CORTLAND ENLARGED CSD

Dental Highlight Sheet



FUSION: THE ULTIMATE CHOICESM combines dental and eye care benefits in one easy-to-administer plan. This plan combines the annual maximum between the dental and eye care plans. For the maximum:

- The member can use up to \$1,500 toward any covered dental expense.
- The member can use up to \$150 towards any covered eye care expense.
- Total benefits paid between the two coverages will not exceed \$1,500.

Dental Plan Summary subject to FUSION plan design listed above

| Plan Benefit | Low Plan | High Plan |
|------------------------|-------------------------------|-------------------------------|
| Type 1 | 100% | 100% |
| Type 2 | 80% | 80% |
| Type 3 | 50% | 80% |
| Deductible | \$50/Calendar Year Type 2 & 3 | \$50/Calendar Year Type 2 & 3 |
| | Waived Type 1 | Waived Type 1 |
| | \$150/family | \$150/family |
| Maximum (per person) | \$1,500 per calendar year | \$1,500 per calendar year |
| Allowance | Discounted Fee | 90th U&C |
| Dental Rewards® | Included | Included |
| Waiting Period | None | None |
| Annual Eye Exam | None | None |
| Annual Open Enrollment | None | None |

Orthodontia Summary - Child Only Coverage

| Allowance | U&C | U&C |
|-------------------------------|---------|---------|
| Plan Benefit | 50% | 50% |
| Lifetime Maximum (per person) | \$1,000 | \$1,000 |
| Waiting Period | None | None |

Eye Care Summary subject to FUSION plan design listed above

| | Allowances | Frequencies | s Based on date of service |
|------------------------------|--------------------|--------------------|----------------------------|
| Exam | Subject to maximum | Exam | None |
| Lenses (per pair) | | Lenses | None |
| Single | Subject to maximum | Frames | None |
| Bifocal | Subject to maximum | | |
| Trifocal | Subject to maximum | | |
| Lenticular | Subject to maximum | Maximum | \$150 |
| Progressive | Subject to maximum | Deductibles (None) | · |
| Contacts | | | \$0* |
| Elective/Medically Necessary | Subject to maximum | | , , |
| Frames | Subject to maximum | | |

^{*}Deductible applies to the first service received

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| De | Dental Procedure Summary for both Low and High Plans | | | | |
|----|--|---|----------------------------|---|---|
| | Type 1 | | Type 2 | | Type 3 |
| • | Routine Exam | • | Restorative Amalgams | • | Onlays |
| | (2 per benefit period) | • | Restorative Composites | • | Crowns |
| • | Bitewing X-rays | • | Endodontics (nonsurgical) | | (1 in 5 years per tooth) |
| | (2 per benefit period) | • | Endodontics (surgical) | • | Crown Repair |
| • | Full Mouth/Panoramic X-rays | • | Periodontics (nonsurgical) | • | Prosthodontics (fixed bridge; removable |
| | (1 in 3 years) | • | Periodontics (surgical) | | complete/partial dentures) |
| • | Periapical X-rays | • | Denture Repair | | (1 in 5 years) |
| • | Cleaning | • | Simple Extractions | | |
| | (2 per benefit period) | • | Complex Extractions | | |
| • | Fluoride for Children 18 and under | • | Anesthesia | | |
| | (1 per benefit period) | | | | |
| • | Sealants (age 16 and under) | | | | |
| • | Space Maintainers | | | | |

Ameritas of New York Information

We're Here to Help

This plan was designed specifically for the associates of Cortland Enlarged CSD. At Ameritas of New York, we do more than provide coverage - we make sure there's always a friendly voice to explain your benefits, listen to your concerns, and answer your questions. Our customer relations associates will be pleased to assist you 7 a.m. to midnight (Central Time) Monday through Thursday, and 7 a.m. to 6:30 p.m. on Friday. You can speak to them by calling toll-free: 800-659-5556. For plan information any time, access our automated voice response system or go online to ameritas.com.

Rx Savings

Our valued plan members and their covered dependents (even their pets) can save on prescription medications through any Walmart or Sam's Club pharmacy across the nation. This Rx discount is offered at no additional cost, and it is not insurance.

To receive the Walmart Rx discount, Ameritas of New York plan members just need to visit us at ameritas.com and sign into (or create) a secure member account where they can access and print an online-only Rx discount savings ID card.

Eyewear Savings

Ameritas of New York plan members may receive up to 15% off eyewear frames and lenses purchased at any Walmart Vision Center nationwide. Members may also bring in their current vision prescription from any vision care provider and purchase eyewear at Walmart. This savings arrangement is not insurance: it is available to members at no additional cost to their plan premium.

To receive the eyewear savings identification card, Ameritas of New York plan members can visit ameritas.com and sign-in (or create) a secure member account. Members must present the Ameritas Eyewear Savings Card at time of purchase to receive the discount.

CORTLAND ENLARGED CSD

Dental Highlight Sheet



Dental Rewards®

This dental plan includes a valuable feature that allows qualifying plan members to carryover part of their unused annual maximum. A member earns dental rewards by submitting at least one claim for dental expenses incurred during the benefit year, while staying at or under the threshold amount for benefits received for that year. In addition, a person earning dental rewards who submits a claim for services received through the dental network earns an extra reward, called the PPO Bonus. Employees and their covered dependents may accumulate rewards up to the stated maximum carryover amount, and then use those rewards for any covered dental procedures subject to applicable coinsurance and plan provisions. If a plan member doesn't submit a dental claim during a benefit year, all accumulated rewards are lost. But he or she can begin earning rewards again the very next year.

| Benefit Threshold | \$750 | Dental benefits received for the year cannot exceed this amount |
|-------------------------|---------|---|
| Annual Carryover Amount | \$250 | Dental Rewards amount is added to the following year's maximum |
| Annual PPO Bonus | \$150 | Additional bonus is earned if the member sees a network provider |
| Maximum Carryover | \$1,000 | Maximum possible accumulation for Dental Rewards and PPO Bonus combined |

Dental Network Information

To find a provider, visit ameritas.com and select **FIND A PROVIDER**, then **DENTAL**. Enter your criteria to search by location or for a specific dentist or practice.

Pretreatment

While we don't require a pretreatment authorization form for any procedure, we recommend them for any dental work you consider expensive. As a smart consumer, it's best for you to know your share of the cost up front. Simply ask your dentist to submit the information for a pretreatment estimate to our customer relations department. We'll inform both you and your dentist of the exact amount your insurance will cover and the amount that you will be responsible for. That way, there won't be any surprises once the work has been completed.

This document is a highlight of plan benefits provided by Ameritas Life Insurance Corp. of New York as selected by your employer. It is not a certificate of insurance and does not include exclusions and limitations. For exclusions and limitations, or a complete list of covered procedures, contact your benefits administrator.