichever gives employees the greatest value. This is a *“discount only” at the point of sale*; it is not insurance offered through EyeMed. Show the back of your ID card to provide proof of eligibility and address for filing claims to Ameritas.

For additional information on your dental and vision benefits, access the Ameritas website customized for Cornell at www.ameritas.com/group/olbc/cornell.

[accordion]

Plan Comparison Snapshot

	Plan A+ In-Network	Plan A In-Network	Plan B No Network Discount
Oral exams, cleanings	100% (4 per year)	100% (4 per year)	100% U&C (2 per year)
Deductible	\$0	\$0	\$100 restorative care; (Type 2 & 3)
Maximum benefit	\$3000	\$1,250	\$1,000
Orthodontics	\$1000 (adult & child)	\$1000 (child only)	\$1000 (child only)
Implants	50%, 1 per 5 years	not covered	not covered
Lasik	yes	not covered	not covered
SoundCare	yes	not covered	not covered

Rates for Salaried Employees (Exempt)

2019 Rates for Salaried Employees (Exempt) 24 Pay			
Coverage Level	Plan A+	Plan A	Plan B

Individual	21.84	14.80	7.98
Individual and spouse/domestic partner	44.20	30.30	15.50
Individual and child(ren)	50.44	35.44	22.22
Family	71.22	49.50	29.58

2018 Rates for Salaried Employees (Exempt) 24 Pay			
Coverage Level	Plan A+	Plan A	Plan B
Individual	24.82	16.82	9.06
Individual and spouse/domestic partner	50.22	34.44	17.60
Individual and child(ren)	57.32	40.28	25.24
Family	80.94	56.26	33.60

Rates for Hourly Employees (Non-Exempt)

2019 Rates for Hourly Employees (Non-Exempt) 26 Pay			
Coverage Level	Plan A+	Plan A	Plan B
Individual	20.16	13.66	7.37
Individual and spouse/domestic partner	40.80	27.97	14.31
Individual and child(ren)	46.56	32.71	20.51
Family	65.74	45.69	27.30

2018 Rates for Hourly Employees (Non-Exempt) 26 Pay			
Coverage Level	Plan A+	Plan A	Plan B
Individual	22.91	15.53	8.37

Individual and spouse/domestic partner	46.36	31.79	16.25
Individual and child(ren)	52.91	37.18	23.30
Family	74.71	51.93	31.02

Forms

Claims must be submitted within 90 days of service

- [Ameritas Dental Claim Form](#) (pdf)
- [Ameritas Vision Claim Form](#) (pdf)
- [Ameritas Enrollment Form](#)(pdf)
- [Endowed Required Documentation](#)

Tools and Resources

- Find [preferred providers](#)
- [2019 Dental & Vision Benefits Guide](#)
- [2018 Dental & Vision Benefits Guide](#)
- [Eligibility and Deduction Dates](#) (pdf)
- Certificates of Coverage
 - [Plan A+](#) (pdf)
 - [Plan A](#) (pdf)
 - [Plan B](#) (pdf)

[/accordion]
