Cornell University Benefit Services & Administration

Retiree Pre-Medicare Health Plan Addendum

The information below is intended to serve as an update to the January 1, 2017 Retiree Pre-Medicare Health Plan (RPHP) Summary Plan Description (SPD) administered by Aetna.

Effective January 1, 2025

Blood Product Acquisition

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

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. •

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.

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.

Skilled Nursing Facility

Skilled Nursing Facility visit limit increased from 90 days per calendar year to 120 days per calendar year, in-network and out-of-network.

Effective January 1, 2023

The RPHP 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 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 RPHP 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 RPHP'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

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- Pitch-raising surgery
- · Removal of redundant skin
- · Rhinoplasty
- Tracheal shave
- Voice therapy/voice lessons.

Effective January 1, 2018 and 2019

The RPHP did not have any plan design changes.