

### Low Plan

**Effective Date: 9/1/2022**

**FUSION: THE ULTIMATE CHOICE<sup>SM</sup>** 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 \$1,250 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 \$1,250.

### Dental Plan Summary *subject to FUSION plan design listed above*

<b>Plan Benefit</b>	
Type 1	MCE
Type 2	MCE
Type 3	MCE
<b>Deductible</b>	\$0/Calendar Year Type 2,3 Waived Type 1 No Family Maximum \$1,250 per calendar year
<b>Maximum (per person)</b>	\$1,250 per calendar year
<b>Allowance</b>	MCE
<b>Waiting Period</b>	None
<b>Annual Eye Exam</b>	None
<b>Annual Open Enrollment</b>	Included

### Orthodontia Summary - Child Only Coverage

<b>Allowance</b>	U&C
<b>Plan Benefit</b>	65%
<b>Lifetime Maximum (per person)</b>	\$1,500
<b>Waiting Period</b>	None

### Eye Care Summary *subject to FUSION plan design listed above*

<b>Allowances</b>		<b>Frequencies Based on date of service</b>	
<b>Exam</b>	NA	<b>Exam</b>	NA
<b>Lenses (per pair)</b>		<b>Lenses</b>	None
Single	Subject to maximum	<b>Frames</b>	None
Bifocal	Subject to maximum		
Trifocal	Subject to maximum		
Lenticular	Subject to maximum	<b>Maximum</b>	\$150
Progressive	Subject to maximum	<b>Deductibles (None)</b>	\$0*
<b>Contacts</b>			
Elective/Medically Necessary	Subject to maximum		
<b>Frame Allowance</b>	Subject to maximum		

\*Deductible applies to the first service received

### Dental Procedure Summary (Current Dental Terminology © American Dental Association.)

Type 1	Type 2	Type 3
<ul style="list-style-type: none"> <li>• Routine Exam (2 per benefit period)</li> <li>• Bitewing X-rays (2 per benefit period)</li> <li>• Full Mouth/Panoramic X-rays (1 in 3 years)</li> <li>• Periapical X-rays</li> <li>• Cleaning (2 per benefit period)</li> <li>• Fluoride for Children 18 and under (1 per benefit period)</li> <li>• Sealants (age 16 and under)</li> <li>• Space Maintainers</li> </ul>	<ul style="list-style-type: none"> <li>• Fillings for Cavities</li> <li>• Restorative Composites</li> <li>• Endodontics (nonsurgical)</li> <li>• Endodontics (surgical)</li> <li>• Periodontics (nonsurgical)</li> <li>• Periodontics (surgical)</li> <li>• Denture Repair</li> <li>• Simple Extractions</li> <li>• Complex Extractions</li> <li>• Anesthesia</li> </ul>	<ul style="list-style-type: none"> <li>• Onlays</li> <li>• Crowns (1 in 5 years per tooth)</li> <li>• Crown Repair</li> <li>• Prosthodontics (fixed bridge; removable complete/partial dentures) (1 in 5 years)</li> </ul>

### **Ameritas of New York Information**

#### **We're Here to Help**

This plan was designed specifically for the associates of MARCELLUS CENTRAL SCHOOLS. 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](http://ameritas.com).

#### **Rx Savings**

Our valued plan members and their covered dependents can save on prescription medications at over 60,000 pharmacies across the nation including CVS, Walgreens, Rite Aid and Walmart. This Rx discount is offered at no additional cost, and it is not insurance.

To receive this Rx discount, Ameritas of New York plan members just need to visit us at [ameritas.com](http://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 10% 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](http://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.

#### **Dental Network Information**

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

Your provider network is Ameritas Classic Network.

#### **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.

#### **Open Enrollment**

If a member does not elect to participate when initially eligible, the member may elect to participate at the policyholder's next enrollment period. This enrollment period will be held each year and those who elect to participate in this policy at that time will have their insurance become effective on September 1. If you do not enroll during your company's open enrollment period, then you will be subject to the Late Entrant Provision.

#### **Late Entrant Provision**

We strongly encourage you to sign up for coverage when you are initially eligible. If you choose not to sign up during this initial enrollment period, you will become a late entrant. Late entrants will be eligible for only exams, cleanings, and fluoride applications for the first 12 months they are covered.

#### **Worldwide Support**

If a member has a dental emergency outside the U.S., AXA Assistance can help. AXA provides credible provider referrals and can even help with making the appointment. Providers referred by AXA are not members of the Ameritas of New York network. AXA contact information is available in the secure member account.

#### **Language Services**

We recognize the importance of communicating with our growing number of multilingual customers. That is why we offer a language assistance program that gives you access to: Spanish-speaking claims contact center representatives, telephone interpretation services in a wide range of languages, online dental network provider search in Spanish and a variety of Spanish documents such as enrollment forms, claim forms and certificates of insurance.

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.

## High Plan

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For the maximum:

- The member can use up to \$1,250 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 \$1,250.

### Dental Plan Summary *subject to FUSION plan design listed above*

<b>Plan Benefit</b>	
Type 1	100%
Type 2	100%
Type 3	80%
<b>Deductible</b>	\$0/Calendar Year Type 2,3 Waived Type 1 No Family Maximum
<b>Maximum (per person)</b>	\$1,250 per calendar year
<b>Allowance</b>	90th U&C
<b>Dental Rewards®</b>	Included
<b>Waiting Period</b>	None
<b>Annual Eye Exam</b>	None
<b>Annual Open Enrollment</b>	Included

### Orthodontia Summary - Child Only Coverage

<b>Allowance</b>	U&C
<b>Plan Benefit</b>	65%
<b>Lifetime Maximum (per person)</b>	\$1,500
<b>Waiting Period</b>	None

### Eye Care Summary *subject to FUSION plan design listed above*

<b>Allowances</b>		<b>Frequencies Based on date of service</b>	
<b>Exam</b>	NA	<b>Exam</b>	NA
<b>Lenses (per pair)</b>		<b>Lenses</b>	None
Single	Subject to maximum	<b>Frames</b>	None
Bifocal	Subject to maximum		
Trifocal	Subject to maximum	<b>Maximum</b>	\$150
Lenticular	Subject to maximum	<b>Deductibles (None)</b>	\$0*
Progressive	Subject to maximum		
<b>Contacts</b>			
Elective/Medically Necessary	Subject to maximum		
<b>Frame Allowance</b>	Subject to maximum		

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### Dental Procedure Summary (Current Dental Terminology © American Dental Association.)

Type 1	Type 2	Type 3
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#### Dental Rewards®

This dental plan includes a valuable feature that allows plan members to carry over part of their unused annual maximum. A member must submit at least one claim during the benefit year while staying at or under the plan-specific threshold amount. Earns an extra reward, called the PPO Bonus, by seeing a Network Provider. Employees and their covered dependents may accumulate rewards up to the stated maximum carry-over amount, 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 will be lost; but he or she can begin earning rewards again the very next year.

Benefit Threshold	\$500	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	\$100	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

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