



Student Dental Plans Frequently Asked Questions (FAQs)



Cornell Student Dental Plan Frequently Asked Questions

Cornell is pleased to offer an optional dental plan through First Ameritas Life Insurance Corp. of New York. This FAQ will answer some of the more commonly asked questions. If you have additional inquiries about the First Ameritas dental plan, please call the Cornell Office of Student Health Insurance at (607) 255-6363.

Who is First Ameritas Life Insurance Corp. of New York?

First Ameritas has been providing dental insurance coverage since 1984 and currently has more than \$25 million of annualized in-force dental and eye care premium and premium equivalent in New York. Its parent company, Ameritas Life, is one of the top 10 dental carriers in the United States.

Why is dental insurance important?

Dental insurance is the single largest factor in determining whether a person sees a dentist regularly, and regular dental care is the best way to prevent oral disease. Three out of four Americans have some form of gum disease, and many lack dental coverage that encourages necessary care. Regular dental exams can also detect the first signs of severe medical conditions, including diabetes, oral cancer and hardening of the arteries, making treatment easier and more effective.

How does the Cornell Student Dental Plan work?

The dental plan includes the following benefits:

Coinsurance Percentage (the percentage of the dental procedure charge that First Ameritas pays)

Preventive Procedures	100%
Basic Procedures	80%

Deductible (the amount you pay before the dental insurance starts to pay)

Preventive Procedures	\$0
Basic Procedures Plan Year – Per Person/Accumulative	\$50/\$150

Maximum (the maximum amount that First Ameritas will pay for dental procedures during the plan year)

Preventive and Basic Procedures	\$750
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For a complete list of benefits and limitations and exclusions, please refer to the certificate of insurance, or call the Cornell Office of Student Health Insurance at **(607) 255-6363**.



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Can I go to any dentist?

Members covered under a First Ameritas plan are free to see the dentist of their choice and there are no restrictions on changing primary dentists. One thing to keep in mind, however, is that some dentists are considered in-network providers, while others are out-of-network dentists.

An in-network provider is a dentist who has agreed to offer discounts on services provided for First Ameritas members. Out-of-network dentists have not agreed to discounts, and members may have more out-of-pocket expenses by visiting an out-of-network office. A member may see a change in out-of-pocket expenses when changing from a dentist who is in-network to one who is not in the network.

What is the First Ameritas Participating Provider Organization (PPO)?

The First Ameritas PPO is a group of dentists who have agreed to offer discounts on services provided for First Ameritas members. Non-participating dentists have not agreed to discounts, and members may have more out-of-pocket expenses by visiting an out-of-network office.

How large is First Ameritas' PPO network?

With more than 7,000 PPO provider access points in New York, and more than 100,000 provider access points nationwide through the First Ameritas PPO, the network is one of the largest in the country, and continually growing.

How do I find a PPO dentist?

Our provider lookup is available through the First Ameritas website, firstameritasgroup.com. Click on "Find a Provider" to locate a participating provider in a specific ZIP Code area. Members can also call First Ameritas Provider Relations at **800-755-8844**.

If my dentist isn't part of the First Ameritas PPO network, how can I get him/her to join?

Talk to your dentist about joining the First Ameritas PPO network. And if you give First Ameritas the name of your dentist we will try to recruit that person to join. Call First Ameritas Provider Relations at 800-755-8844. A First Ameritas associate will send your dentist some information about the advantages of joining the network.

Does the dental plan design change based on whether I go to a PPO dentist or non-PPO dentist?

No. The coinsurance, deductible and maximum are the same, whether you visit a First Ameritas PPO dentist or a non-PPO dentist. But if you do visit a First Ameritas PPO dentist, the amount you pay for a procedure will almost always be lower. Visiting a First 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 contracted fee amount in the ZIP code where the dental work was received. If the non-PPO dentist charges are above the PPO contracted fee, you are responsible for any remaining dollar amount.



Below is a sample comparison chart showing the difference between visiting a First Ameritas PPO network dentist vs. a non-PPO network dentist.

PPO Sample Comparison Chart

Basic Procedure: Root canal, molar, excluding final restoration

PPO versus non-PPO with a \$50 deductible and 80% coinsurance on Basic.

<u>PPO</u>	<u>MAC¹</u>	<u>NON-PPO</u>	<u>MAB²</u>
PPO dentist charge	\$633.00	Non-PPO dentist charge	\$935.00
Benefit paid	\$633.00	Benefit paid	\$633.00
Annual deductible	\$50.00	Annual deductible	\$50.00
Benefit less deductible	\$583.00	Benefit less deductible	\$583.00
Coinsurance	80%	Coinsurance	80%
We pay	\$466.40	We pay	\$466.40
Insured member pays	<u>\$166.60</u>	Insured member pays	<u>\$468.60</u>

Insured member saves **\$302** by visiting a First Ameritas PPO Provider.

Based on ZIP code 14850. Figures may not reflect fees charged in other areas.

¹The benefit paid in this scenario is based on the First Ameritas Maximum Allowable Charge (MAC), which is the discounted amount First Ameritas PPO providers have agreed to charge insured members.

²The benefit paid in this scenario is based on the First Ameritas Maximum Allowable Benefit (MAB), which is the amount that First Ameritas will reimburse an insured member who visits a non-PPO dentist, and which is always equal to the MAC fee.

What is not covered by the First Ameritas dental plan?

No benefits will be paid for dental procedures that are in the Major category (i.e. crowns, inlay and onlay, prosthetics), orthodontic procedures, any dental procedure not listed in your certificate of insurance, procedures that are experimental or cosmetic in nature, TMJ disorders, implants, vertical dimension bite registration, loss due to war, riot, felony or assault. This is not a comprehensive list. For a full list of limitations and exclusions, please read your certificate of insurance. Or call the Cornell Office of Student Health Insurance at (607) 255-6363.

How do I submit a dental claim?

First Ameritas requires our PPO dentists to file your dental claim. Most non-PPO dentists will also file the dental claim. If for some reason your dentist does not file the claim, to access a claim form visit our web site at www.firstameritasgroup.com, or call the First Ameritas Customer Relations department at 800-659-5556. The dentist is still responsible for completing sections of the form and signing it. You then submit the claim form to First Ameritas at the address provided on the form.

Most dental claims are paid within 5-10 working days. Once the dental claim is paid, you will receive what is called an Explanation of Benefits (EOB) from First Ameritas. The EOB explains the dollar amount that was covered by the insurance plan, and any remaining dollar amount that is owed by you.