Cornell University students and dependents may enroll in an optional dental insurance plan that has been tailored to fit their needs. This plan, offered through Ameritas Life Insurance Corp. of New York, provides preventive and basic coverage and access to a nationwide Participating Provider Organization (PPO) of over 12,000 New York dental provider access points, with more than 303,000 access points nationwide.

Insurance Provided By:

Ameritas Life Insurance Corp. of New York
Good For Your Health and Your Pocketbook

Cornell recognizes that good dental health is important to overall health and is pleased to offer students and their dependents the option to enroll in this dental insurance plan.

Did you know approximately 120 severe medical conditions and illnesses can be detected and treated by a dental examination of the mouth, throat, and neck? With dental benefits, which promote regular visits to the dentist, serious oral health problems can be found early and treated more affordably. A healthy mouth reflects better general health and well-being.

The Ameritas of New York dental insurance plan provides coverage for preventive care, with the added peace of mind that you have coverage for more complicated (and expensive) care.

Eligibility

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

Enroll Today!

Just complete the on-line application form on the Dental Enrollment website at https://www.studenthealthbenefits.cornell.edu/secure/enroll_dental/

After returning the application form, please allow at least ten days for Ameritas of New York’s enrollment systems to update before scheduling a dentist appointment. Prior to this time, you may not appear as an insured member of the plan.

Fall deadline: 10/31/2015
Spring deadline: 2/28/2016
Late registrants: 30 days after registration
Premiums termination date: 8/16/2016

Please visit ameritas.com for additional associated benefits.
Preserve the Annual Maximum with Preventive Plus

Plan payments for covered Type 1 Preventive dental procedures are not deducted from the plan member's annual maximum benefit.

**dental plan highlights**

**Coinsurance (Plan Pays)**

Type 1 - Preventive Procedures
- Evaluations (Allowed twice per benefit period)
- Cleanings (Allowed twice per benefit period)
- Radiographs (X-rays)
- Bitewings (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 & Resin (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)
- Crown, Inlays and Onlays, Prosthetics

50%

Type 4 - Orthodontics

Not Covered

**Deductible Amounts**

Type 1 - Preventive Procedures
Deductible Waived

$0

Type 2 and Type 3 - Basic and Major Procedures
Plan Year Per Person/Accumulative

$50/$150

**Maximum**

Preventive, Basic and Major Procedures
Benefit Year Per Person

$750

The procedures listed above are only a sample of the dental procedures payable under this plan. A complete list of covered procedures can be found in the certificate of insurance.

Please note that 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.
### Premiums

<table>
<thead>
<tr>
<th></th>
<th>Annual Rates</th>
<th>Spring Rates</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student</td>
<td>$289</td>
<td>$193</td>
</tr>
<tr>
<td>Spouse/Domestic Partner</td>
<td>Additional $307</td>
<td>Additional $205</td>
</tr>
<tr>
<td>One or more children</td>
<td>Additional $467</td>
<td>Additional $312</td>
</tr>
</tbody>
</table>

Annual rates are effective for the time period 8/17/2014 – 8/16/2015. Spring rates are effective for the time period 1/16/2015 – 8/16/2015.

### 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.

### Participating Provider Organization (PPO)

This student dental plan includes a PPO network option. The Ameritas PPO is a group of dentists who agree to provide dental services at discounted fees to individuals who are covered under Ameritas’ dental insurance plans. If you visit an Ameritas PPO dentist the amount you pay for a procedure will almost always be lower. Visiting an Ameritas PPO dentist can result in savings of 10-30 percent. If you visit a non-PPO dentist, the dental procedure charges are reimbursed up to the PPO discounted fee amount in the ZIP code area where the dental work was received. If the non-PPO dentist charges are above the PPO discounted fee, the member is responsible for any remaining dollar amount.

To protect your privacy when visiting the dentist, please use your student ID (including the two leading zeroes) instead of your social security number.

To find a PPO provider in your area, please visit ameritas.com.
Plan Limitations and Exclusions

Covered Expenses will not include and no benefits will be payable for expenses incurred:
1. for any treatment that is for cosmetic purposes, unless necessary due to congenital disease or anomaly.
2. for any procedure begun before the insured person was covered under the dental expense benefit.
3. for any procedure begun after the insured’s insurance under the dental expense benefit terminates; or for any prosthetic dental appliances installed or delivered more than 90 days after the insured’s insurance under the dental expense benefit terminates.
4. to replace lost or stolen appliances.
5. for appliances, restorations, or procedures to:
   a. alter vertical dimension
   b. restore or maintain occlusion;
   c. splint or replace tooth structure lost because of abrasion or attrition unless medically necessary.
6. for any procedure that is not shown on the Table of Dental Procedures.
7. for orthodontic treatment.
8. for which the insured person is entitled to benefits under any workmen’s compensation or similar law, as approved by New York.
9. for charges for which the insured person is not liable or which would not have been made had no insurance been in force.
10. for services that are not required for necessary care and treatment or are not within the generally accepted parameters of care.

This brochure 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. For a complete list of covered procedures and limitations and exclusions, see the certificate of insurance.

This information is provided by Ameritas Life Insurance Corp. of New York (Ameritas of New York). In New York, group dental, vision and hearing care products (9000 Rev. 03-08) and individual dental and vision products (Indiv. 9000 NY Ed. 11-09) are issued by Ameritas of New York. Some plan designs are not available in all areas. To be appointed with Ameritas of New York, please call 800-201-8562. Most plans for groups with 26 or more enrolled lives are administered by Ameritas of New York. Billing and eligibility for most plans with 25 or fewer enrolled lives are provided by HealthPlan Services, Inc.

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