

Cornell Program for Healthy Living Addendum

The information below is intended to serve as an update to the January 1, 2016 Cornell Program for Healthy Living Plan (CPHL) Summary Plan Description (SPD).

Effective January 1, 2026

Optum Prior Authorization

- Standard Prior Authorization on Antibiotics – GPI List ID XXPAABXSN
- Premium Step Therapy with Quantity Limits on Constipation – GPI List ID XXSQBMAPM

Optum Copay Assistance Program

- Implementation of the Variable Copay Program with Accumulator Adjustment.
- This program adjusts a member's cost share to maximize the full value of a copay card used for Medication at Optum Specialty Pharmacy or Optum Home Delivery Pharmacy.

Effective January 1, 2025

Blood Product Acquisition

- Standard blood benefit now includes coverage for blood/ blood products when purchased by a facility/provider.

Oncology

- Plan will fully cover in-network diagnostic colonoscopy and mammograms.

Fertility Services

- Coverage for reversal of sterilization procedures.

Termination of CPHL Health Risk Assessment

- The caregiver-focused and patient-focused health risk assessment with scoring and documentation will no longer be covered services under the CPHL.
- All Cornell members will still have access, with no associated cost share, to annual wellness exams and preventative services as defined under Section 2713 of the Affordable Care Act.

Effective January 1, 2024

Habilitative Services

- Habilitative Physical Therapy / Occupational Therapy / Speech Therapy will be covered and match the Outpatient Behavioral Health All Other cost share.

- Autism Physical Therapy / Occupational Therapy / Speech Therapy will be covered and match the Outpatient Behavioral Health All Other cost share.

Rehabilitative Services

- Speech therapy visit limit per calendar year will be removed for in-network and out-of-network services.

Fertility Services

- Coverage of Cryopreservation of eggs, embryos, and sperm (coverage available for Iatrogenic Infertility, All ART, Elective Fertility Preservation).
- Coverage of Storage of eggs, embryos, and sperm for up to 10 years (coverage available for Iatrogenic Infertility, All ART, Elective Fertility Preservation).
- Coverage of Thawing of eggs, embryos, and sperm (coverage available for Iatrogenic Infertility, All ART, Elective Fertility Preservation).
- Coverage for the purchase of frozen sperm from a sperm bank.
- Coverage for Reciprocal IVF.
- Increase to fertility services lifetime maximum per family from \$20,000 to \$30,000.

Ambulance Services

- Ambulance services for non-emergency will be covered and match the ambulance services for emergency cost share for in-network and out-of-network services.

Travel & Lodging Services

- Coverage for Travel & Lodging services up to \$10,000 lifetime maximum for all covered services, subject to plan deductible & coinsurance, pre-authorization, and IRS maximum benefits.
- Does not apply to National Medical Excellence, Institutes of Excellence or Gene Therapy.

Out of Network Reimbursement

- Out-of-network providers will be paid at 275% of Medicare Fee Schedule.

Hearing Aid Coverage

- Maximum reimbursement per ear increased from \$1,500 to \$3,000.
- Enhancement to benefit frequency for ages 13+ from every 4 years to every 3 years.

Telemedicine for Behavioral Health

- In-network services will be covered at 100%, except for services received through Teladoc, which are subject to a copay.

Effective January 1, 2023

The CPHL Plan did not have any plan design changes.

Effective January 1, 2022

Out-of-network plan rate

The out-of-network plan rate does not apply to involuntary services. Involuntary services are services or

Updated 05/06/2026

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supplies that are one of the following:

- Performed at a network facility by certain **out-of-network providers**
- Not available from a **network provider**
- **Emergency services**

Aetna will calculate your cost share for involuntary services in the same way as if you received the services from a **network provider**. The cost share will be based on the median contracted rate. If you receive a surprise bill from an out-of-network provider, where you had no control of their participation in your **covered services**, contact Aetna immediately about your bill.

Aetna will authorize coverage only if the **provider** agrees to Aetna's usual terms and conditions for contracting **providers**.

Emergency services

When you, a plan participant, experience an **emergency medical condition**, you should go to the nearest emergency room. You can also dial 911 or your local emergency response service for medical and ambulance help.

Your coverage for **emergency services** will continue until your condition is stabilized and:

- Your attending **physician** determines that you are medically able to travel or to be transported, by non- medical or non-emergency medical transportation, to another **provider** if you need more care
- You are in a condition to be able to receive from the **out-of-network provider** delivering services the notice and consent criteria with respect to the services
- Your **out-of-network provider** delivering the services meets the notice and consent criteria with respect to the services

If your **physician** decides you need to stay in the **hospital** (emergency admission) or receive follow-up care, these are not **emergency services**. Different benefits and requirements apply. Please refer to your Benefit Plan, *How your Medical plan works – precertification requirements* section, the *Coverage and exclusions* section(s) that fits your situation (for example, *Hospital care* or *Physician services*) and *Medical Necessity*. You can also contact Aetna, your **network physician** or your **primary care physician (PCP)**.

Non-emergency services

If you go to an emergency room for a **non-emergency medical condition**, the plan may not cover your expenses. See your schedule of benefits for more information.

Effective January 1, 2021

The CPHL Plan did not have any plan design changes.

Effective January 1, 2020

Short Term Rehabilitation for Diagnosis of Autism

For individuals with autism, short term rehabilitation is increasing to unlimited.

Skilled Nursing

Skilled nursing facility change from 90 days to 120 days per calendar year.

Acupuncture

Eligible health services include the treatment by the use of acupuncture (manual or electroacupuncture) provided by a MD, if the service is performed:

As a form of anesthesia in connection with a covered surgical procedure and to alleviate chronic pain or to treat:

- Postoperative and chemotherapy-induced nausea and vomiting
- Nausea of pregnancy
- Postoperative dental pain
- Temporomandibular disorders (TMD)
- Migraine headache
- Pain from osteoarthritis of the knee or hip (adjunctive therapy).

Transgender Benefits

The CPHL Plan's Transgender benefits have been expanded to include procedures previously considered "cosmetic" in nature, in accordance with coverage WPATH (World Professional Association for Transgender Health) guidelines. The list below is a summary of the covered procedures. If you have specific questions about the coverage, please contact Aetna at 877-371-2007.

- Abdominoplasty
- Blepharoplasty
- Brow lift
- Calf implants
- Cheek/malar implants
- Chin/nose implants
- Collagen injections
- Construction of a clitoral hood
- Drugs for hair loss or growth
- Facial feminization and masculinization surgery
- Forehead lift
- Jaw reduction (jaw contouring)
- Hair removal (e.g., electrolysis, laser hair removal)
- Hair transplantation
- Lip reduction
- Liposuction
- Mastopexy
- Neck tightening
- Nipple reconstruction
- Nose implants
- Pectoral implants
- Pitch-raising surgery
- Removal of redundant skin
- Rhinoplasty
- Tracheal shave
- Voice therapy/voice lessons.

Effective January 1, 2018 and 2019

The CPHL Plan did not have any plan design changes.

Effective January 1, 2017

The CPHL In-network Deductible is changing from \$0 for Individual and Family to \$100 per Individual and \$200 per Family.

Faculty and staff retiring at age 55 and older are eligible for the Retiree Pre-Medicare Health Plan administered by Aetna. Faculty and staff retiring at age 65 and older and/or Medicare eligible can continue coverage in the Aetna Retiree 80/20 Plan or the Aetna Medicare Advantage Plan. Please refer to Coverage Upon Retirement below for more details.

Health Plan Documentation Requirements

For new enrollees or newly added dependents, copies required:

Spouse: Marriage Certificate

Domestic Partner: Statement of Domestic Partnership

Child(ren): Birth Certificate or Visa/Passport

Adopted Child(ren): Court Order confirming custody of adopted child

Hearing Aids

The deductible no longer applies. Repairs included. Updates page 10 of the Schedule of Benefits.

HIPAA Notice of Privacy Practices

The Privacy Officer has been updated to Gordon L. Barger.

Treatment of Infertility

Comprehensive Infertility and Advanced Reproductive Technology (ART) Expenses

To be an eligible covered female for benefits you must be covered under this Plan as an employee, or be a covered dependent who is the employee's spouse or domestic partner. And:

Exclusions and Limitations

Unless otherwise specified in the Treatment of Infertility section of the Booklet, the following charges will be payable as covered expenses under this Plan.

ART services for a female without a male partner attempting to become pregnant who is unable to conceive or produce conception after at least 12 cycles of donor insemination.

OptumRx

Maintenance Medications can be obtained for up to 90 days exclusively at Cornell Health (formerly Gannett Pharmacy) on the Ithaca Campus. You pay the applicable Home Delivery Copay.

Continuing Coverage Section, Page 61 Booklet Update

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Spouse, Domestic Partner and Dependent Coverage After Your Death

In the event that an active employee covered under an active endowed health plan dies, the coverage continues to the end of the month for eligible dependents covered at the time of the active employee's death. Eligible dependents will continue coverage under the Retiree Pre-Medicare Health Plan (RPHP), if non-Medicare eligible. If dependents are Medicare eligible, the coverage offered is the Retiree 80/20 Plan or MAPD. If a retiree dies, and is covered under the RPHP Plan, Retiree 80/20 or MAPD, the surviving spouse, domestic partner, and any current or future eligible covered dependent children may continue the applicable health plan until the surviving spouse remarries or the domestic partner enters a new domestic partnership, and/or the dependent children no longer qualify under the program's definitions. Coverage is effective the first of the month following the date of death. If the date of death is the first day of the month, then the coverage is effective as of that day.

The applicable University contribution will continue, and the surviving spouse or domestic partner will be billed by Aetna's Retiree Service Center for any required contribution.

Total Disability

A covered faculty or staff member who qualifies for long-term disability benefits can continue the coverage in effect at the time the disability occurs until the period the disability ends. The University contribution will continue during the period of the approved disability leave and the faculty or staff member will be billed for any required contribution. If you become eligible for coverage under Medicare, you are no longer eligible to remain in the Plan. You and your eligible dependents will be auto **enrolled in the Aetna Retiree 80/20 Plan**. Aetna will send you an enrollment guide with information to review the Aetna Retiree 80/20 Plan and the Aetna Medicare Advantage Plan. Even though you will be enrolled in the Aetna Retiree 80/20 Plan, you will have the opportunity to change from the Retiree 80/20 Plan to the Aetna Medicare Advantage Plan within 90 days of becoming Medicare Primary. You and your Medicare eligible dependents will be **required** to enroll in Medicare Parts A & B. Medicare becomes the primary payer and Aetna secondary. **It is your responsibility to enroll in Medicare Parts A & B. Failure to enroll when first eligible may result in financial penalties imposed by Social Security.** If your covered dependents are not yet Medicare eligible, Aetna will enroll them in the Retiree Pre-Medicare Health Plan (RPHP). You can call Aetna's Retiree Service Center 1-800-338-4533 for more details.

Coverage During Layoff

Faculty or staff members who are no longer working because of a layoff or reduction in work force will continue to receive the University contribution toward the cost of health coverage for up to 12 months provided they enroll in COBRA continuation coverage administered by PayFlex. If COBRA coverage is elected, you will be billed monthly by PayFlex for the employee portion of the cost of your health plan. At the end of 12 months, you will be billed at the full COBRA rate for the remaining six months for a total of 18 months of continuation coverage. Note: Individuals on a Layoff Status are no longer considered in a "current employment status" by Social Security Administration. Therefore, to avoid late enrollment penalties, you (and your dependents) if Medicare eligible due to age or disability, are responsible for contacting Social Security to enroll in both Medicare Parts A & B prior to your Layoff. Contact Social Security if you have questions.

Turning 65 During the Layoff Period

If you turn 65 during the initial 12 months of Layoff, Cornell permits you (and your Medicare eligible

dependents) to continue primary coverage under the CPHL Plan up to the initial 12 months at the employee rate. Once the initial 12 months is up, you will be billed at the full COBRA rate for the remaining 6 months (Medicare becomes primary and Aetna secondary for you and your Medicare eligible dependents) for a total of 18 months of COBRA coverage. You (and your Medicare eligible dependents) are responsible for contacting Social Security to enroll in both Medicare Parts A & B. The Social Security Administration does impose penalties for late enrollments. Note: Individuals on a Layoff Status are no longer considered in a “current employment status” by Social Security. Therefore, to avoid late enrollment penalties, you (and your dependents) if Medicare eligible due to age or disability are responsible for contacting Social Security to enroll in both Medicare Parts A & B prior to your Layoff. Contact Social Security if you have questions.

If you become eligible for Medicare after the first 12 months of Layoff, you will be billed at the full COBRA rate for the remaining 6 months (Medicare is primary, Aetna secondary) for a total of 18 months of COBRA coverage. Note: Individuals on a Layoff Status are no longer considered in a “current employment status” by Social Security. Therefore, to avoid late enrollment penalties, you (and your dependents) if Medicare eligible due to age or disability are responsible for contacting Social Security to enroll in both Medicare Parts A & B prior to your Layoff. Contact Social Security if you have questions.

Age 65 or Medicare Eligible at Start of the Layoff Period

If you are already eligible for Medicare when you enroll in COBRA, you and your Medicare eligible dependents will continue CPHL primary coverage (Medicare secondary) in this plan for the first 12 months at the employee rate. You will be billed at the full COBRA rate for the remaining 6 months (Medicare becomes primary and Aetna secondary) for a total of 18 months of COBRA coverage. Note: Individuals on a Layoff Status are no longer considered in a “current employment status” by Social Security. Therefore, to avoid late enrollment penalties, you (and your dependents) if Medicare eligible due to age or disability are responsible for contacting Social Security to enroll in both Medicare Parts A & B prior to your Layoff. Contact Social Security if you have questions.

Coverage Upon Retirement

The Aetna Retiree Service Center handles the enrollment, billing and administration. Aetna’s Retiree Service Center can be reached at 1-800-338-4533 if you have questions.

Your health coverage can be continued into retirement if you are at least age 55 when you retire, and have at least 10 years of benefit eligible service. If you are enrolled in an endowed health plan prior to retirement, your current active coverage will continue to the end of the month (unless your retirement date is the first of the month, then it is effective that date). If you are under 65 and otherwise not Medicare eligible, Aetna will automatically enroll you in the RPHP Plan effective the first of the month following your retirement date (unless your retirement date is the first of the month, then it is effective that date). If you are not enrolled at the time of retirement, Aetna will send an Enrollment Guide providing you limited opportunity to enroll. If you cancel the Health Plan at any time, you (and your dependents) will not be allowed to re-enroll at a later date.

Upon attainment of age 65, you and your Medicare eligible dependents will automatically be transferred to the Aetna Retiree 80/20 Plan. Aetna will send you an enrollment guide with information to review the Aetna Retiree 80/20 Plan and the Aetna Medicare Advantage Plan. Even though you will be auto enrolled in the Aetna Retiree 80/20 Plan, you will have the opportunity to change from the Retiree 80/20 Plan to the Aetna Medicare Advantage Plan within 90 days of becoming Medicare Primary. You

and your Medicare eligible dependents will be **required** to enroll in both Medicare Parts A & B *prior* to turning 65. Medicare becomes the primary payer and Aetna secondary. **It is your responsibility to enroll in both Medicare Parts A & B. Failure to enroll when first eligible may result in financial penalties imposed by Social Security.** This also applies to your dependents, if Medicare eligible. If you or your enrolled dependents fail to enroll in Medicare, then the Retiree 80/20 Plan will take Medicare's benefit into consideration, and the portion Medicare would have paid will be your responsibility. Medicare may impose a penalty if you fail to enroll when first eligible, subjecting you to financial penalties. (It is your responsibility to contact Social Security and understand the consequences of enrolling late or failing to enroll in accordance with their rules).

If you are not yet 65 when you retire but your enrolled spouse (and your dependents) are over 65 and also retired or otherwise qualify for Medicare primary coverage, he or she must enroll in Medicare Parts A&B prior to your retirement. They will automatically be moved by Aetna to the Aetna Retiree 80/20 Plan, the first of the month in which you retire. If you are not yet 65 when you retire but your domestic partner is over 65, he or she must enroll in Medicare Parts A&B regardless of status. If your spouse or domestic partner fails to enroll, then the Plan will take Medicare's benefit into consideration, and the portion Medicare would have paid will be your responsibility. Medicare may impose a penalty if you fail to enroll when first eligible. (It is your responsibility to contact Social Security and understand the consequences of enrolling late or failing to enroll in accordance with their rules).

If you are 65 or older when you retire and eligible for Medicare, you and your covered Medicare eligible dependents will receive coverage under the Retiree 80/20 Plan or MAPD. This coverage is described in a separate plan summary booklet that is available upon request from Benefit Services at Cornell University, 395 Pine Tree Road, Ithaca, NY 14850, or call (607) 255-3936. It is also available on the Benefits website: <https://hr.cornell.edu/>

Effective January 1, 2016

The medical and prescription drug copays apply to the out of pocket maximum for in- network services. The plan includes all of the preventive care benefits mandated by the ACA. Below are the items revised or added for 2016:

- Eye exam (routine)-is now covered every year after copay
- Routine physical exam Age limit modified for CPHL: from age 19 changed to age 22 and up;
- Well Child age limit changed from birth to age 3 to birth to age 22

Preventive Care Covered at 100% In-network

Routine Physical Exams	Family Planning – Tubal Ligation
Obesity Preventive Counseling	Lactation Consultation
Tobacco Preventive Counseling	Contraceptive drugs and devices (except those covered by RX plan) including associated office visit (i.e. IUDs).
Alcohol/Drug Abuse Counseling	Breast Pumps and supplies
Preventive Lung Cancer Screening Colorectal Cancer Screening (ie colonoscopy) Routine PSA and DRE	Contraceptive Consultation

Routine GYN and Pap	Routine eye exam (includes pediatric) is covered at 100% every (instead of every year).
Routine mammography	Prenatal care covered at 100% (delivery & nursery care remain covered at 90%).
Breast Pumps and supplies	OptumRx Prescription Drug Plan covers: Oral Contraceptives, barrier methods, OTC contraceptives, Plan B and ella (prescription required).
Pre-natal maternity office visits	OptumRx Prescription Drug Plan covers: Aspirin products, iron supplements, Vitamin D, Folic Acid & Prenatal Vitamins with prescription.

The Prescription Drug Plan is changing from Express Scripts (ESI) to OptumRx

- The copays are not changing and remain \$5/\$30/\$50 for retail and \$10/\$60/\$90 Home Delivery in-network
- The drug formulary is changing
- Some medications are excluded
- Home Delivery of maintenance medications/specialty medications can be delivered to your home address or new for 2016, you can direct the delivery to Gannett Health Center Pharmacy on the Ithaca campus.
- Brioiva is the specialty pharmacy replacing ESI's Accredo
- Aspirin products, iron supplements, Vitamin D, Folic Acid & Prenatal Vitamins with prescription covered at \$0 copay (in-network)

Effective September 1, 2016

OptumRx

Gannett Pharmacy can fill up to a 90 day supply of maintenance medications at the Gannett Pharmacy on the Ithaca campus. (Filling a 90 day at retail is limited to Gannett Pharmacy only)

You pay the mail order copay of Tier 1: \$10, Tier 2: \$60, Tier 3: \$90