

Dental Benefits Created With You in Mind

DentalElect plan – New York

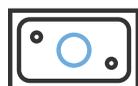


Student Health & Special Risk

As a college student, you're making a large financial commitment to your future. So you don't have much room for unexpected expenses.

Some of the most common unexpected expenses are health-related. Don't leave your health unprotected. Make sure you have a plan.

Dental insurance can help you stay healthy and avoid more serious and costly health issues in the future.



Studies have shown investing in preventive care can lead to lower out-of-pocket costs.¹

¹Dental Benefits: A Bridge to Oral Health & Wellness, Guardian (2018)

Plan Details

Maximum benefit
Per person per benefit year \$1,000

Deductible
Per person per benefit year \$75 Type 2 & 3

Preventive (Type 1)
Exams, cleanings 100%

Basic (Type 2)
X-rays, fillings 80%

Major (Type 3)
Oral surgery, crowns, simple extractions 50%

This plan is only available in New York.

* With an in-network provider, your out-of-pocket costs will almost always be less because of contracted fees Maximum Allowable Charge (MAC).

Below is an example of what your annual dental costs would be, if you're seeing an in-network provider.

| In-network | | | | |
|--------------------------------|--------------------------------|------------------------------------|---------------------------|-------------------------------------|
| Service | Average cost without insurance | Claim allowance (network discount) | Plan pays | You pay |
| Two preventive visits (Type 1) | \$588 | \$226 | 100% plan benefit = \$226 | \$0 |
| Filling (Type 2) | \$299 | \$99 | 80% plan benefit = \$19 | \$80 (balance plus \$75 deductible) |
| Crown (Type 3) | \$1,925 | \$737 | 50% plan benefit = \$369 | \$369 |
| Total | \$2,812 | \$1,062 | \$614 | \$449 |

This example shows estimated amounts for ZIP Code 100XX. The amount insurance covers is calculated from the amount allowed from network providers in the area. A preventive visit is composed of an exam and cleaning.

Plan overview

MAC/MAB claim allowance

The Maximum Allowable Charge (MAC) claim allowance is the maximum amount a network provider may charge. If you select a network provider, you may have lower out-of-pocket costs. If you visit an out-of-network dentist, the claim allowance is considered at the Maximum Allowable Benefit (MAB), which is equal to the lowest contracted fee in your ZIP Code area. You pay the difference between what the plan pays and the dentist's actual charge.

Find a dental provider near you at ameritas.com—Find a Provider. Simply enter your ZIP Code and choose the Classic Network to start your search.

Our easy enrollment was built with the busy student in mind. Here are 5 easy steps to getting enrolled:

1. Visit GallagherStudent.com/dental
2. Select your institution
3. Choose your preferred plan
4. Enter your personal information
5. Submit payment



Additional information

There is a 12 month waiting period for re-enrollment once a policy is canceled.

This insurance will not automatically terminate once you leave school or graduate. You must contact the policy administrator at 855-672-3232 (option 3) if you wish to terminate this coverage. Individuals 18+ and their dependents are eligible for coverage. Coverage is effective the first day of the month following enrollment. Your full policy and ID Cards will be available for download once your enrollment is completed. This document is a plan highlight only. Your actual policy will include the full legal description of your benefits. Certain plans and plan options may not be available in all areas.

Dental limitations and exclusions

No coverage is available under this Policy for the following:

- A. Aviation. We do not Cover services arising out of aviation, other than as a farepaying passenger on a scheduled or charter flight operated by a scheduled airline.
- B. Convalescent and Custodial Care. We do not Cover services related to rest cures, custodial care or transportation. "Custodial care"; means help in transferring, eating, dressing, bathing, toileting and other such related activities. Custodial care does not include Covered Services determined to be Medically Necessary.
- C. Cosmetic Services. We do not Cover cosmetic services or surgery unless otherwise specified, except that cosmetic surgery shall not include reconstructive surgery when such service is incidental to or follows surgery resulting from trauma, infection or diseases of the involved part, and reconstructive surgery because of congenital disease or anomaly of a covered Child which has resulted in a functional defect. Cosmetic surgery does not include surgery determined to be Medically Necessary. If a claim for a procedure listed in 11 NYCRR 56 (e.g., certain plastic surgery and dermatology procedures) is submitted retrospectively and without medical information, any denial will not be subject to the Utilization Review process in the Utilization Review and External Appeals sections of this Policy unless medical information is submitted.
- D. Experimental or Investigational Treatment. We do not Cover any health care service, procedure, treatment, or device that is experimental or investigational. However, We will Cover experimental or investigational treatments, including treatment for Your rare disease or patient costs for Your participation in a clinical trial, when Our denial of services is overturned by an External Appeal Agent certified by the State. However, for clinical trials, We will not Cover the costs of any investigational drugs or devices, non-health services required for You to receive the treatment, the costs of managing the research, or costs that would not be Covered under the Policy for non-investigational treatments. See the Utilization Review and External Appeal sections of this Policy for a further explanation of Your Appeal rights.
- E. Felony Participation. We do not Cover any illness, treatment or medical condition due to Your participation in a felony, riot or insurrection.
- F. Foot Care. We do not Cover foot care, in connection with corns, calluses, flat feet, fallen arches, weak feet, chronic foot strain or symptomatic complaints of the feet.
- G. Government Facility. We do not Cover care or treatment provided in a Hospital that is owned or operated by any federal, state or other governmental entity, except as otherwise required by law.
- H. Medical Services. We do not Cover medical services or dental services that are medical in nature, including any Hospital charges or prescription drug charges.
- I. Medically Necessary. In general, We will not Cover any dental service, procedure, treatment, test or device that We determine is not Medically Necessary. If an External Appeal Agent certified by the State overturns Our denial, however, We will Cover the service, procedure, treatment, test or device for which coverage has been denied, to the extent that such service, procedure, treatment, test or device, is otherwise Covered under the terms of this Policy.
- J. Medicare or Other Governmental Program. We do not Cover services if benefits are provided for such services under the federal Medicare program or other governmental program (except Medicaid).
- K. Military Service. We do not Cover an illness, treatment or medical condition due to service in the Armed Forces or auxiliary units.
- L. No-Fault Automobile Insurance. We do not Cover any benefits to the extent provided for any loss or portion thereof for which mandatory automobile no-fault benefits are recovered or recoverable. This exclusion applies even if You do not make a proper or timely claim for the benefits available to You under a mandatory no-fault policy.
- M. Pre-Existing Conditions. For a period of 12 months from the enrollment date, we do not Cover any conditions for which medical advice was given, treatment was recommended by or received from a Physician within six (6) months before the effective date of Your coverage. The 12-month exclusionary period may be shortened by crediting the time You were covered under creditable coverage. We will credit the time You were covered under another dental plan, if You were enrolled in the prior coverage within 63 days before enrolling in this Policy. We will not treat genetic information as a pre-existing condition in the absence of a diagnosis of the condition related to such information. There will be no longer than a 12 month wait for benefits.
- N. Services Not Listed. We do not Cover services that are not listed in this Policy as being Covered.
- O. Services Provided by a Family Member. We do not Cover services performed by a member of the covered person's immediate family. "Immediate family" shall mean a child, spouse, mother, father, sister, or brother of You or Your Spouse.
- P. Services Separately Billed by Hospital Employees. We do not Cover services rendered and separately billed by employees of Hospitals, laboratories or other institutions.
- Q. Services with No Charge. We do not Cover services for which no charge is normally made.
- R. War. We do not Cover an illness, treatment or medical condition due to war, declared or undeclared.
- S. Workers' Compensation. We do not Cover services if benefits for such services are provided under any state or federal Workers' Compensation, employers' liability or occupational disease law.



Ameritas Life Insurance Corp.
of New York

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