

Plan 1

Effective Date: 11/1/2019

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 \$3,000 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 \$3,000.

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

Plan Benefit	
Type 1	MCE
Type 2	MCE
Type 3	MCE
Deductible	\$0/Calendar Year Type 2,3 Waived Type 1
Maximum (per person)	No Family Maximum \$3,000 per calendar year
Allowance	MCE
Waiting Period	None
Annual Eye Exam	None
LASIK Advantage[®]	None
Annual Open Enrollment	None

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

Allowances		Frequencies <i>Based on date of service</i>	
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)	\$0*
Contacts			
Elective/Medically Necessary	Subject to maximum		
Frames	Subject to maximum		

*Deductible applies to the first service received

Dental Procedure Summary

Type 1	Type 2	Type 3
<ul style="list-style-type: none"> Routine Exam (2 in 12 months) Bitewing X-rays (2 in 12 months) Full Mouth/Panoramic X-rays (1 in 3 years) Periapical X-rays Cleaning (2 in 12 months) Fluoride for Children 18 and under (1 in 12 months) Space Maintainers 	<ul style="list-style-type: none"> Restorative Amalgams Restorative Composites (anterior and posterior teeth) Endodontics (nonsurgical) Endodontics (surgical) Denture Repair Simple Extractions Complex Extractions Anesthesia 	<ul style="list-style-type: none"> Onlays Crowns (1 in 5 years per tooth) Crown Repair

Current Dental Terminology © American Dental Association.

Dental Health Scorecard

How would you rate your dental health?

In 2016, you can receive your Dental Health Report Card by signing into your secure member account online. Your assessment is based on claims submitted. The report card also offers suggestions if you strive to improve your dental health. Ameritas of New York members can access the personalized report card by going to ameritas.com, click Account Access in the top right corner and choose the Dental/Vision/Hearing drop down. Select the Secure Member Account link and sign in to see your report.

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 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.

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.

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.

Dental Cost Estimator

Ever wonder what a dental procedure usually costs? The answer can be found using the Ameritas group division's Dental Cost Estimator tool located in our Secure Member Account portal.

Members can search by ZIP Code for a specific dental procedure and see fee range estimates for out-of-network general dentists in that area. Of course, we always suggest that members partner with their dentists, so they know what's involved in any recommended treatment plan.

The estimator tool is powered by Go2Dental and uses FAIR Health data that is updated annually. Please note, cost estimates do not reflect discounted rates available through provider networks, and the estimator does not include orthodontic estimates at this time.

In addition, when members are in their Secure Member Account, they can:

- Go paperless with electronic Explanation of Benefits statements and reduce the clutter in their mailboxes
- View their certificate of insurance and specific plan benefits information
- Access value-added extras like the Rx discount ID card

Worldwide Support

When our members travel abroad, they'll have peace of mind knowing that should a dental or vision need arise, help is just a phone call away. Through AXA Assistance, Ameritas of New York offers its dental and vision plan members 24-hour access to dental or vision provider referrals when traveling outside the U.S.

Immediately after a call is made to AXA, an assistance coordinator assesses the situation, provides credible provider referrals and can even assist with making the appointment. Within 48 hours following the appointment, the coordinator calls the member to find out if additional assistance is needed. If all is well, the case is closed. Then, the plan member may submit a claim to Ameritas of New York for reimbursement consideration based on applicable plan benefits. Contact AXA Assistance USA toll free by calling 866-662-2731, or call collect from anywhere in the world by dialing 1-312-935-3727.

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.

Plan 2

Effective Date: 11/1/2019

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 \$1,000 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 \$1,000.

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

Plan Benefit	
Type 1	100%
Type 2	80%
Type 3	50%
Deductible	\$50/Calendar Year Type 2 & 3 Waived Type 1
Maximum (per person)	3 Family Maximum
Allowance	\$1,000 per calendar year
Waiting Period	Discounted Fee
Annual Eye Exam	None
LASIK Advantage[®]	None
Annual Open Enrollment	None

Orthodontia Summary - Child Only Coverage

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

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

Allowances		Frequencies <i>Based on date of service</i>	
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)	\$0*
Contacts			
Elective/Medically Necessary	Subject to maximum		
Frames	Subject to maximum		

*Deductible applies to the first service received

Dental Procedure Summary

Type 1	Type 2	Type 3
<ul style="list-style-type: none"> • Routine Exam (2 in 12 months) • Bitewing X-rays (2 in 12 months) • Full Mouth/Panoramic X-rays (1 in 3 years) • Periapical X-rays • Cleaning (2 in 12 months) • Fluoride for Children 18 and under (1 in 12 months) • Sealants (age 16 and under) • Space Maintainers 	<ul style="list-style-type: none"> • Restorative Amalgams • Restorative Composites (anterior and posterior teeth) • Endodontics (nonsurgical) • Endodontics (surgical) • Periodontics (nonsurgical) • Periodontics (surgical) • Denture Repair • Simple Extractions • Complex Extractions • Anesthesia 	<ul style="list-style-type: none"> • Onlays • Crowns (1 in 5 years per tooth) • Crown Repair • Prosthodontics (fixed bridge; removable complete/partial dentures) (1 in 5 years)

Current Dental Terminology © American Dental Association.

Dental Health Scorecard

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Rx Savings

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To receive this 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

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Pretreatment

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Late Entrant Provision

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Dental Cost Estimator

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Members can search by ZIP Code for a specific dental procedure and see fee range estimates for out-of-network general dentists in that area. Of course, we always suggest that members partner with their dentists, so they know what's involved in any recommended treatment plan.

The estimator tool is powered by Go2Dental and uses FAIR Health data that is updated annually. Please note, cost estimates do not reflect discounted rates available through provider networks, and the estimator does not include orthodontic estimates at this time.

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Plan 3

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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 Non PPO - \$1,500 PPO 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	In Network	Out of Network
Type 1	100%	100%
Type 2	90%	80%
Type 3	60%	50%
Deductible	\$50/Calendar Year Type 2 & 3 Waived Type 1 3 Family Maximum	\$50/Calendar Year Type 2 & 3 Waived Type 1 3 Family Maximum
Maximum (per person)	\$1,500 per calendar year	\$1,500 per calendar year
Allowance	Discounted Fee	90th U&C
Waiting Period	None	None
Annual Eye Exam	None	None
LASIK Advantage®	None	None
Annual Open Enrollment	None	None

Orthodontia Summary - Child Only Coverage

	In Network	Out of Network
Allowance	Discounted Fee	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 <i>Based on date of service</i>	
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)	\$0*
Contacts			
Elective/Medically Necessary	Subject to maximum		
Frames	Subject to maximum		

*Deductible applies to the first service received

Dental Procedure Summary

Type 1	In Network Type 2	Type 3
<ul style="list-style-type: none"> • Routine Exam (2 in 12 months) • Bitewing X-rays (2 in 12 months) • Full Mouth/Panoramic X-rays (1 in 3 years) • Periapical X-rays • Cleaning (2 in 12 months) • Fluoride for Children 18 and under (1 in 12 months) • Sealants (age 16 and under) • Space Maintainers 	<ul style="list-style-type: none"> • Restorative Amalgams • Restorative Composites (anterior and posterior teeth) • Endodontics (nonsurgical) • Endodontics (surgical) • Periodontics (nonsurgical) • Periodontics (surgical) • Denture Repair • Simple Extractions • Complex Extractions • Anesthesia 	<ul style="list-style-type: none"> • Onlays • Crowns (1 in 5 years per tooth) • Crown Repair • Prosthodontics (fixed bridge; removable complete/partial dentures) (1 in 5 years)
Type 1	Out of Network Type 2	Type 3
<ul style="list-style-type: none"> • Routine Exam (2 in 12 months) • Bitewing X-rays (2 in 12 months) • Full Mouth/Panoramic X-rays (1 in 3 years) • Periapical X-rays • Cleaning (2 in 12 months) • Fluoride for Children 18 and under (1 in 12 months) • Sealants (age 16 and under) • Space Maintainers 	<ul style="list-style-type: none"> • Restorative Amalgams • Restorative Composites (anterior and posterior teeth) • Endodontics (nonsurgical) • Endodontics (surgical) • Periodontics (nonsurgical) • Periodontics (surgical) • Denture Repair • Simple Extractions • Complex Extractions • Anesthesia 	<ul style="list-style-type: none"> • Onlays • Crowns (1 in 5 years per tooth) • Crown Repair • Prosthodontics (fixed bridge; removable complete/partial dentures) (1 in 5 years)

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