

# Cornell dental and vision plans for 2017

	Plan A+			Plan A			Plan B		
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	\$100 annual Type 2 and 3		
Maximum	\$3,000			\$1,250			\$1,000		
Orthodontics	\$1,000; adult and child; 12 month waiting period for new enrollees			\$1,000; child only; 12 month waiting period for new enrollees			\$1,000; child only; 12 month waiting period for new enrollees		
Preventive Plus	Type 1 services will <b>not</b> reduce available maximum			Type 1 services will <b>not</b> reduce available maximum			Type 1 services will reduce the maximum		
Type 1 Procedures	In Network		Out of Network	In Network		Out of Network			
Coinsurance	100% of Network Fee		90% of U&C <sup>1</sup>	100% of Network Fee		90% of U&C <sup>1</sup>	100% U&C <sup>3</sup>		
Exams	4 per benefit period			4 per benefit period			2 per benefit period		
Bitewings	2 per benefit period			2 per benefit period			2 per benefit period (Type 2)		
Full Mouth/ Panoramic Xray	1 per 3 years			1 per 3 years			1 per 3 years (Type 2)		
Cleanings	4 per benefit period			4 per benefit period			2 per benefit period		
Fluoride	2 per benefit period; through age 18			2 per benefit period; through age 18			1 per benefit period; through age 18		
Sealants	through age 16			through age 16			through age 16 (Type 2)		
Space Maintainers	fixed and removable			fixed and removable			fixed and removable		
Type 2 Procedures	In Network		Out of Network	In Network		Out of Network			
Coinsurance	90% of Network Fee		70% of U&C <sup>1</sup>	90% of Network Fee		70% of U&C <sup>1</sup>	full list of allowances on pages 9-13		
Fillings	resin considered on all teeth			resin considered on anterior teeth only, molar teeth have benefit for silver filling			full list of allowances on pages 9-13		
Surgical Extractions	extractions, impacted teeth, alveolar or gingival reconstruction, cysts, and neoplasms			extractions, impacted teeth, alveolar or gingival reconstruction, cysts, and neoplasms			extractions, impacted teeth, alveolar or gingival reconstruction, cysts, and neoplasms (Type 3)		
Anesthesia	not available without a cutting procedure			not available without a cutting procedure			not available without a cutting procedure (Type 3)		
Type 3 Procedures	In Network		Out of Network	In Network		Out of Network			
Coinsurance	50% of Network Fee		50% of U&C <sup>2</sup>	50% of Network Fee		50% of U&C <sup>2</sup>	full list of allowances on pages 9-13		
Endodontics	root canal			root canal			root canal		
Periodontics	root planing, gingivectomy			root planing, gingivectomy			root planing, gingivectomy		
Crowns	1 per 5 years			1 per 5 years			1 per 5 years		
Bridges; Dentures	1 per 5 years			1 per 5 years			1 per 5 years		
Implants	1 per 5 years			not covered			not covered		
Additional Benefits									
Dental Rewards <sup>®</sup>	threshold: \$750; annual carryover: \$400; max carryover: \$1,200			threshold: \$500; annual carryover: \$250; max carryover: \$1,000			threshold: \$500; annual carryover: \$250; max carryover: \$1,000		
Vision Benefits	included with Dental Benefits			included with Dental Benefits			included with Dental Benefits		
SoundCare <sup>®</sup> Benefits	included with Plan A+			not covered			not covered		
LASIK	included with Plan A+			not covered			not covered		
Monthly Rates	Monthly	24 pay periods	26 pay periods	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	\$18.12	\$9.06	\$8.37
EE + Spouse/ Domestic Partner	\$100.44	\$50.22	\$46.36	\$68.88	\$34.44	\$31.79	\$35.20	\$17.60	\$16.25
EE + Children	\$114.64	\$57.32	\$52.91	\$80.56	\$40.28	\$37.18	\$50.48	\$25.24	\$23.30
EE + Family	\$161.88	\$80.94	\$74.71	\$112.52	\$56.26	\$51.93	\$67.20	\$33.60	\$31.02

<sup>1</sup> Plan A+ and A procedures Out of Network based on the Usual and Customary charge. 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.

<sup>2</sup> 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 in a specific area charge at or below the plan allowance for a procedure.

<sup>3</sup> 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.

## SoundCare® - Applies to Plan A+

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

- Only 20 percent 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.

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.

## LASIK Advantage® - Applies to 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.

## Vision Perfect® Plan Summary

Maximum Benefit (per calendar year) \$150

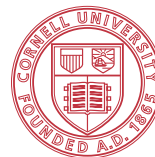
### EyeMed Discount Overlay

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

<b>Exam:</b> with dilation as necessary	\$5 off routine exam
contact lens exam	\$10 off
<b>Standard Plastic Lenses</b>	
Single	\$50
Bifocal	\$70
Trifocal	\$105
Frame	35% off retail price with a complete pair of glasses (Items purchased separately - 20% off retail price)
<b>Standard Progressive Lenses</b>	\$65 + Standard Plastic Lens cost
<b>Premium Progressive Lenses</b>	20% discount
<b>Standard Polycarbonate</b>	\$40
<b>Tint</b> (Solid and Gradient)	\$15
<b>Scratch Resistant Coating</b>	\$15
<b>Anti-Reflective Coating</b>	\$45
<b>Ultraviolet Coating</b>	\$15
<b>Other Add-Ons</b>	20% discount
<b>Contact Lenses - Conventional</b>	15% off retail price (does not apply to fitting). After initial purchase, replacements by mail are offered at substantial savings via eyemedvisioncare.com.

For more information on your Ameritas benefits visit:  
[www.ameritas.com/group/olbc/cornell](http://www.ameritas.com/group/olbc/cornell)

This employee handout is a benefit highlight, not a Certificate of Insurance. The coverage outlined here highlights the benefits available through Ameritas Life Insurance Corp. of New York. For details on exclusions and limitations, or a complete list of covered procedures, contact your benefit specialist.



Cornell University



Ameritas Life Insurance Corp. of New York