Achieving and maintaining a bright and healthy smile can be expensive. Cornell University students and their dependents are able to help offset these expenses by enrolling in a dental plan 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 9/30/2018, New Spring entrants only 2/28/2019, 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

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

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

**Dental Health Report Card:** After 12 months of using your dental benefits, Ameritas will provide you with a dental health report card. It was developed through the University of Nebraska Medical Center College of Dentistry and includes feedback on your dental health status and dental care tips specific to you.

**Rx Savings:** Save on prescriptions for your family at over 60,000 pharmacies across the nation using the savings card available via your secure member account. Participating pharmacies give your normal health care pharmacy benefit, or the Rx discount, whichever saves more. The savings arrangement is not insurance and is no additional cost to your plan premium.

**Eyewear Savings:** Save up to 15% off eyewear at participating vision centers by using the savings card available via your secure member account.

**Worldwide Support:** AXA Assistance provides you with dental and vision provider referrals and appointment coordination when you’re travelling outside the U.S. Contact AXA Assistance USA toll free: (866) 662-2731 or collect from anywhere in the world: +1 (312) 935-3727.

For additional information and resources visit [www.ameritas.com/group/olbc/cornellstudents](http://www.ameritas.com/group/olbc/cornellstudents)
Ameritas Dental Network: The network includes nearly 17,000 New York dental provider access points, and more than 408,000 access points nationwide. This group of dentists agrees to provide dental services at discounted fees to individuals who are covered under Ameritas dental insurance plans. To find a provider in the Ameritas Dental Network, use the Find a Provider link at ameritas.com.

In-Network vs. Out-of-Network: Your dental plan provides benefits whether your dentist is in- or out-of-network. You have the freedom to visit any provider you choose, however, when you select an in-network dentist your out-of-pocket expenses are generally 20-40 percent lower, and there are no claim forms to complete. If you visit a non-network dentist you must pay the provider and submit a claim. We will look up what the network discounted fee is for your dentist’s zip code area and reimburse you accordingly.

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.

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.

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 comas, calouses, 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

Ameritas
fulfilling life.

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