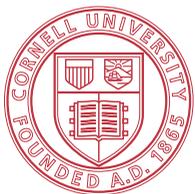


Dental Benefits Created With You in Mind



Cornell University

GR 6873 NY 7-19

Insurance provided by:



Ameritas Life Insurance Corp. of New York



Flexibility and Savings

2019-2020

As a college student, you're making a large financial commitment to your future. Achieving and maintaining a bright and healthy smile can also be expensive. One way to help offset these expenses is by enrolling in a dental plan, for you and your dependents, offered by Ameritas Life Insurance Corp. of New York.

Eligibility: You must be a registered Cornell University student to enroll in this dental plan. To enroll dependents (spouse, domestic partner, children), you must be enrolled in the dental plan yourself. Students who were registered in the fall semester may not purchase coverage for the spring semester only.

How to enroll: Enroll at studenthealthbenefits.cornell.edu/dental. Allow at least ten days for processing before scheduling a dentist appointment. Prior to this time, you may not appear as an insured member of the plan.

Deadlines: Fall 9/30/2019, New Spring entrants only 2/29/2020, Late registrants 30 days after registration.



Your Ameritas of New York Dental Plan

Fully covered preventive care plus the ability to visit the dentist of your choice.

Savings you can smile about

Service	What your plan pays in-network
Type 1 Preventive Procedures Evaluations (allowed twice per benefit period) Cleanings (allowed twice per benefit period) Bitewing X-rays (allowed twice per benefit period) Sealants (under age 17) Fluoride for Children (under age 19)	100%
Type 2 Basic Procedures Limited Exams – Problem Focused (counts as one evaluation) Restorative Amalgams (molars) (excluding inlays and crowns) Restorative Resins (anterior & bicuspid teeth) (excluding inlays and crowns) Oral Surgery – Simple Extractions (fully erupted, not impacted, including single tooth, each additional tooth, and removal of exposed roots) Denture Repair Endodontics (root canals) Periodontics (gum disease) – excluding surgery	80%
Type 3 Major Procedures Extraction of 3rd Molars (wisdom teeth) Crowns, Inlays and Onlays, Prosthetics are NOT covered	50%
Dental Annual Maximum Type 2 and Type 3 combined Type 1 procedures are not deducted from the annual maximum benefits	\$750 per person

Premiums	Annual rates	Spring rates
Student	\$278	\$185
Spouse/Domestic partner	Additional \$294	Additional \$196
One or more children	Additional \$447	Additional \$299

Annual rates are effective for the time period 8/01/2019 - 7/31/2020.
 Spring rates are effective for the time period 1/01/2020 - 7/31/2020.

Ameritas offers added features to make your benefits even more valuable.



Dental health report card: Find out where your dental health stands and how to improve it. After 12 months of using your dental benefits, Ameritas will provide you with a dental health report card. It includes feedback on your dental health status and dental care tips specific to you.



Prescription savings: You and your covered dependents can save on prescription medications at over 60,000 pharmacies across the nation including CVS, Walgreens, Rite Aid and Walmart. This savings program is not insurance, and is available at no additional cost to you. Get your prescription savings card through your secure member account.



Eyewear savings: You can access a savings card through your secure online account and save on eyewear frames and lenses purchased at Walmart Vision Centers nationwide.



Worldwide support: If you're traveling outside the U.S. and need a dental or vision provider, call AXA Assistance toll free at 866-662-2731 or collect at 312-935-3727. Please note these are not Ameritas providers. AXA is part of a global organization with offices in more than 30 countries.

For additional information and resources visit
<http://cornell.ameritasgroup.com/>



Things To Know



Deductibles: Type 1 services have a \$0 deductible. Type 2 and Type 3 procedures have a \$50 per person deductible, with a \$150 family maximum deductible.

Maximum benefits: Your plan pays an annual maximum benefit of \$750 per person for Type 2 and Type 3 services combined.

Preventive Plus: Type 1 preventive procedures are covered in full and are not deducted from your annual maximum benefits.

Ameritas dental network: When you select a network dentist, your out-of-pocket expenses generally are 25-50% lower, and there are no claim forms to complete. The Classic Network includes nearly 20,433 access points in New York, and more than 483,000 access points nationwide. Find a network provider using the link on ameritas.com.

In-network vs. out-of-network: You are free to visit any provider, including your current dentist, regardless of if they are in- or out-of-network. Plus, your dependents don't have to see the same dentist you do. When you select a network dentist, your out-of-pocket expenses are generally 25-50% lower, and there are no claim forms to complete. Find a provider using the link on ameritas.com.

Dental cost estimator: Get an idea of what an out-of-network general dentist may charge based on zip code and dental procedure. Access this tool via your secure member account at ameritas.com.

ID cards: Access your personalized ID card via your secure member account, then print it or save it to your smartphone. When visiting the dentist, provide your ID card or **your student ID (including the two leading zeros)** instead of your social security number.

Explanation of Benefits (EOB): Receive email EOB's instead of paper statements by selecting "go paperless" via your secure member account. You will get your benefit information faster and minimize your risk of identity theft.

Premium refund policy: Any student withdrawing from Cornell University during the first 31 days of the period for which coverage is purchased will not be considered covered under the Policy and will receive a full refund of the paid premium unless a claim is paid. Students withdrawing after 31 days will remain covered under the Policy for the full period for which premium has been billed and no refund will be allowed.



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.

The coverage outlined in this brochure highlights the dental benefits available to Cornell University through Ameritas Life Insurance Corp. of New York. It is not a certificate of insurance.

To review the certificate of insurance, or for more information about this dental plan, including a complete list of covered procedures and limitations and exclusions, please call the Cornell Office of Student Health Benefits at (607) 255-6363 or visit www.studenthealthbenefits.cornell.edu.

Out-of-network dental claims must be submitted in writing to Ameritas of New York within 120 days of the date of service. If this is impossible for any reason, the claim(s) must be filed as soon as reasonably possible.

For enrollment and billing:

Cornell University Office of Student Health Benefits

Cornell Health

110 Ho Plaza

Ithaca, NY 14853

Phone: (607) 255-6363

Fax: (607) 254-5221

Web: www.studenthealthbenefits.cornell.edu

For claims assistance:

Ameritas Life Insurance Corp. of New York

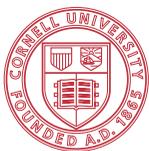
1350 Broadway, Suite 2201

New York, NY 10018

Phone: (800) 628-8889

Fax: (845) 357-3612

Web: ameritas.com



Cornell University



Ameritas Life Insurance Corp.
of New York

Dental or vision provider referral assistance services are independently offered and administered by AXA Assistance USA, Inc. (AXA). Providers referred by AXA are not members of the Ameritas network. Referral to an AXA provider is not a guarantee of benefits, and all policy provisions and limitations would apply.

This is not a certificate of insurance or guarantee of coverage. This information is provided by, and group dental, vision and hearing care products (9000 NY Rev. 03-15) are issued by Ameritas Life Insurance Corp. of New York. Ameritas, the bison design, "fulfilling life" and product names designated with SM or ® are service marks or registered service marks of Ameritas Life, affiliate Ameritas Holding Company or Ameritas Mutual Holding Company. All other brands are property of their respective owners. © 2019 Ameritas Mutual Holding Company.