

Cornell University

2018

group dental & vision benefits



For Cornell Employees and Their Families

Plan Options: You have 3 plans: A+, A and B. Choose the benefit level that suits your needs. All three plans feature Dental Rewards®, Orthodontia and Vision Perfect® benefits. The A+ Plan also includes dental implant, SoundCare® and LASIK Advantage® coverage. Explore this brochure and the website below to compare the details of each plan.

Eligibility and Enrollment: Regular employees who work at least 20 hours per week, or 50% FTE, and who are included in payroll/benefit classifications designated by Cornell are eligible to apply for coverage under the Group Dental Insurance Plan. Your spouse (or domestic partner) and children are eligible. Children may be covered through December 31 of the year in which their 26th birthday occurs.

New employees have 60 days from the date of hire to enroll. If you experience a qualified event (i.e. marriage), you must enroll within 60 days. Once you enroll, unless you experience a change in family status, you cannot stop or change your election until the next annual open enrollment period. Changes in family status include but are not limited to, birth, marriage, divorce, termination, dependent death.

Effective Date of Coverage: Changes made during Open Enrollment will be effective January 1. Outside of Open Enrollment, your benefits will become effective on the first day of the pay period after your date of hire or qualified event (i.e. marriage, divorce). If your date of hire or qualified event is the first day of the pay period, your effective date is the date of your hire/qualified event.

Provider Flexibility: Each plan member is free to visit any provider they choose, and family members do not need to see the same provider.

- **Dental plan:** Members can save 20-40% on out-of-pocket costs when visiting a provider in the Ameritas Dental Network.
- **Vision plan:** Members can receive additional discounts when visiting a provider in the EyeMed Network.

Based on applicable laws, reduced costs may vary by doctor location.

Online resource for Cornell employees:
www.ameritas.com/group/olbc/cornell

	Plan A+			Plan A		
Topic/Service	In Network		Out of Network	In Network		Out of Network
Deductible	\$0		\$50 calendar year for Type 2 or 3	\$0		\$50 calendar year for Type 2 or 3
Maximum	\$3,000			\$1,250		
Orthodontics	\$1,000; adult and child; 12 month waiting period for new enrollees			\$1,000; child only; (program started by age 17, finished by age 19) 12 month waiting period for new enrollees		
Preventive Plus	Type 1 services will not reduce available maximum			Type 1 services will not reduce available maximum		
Type 1 Procedures	In Network		Out of Network	In Network		Out of Network
Plan Benefit	100% of Network Fee		90% of U&C ¹	100% of Network Fee		90% of U&C ¹
Exams	4 per benefit period			4 per benefit period		
Bitewings	2 per benefit period			2 per benefit period		
Full Mouth/ Panoramic Xray	1 per 3 years			1 per 3 years		
Cleanings	4 per benefit period			4 per benefit period		
Fluoride	2 per benefit period; through age 18			2 per benefit period; through age 18		
Sealants	through age 16			through age 16		
Space Maintainers	fixed and removable			fixed and removable		
Type 2 Procedures	In Network		Out of Network	In Network		Out of Network
Plan Benefit	90% of Network Fee		70% of U&C ¹	90% of Network Fee		70% of U&C ¹
Fillings	resin considered on all teeth			resin considered on anterior teeth only, molar teeth have benefit for silver filling		
Surgical Extractions	extractions, impacted teeth, alveolar or gingival reconstruction, cysts, and neoplasms			extractions, impacted teeth, alveolar or gingival reconstruction, cysts, and neoplasms		
Anesthesia	not available without a cutting procedure			not available without a cutting procedure		
Type 3 Procedures	In Network		Out of Network	In Network		Out of Network
Plan Benefit	50% of Network Fee		50% of U&C ²	50% of Network Fee		50% of U&C ²
Endodontics	root canal			root canal		
Periodontics	root planing, gingivectomy			root planing, gingivectomy		
Crowns	1 per 5 years			1 per 5 years		
Bridges; Dentures	1 per 5 years			1 per 5 years		
Implants	1 per 5 years			not covered		
Additional Benefits						
Dental Rewards®	threshold: \$750; annual carryover: \$400; max carryover: \$1,200			threshold: \$500; annual carryover: \$250; max carryover: \$1,000		
Vision Benefits	included with Dental Benefits			included with Dental Benefits		
SoundCare® Benefits	included with Plan A+			not covered		
LASIK	included with Plan A+			not covered		
Monthly Rates	Monthly	24 pay periods	26 pay periods	Monthly	24 pay periods	26 pay periods
Employee Only (EE)	\$49.64	\$24.82	\$22.91	\$33.64	\$16.82	\$15.53
EE + Spouse/ Domestic Partner	\$100.44	\$50.22	\$46.36	\$68.88	\$34.44	\$31.79
EE + Children	\$114.64	\$57.32	\$52.91	\$80.56	\$40.28	\$37.18
EE + Family	\$161.88	\$80.94	\$74.71	\$112.52	\$56.26	\$51.93

¹ Plan A+ and A procedures Out of Network based on the Usual and Customary dentists' charges. This plan utilizes the 80th percentile of U&C, which means 8 out of 10 dentists' charges in a specific area are at or below the plan allowance for a procedure. Type 1 and Type 2 procedures at an out of network provider based on usual and customer allowance.

² Plan A+ and A Type 3 procedures performed at an Out of Network provider based on the Usual and Customary allowance. This plan utilizes the 70th percentile of U&C, which means 7 out of 10 dentists' charges in a specific area are at or below the plan allowance for a procedure.

Plan B			
Topic/Service			
Deductible	\$100 annual Type 2 and 3		
Maximum	\$1,000		
Orthodontics	\$1,000; child only; (program started by age 17, finished by age 19) 12 month waiting period for new enrollees		
Preventive Plus	Type 1 services will reduce the maximum		
Type 1 Procedures			
Plan Benefit	100% U&C ³		
Exams	2 per benefit period		
Bitewings	2 per benefit period (Type 2)		
Full Mouth/ Panoramic Xray	1 per 3 years (Type 2)		
Cleanings	2 per benefit period		
Fluoride	1 per benefit period; through age 18		
Sealants	through age 16 (Type 2)		
Space Maintainers	fixed and removable		
Type 2 Procedures			
Plan Benefit	list of allowances on www.ameritas.com/group/olbc/cornell		
Fillings	resin considered on anterior teeth only, molar teeth have benefit for silver filling		
Surgical Extractions	extractions, impacted teeth, alveolar or gingival reconstruction, cysts, and neoplasms (Type 3)		
Anesthesia	not available without a cutting procedure (Type 3)		
Type 3 Procedures			
Plan Benefit	list of allowances on www.ameritas.com/group/olbc/cornell		
Endodontics	root canal		
Periodontics	root planing, gingivectomy		
Crowns	1 per 5 years		
Bridges; Dentures	1 per 5 years		
Implants	not covered		
Additional Benefits			
Dental Rewards®	threshold: \$500; annual carryover: \$250; max carryover: \$1,000		
Vision Benefits	included with Dental Benefits		
SoundCare® Benefits	not covered		
LASIK	not covered		
Monthly Rates	24 pay periods	26 pay periods	
Employee Only (EE)	\$18.12	\$9.06	\$8.37
EE + Spouse/ Domestic Partner	\$35.20	\$17.60	\$16.25
EE + Children	\$50.48	\$25.24	\$23.30
EE + Family	\$67.20	\$33.60	\$31.02



³ Plan B is based on the Usual and Customary charge. This plan utilizes the 50th percentile of U&C, which means 5 out of 10 dentists' charges in a specific area are at or below the plan allowance for a procedure.

additional dental benefits

Preserve the Annual Maximum with Preventive PlusSM

included with Plan A+ and Plan A

Plan payments for covered Type 1 Preventive dental procedures are not deducted from the plan member's annual maximum benefit. This saves the entire annual maximum for covered Type 2 and Type 3 procedures.

Orthodontia Benefits

included with Plan A+, Plan A, and Plan B

Orthodontia coverage is available for children on all three plans, and coverage for adults is available on Plan A+. On Plan A and Plan B, the orthodontia benefit is available up until the dependent child's 19th birthday. Since the average orthodontic program is 24 months, the child needs to be banded by their 17th birthday to receive the full 8 quarters of benefit.

Covered expenses are based on 50% of the estimated cost of the patient's treatment program, up to the \$1,000 per person lifetime maximum. Payment is made in equal quarterly installments for up to two years.

Dental Rewards[®]

included with Plan A+, Plan A, and Plan B

This benefit builds the annual maximum to use for more costly covered dental procedures that you may need in the future. To qualify for Dental Rewards, you must visit your dentist at least once during the benefit year and use only a portion on your annual maximum.

hearing benefits

SoundCare[®]

included with Plan A+

With SoundCare, you can receive a wellness benefit that helps protect and preserve your ability to hear.

- Only 20% of people who could benefit from a hearing aid actually wear one; people with hearing loss wait an average of seven years before seeking help, often because of cost.
- Hearing aids generally cost anywhere between \$800 and \$3,500 per hearing aid.

Your plan covers a comprehensive hearing exam and 50% of a hearing aid cost up to the maximum amount listed below. The benefit amount is progressive, rewarding members with an amount that increases over time based on the patient's effective date. Visit www.ameritas.com/group/olbc/cornell for more details.

SoundCare	Year 1	Year 2	Year 3
Hearing exam benefit	\$ 75	\$ 75	\$ 75
Materials benefit for both ears	800	1,200	1,600
Maintenance benefit	40	40	40

Once plan members use their hearing aid coverage at any level, they become re-eligible for the benefit, at the \$800 per ear benefit maximum, after five years as long as there is no break in coverage. A reduced benefit is available after three years if a member's hearing suffers deterioration the current aids can't correct, as long as there is no break in coverage.

Hearing aid maintenance benefit: Members are eligible for up to a \$40 allowance per benefit period. This benefit is designed to cover maintenance, batteries, service contracts, fittings, ear molds, and repairs.

SoundCare members pay no deductible for hearing exams, hearing aids, or hearing aid maintenance.

Coordination of Benefits: If you or any of your dependents incur charges which are covered by any other group plan, the benefits of this plan will be coordinated with the benefits of the other plan so that the total benefits received are not greater than the charges incurred.

¿en español?:

Ameritas of NY offers Spanish-speaking claims center representatives and a variety of Spanish documents, as well as telephone interpretation services in a wide range of languages.

vision and LASIK benefits

Vision Benefits

included with Plan A+, Plan A, and Plan B

All employees and their eligible dependents participating in any of the group dental insurance plans (Plan A+, Plan A, Plan B) receive the vision benefit at no additional cost. The vision plan reimburses up to \$150 for specified vision material expenses such as frames, lenses, or contact lenses. View more vision plan details, and additional discounts available through the EyeMed vision network.

An employee must enroll in the Group Dental Insurance Plan to receive the vision benefit.

Ameritas of New York provides each employee with a Certificate of Insurance explaining the plan benefits and limitations in complete detail. For answers to your claims questions, call 1-800-659-5556. Vision claim forms are available at www.ameritas.com/group/olbc/cornell.

Vision Perfect® Plan Summary

Maximum Benefit (per calendar year)	\$150.00
Annual Eye Exam	N/A
Lenses (per pair)	
Single	Subject to Maximum
Bifocal	Subject to Maximum
Trifocal	Subject to Maximum
Lenticular	Subject to Maximum
Contact Lenses - elective/medically necessary	Subject to Maximum
Frames	Subject to Maximum
Frequencies (months) - Lens/Frame	N/A

EyeMed Discount Overlay (Additional discounts only if seen by an EyeMed participating provider.)

Exam: with dilation as necessary; contact lens exam	\$ 5.00 off routine exam \$ 10.00 off
Standard Plastic Lenses	
Single	\$ 50.00
Bifocal	\$ 70.00
Trifocal	\$105.00
Frame	35% off retail price with a complete pair of glasses (Items purchased separately - 20% off retail price)
Standard Progressive Lenses	\$65 + Standard Plastic Lens cost
Premium Progressive Lenses	20% discount
Standard Polycarbonate	\$ 40.00
Tint (Solid and Gradient)	\$ 15.00
Scratch Resistant Coating	\$ 15.00
Anti-Reflective Coating	\$ 45.00
Ultraviolet Coating	\$ 15.00
Other Add-Ons	20% discount
Contact Lenses - Conventional	15% off retail price (does not apply to fitting). After initial purchase, replacements by mail are offered at substantial savings via eyemedvisioncare.com .

Find an EyeMed provider at

www.ameritas.com/group/olbc/cornell

Based on applicable laws, reduced costs may vary by doctor location.

LASIK Advantage®

included with Plan A+

With LASIK Advantage, you can get benefits for a number of popular, well-established laser vision correction procedures. They are LASIK, LASIK with Wavefront Technology, LASIK with IntraLase Technology, Photorefractive Keratectomy (PRK), Advanced Surface Ablation (ASA) and LASEK.

- LASIK remains a popular procedure. More than 8 million Americans have had LASIK surgery.
- More than 95% of LASIK patients worldwide are satisfied with their new vision and approximately the same percentage would recommend LASIK to a friend.

LASIK Advantage	Year 1	Year 2	Year 3
Benefit for both eyes	\$700	\$700	\$1,400

The Plan benefit is \$350 per eye for year 1 and 2, and \$700 in year 3. LASIK benefits are a progressive annual amount.

Dental Plan Limitations and Exclusions

No coverage is available under this Policy for the following:

A. Aviation.

We do not Cover services arising out of aviation, other than as a fare-paying passenger on a scheduled or charter flight operated by a scheduled airline.

B. Convalescent and Custodial Care.

We do not Cover services related to rest cures, custodial care or transportation. "Custodial care" means help in transferring, eating, dressing, bathing, toileting and other such related activities. Custodial care does not include Covered Services determined to be Medically Necessary.

C. Cosmetic Services.

We do not Cover cosmetic services or surgery unless otherwise specified, except that cosmetic surgery shall not include reconstructive surgery when such service is incidental to or follows surgery resulting from trauma, infection or diseases of the involved part, and reconstructive surgery because of congenital disease or anomaly of a covered Child which has resulted in a functional defect. Cosmetic surgery does not include surgery determined to be Medically Necessary. If a claim for a procedure listed in 11 NYCRR 56 (e.g., certain plastic surgery and dermatology procedures) is submitted retrospectively and without medical information, any denial will not be subject to the Utilization Review process in the Utilization Review and External Appeals sections of this Policy unless medical information is submitted.

D. Experimental or Investigational Treatment.

We do not Cover any health care service, procedure, treatment, or device that is experimental or investigational. However, We will Cover experimental or investigational treatments, including treatment for Your rare disease or patient costs for Your participation in a clinical trial, when Our denial of services is overturned by an External Appeal Agent certified by the State. However, for clinical trials, We will not Cover the costs of any investigational drugs or devices, non-health services required for You to receive the treatment, the costs of managing the research, or costs that would not be Covered under the Policy for non-investigational treatments. See the Utilization Review and External Appeal sections of this Policy for a further explanation of Your Appeal rights.

E. Felony Participation.

We do not Cover any illness, treatment or medical condition due to Your participation in a felony, riot or insurrection.

F. Foot Care.

We do not Cover foot care, in connection with corns, calluses, flat feet, fallen arches, weak feet, chronic foot strain or symptomatic complaints of the feet.

G. Government Facility.

We do not Cover care or treatment provided in a Hospital that is owned or operated by any federal, state or other governmental entity, except as otherwise required by law.

H. Medical Services.

We do not Cover medical services or dental services that are medical in nature, including any Hospital charges or prescription drug charges.

I. Medically Necessary.

In general, We will not Cover any dental service, procedure, treatment, test or device that We determine is not Medically Necessary. If an External Appeal Agent certified by the State overturns Our denial, however, We will Cover the service, procedure, treatment, test or device for which coverage has been denied, to the extent that such service, procedure, treatment, test or device, is otherwise Covered under the terms of this Policy.

J. Medicare or Other Governmental Program.

We do not Cover services if benefits are provided for such services under the federal Medicare program or other governmental program (except Medicaid).

K. Military Service.

We do not Cover an illness, treatment or medical condition due to service in the Armed Forces or auxiliary units.

L. No-Fault Automobile Insurance.

We do not Cover any benefits to the extent provided for any loss or portion thereof for which mandatory automobile no-fault benefits are recovered or recoverable. This exclusion applies even if You do not make a proper or timely claim for the benefits available to You under a mandatory no-fault policy.

M. Services Not Listed.

We do not Cover services that are not listed in this Policy as being Covered.

N. Services Provided by a Family Member.

We do not Cover services performed by a member of the covered person's immediate family. "Immediate family" shall mean a child, spouse, mother, father, sister, or brother of You or Your Spouse.

O. Services Separately Billed by Hospital Employees.

We do not Cover services rendered and separately billed by employees of Hospitals, laboratories or other institutions.

P. Services with No Charge.

We do not Cover services for which no charge is normally made.

Q. War.

We do not Cover an illness, treatment or medical condition due to war, declared or undeclared.

R. Workers' Compensation.

We do not Cover services if benefits for such services are provided under any state or federal Workers' Compensation, employers' liability or occupational disease law.

Vision Plan Limitations and Exclusions

The discount program may not be combined with any other discounts or promotional offers. Retail prices may vary by location. Discounts are not available for the following procedures, material or services:

- Orthoptic or vision training, subnormal vision aids, and any associated supplement testing.
- Medical and/or surgical treatment of the eye, eyes, or supporting structures.
- Corrective eye wear required by an employer as a condition of employment, and safety eye wear unless specifically covered under the plan.
- Services provided as a result of any Worker's Compensation law.
- Plano non-prescription lenses and non-prescription sunglasses (except for 20% discount; based on applicable laws, reduced costs may vary by doctor location).
- EyeMed's providers' professional services or disposable contact lenses.
- Two pairs of glasses in lieu of bifocal.



Claims, benefit, and provider network questions:

group@ameritas.com
800-659-5556
Monday-Thursday 8am-1am
Friday 8am to 7:30pm (EST)

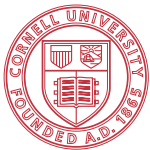
Eligibility, billing and eServices assistance:

group_assistants@ameritas.com
800-628-8889
Monday-Thursday 8am-8pm
Friday 8am to 6:30pm (EST)

This employee handout is a benefit highlight, not a Certificate of Insurance. The coverage outlined here highlights the dental benefits available through Ameritas Life Insurance Corp. of New York. Cornell is not the publisher of this document, and makes no representations about its content. To view more plan details, visit ameritas.com/group/olbc/cornell.

Ameritas Life Insurance Corp. of New York: 1350 Broadway, Suite 2201 • New York, NY 10018

For Administrative information call: 800-628-8889 • **For Claims information call:** 800-659-5556



Cornell University



Ameritas Life Insurance Corp. of New York

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