

## Weill Cornell Medicine PPO Addendum

The information below is intended to serve as an update to the January 1, 2017 Cornell Program for Healthy Living Plan (CPHL) Summary Plan Description (SPD)

### 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 WCM-PPO 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.

#### **Transgender Benefits**

The WCM-PPO 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

Updated 07/11/2022

WCM-PPO Addendum

*Diversity and Inclusion are a part of Cornell University's heritage. We are a recognized employer and educator valuing AA/EEO, Protected Veterans, and Individuals with Disabilities. We also recognize a lawful preference in employment practices for Native Americans living on or near Indian reservations.*

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## **Effective January 1, 2018 and 2019**

The WCM-PPO Plan did not have any plan design changes.

## **Effective January 1, 2017**

### **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

### **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.