2025 Endowed Health Plan Comparison Chart

AETNA POS II* 3 PLAN OPTIONS	CORNELL PROGRAM FOR HEALTHY LIVING		WEILL CORNELL MEDICINE PPO		AETNA HDHP WITH HSA	
Plan Features	In-Network Coverage	Out-of-Network Coverage **	In-Network Coverage	Out-of-Network Coverage*	In-Network Coverage	Out-of-Network Coverage*
Deductible (per calendar year)	(Preferred Benefit Level) \$100 Individual	(Non-Preferred Benefit Level) \$400 Individual	(Preferred Benefit Level) \$300 Individual	(Non-Preferred Benefit Level) \$750 Individual	(Preferred Benefit Level) \$1,650 Individual \$3,300 Family	(Non-Preferred Benefit Level) \$3,000 Individual
ifetime Maximum	\$200 Family Unlimited	\$800 Family Unlimited	\$600 Family Unlimited	\$1,500 Family Unlimited	Unlimited	\$6,000 Family Unlimited
out-of-Pocket Maximum per calendar ear (includes deductible and medical & x copays)	\$2,000 Individual \$4,000 Family	\$3,500 Individual \$7,000 Family	\$2,300 Individual \$4,600 Family	\$3,750 Individual \$7,500 Family	\$3,250 Individual \$5,500 Family	\$4,250 Individual \$7,500 Family
025 Account-based Cornell ontribution	N/A	N/A	N/A	N/A	\$1,000 per year, pro-rated if not enrolling duri	ng open enrollment
025 Contribution Maximums	N/A	N/A	N/A	N/A	\$4,300 Individual, \$8,550 Family (includes Co Employees age 55 and older can contribute a	rnell's contribution). an additional \$1000.
HYSICIAN SERVICES						
	Testing, treatment: 100% after \$20 copay		Testing, treatment: 100% after \$10 copay Weill network: 100% after \$20 PCP co-			
Illergy Testing, Treatments, Shots	Shots: 90% after deductible	80% after deductible	pay/\$30 Specialist Aetna Network. Shots: 100% no deductible	70% after deductible	90% after deductible	80% after deductible
hiropractic Visits	100% after \$20 copay	80% after deductible	100% after \$10 copay Weill network; 100% after \$30 copay Aetna network. 36 visit max.	70% after deductible. 36 visit max.	90% after deductible	80% after deductible
Diagnostic X-Ray/Laboratory	90% after deductible (except in physician office when it is 100% after \$20 copay)	80% after deductible	X-ray: 100% after \$10 copay Weill network; 90% after deductible Aetna network (except in physician office when office visit copay applies). Lab: 90% after deductible.	70% after deductible	90% after deductible	80% after deductible
ye Exam (routine)	100% after \$20 copay (1 exam per calendar year)	80% after deductible (1 exam per calendar year)	100% after \$10 copay Weill network; 100% after \$30 copay Aetna network.	70% after deductible (1 exam per calendar year)	No deductible, \$20 copay (1 exam per calendar year)	80% after deductible (1 exam per calend year)
lu Vaccination (injection)	100%	80% after deductible	(1 exam per calendar year) 100%	70% after deductible	No deductible, \$20 copay	80% after deductible
ynecological Exams (routine)	100% (1 gyn exam and pap test per calendar year)	80% after deductible (1 gyn exam and pap test per calendar year)	100% (1 gyn exam and pap test per calendar year)	70% after deductible (1 gyn exam and pap test per calendar year)	No deductible, 100% (1 gyn exam and pap test per calendar year)	80% after deductible (1 gyn exam and p test per calendar year)
earing Exam (routine)	100% after \$20 copay (1 exam every 2 yrs)	80% after deductible (1 exam every 2 yrs)	100% after \$10 copay Weill network; 100% after \$30 copay Aetna network (1 exam per	70% after deductible (1 exam per calendar year)	No deductible, \$20 copay (1 exam every 2 yrs)	80% after deductible (1 exam every 2 yr
learing Aid Equipment	Adults & children 13 and older: reimbursed at 100% no copay or deductible up to \$3,000 per hearing aid per ear once every 3 yrs. Children age 12 and under: Reimbursed at 100% no copay or deductible up to \$3,000 per hearing aid per ear, once every 2 years. Excludes batteries.	Adults & children 13 and older: reimbursed at 100% no copay or deductible up to \$3,000 per hearing aid per ear once every 3 yrs. Children age 12 and under: Reimbursed at 100% no copay or deductible up to \$3,000 per hearing aid per ear, once every 2 years. Excludes batteries.	calendar year) Adults & children: reimbursed at 100% no copay and no deductible, max \$3,000 total every 3 years. Excludes batteries.	Adults & children: reimbursed at 100% no copay and no deductible, max \$3,000 total every 3 years. Excludes batteries.	Adults & children 13 and older: Deductible, reimbursed at 100% up to \$3,000 per hear- ing aid per ear once every 3 yrs. Children age 12 and under: Deductible, reimbursed at 100% up to \$3,000 per hearing aid per ear, once every 2 years. Excludes batteries.	Adults & children 13 and older: Deducti reimbursed at 100% up to \$3,000 per h- ing aid per ear once every 3 yrs. Children age 12 and under: Deductible, reimburs at 100% up to \$3,000 per hearing aid per ear, once every 2 years. Excludes batteries.
lammography Exam Routine	100%	80% after deductible	100%	70% after deductible	No deductible, 100%	80% after deductible
office Visit	100% after \$20 copay	80% after deductible	100% after \$10 copay Weill network; 100% after \$20 copay Aetna network. Does not include ob/gyn (refer to specialist)	70% after deductible. Does not include ob/gyn (refer to specialist)	90% after deductible	80% after deductible
elemedicine Office Visit	100% after \$20 copay	80% after deductible	100% after \$10 copay Weill network; 100% after \$20 copay Aetna network. Does not include ob/gyn (refer to specialist)	70% after deductible. Does not include ob/gyn (refer to specialist)	90% after deductible	80% after deductible
Physical Exams (routine)	100% (1 exam per calendar year for ages 22 and older)	80% after deductible (1 exam per calendar year for ages 22 and older)	100% (1 exam per calendar year for ages 22 and older)	70% after deductible (1 exam per calendar year for ages 22 and older)	No deductible, 100% (1 exam per calendar year age 22 and over)	80% after deductible (1 exam per calend year age 22 and over)
Vell Child Care Physician Hospital Services	100% (birth to age 22) 90% after deductible	80% after deductible (birth to age 22) 80% after deductible	100% (birth to age 22) 90% after deductible	70% after deductible (birth to age 22) 70% after deductible	No deductible, 100% (birth to age 22) 90% after deductible	80% after deductible (birth to age 22) 80% after deductible
pecialist Office Visits	100% after \$20 copay	80% after deductible	100% after \$10 copay Weill network; 100% after \$30 copay Aetna network. Includes ob/gyn	70% after deductible. Includes ob/gyn.	90% after deductible	80% after deductible
urgery	90% after deductible (except in physician office when office visit copay applies)	80% after deductible	90% after deductible (except in physician office when office visit copay applies)	70% after deductible	90% after deductible	80% after deductible
OSPITAL	onice when onice visit copay applies)		once when once visit copay applies)			
npatient Coverage	90% after deductible	80% after deductible; pre-certification required	90% after deductible	70% after deductible; pre-certification required	90% after deductible	80% after deductible; pre-certification required
outpatient Coverage	90% after deductible	80% after deductible; pre-certification				80% after deductible; pre-certification
		required for certain procedures	90% after deductible	70% after deductible; pre-certification re- quired for certain procedures	90% after deductible	required for certain procedures
mergency Room	90% after deductible		90% after deductible 90% after deductible		90% after deductible 90% after deductible	
lon-emergency Use of Emergency Room	90% after deductible	required for certain procedures		quired for certain procedures		required for certain procedures 80% after deductible
Non-emergency Use of Emergency Room	90% after deductible	required for certain procedures 90% paid as in-network	90% after deductible	quired for certain procedures 90% after in-network deductible	90% after deductible	required for certain procedures 80% after deductible (paid as in-network)
Ion-emergency Use of Emergency Room THER COVERED SERVICES Imbulance	90% after deductible 50% after deductible	required for certain procedures 90% paid as in-network 50% after deductible	90% after deductible 50% after deductible	quired for certain procedures 90% after in-network deductible 50% after deductible 90% after deductible 90% after deductible 70% after deductible (\$30,000 lifetime max per	90% after deductible Deductible, then 50%	required for certain procedures 80% after deductible (paid as in-network) Deductible, then 50% 90% after deductible 80% after deductible (\$30,000 lifetime n
Ion-emergency Use of Emergency Room THER COVERED SERVICES Imbulance Intificially Assisted Fertilization	90% after deductible 50% after deductible 90% after deductible 90% after deductible (\$30,000 lifetime max per family for all covered services) 90% after deductible	required for certain procedures 90% paid as in-network 50% after deductible 90% after deductible 80% after deductible (\$30,000 lifetime max per family for all covered services) 80% after deductible	90% after deductible 50% after deductible 90% after deductible 90% after deductible (\$30,000 lifetime max per family but there are limits on specific services) 90% after deductible	quired for certain procedures90% after in-network deductible50% after deductible90% after deductible70% after deductible (\$30,000 lifetime max per family but there are limits on specific services)70% after deductible	90% after deductible Deductible, then 50% 90% after deductible 90% after deductible 90% after deductible (\$30,000 lifetime max per family for all covered services) 90% after deductible	required for certain procedures 80% after deductible (paid as in-network) Deductible, then 50% 90% after deductible 80% after deductible (\$30,000 lifetime n per family for all covered services) 80% after deductible
Emergency Room Non-emergency Use of Emergency Room ITHER COVERED SERVICES Ambulance Artificially Assisted Fertilization Durable Medical Equipment Home Health Care Hospice Care	90% after deductible 50% after deductible 90% after deductible 90% after deductible (\$30,000 lifetime max per family for all covered services) 90% after deductible 90% after deductible 90% after deductible; up to 120 visits per calendar year	required for certain procedures 90% paid as in-network 50% after deductible 90% after deductible 80% after deductible (\$30,000 lifetime max per family for all covered services)	90% after deductible50% after deductible90% after deductible90% after deductible (\$30,000 lifetime max per family but there are limits on specific services)90% after deductible90% after deductible90% after deductible; up to 200 visits per calendar year100%	quired for certain procedures 90% after in-network deductible 50% after deductible 90% after deductible 90% after deductible 70% after deductible (\$30,000 lifetime max per family but there are limits on specific services)	90% after deductibleDeductible, then 50%90% after deductible90% after deductible (\$30,000 lifetime max per family for all covered services)90% after deductible90% after deductible90% after deductible90% after deductibleDeductible, then 100%	required for certain procedures 80% after deductible (paid as in-network) Deductible, then 50% 90% after deductible 80% after deductible (\$30,000 lifetime n per family for all covered services) 80% after deductible
Ann-emergency Use of Emergency Room OTHER COVERED SERVICES Ambulance Artificially Assisted Fertilization Durable Medical Equipment Home Health Care Hospice Care	90% after deductible 50% after deductible 90% after deductible 90% after deductible (\$30,000 lifetime max per family for all covered services) 90% after deductible 90% after deductible 90% after deductible; up to 120 visits per calendar year 100% Prenatal Care 100% (excludes lab work and ultrasounds; covered at 90% after deduct-	required for certain procedures 90% paid as in-network 50% after deductible 90% after deductible 80% after deductible (\$30,000 lifetime max per family for all covered services) 80% after deductible 80% after deductible; up to 120 visits per calendar year	90% after deductible50% after deductible90% after deductible90% after deductible (\$30,000 lifetime max per family but there are limits on specific services)90% after deductible90% after deductible90% after deductible; up to 200 visits per calendar year100%Prenatal Care 100% (excludes lab work and ultrasounds; covered at 90% after deduct-	quired for certain procedures90% after in-network deductible50% after deductible90% after deductible90% after deductible70% after deductible (\$30,000 lifetime max per family but there are limits on specific services)70% after deductible70% after deductible; up to 200 visits per calendar year	90% after deductible Deductible, then 50% 90% after deductible 90% after deductible (\$30,000 lifetime max per family for all covered services) 90% after deductible 90% after deductible 90% after deductible; up to 120 visits per calendar year Deductible, then 100% Prenatal Care no deductible, 100% (ex- cludes lab work and ultrasounds; covered	required for certain procedures 80% after deductible (paid as in-network) Deductible, then 50% 90% after deductible 80% after deductible (\$30,000 lifetime r per family for all covered services) 80% after deductible 80% after deductible
Non-emergency Use of Emergency Room THER COVERED SERVICES Ambulance Artificially Assisted Fertilization Durable Medical Equipment Home Health Care Hospice Care Maternity	90% after deductible 50% after deductible 90% after deductible 90% after deductible (\$30,000 lifetime max per family for all covered services) 90% after deductible 90% after deductible 90% after deductible; up to 120 visits per calendar year 100% Prenatal Care 100% (excludes lab work and ultrasounds; covered at 90% after deduct- ible) Delivery and routine nursery care 90% after deductible	required for certain procedures 90% paid as in-network 50% after deductible 90% after deductible 80% after deductible (\$30,000 lifetime max per family for all covered services) 80% after deductible 80% after deductible; up to 120 visits per calendar year 80% after deductible 80% after deductible	90% after deductible 50% after deductible 90% after deductible 90% after deductible (\$30,000 lifetime max per family but there are limits on specific services) 90% after deductible 90% after deductible 90% after deductible 90% after deductible; up to 200 visits per calendar year 100% Prenatal Care 100% (excludes lab work and ultrasounds; covered at 90% after deductible) Delivery and routine nursery care 90% after deductible	quired for certain procedures90% after in-network deductible50% after deductible90% after deductible90% after deductible70% after deductible (\$30,000 lifetime max per family but there are limits on specific services)70% after deductible70% after deductible; up to 200 visits per calendar year70% after deductible70% after deductible70% after deductible70% after deductible70% after deductible70% after deductible	90% after deductible Deductible, then 50% 90% after deductible 90% after deductible (\$30,000 lifetime max per family for all covered services) 90% after deductible 90% after deductible 90% after deductible 90% after deductible; up to 120 visits per calendar year Deductible, then 100% Prenatal Care no deductible, 100% (excludes lab work and ultrasounds; covered deductible, then 90%) Deductible, then 90% delivery and routine nursery care	required for certain procedures 80% after deductible (paid as in-network) Deductible, then 50% 90% after deductible 80% after deductible (\$30,000 lifetime n per family for all covered services) 80% after deductible 80% after deductible; up to 120 visits per calendar year 80% after deductible
Non-emergency Use of Emergency Room OTHER COVERED SERVICES Ambulance Artificially Assisted Fertilization Durable Medical Equipment Home Health Care	90% after deductible50% after deductible90% after deductible90% after deductible (\$30,000 lifetime max per family for all covered services)90% after deductible (\$30,000 lifetime max per family for all covered services)90% after deductible90% after deductible90% after deductible; up to 120 visits per calendar year100%Prenatal Care 100% (excludes lab work and ultrasounds; covered at 90% after deduct- ible) Delivery and routine nursery care 90% after deductible100%	required for certain procedures 90% paid as in-network 50% after deductible 90% after deductible 80% after deductible (\$30,000 lifetime max per family for all covered services) 80% after deductible 80% after deductible; up to 120 visits per calendar year 80% after deductible	90% after deductible50% after deductible90% after deductible90% after deductible (\$30,000 lifetime max per family but there are limits on specific services)90% after deductible90% after deductible; up to 200 visits per calendar year100%Prenatal Care 100% (excludes lab work and ultrasounds; covered at 90% after deduct- ible) Delivery and routine nursery care 90% after deductible100%100%	quired for certain procedures90% after in-network deductible50% after deductible90% after deductible90% after deductible70% after deductible (\$30,000 lifetime max per family but there are limits on specific services)70% after deductible70% after deductible; up to 200 visits per calendar year70% after deductible	90% after deductible Deductible, then 50% 90% after deductible 90% after deductible (\$30,000 lifetime max per family for all covered services) 90% after deductible 90% after deductible 90% after deductible; up to 120 visits per calendar year Deductible, then 100% Prenatal Care no deductible, 100% (ex- cludes lab work and ultrasounds; covered deductible, then 90%) Deductible, then 90%	required for certain procedures 80% after deductible (paid as in-network) Deductible, then 50% 90% after deductible 80% after deductible (\$30,000 lifetime n per family for all covered services) 80% after deductible 80% after deductible 80% after deductible; up to 120 visits per calendar year 80% after deductible
Ion-emergency Use of Emergency Room THER COVERED SERVICES ambulance artificially Assisted Fertilization burable Medical Equipment lome Health Care lospice Care Maternity breastfeeding Supplies and Counseling	90% after deductible 50% after deductible 90% after deductible 90% after deductible (\$30,000 lifetime max per family for all covered services) 90% after deductible 90% after deductible 90% after deductible; up to 120 visits per calendar year 100% Prenatal Care 100% (excludes lab work and ultrasounds; covered at 90% after deduct- ible) Delivery and routine nursery care 90% after deductible	required for certain procedures 90% paid as in-network 50% after deductible 90% after deductible 80% after deductible (\$30,000 lifetime max per family for all covered services) 80% after deductible 80% after deductible; up to 120 visits per calendar year 80% after deductible 80% after deductible	90% after deductible50% after deductible50% after deductible90% after deductible90% after deductible (\$30,000 lifetime max per family but there are limits on specific services)90% after deductible90% after deductible90% after deductible; up to 200 visits per calendar year100%Prenatal Care 100% (excludes lab work and ultrasounds; covered at 90% after deduct- ible) Delivery and routine nursery care 90% after deductible100%	quired for certain procedures90% after in-network deductible50% after deductible90% after deductible90% after deductible70% after deductible (\$30,000 lifetime max per family but there are limits on specific services)70% after deductible70% after deductible; up to 200 visits per calendar year70% after deductible70% after deductible70% after deductible70% after deductible70% after deductible70% after deductible	90% after deductible Deductible, then 50% 90% after deductible 90% after deductible (\$30,000 lifetime max per family for all covered services) 90% after deductible 90% after deductible 90% after deductible 90% after deductible; up to 120 visits per calendar year Deductible, then 100% Prenatal Care no deductible, 100% (excludes lab work and ultrasounds; covered deductible, then 90%) Deductible, then 90% delivery and routine nursery care	required for certain procedures 80% after deductible (paid as in-network) Deductible, then 50% 90% after deductible 80% after deductible (\$30,000 lifetime m per family for all covered services) 80% after deductible 80% after deductible; up to 120 visits per calendar year 80% after deductible 80% after deductible 80% after deductible 80% after deductible 80% after deductible
Non-emergency Use of Emergency Room THER COVERED SERVICES Ambulance Artificially Assisted Fertilization Durable Medical Equipment Home Health Care Hospice Care Maternity	90% after deductible 50% after deductible 90% after deductible 90% after deductible (\$30,000 lifetime max per family for all covered services) 90% after deductible (\$30,000 lifetime max per family for all covered services) 90% after deductible; up to 120 visits per calendar year 100% Prenatal Care 100% (excludes lab work and ultrasounds; covered at 90% after deduct- ible) Delivery and routine nursery care 90% after deductible 100% 100% after \$20 copay in physician office (for accidental injuries, certain surgical extractions, periodontal surgery),	required for certain procedures 90% paid as in-network 50% after deductible 90% after deductible 80% after deductible (\$30,000 lifetime max per family for all covered services) 80% after deductible 80% after deductible; up to 120 visits per calendar year 80% after deductible 80% after deductible 80% after deductible 80% after deductible 80% after deductible	90% after deductible 50% after deductible 90% after deductible 90% after deductible (\$30,000 lifetime max per family but there are limits on specific services) 90% after deductible 90% after deductible 90% after deductible 90% after deductible; up to 200 visits per calendar year 100% Prenatal Care 100% (excludes lab work and ultrasounds; covered at 90% after deductible) Delivery and routine nursery care 90% after deductible 100% 100% 100% 100% after \$10 copay in Weill network physician office and \$30 copay in Aetna network physician office; 90% after deductible if performed inpatient/outpatient hospital (for accidental injuries, certain surgical extractions,	quired for certain procedures90% after in-network deductible50% after deductible90% after deductible90% after deductible70% after deductible (\$30,000 lifetime max per family but there are limits on specific services)70% after deductible70% after deductible; up to 200 visits per calendar year70% after deductible70% after deductible <td>90% after deductible Deductible, then 50% 90% after deductible 90% after deductible (\$30,000 lifetime max per family for all covered services) 90% after deductible 90% after deductible 90% after deductible 90% after deductible; up to 120 visits per calendar year Deductible, then 100% Prenatal Care no deductible, 100% (excludes lab work and ultrasounds; covered deductible, then 90%) Deductible, then 90% delivery and routine nursery care No deductible, 100% 90% after deductible (for accidental injuries, certain surgical extractions,</td> <td>required for certain procedures 80% after deductible (paid as in-network) Deductible, then 50% 90% after deductible 80% after deductible (\$30,000 lifetime m per family for all covered services) 80% after deductible 80% after deductible; up to 120 visits per calendar year 80% after deductible 80% after deductible 80% after deductible 80% after deductible 80% after deductible</br></br></td>	90% after deductible Deductible, then 50% 90% after deductible 90% after deductible (\$30,000 lifetime max per family for all covered services) 90% after deductible 90% after deductible 90% after deductible 90% after deductible; up to 120 visits per calendar year Deductible, then 100% Prenatal Care no deductible, 100% (excludes lab work and ultrasounds; covered deductible, then 90%) Deductible, then 90% delivery and routine nursery care No deductible, 100% 90% after deductible (for accidental injuries, certain surgical extractions,	required for certain procedures 80% after deductible (paid as in-network) Deductible, then 50% 90% after deductible
Ion-emergency Use of Emergency Room THER COVERED SERVICES Imbulance Intificially Assisted Fertilization Purable Medical Equipment Iome Health Care Iospice Care Naternity Breastfeeding Supplies and Counseling Pral Surgery Physical/Occupational/Speech Therapy, nd Cardiac Rehab	90% after deductible50% after deductible90% after deductible90% after deductible (\$30,000 lifetime max per family for all covered services)90% after deductible (\$30,000 lifetime max per family for all covered services)90% after deductible90% after deductible; up to 120 visits per calendar year100%Prenatal Care 100% (excludes lab work and ultrasounds; covered at 90% after deduct- ible) Delivery and routine nursery care 90% after deductible100%100% after \$20 copay in physician office (for accidental injuries, certain surgical extractions, periodontal surgery), otherwise 90% after deductible90% after deductible90% after deductible	required for certain procedures90% paid as in-network50% after deductible90% after deductible90% after deductible (\$30,000 lifetime max per family for all covered services)80% after deductible80% after deductible; up to 120 visits per calendar year80% after deductible80% after dedu	90% after deductible50% after deductible90% after deductible90% after deductible (\$30,000 lifetime max per family but there are limits on specific services)90% after deductible90% after deductible; up to 200 visits per calendar year100%Prenatal Care 100% (excludes lab work and ultrasounds; covered at 90% after deduct- ible) Delivery and routine nursery care 90% after deductible100%100% after \$10 copay in Weill network physi- cian office and \$30 copay in Aetna network physician office; 90% after deductible if per- formed inpatient/outpatient hospital (for acci- dental injuries, certain surgical extractions, periodontal surgery)90% after deductible100%	quired for certain procedures90% after in-network deductible50% after deductible90% after deductible90% after deductible (\$30,000 lifetime max per family but there are limits on specific services)70% after deductible70% after deductible; up to 200 visits per calendar year70% after deductible70% after deductible (for accidental injuries, certain surgical extractions, periodontal surgery)70% after deductible.70% after deductible	90% after deductible90% after deductible90% after deductible90% after deductible (\$30,000 lifetime max per family for all covered services)90% after deductible90% after deductible90% after deductible90% after deductible; up to 120 visits per calendar yearDeductible, then 100%Prenatal Care no deductible, 100% (ex- cludes lab work and ultrasounds; covered deductible, then 90%) Deductible, then 90% delivery and routine nursery careNo deductible, 100%90% after deductible (for accidental injuries, certain surgical extractions, periodontal surgery)90% after deductible90% after deductible	required for certain procedures 80% after deductible (paid as in-network) Deductible, then 50% 90% after deductible 80% after deductible (\$30,000 lifetime m per family for all covered services) 80% after deductible 80% after deductible; up to 120 visits per calendar year 80% after deductible 80% after deductible (for accidental inju- certain surgical extractions, periodontal surgery) 80% after deductible
Ion-emergency Use of Emergency Room THER COVERED SERVICES Imbulance Intificially Assisted Fertilization Purable Medical Equipment Iome Health Care Iospice Care Iaternity Ireastfeeding Supplies and Counseling Pral Surgery hysical/Occupational/Speech Therapy, nd Cardiac Rehab Iabilitative Services (PT/OT/ST)	90% after deductible50% after deductible90% after deductible90% after deductible (\$30,000 lifetime max per family for all covered services)90% after deductible (\$30,000 lifetime max per family for all covered services)90% after deductible90% after deductible; up to 120 visits per calendar year100%Prenatal Care 100% (excludes lab work and ultrasounds; covered at 90% after deduct- ible) Delivery and routine nursery care 90% after deductible100%100% after \$20 copay in physician office (for accidental injuries, certain surgical extractions, periodontal surgery), otherwise 90% after deductible90% after deductible100%90% after deductible; up to 70, 8-hour shifts per calendar year.	required for certain procedures 90% paid as in-network 50% after deductible 90% after deductible 80% after deductible (\$30,000 lifetime max per family for all covered services) 80% after deductible 80% after deductible; up to 120 visits per calendar year 80% after deductible 80% after deductible	90% after deductible50% after deductible90% after deductible90% after deductible (\$30,000 lifetime max per family but there are limits on specific services)90% after deductible90% after deductible; up to 200 visits per calendar year100%Prenatal Care 100% (excludes lab work and ultrasounds; covered at 90% after deduct- ible) Delivery and routine nursery care 90% after deductible100%100% after \$10 copay in Weill network physician office; 90% after deductible if per- formed inpatient/outpatient hospital (for acci- dental injuries, certain surgical extractions, periodontal surgery)90% after deductible100%Not covered unless part of Home Health Care.	quired for certain procedures90% after in-network deductible50% after deductible90% after deductible90% after deductible (\$30,000 lifetime max per family but there are limits on specific services)70% after deductible70% after deductible; up to 200 visits per calendar year70% after deductible70% after deductible <td>90% after deductible90% after deductible90% after deductible90% after deductible (\$30,000 lifetime max per family for all covered services)90% after deductible90% after deductible90% after deductible; up to 120 visits per calendar yearDeductible, then 100%Prenatal Care no deductible, 100% (ex- cludes lab work and ultrasounds; covered deductible, then 90%) Deductible, then 90% delivery and routine nursery careNo deductible, 100%90% after deductible (for accidental injuries, certain surgical extractions, periodontal surgery)90% after deductible90% after deductible90% after deductible90% after deductible90% after deductible90% after deductible</td> <td>required for certain procedures 80% after deductible (paid as in-network) Deductible, then 50% 90% after deductible 80% after deductible (\$30,000 lifetime n per family for all covered services) 80% after deductible 80% after deductible; up to 120 visits per calendar year 80% after deductible 80% after deductible</br></br></td>	90% after deductible90% after deductible90% after deductible90% after deductible (\$30,000 lifetime max per family for all covered services)90% after deductible90% after deductible90% after deductible; up to 120 visits per calendar yearDeductible, then 100%Prenatal Care no deductible, 100% (ex- cludes lab work and ultrasounds; covered deductible, then 90%) Deductible, then 90% delivery and routine nursery careNo deductible, 100%90% after deductible (for accidental injuries, certain surgical extractions, periodontal surgery)90% after deductible90% after deductible90% after deductible90% after deductible90% after deductible90% after deductible	required for certain procedures 80% after deductible (paid as in-network) Deductible, then 50% 90% after deductible
on-emergency Use of Emergency Room THER COVERED SERVICES mbulance rtificially Assisted Fertilization urable Medical Equipment ome Health Care ospice Care laternity reastfeeding Supplies and Counseling ral Surgery hysical/Occupational/Speech Therapy, nd Cardiac Rehab abilitative Services (PT/OT/ST) rivate Duty Nursing killed Nursing Facility	90% after deductible50% after deductible90% after deductible90% after deductible (\$30,000 lifetime max per family for all covered services)90% after deductible (\$30,000 lifetime max per family for all covered services)90% after deductible; up to 120 visits per calendar year100%Prenatal Care 100% (excludes lab work and ultrasounds; covered at 90% after deduct- ible) Delivery and routine nursery care 90% after deductible100%100% after \$20 copay in physician office (for accidental injuries, certain surgical extractions, periodontal surgery), otherwise 90% after deductible90% after deductible100%90% after deductible; up to 70, 8-hour shifts per calendar year.90% after deductible; up to 120 days per calendar year	required for certain procedures90% paid as in-network50% after deductible90% after deductible90% after deductible (\$30,000 lifetime max per family for all covered services)80% after deductible (\$30,000 lifetime max per calendar year80% after deductible; up to 120 visits per calendar year80% after deductible80% after deductible	90% after deductible50% after deductible90% after deductible90% after deductible (\$30,000 lifetime max per family but there are limits on specific services)90% after deductible90% after deductible; up to 200 visits per calendar year100%Prenatal Care 100% (excludes lab work and ultrasounds; covered at 90% after deduct- ible) Delivery and routine nursery care 90% after deductible100%100% after \$10 copay in Weill network physi- cian office and \$30 copay in Aetna network physician office; 90% after deductible if per- formed inpatient/outpatient hospital (for acci- dental injuries, certain surgical extractions, periodontal surgery)90% after deductible100%100%	quired for certain procedures90% after in-network deductible50% after deductible90% after deductible90% after deductible (\$30,000 lifetime max per family but there are limits on specific services)70% after deductible70% after deductible; up to 200 visits per calendar year70% after deductible70% after deductible.70% after deductible.70% after deductible.70% after deductible70% after deductible	90% after deductible90% after deductible90% after deductible90% after deductible (\$30,000 lifetime max per family for all covered services)90% after deductible90% after deductible90% after deductible; up to 120 visits per calendar yearDeductible, then 100%Prenatal Care no deductible, 100% (ex- cludes lab work and ultrasounds; covered deductible, then 90%) Deductible, then 90% delivery and routine nursery careNo deductible, 100%90% after deductible (for accidental injuries, certain surgical extractions, periodontal surgery)90% after deductible90% after deductible90% after deductible90% after deductible90% after deductible	required for certain procedures 80% after deductible (paid as in-network) Deductible, then 50% 90% after deductible 80% after deductible (\$30,000 lifetime n per family for all covered services) 80% after deductible; up to 120 visits per calendar year 80% after deductible 80% after deductible
Ion-emergency Use of Emergency Room THER COVERED SERVICES Imbulance Intificially Assisted Fertilization Purable Medical Equipment Iome Health Care Iospice Care Naternity Preastfeeding Supplies and Counseling Pral Surgery Physical/Occupational/Speech Therapy, nd Cardiac Rehab Iabilitative Services (PT/OT/ST) Private Duty Nursing Packilled Nursing Facility PRESCRIPTION DRUG ADMINISTRATION	90% after deductible50% after deductible90% after deductible90% after deductible (\$30,000 lifetime max per family for all covered services)90% after deductible90% after deductible90% after deductible; up to 120 visits per calendar year100%Prenatal Care 100% (excludes lab work and ultrasounds; covered at 90% after deduct- ible) Delivery and routine nursery care 90% after deductible100%100% after \$20 copay in physician office (for accidental injuries, certain surgical extractions, periodontal surgery), otherwise 90% after deductible100%90% after deductible; up to 70, 8-hour shifts per calendar year.90% after deductible; up to 120 days per calendar year90% after deductible; up to 120 days per calendar year90% after deductible; up to 120 days per calendar year90% after 1: \$5; Tier 2: \$30; Tier 3: \$50. Up to 30	required for certain procedures 90% paid as in-network 50% after deductible 90% after deductible 80% after deductible (\$30,000 lifetime max per family for all covered services) 80% after deductible 80% after deductible; up to 120 visits per calendar year 80% after deductible 80% after deductible; up to 70, 8-hour shifts per calendar year 80% after deductible; up to 120 days per	90% after deductible50% after deductible90% after deductible90% after deductible (\$30,000 lifetime max per family but there are limits on specific services)90% after deductible90% after deductible90% after deductible; up to 200 visits per calendar year100%Prenatal Care 100% (excludes lab work and ultrasounds; covered at 90% after deduct- ible) Delivery and routine nursery care 90% after deductible100%100% after \$10 copay in Weill network physic cian office and \$30 copay in Aetna network physician office; 90% after deductible if per- formed inpatient/outpatient hospital (for acci- dental injuries, certain surgical extractions, periodontal surgery)90% after deductible100%Not covered unless part of Home Health Care.90% after deductible; up to 120 days per calendar yearTier 1: \$5; Tier 2: \$30; Tier 3: \$50. Up to 30	quired for certain procedures90% after in-network deductible50% after deductible90% after deductible90% after deductible (\$30,000 lifetime max per family but there are limits on specific services)70% after deductible70% after deductible; up to 200 visits per calendar year70% after deductible70% after deductible.70% after deductible.70% after deductible.70% after deductible70% after deductible	90% after deductible90% after deductible90% after deductible90% after deductible (\$30,000 lifetime max per family for all covered services)90% after deductible90% after deductible90% after deductible; up to 120 visits per calendar yearDeductible, then 100%Prenatal Care no deductible, 100% (ex- cludes lab work and ultrasounds; covered deductible, then 90%) Deductible, then 90% delivery and routine nursery careNo deductible, 100%90% after deductible (for accidental injuries, certain surgical extractions, periodontal surgery)90% after deductible90% after deductible90% after deductible; up to 70, 8-hour shifts per calendar year90% after deductible; up to 120 days per calendar year	required for certain procedures 80% after deductible (paid as in-network) Deductible, then 50% 90% after deductible 80% after deductible (\$30,000 lifetime m per family for all covered services) 80% after deductible 80% after deductible; up to 120 visits per calendar year 80% after deductible 80% after deductible; up to 70, 8-hour s per calendar year 80% after deductible; up to 120 days pe
Ann-emergency Use of Emergency Room DTHER COVERED SERVICES Ambulance Artificially Assisted Fertilization Durable Medical Equipment Anne Health Care Andernity Breastfeeding Supplies and Counseling Dral Surgery Physical/Occupational/Speech Therapy, and Cardiac Rehab Habilitative Services (PT/OT/ST) Private Duty Nursing Skilled Nursing Facility RESCRIPTION DRUG ADMINISTRATION Retail Pharmacy Anne Delivery: Choose delivery to home address or Cornell Health Pharmacy; or ill 90 day exclusively at Cornell Health	90% after deductible50% after deductible90% after deductible90% after deductible (\$30,000 lifetime max per family for all covered services)90% after deductible90% after deductible90% after deductible; up to 120 visits per calendar year100%Prenatal Care 100% (excludes lab work and ultrasounds; covered at 90% after deduct- ible) Delivery and routine nursery care 90% after deductible100%100% after \$20 copay in physician office (for accidental injuries, certain surgical extractions, periodontal surgery), otherwise 90% after deductible100%90% after deductible; up to 70, 8-hour shifts per calendar year.90% after deductible; up to 120 days per calendar year.90% after deductible; up to 120 days per calendar year.90% after deductible; up to 30 day supplyTier 1: \$5; Tier 2: \$30; Tier 3: \$50. Up to 30 day supplyTier 1: \$10; Tier 2: \$60; Tier 3: \$90. Up to 90 day supply renewable up to a year for main-	required for certain procedures 90% paid as in-network 50% after deductible 90% after deductible 80% after deductible (\$30,000 lifetime max per family for all covered services) 80% after deductible 80% after deductible; up to 120 visits per calendar year 80% after deductible 80% after deductible; up to 70, 8-hour shifts per calendar year 80% after deductible; up to 120 days per calendar year	90% after deductible50% after deductible90% after deductible90% after deductible (\$30,000 lifetime max per family but there are limits on specific services)90% after deductible90% after deductible; up to 200 visits per calendar year100%Prenatal Care 100% (excludes lab work and ultrasounds; covered at 90% after deduct- ible) Delivery and routine nursery care 90% after deductible100%100% after \$10 copay in Weill network physi- cian office and \$30 copay in Aetna network physician office; 90% after deductible if per- formed inpatient/outpatient hospital (for acci- dental injuries, certain surgical extractions, periodontal surgery)90% after deductible100%Not covered unless part of Home Health Care.90% after deductible; up to 120 days per calendar yearTier 1: \$5; Tier 2: \$30; Tier 3: \$50. Up to 30 day supplyTier 1: \$10; Tier 2: \$60; Tier 3: \$90. Up to 90 day supply renewable up to a year for main-	quired for certain procedures90% after in-network deductible50% after deductible50% after deductible90% after deductible (\$30,000 lifetime max per family but there are limits on specific services)70% after deductible70% after deductible; up to 200 visits per calendar year70% after deductible70% after deductible; up to 120 days per calendar year70% after deductible; up to 120 days per70% after deductible; up to 120 days per70% after deductible; up to 120 days per70% after deductible; up to 120 days per <td>90% after deductible90% after deductible90% after deductible90% after deductible (\$30,000 lifetime max per family for all covered services)90% after deductible90% after deductible90% after deductible; up to 120 visits per calendar yearDeductible, then 100%Prenatal Care no deductible, 100% (ex- cludes lab work and ultrasounds; covered deductible, then 90%) Deductible, then 90% delivery and routine nursery careNo deductible, 100%90% after deductible (for accidental injuries, certain surgical extractions, periodontal surgery)90% after deductible90% after deductible; up to 70, 8-hour shifts per calendar year90% after deductible; up to 120 days per calendar yearDeductible, then Tier 1: \$5; Tier 2: \$30; Tier 3: \$50. Up to 30 day supplyDeductible, then Tier 1: \$10; Tier 2: \$60; Tier 3: \$90. Up to 90 day supply renewable up to</td> <td>required for certain procedures 80% after deductible (paid as in-network) Deductible, then 50% 90% after deductible 80% after deductible (\$30,000 lifetime r per family for all covered services) 80% after deductible 80% after deductible; up to 120 visits per calendar year 80% after deductible 80% after deductible; up to 70, 8-hour s per calendar year 80% after deductible; up to 120 days per calendar year</br></br></br></td>	90% after deductible90% after deductible90% after deductible90% after deductible (\$30,000 lifetime max per family for all covered services)90% after deductible90% after deductible90% after deductible; up to 120 visits per calendar yearDeductible, then 100%Prenatal Care no deductible, 100% (ex- cludes lab work and ultrasounds; covered deductible, then 90%) Deductible, then 90% delivery and routine nursery careNo deductible, 100%90% after deductible (for accidental injuries, certain surgical extractions, periodontal surgery)90% after deductible90% after deductible; up to 70, 8-hour shifts per calendar year90% after deductible; up to 120 days per calendar yearDeductible, then Tier 1: \$5; Tier 2: \$30; Tier 3: \$50. Up to 30 day supplyDeductible, then Tier 1: \$10; Tier 2: \$60; Tier 3: \$90. Up to 90 day supply renewable up to	required for certain procedures 80% after deductible (paid as in-network) Deductible, then 50% 90% after deductible 80% after deductible (\$30,000 lifetime r per family for all covered services)
Ann-emergency Use of Emergency Room DTHER COVERED SERVICES Ambulance Artificially Assisted Fertilization Durable Medical Equipment Anne Health Care Assisted Care Atternity Breastfeeding Supplies and Counseling Dral Surgery Physical/Occupational/Speech Therapy, additative Services (PT/OT/ST) Private Duty Nursing Skilled Nursing Facility RESCRIPTION DRUG ADMINISTRATION Retail Pharmacy Anne Delivery: Choose delivery to home address or Cornell Health Pharmacy; or	90% after deductible50% after deductible90% after deductible90% after deductible (\$30,000 lifetime max per family for all covered services)90% after deductible90% after deductible90% after deductible; up to 120 visits per calendar year100%Prenatal Care 100% (excludes lab work and ultrasounds; covered at 90% after deduct- ible) Delivery and routine nursery care 90% after deductible100%100% after \$20 copay in physician office (for accidental injuries, certain surgical extractions, periodontal surgery), otherwise 90% after deductible100%90% after deductible; up to 70, 8-hour shifts per calendar year.90% after deductible; up to 120 days per calendar year.90% after deductible; up to 120 days per calendar year.90% after 1: \$5; Tier 2: \$30; Tier 3: \$50. Up to 30 day supplyTier 1: \$10; Tier 2: \$60; Tier 3: \$90. Up to 90	required for certain procedures 90% paid as in-network 50% after deductible 80% after deductible 80% after deductible (\$30,000 lifetime max per family for all covered services) 80% after deductible 80% after deductible; up to 120 visits per calendar year 80% after deductible 80% after deductible; up to 70, 8-hour shifts per calendar year 80% after deductible; up to 120 days per calendar year	90% after deductible50% after deductible90% after deductible90% after deductible (\$30,000 lifetime max per family but there are limits on specific services)90% after deductible90% after deductible; up to 200 visits per calendar year100%Prenatal Care 100% (excludes lab work and ultrasounds; covered at 90% after deduct- ible) Delivery and routine nursery care 90% after deductible100%100% after \$10 copay in Weill network physician office and \$30 copay in Aetna network physician office; 90% after deductible if per- formed inpatient/outpatient hospital (for acci- dental injuries, certain surgical extractions, periodontal surgery)90% after deductible100%Not covered unless part of Home Health Care.90% after deductible; up to 120 days per calendar yearTier 1: \$5; Tier 2: \$30; Tier 3: \$50. Up to 30 day supplyTier 1: \$10; Tier 2: \$60; Tier 3: \$90. Up to 90	quired for certain procedures90% after in-network deductible50% after deductible90% after deductible70% after deductible (\$30,000 lifetime max per family but there are limits on specific services)70% after deductible70% after deductible; up to 200 visits per calendar year70% after deductible70% after deductible; up to 120 days per calendar year70% after deductible; up to 120 days per calendar year70% after deductible70% after deductible <td>90% after deductible90% after deductible90% after deductible90% after deductible (\$30,000 lifetime max per family for all covered services)90% after deductible90% after deductible; up to 120 visits per calendar yearDeductible, then 100%Prenatal Care no deductible, 100% (ex- cludes lab work and ultrasounds; covered deductible, then 90%) Deductible, then 90% delivery and routine nursery careNo deductible, 100%90% after deductible (for accidental injuries, certain surgical extractions, periodontal surgery)90% after deductible90% after deductible90% after deductible; up to 70, 8-hour shifts per calendar year90% after deductible; up to 120 days per calendar year90% after deductible; up to 120 days per calendar year90% after deductible, up to 120 days per calendar year90% after deductible, up to 120 days per calendar year90% after deductible, up to 120 days per calendar yearDeductible, then Tier 1: \$5; Tier 2: \$30; Tier 3: \$50. Up to 30 day supplyDeductible, then Tier 1: \$10; Tier 2: \$60; Tier</td> <td>required for certain procedures 80% after deductible (paid as in-network) Deductible, then 50% 90% after deductible 80% after deductible (\$30,000 lifetime r per family for all covered services) 80% after deductible 80% after deductible; up to 120 visits per calendar year 80% after deductible 80% after deductible 80% after deductible 80% after deductible; up to 70, 8-hour s per calendar year 80% after deductible; up to 120 days per calendar year 80% after deductible; up to 120 days per calendar year</br></br></br></br></td>	90% after deductible90% after deductible90% after deductible90% after deductible (\$30,000 lifetime max per family for all covered services)90% after deductible90% after deductible; up to 120 visits per calendar yearDeductible, then 100%Prenatal Care no deductible, 100% (ex- cludes lab work and ultrasounds; covered deductible, then 90%) Deductible, then 90% delivery and routine nursery careNo deductible, 100%90% after deductible (for accidental injuries, certain surgical extractions, periodontal surgery)90% after deductible90% after deductible90% after deductible; up to 70, 8-hour shifts per calendar year90% after deductible; up to 120 days per calendar year90% after deductible; up to 120 days per calendar year90% after deductible, up to 120 days per calendar year90% after deductible, up to 120 days per calendar year90% after deductible, up to 120 days per calendar yearDeductible, then Tier 1: \$5; Tier 2: \$30; Tier 3: \$50. Up to 30 day supplyDeductible, then Tier 1: \$10; Tier 2: \$60; Tier	required for certain procedures 80% after deductible (paid as in-network) Deductible, then 50% 90% after deductible 80% after deductible (\$30,000 lifetime r per family for all covered services) 80% after deductible 80% after deductible; up to 120 visits per
Ion-emergency Use of Emergency Room THER COVERED SERVICES Imbulance Intificially Assisted Fertilization Iourable Medical Equipment Iome Health Care Iospice Care Maternity Ireastfeeding Supplies and Counseling Ireastfeeding Supplies and Counsel	90% after deductible 50% after deductible 90% after deductible 90% after deductible (\$30,000 lifetime max per family for all covered services) 90% after deductible 90% after deductible; up to 120 visits per calendar year 100% Prenatal Care 100% (excludes lab work and ultrasounds; covered at 90% after deductible) 100% Prenatal Care 100% (excludes lab work and ultrasounds; covered at 90% after deductible) 100% 100% after \$20 copay in physician office (for accidental injuries, certain surgical extractions, periodontal surgery), otherwise 90% after deductible 90% after deductible 100% 90% after deductible; up to 70, 8-hour shifts per calendar year. 90% after deductible; up to 120 days per calendar year. 90% after deductible; up to 120 days per calendar year. 90% after deductible; up to 120 days per calendar year. 90% after deductible; up to 120 days per calendar year. 90% after deductible; up to 30 day supply Tier 1: \$10; Tier 2: \$60; Tier 3: \$90. Up to 30 day supply renewable up to a year for maintenance/specialty meds Oral contraceptives and barrier methods (i.e. diaphragm): \$0 copay for generic or single source brand	required for certain procedures 90% paid as in-network 50% after deductible 80% after deductible 80% after deductible (\$30,000 lifetime max per family for all covered services) 80% after deductible 80% after deductible; up to 120 visits per calendar year 80% after deductible 80% after deductible topay Contracted rate less applicable copay	90% after deductible 50% after deductible 90% after deductible 90% after deductible (\$30,000 lifetime max per family but there are limits on specific services) 90% after deductible 90% after deductible; up to 200 visits per calendar year 100% Prenatal Care 100% (excludes lab work and ultrasounds; covered at 90% after deductible) 100% 100% after \$10 copay in Weill network physician office and \$30 copay in Aetna network physician office; 90% after deductible if performed inpatient/outpatient hospital (for accidental injuries, certain surgical extractions, periodontal surgery) 90% after deductible 100% Not covered unless part of Home Health Care. 90% after deductible; up to 120 days per calendar year Tier 1: \$5; Tier 2: \$30; Tier 3: \$50. Up to 30 day supply Tier 1: \$10; Tier 2: \$60; Tier 3: \$90. Up to 90 day supply renewable up to a year for maintenance/specialty meds Oral contraceptives and barrier methods (i.e. diaphragm): \$0 copay for generic or single source brand	quired for certain procedures90% after in-network deductible50% after deductible50% after deductible90% after deductible (\$30,000 lifetime max per family but there are limits on specific services)70% after deductible70% after deductible; up to 200 visits per calendar year70% after deductible70% after deductible <td>90% after deductible 90% after deductible 90% after deductible (\$30,000 lifetime max per family for all covered services) 90% after deductible (\$30,000 lifetime max per family for all covered services) 90% after deductible (\$30,000 lifetime max per family for all covered services) 90% after deductible; up to 120 visits per calendar year Deductible, then 100% Prenatal Care no deductible, 100% (ex- cludes lab work and ultrasounds; covered deductible, then 90%) Deductible, then 90% delivery and routine nursery care No deductible, 100% 90% after deductible (for accidental injuries, certain surgical extractions, periodontal surgery) 90% after deductible 90% after deductible 90% after deductible; up to 70, 8-hour shifts per calendar year 90% after deductible; up to 120 days per calendar year 90% after deductible; up to 120 days per calendar year 90% after deductible; up to 120 days per calendar year 90% after deductible; up to 120 days per calendar year 90% after deductible; up to 120 days per calendar year 90% after deductible; up to 120 days per calendar year 90% after deductible; up to 120 days per calendar year 90% after deductible; up to 30 day supply Deductible, then Tier 1: \$10; Tier 2: \$60; Tier 3: \$90. Up to 90 day supply renewable up to a year for maintenance/specialty meds<td>required for certain procedures 80% after deductible (paid as in-network) Deductible, then 50% 90% after deductible 80% after deductible (\$30,000 lifetime r per family for all covered services) 80% after deductible 80% after deductible; up to 120 visits per calendar year 80% after deductible 80% after deductible; up to 70, 8-hour s per calendar year 80% after deductible; up to 120 days per calendar year 80% after deductible; up to 120 days per calendar year 0 Deductible, contracted rate less application copay</td></br></br></td>	90% after deductible 90% after deductible 90% after deductible (\$30,000 lifetime max per family for all covered services) 90% after deductible (\$30,000 lifetime max per family for all covered services) 90% after deductible (\$30,000 lifetime max per family for all covered services) 90% after deductible; up to 120 visits per calendar year Deductible, then 100% Prenatal Care no deductible, 100% (ex- 	required for certain procedures 80% after deductible (paid as in-network) Deductible, then 50% 90% after deductible 80% after deductible (\$30,000 lifetime r per family for all covered services) 80% after deductible 80% after deductible; up to 120 visits per calendar year 80% after deductible 80% after deductible; up to 70, 8-hour s per calendar year 80% after deductible; up to 120 days per calendar year 80% after deductible; up to 120 days per calendar year 0 Deductible, contracted rate less application copay
Ion-emergency Use of Emergency Room THER COVERED SERVICES ambulance artificially Assisted Fertilization burable Medical Equipment lome Health Care lospice Care Atternity areastfeeding Supplies and Counseling bral Surgery bysical/Occupational/Speech Therapy, nd Cardiac Rehab labilitative Services (PT/OT/ST) rivate Duty Nursing killed Nursing Facility RESCRIPTION DRUG ADMINISTRATION letail Pharmacy lome Delivery: Choose delivery to home ddress or Cornell Health Pharmacy; or ll 90 day exclusively at Cornell Health tharmacy on Cornell Campus rescription Contraceptives EHAVIORAL HEALTH CARE elemedicine for Behavioral Health**** Arental Health	90% after deductible50% after deductible90% after deductible90% after deductible (\$30,000 lifetime max per family for all covered services)90% after deductible90% after deductible; up to 120 visits per calendar year100%Prenatal Care 100% (excludes lab work and ultrasounds; covered at 90% after deduct- ible) Delivery and routine nursery care 90% after deductible100%100% after \$20 copay in physician office (for accidental injuries, certain surgical extractions, periodontal surgery), otherwise 90% after deductible100%90% after deductible; up to 70, 8-hour shifts per calendar year.90% after deductible; up to 120 days per calendar year.90% after deductible; up to 120 days per calendar year.90% after deductible; up to 120 days per calendar year.90% after celuctible; up to 120 days per calendar year.90% after deductible; up to 30 day supply renewable up to a year for main- tenance/specialty medsOral contraceptives and barrier methods (i.e. diaphragm): \$0 copay for generic or single source brand100%	required for certain procedures 90% paid as in-network 50% after deductible 80% after deductible 80% after deductible (\$30,000 lifetime max per family for all covered services) 80% after deductible (\$30,000 lifetime max per family for all covered services) 80% after deductible 80% after deductible; up to 120 visits per calendar year 80% after deductible 80% after deductible 80% after deductible 80% after deductible (for accidental injuries, certain surgical extractions, periodontal surgery) 80% after deductible 80% after deductible; up to 70, 8-hour shifts per calendar year 80% after deductible; up to 120 days per calendar year 80% after deductible; up to 120 days per calendar year Vot covered Not covered 80% after deductible copay	90% after deductible 50% after deductible 90% after deductible 90% after deductible (\$30,000 lifetime max per family but there are limits on specific services) 90% after deductible 90% after deductible 90% after deductible; up to 200 visits per calendar year 100% Prenatal Care 100% (excludes lab work and ultrasounds; covered at 90% after deductible 100% 100% after \$10 copay in Weill network physician office and \$30 copay in Aetna network physician office; 90% after deductible if performed inpatient/outpatient hospital (for accidental injuries, certain surgical extractions, periodontal surgery) 90% after deductible 100% Not covered unless part of Home Health Care. 90% after deductible; up to 120 days per calendar year Tier 1: \$5; Tier 2: \$30; Tier 3: \$50. Up to 30 day supply Tier 1: \$10; Tier 2: \$60; Tier 3: \$90. Up to 90 day supply renewable up to a year for maintenance/specialty meds Oral contraceptives and barrier methods (i.e. diaphragm): \$0 copay for generic or single source brand	quired for certain procedures90% after in-network deductible50% after deductible50% after deductible70% after deductible (\$30,000 lifetime max per family but there are limits on specific services)70% after deductible70% after deductible; up to 200 visits per calendar year70% after deductible70% after deductibleNot covered unless part of Home Health Care.70% after deductible; up to 120 days per calendar yearVVContracted rate less applicable copayNot coveredContracted rate less applicable copay70% after deductible70% after deductible	90% after deductible 90% after deductible 90% after deductible 90% after deductible (\$30,000 lifetime max per family for all covered services) 90% after deductible; up to 120 visits per calendar year Deductible, then 100% Prenatal Care no deductible, 100% (ex- cludes lab work and ultrasounds; covered deductible, then 90%) Deductible, then 90% delivery and routine nursery care No deductible, 100% 90% after deductible (for accidental injuries, certain surgical extractions, periodontal surgery) 90% after deductible 90% after deductible; up to 70, 8-hour shifts per calendar year 90% after deductible; up to 70, 8-hour shifts per calendar year 90% after deductible; up to 120 days per calendar year 90% after deductible; up to 120 days per calendar year 90% after deductible; up to 120 days per calendar year 90% after deductible; up to 120 days per calendar year 90% after deductible; up to 120 days per calendar year 90% after deductible; up to 120 days per calendar year 90% after deductible; up to 30 day supply Deductible, then Tier 1: \$5; Tier 2: \$60; Tier 3: \$50. Up to 30 day supply renewable up to a year for maintenance/specialty meds Oral contraceptives and barrier methods (i.e. diaphragm): \$0 copay for generic or single source brand	required for certain procedures 80% after deductible (paid as in-network) Deductible, then 50% 90% after deductible 80% after deductible (\$30,000 lifetime r per family for all covered services) 80% after deductible 80% after deductible; up to 120 visits per calendar year 80% after deductible 80% after deductible; up to 70, 8-hour s per calendar year 80% after deductible; up to 120 days per calendar year 80% after deductible; up to 120 days per
Ion-emergency Use of Emergency Room THER COVERED SERVICES mbulance rtificially Assisted Fertilization urable Medical Equipment ome Health Care ospice Care laternity reastfeeding Supplies and Counseling ral Surgery hysical/Occupational/Speech Therapy, nd Cardiac Rehab abilitative Services (PT/OT/ST) rivate Duty Nursing killed Nursing Facility RESCRIPTION DRUG ADMINISTRATION etail Pharmacy lome Delivery: Choose delivery to home ddress or Cornell Health Pharmacy; or ll 90 day exclusively at Cornell Health harmacy on Cornell campus rescription Contraceptives EHAVIORAL HEALTH CARE elemedicine for Behavioral Health*** Tental Health harmacy	90% after deductible 50% after deductible 90% after deductible 90% after deductible (\$30,000 lifetime max per family for all covered services) 90% after deductible 90% after deductible; up to 120 visits per calendar year 100% Prenatal Care 100% (excludes lab work and ultrasounds; covered at 90% after deductible) 100% Prenatal Care 100% (excludes lab work and ultrasounds; covered at 90% after deductible) 100% 100% after \$20 copay in physician office (for accidental injuries, certain surgical extractions, periodontal surgery), otherwise 90% after deductible 90% after deductible 100% 90% after deductible; up to 70, 8-hour shifts per calendar year. 90% after deductible; up to 120 days per calendar year. 90% after deductible; up to 120 days per calendar year. 90% after deductible; up to 120 days per calendar year. 90% after deductible; up to 120 days per calendar year. 90% after deductible; up to 30 day supply Tier 1: \$10; Tier 2: \$60; Tier 3: \$90. Up to 30 day supply renewable up to a year for maintenance/specialty meds Oral contraceptives and barrier methods (i.e. diaphragm): \$0 copay for generic or single source brand	required for certain procedures 90% paid as in-network 50% after deductible 80% after deductible 80% after deductible (\$30,000 lifetime max per family for all covered services) 80% after deductible 80% after deductible; up to 120 visits per calendar year 80% after deductible 80% after deductible topay Contracted rate less applicable copay	90% after deductible 50% after deductible 90% after deductible 90% after deductible (\$30,000 lifetime max per family but there are limits on specific services) 90% after deductible 90% after deductible; up to 200 visits per calendar year 100% Prenatal Care 100% (excludes lab work and ultrasounds; covered at 90% after deductible) 100% 100% after \$10 copay in Weill network physician office and \$30 copay in Aetna network physician office; 90% after deductible if performed inpatient/outpatient hospital (for accidental injuries, certain surgical extractions, periodontal surgery) 90% after deductible 100% Not covered unless part of Home Health Care. 90% after deductible; up to 120 days per calendar year Tier 1: \$5; Tier 2: \$30; Tier 3: \$50. Up to 30 day supply Tier 1: \$10; Tier 2: \$60; Tier 3: \$90. Up to 90 day supply renewable up to a year for maintenance/specialty meds Oral contraceptives and barrier methods (i.e. diaphragm): \$0 copay for generic or single source brand	quired for certain procedures90% after in-network deductible50% after deductible50% after deductible70% after deductible (\$30,000 lifetime max per family but there are limits on specific services)70% after deductible70% after deductible; up to 200 visits per calendar year70% after deductible70% after deductible <td>90% after deductible 90% after deductible 90% after deductible (\$30,000 lifetime max per family for all covered services) 90% after deductible (\$30,000 lifetime max per family for all covered services) 90% after deductible (\$30,000 lifetime max per family for all covered services) 90% after deductible; up to 120 visits per calendar year Deductible, then 100% Prenatal Care no deductible, 100% (ex- cludes lab work and ultrasounds; covered deductible, then 90%) Deductible, then 90% delivery and routine nursery care No deductible, 100% 90% after deductible (for accidental injuries, certain surgical extractions, periodontal surgery) 90% after deductible 90% after deductible 90% after deductible; up to 70, 8-hour shifts per calendar year 90% after deductible; up to 120 days per calendar year 90% after deductible; up to 120 days per calendar year 90% after deductible; up to 120 days per calendar year 90% after deductible; up to 120 days per calendar year 90% after deductible; up to 120 days per calendar year 90% after deductible; up to 120 days per calendar year 90% after deductible; up to 120 days per calendar year 90% after deductible; up to 30 day supply Deductible, then Tier 1: \$10; Tier 2: \$60; Tier 3: \$90. Up to 90 day supply renewable up to a year for maintenance/specialty meds<td>required for certain procedures 80% after deductible (paid as in-network) Deductible, then 50% 90% after deductible 80% after deductible (\$30,000 lifetime r per family for all covered services) 80% after deductible 80% after deductible; up to 120 visits per calendar year 80% after deductible 80% after deductible; up to 70, 8-hour s per calendar year 80% after deductible; up to 120 days per calendar year 80% after deductible; up to 120 d</td></br></br></td>	90% after deductible 90% after deductible 90% after deductible (\$30,000 lifetime max per family for all covered services) 90% after deductible (\$30,000 lifetime max per family for all covered services) 90% after deductible (\$30,000 lifetime max per family for all covered services) 90% after deductible; up to 120 visits per calendar year Deductible, then 100% Prenatal Care no deductible, 100% (ex- 	required for certain procedures 80% after deductible (paid as in-network) Deductible, then 50% 90% after deductible 80% after deductible (\$30,000 lifetime r per family for all covered services) 80% after deductible 80% after deductible; up to 120 visits per calendar year 80% after deductible 80% after deductible; up to 70, 8-hour s per calendar year 80% after deductible; up to 120 days per calendar year 80% after deductible; up to 120 d
on-emergency Use of Emergency Room THER COVERED SERVICES mbulance rtificially Assisted Fertilization urable Medical Equipment ome Health Care ospice Care laternity reastfeeding Supplies and Counseling ral Surgery hysical/Occupational/Speech Therapy, nd Cardiac Rehab abilitative Services (PT/OT/ST) rivate Duty Nursing killed Nursing Facility RESCRIPTION DRUG ADMINISTRATION etail Pharmacy ome Delivery: Choose delivery to home ddress or Cornell Health Pharmacy; or ll 90 day exclusively at Cornell Health harmacy on Cornell campus rescription Contraceptives EHAVIORAL HEALTH CARE elemedicine for Behavioral Health*** lental Health upatient Care artial Hospitalization/Intensive Outpatient utpatient Other	90% after deductible50% after deductible90% after deductible (\$30,000 lifetime max per family for all covered services)90% after deductible (\$30,000 lifetime max per family for all covered services)90% after deductible90% after deductible; up to 120 visits per calendar year100%Prenatal Care 100% (excludes lab work and ultrasounds; covered at 90% after deduct- ible) Delivery and routine nursery care 90% after deductible100%100% after \$20 copay in physician office (for accidental injuries, certain surgical extractions, periodontal surgery), otherwise 90% after deductible100%90% after deductible100%90% after deductible; up to 70, 8-hour shifts per calendar year.90% after deductible; up to 120 days per calendar year.100%Tier 1: \$5; Tier 2: \$30; Tier 3: \$50. Up to 30 day supply renewable up to a year for main- tenance/specialty medsOral contraceptives and barrier methods (i.e. diaphragm): \$0 copay for generic or single source brand100%90% after deductible90% after deductible	required for certain procedures 90% paid as in-network 50% after deductible 80% after deductible 80% after deductible (\$30,000 lifetime max per family for all covered services) 80% after deductible 80% after deductible; up to 120 visits per calendar year 80% after deductible 80% after deductible; up to 70, 8-hour shifts per calendar year 80% after deductible; up to 120 days per calendar year 80% after deductible; up to 120 days per	90% after deductible 50% after deductible 90% after deductible (\$30,000 lifetime max per family but there are limits on specific services) 90% after deductible 90% after deductible; up to 200 visits per calendar year 100% Prenatal Care 100% (excludes lab work and ultrasounds; covered at 90% after deduct-ible) Delivery and routine nursery care 90% after deductible 100% 100% after s10 copay in Weill network physician office; 90% after deductible if performed inpatient/outpatient hospital (for accidental injuries, certain surgical extractions, periodontal surgery) 90% after deductible 100% Not covered unless part of Home Health Care. 90% after deductible; up to 120 days per calendar year Tier 1: \$5; Tier 2: \$30; Tier 3: \$50. Up to 30 day supply Tier 1: \$10; Tier 2: \$60; Tier 3: \$90. Up to 90 day supply renewable up to a year for maintenance/specialty meds Oral contraceptives and barrier methods (i.e. diaphragm): \$0 copay for generic or single source brand 90% after deductible 90% after deductible 90% after deductible 90% after deductible up to a year for maintenance/specialty meds Oral contraceptives and barrier methods (i.e. diaphragm): \$0 copay for generic or single source brand 90% after deductible 90% after deductible	quired for certain procedures90% after in-network deductible50% after deductible50% after deductible90% after deductible70% after deductible (\$30,000 lifetime max per family but there are limits on specific services)70% after deductible; up to 200 visits per calendar year70% after deductible; up to 200 visits per calendar year70% after deductible70% after deductible.70% after deductible.70% after deductible70% after deductible70% after deductible70% after deductible70% after deductible; up to 120 days per calendar year70% after deductible copayNot coveredContracted rate less applicable copay70% after deductible70% after	90% after deductible Deductible, then 50% 90% after deductible 90% after deductible (\$30,000 lifetime max per family for all covered services) 90% after deductible 90% after deductible; up to 120 visits per calendar year Deductible, then 100% Prenatal Care no deductible, 100% (excludes lab work and ultrasounds; covered deductible, then 90%) Deductible, then 90% delivery and routine nursery care No deductible, 100% 90% after deductible (for accidental injuries, certain surgical extractions, periodontal surgery) 90% after deductible 90% after deductible; up to 70, 8-hour shifts per calendar year 90% after deductible; up to 70, 8-hour shifts per calendar year 90% after deductible; up to 120 days per calendar year 90% after deductible; up to 120 days per calendar year 90% after deductible; up to 120 days per calendar year 90% after deductible; up to 120 days per calendar year 90% after deductible; up to 120 days per calendar year 0cal contraceptives and barrier mewable up to a year for maintenance/specialty meds Oral contraceptives and barrier methods (i.e. diaphragm): \$0 copay for generic or single source brand 90% after deductible 90% after deductible 90% after deductible 90% after deductible	required for certain procedures 80% after deductible (paid as in-network) Deductible, then 50% 90% after deductible 80% after deductible (\$30,000 lifetime r per family for all covered services) 80% after deductible 80% after deductible; up to 120 visits per calendar year 80% after deductible 80% after deductible; up to 70, 8-hour s per calendar year 80% after deductible; up to 120 days per calendar year 80% after deductible; up to 120 days per calendar year 80% after deductible; up to 120 days per calendar year 80% after deductible inter the set applicant copay Not covered 80% after deductible 80% after deductible 80% after deductible 80% after deductible
on-emergency Use of Emergency Room THER COVERED SERVICES mbulance rtificially Assisted Fertilization urable Medical Equipment ome Health Care ospice Care laternity reastfeeding Supplies and Counseling ral Surgery hysical/Occupational/Speech Therapy, nd Cardiac Rehab abilitative Services (PT/OT/ST) rivate Duty Nursing killed Nursing Facility RESCRIPTION DRUG ADMINISTRATION etail Pharmacy ome Delivery: Choose delivery to home ddress or Cornell Health Pharmacy; or II 90 day exclusively at Cornell Health harmacy on Cornell campus rescription Contraceptives EHAVIORAL HEALTH CARE elemedicine for Behavioral Health*** Iental Health apatient Care artial Hospitalization/Intensive Outpatient utpatient Other utpatient Office Visit	90% after deductible50% after deductible90% after deductible (\$30,000 lifetime max per family for all covered services)90% after deductible (\$30,000 lifetime max per family for all covered services)90% after deductible; up to 120 visits per calendar year100%Prenatal Care 100% (excludes lab work and ultrasounds; covered at 90% after deduct- ible) Delivery and routine nursery care 90% after deductible100%100% after \$20 copay in physician office (for accidental injuries, certain surgical extractions, periodontal surgery), otherwise 90% after deductible90% after deductible100%90% after deductible; up to 70, 8-hour shifts per calendar year.90% after deductible; up to 120 days per calendar year.90% after deductible; up to 30 day supplyTier 1: \$10; Tier 2: \$60; Tier 3: \$50. Up to 30 day supply renewable up to a year for main- tenance/specialty meds0ral contraceptives and barrier methods (i.e. diaphragm): \$0 copay for generic or single source brand90% after deductible90% after deductible90% after deductible90% after deductible90% after deductible	required for certain procedures 90% paid as in-network 50% after deductible 80% after deductible 80% after deductible (\$30,000 lifetime max per family for all covered services) 80% after deductible; up to 120 visits per calendar year 80% after deductible; up to 120 visits per calendar year 80% after deductible 80% after deductible; up to 70, 8-hour shifts per calendar year 80% after deductible; up to 120 days per calendar year 80% after deductible copay Vot covered 80% after deductible copay 80% after deductible 80% after deductible 80% after deductible 80% after deductible 80% after deductible 80% after deductible	90% after deductible 50% after deductible 90% after deductible (\$30,000 lifetime max per family but there are limits on specific services) 90% after deductible 90% after deductible; up to 200 visits per calendar year 100% Prenatal Care 100% (excludes lab work and ultrasounds; covered at 90% after deduct-ible) Delivery and routine nursery care 90% after deductible 100% 100% after \$10 copay in Weill network physician office and \$30 copay in Aetna network physician office; 90% after deductible if performed inpatient/outpatient hospital (for accidental injuries, certain surgical extractions, periodontal surgery) 90% after deductible 100% Not covered unless part of Home Health Care. 90% after deductible; up to 120 days per calendar year Tier 1: \$5; Tier 2: \$30; Tier 3: \$50. Up to 30 day supply Tier 1: \$10; Tier 2: \$60; Tier 3: \$90. Up to 90 day supply renewable up to a year for maintenance/specialty meds Oral contraceptives and barrier methods (i.e. diaphragm); \$0 copay for generic or single source brand 100%	quired for certain procedures90% after in-network deductible50% after deductible50% after deductible90% after deductible (\$30,000 lifetime max per family but there are limits on specific services)70% after deductible; up to 200 visits per calendar year70% after deductible; up to 200 visits per calendar year70% after deductible70% after deductible; up to 120 days per calendar year70% after deductible70% after deductible<	90% after deductible Deductible, then 50% 90% after deductible 90% after deductible (\$30,000 lifetime max per family for all covered services) 90% after deductible 90% after deductible; up to 120 visits per calendar year Deductible, then 100% Prenatal Care no deductible, 100% (excludes lab work and ultrasounds; covered deductible, then 90%) Deductible, then 90% delivery and routine nursery care No deductible, 100% 90% after deductible (for accidental injuries, certain surgical extractions, periodontal surgery) 90% after deductible 90% after deductible; up to 70, 8-hour shifts per calendar year 90% after deductible; up to 70, 8-hour shifts per calendar year 90% after deductible; up to 120 days per calendar year 90% after deductible; up to 120 days per calendar year 90% after deductible; up to 120 days per calendar year 90% after deductible; up to 120 days per calendar year 90% after deductible; up to 120 days per calendar year 90% after deductible; up to 120 days per calendar year 90% after deductible; up to 120 days per calendar year 90% after deductible; up to 120 days per calendar year 90% after deductible; up to 30 day supply renewable up to a year for maintenance/specialty meds Oral contraceptives and barrier methods (i.e. diaphragm): \$0 copay	required for certain procedures 80% after deductible (paid as in-network) Deductible, then 50% 90% after deductible 80% after deductible (\$30,000 lifetime r per family for all covered services) 80% after deductible; up to 120 visits part alendar year 80% after deductible 80% after deductible; up to 70, 8-hour s per calendar year 80% after deductible; up to 120 days per calendar year 80% after deductible; up to 120 days per days p
on-emergency Use of Emergency Room THER COVERED SERVICES mbulance rtificially Assisted Fertilization urable Medical Equipment ome Health Care ospice Care laternity reastfeeding Supplies and Counseling ral Surgery hysical/Occupational/Speech Therapy, nd Cardiac Rehab abilitative Services (PT/OT/ST) rivate Duty Nursing killed Nursing Facility RESCRIPTION DRUG ADMINISTRATION etail Pharmacy ome Delivery: Choose delivery to home ddress or Cornell Health Pharmacy; or l 90 day exclusively at Cornell Health harmacy on Cornell campus rescription Contraceptives EHAVIORAL HEALTH CARE elemedicine for Behavioral Health*** lental Health upatient Care artial Hospitalization/Intensive Outpatient utpatient Office Visit utpatient Office Visit	90% after deductible50% after deductible90% after deductible (\$30,000 lifetime max per family for all covered services)90% after deductible (\$30,000 lifetime max per family for all covered services)90% after deductible90% after deductible; up to 120 visits per calendar year100%Prenatal Care 100% (excludes lab work and ultrasounds; covered at 90% after deduct- ible) Delivery and routine nursery care 90% after deductible100%100% after \$20 copay in physician office (for accidental injuries, certain surgical extractions, periodontal surgery), otherwise 90% after deductible100%90% after deductible100%90% after deductible; up to 70, 8-hour shifts per calendar year.90% after deductible; up to 120 days per calendar year.100%Tier 1: \$5; Tier 2: \$30; Tier 3: \$50. Up to 30 day supply renewable up to a year for main- tenance/specialty medsOral contraceptives and barrier methods (i.e. diaphragm): \$0 copay for generic or single source brand100%90% after deductible90% after deductible	required for certain procedures 90% paid as in-network 50% after deductible 80% after deductible 80% after deductible (\$30,000 lifetime max per family for all covered services) 80% after deductible 80% after deductible; up to 120 visits per calendar year 80% after deductible 80% after deductible; up to 70, 8-hour shifts per calendar year 80% after deductible; up to 120 days per calendar year 80% after deductible; up to 120 days per	90% after deductible 50% after deductible 90% after deductible (\$30,000 lifetime max per family but there are limits on specific services) 90% after deductible 90% after deductible; up to 200 visits per calendar year 100% Prenatal Care 100% (excludes lab work and ultrasounds; covered at 90% after deduct-ible) Delivery and routine nursery care 90% after deductible 100% 100% after s10 copay in Weill network physician office; 90% after deductible if performed inpatient/outpatient hospital (for accidental injuries, certain surgical extractions, periodontal surgery) 90% after deductible 100% Not covered unless part of Home Health Care. 90% after deductible; up to 120 days per calendar year Tier 1: \$5; Tier 2: \$30; Tier 3: \$50. Up to 30 day supply Tier 1: \$5; Tier 2: \$60; Tier 3: \$90. Up to 90 day supply renewable up to a year for maintenance/specialty meds Oral contraceptives and barrier methods (i.e. diaphragm): \$0 copay for generic or single source brand 90% after deductible 90% after deductible 90% after deductible 90% after deductible up to a year for maintenance/specialty meds Oral contraceptives and barrier methods (i.e. diaphragm): \$0 copay for generic or single source brand 90% after deductible 90% after deductible	quired for certain procedures90% after in-network deductible50% after deductible50% after deductible90% after deductible70% after deductible (\$30,000 lifetime max per family but there are limits on specific services)70% after deductible; up to 200 visits per calendar year70% after deductible; up to 200 visits per calendar year70% after deductible70% after deductible.70% after deductible.70% after deductible70% after deductible70% after deductible70% after deductible70% after deductible; up to 120 days per calendar year70% after deductible copayNot coveredContracted rate less applicable copay70% after deductible70% after	90% after deductible Deductible, then 50% 90% after deductible 90% after deductible (\$30,000 lifetime max per family for all covered services) 90% after deductible 90% after deductible; up to 120 visits per calendar year Deductible, then 100% Prenatal Care no deductible, 100% (excludes lab work and ultrasounds; covered deductible, then 90%) Deductible, then 90% delivery and routine nursery care No deductible, 100% 90% after deductible (for accidental injuries, certain surgical extractions, periodontal surgery) 90% after deductible 90% after deductible; up to 70, 8-hour shifts per calendar year 90% after deductible; up to 70, 8-hour shifts per calendar year 90% after deductible; up to 120 days per calendar year 90% after deductible; up to 120 days per calendar year 90% after deductible; up to 120 days per calendar year 90% after deductible; up to 120 days per calendar year 90% after deductible; up to 120 days per calendar year 0cal contraceptives and barrier mewable up to a year for maintenance/specialty meds Oral contraceptives and barrier methods (i.e. diaphragm): \$0 copay for generic or single source brand 90% after deductible 90% after deductible 90% after deductible 90% after deductible	required for certain procedures 80% after deductible (paid as in-network) Deductible, then 50% 90% after deductible 80% after deductible 80% after deductible 80% after deductible 80% after deductible; up to 120 visits p calendar year 80% after deductible 80% after deductible; up to 70, 8-hours per calendar year 80% after deductible; up to 70, 8-hours per calendar year 80% after deductible; up to 120 days per calendar year 80% af
Ion-emergency Use of Emergency Room THER COVERED SERVICES mbulance rtificially Assisted Fertilization urable Medical Equipment ione Health Care iospice Care laternity reastfeeding Supplies and Counseling ral Surgery hysical/Occupational/Speech Therapy, nd Cardiac Rehab abilitative Services (PT/OT/ST) rivate Duty Nursing killed Nursing Facility RESCRIPTION DRUG ADMINISTRATION etail Pharmacy ome Delivery: Choose delivery to home ddress or Cornell Health Pharmacy; or ll 90 day exclusively at Cornell Health harmacy on Cornell campus rescription Contraceptives EHAVIORAL HEALTH CARE elemedicine for Behavioral Health*** tental Health npatient Care artial Hospitalization/Intensive Outpatient utpatient Office Visit ubstance Disorder artial Hospitalization/Intensive Outpat-	90% after deductible50% after deductible90% after deductible (\$30,000 lifetime max per family for all covered services)90% after deductible (\$30,000 lifetime max per family for all covered services)90% after deductible90% after deductible; up to 120 visits per calendar year100%Prenatal Care 100% (excludes lab work and ultrasounds; covered at 90% after deduct- ible) Delivery and routine nursery care 90% after deductible100%100% after \$20 copay in physician office (for accidental injuries, certain surgical extractions, periodontal surgery), otherwise 90% after deductible90% after deductible90% after deductible90% after deductible; up to 70, 8-hour shifts per calendar year.90% after deductible; up to 120 days per calendar year.90% after deductible; up to 30 day supplyTier 1: \$5; Tier 2: \$60; Tier 3: \$90. Up to 90 day supply renewable up to a year for main- tenance/specialty meds0ral contraceptives and barrier methods (i.e. diaphragm): \$0 copay for generic or single source brand90% after deductible90% after deductible <td>required for certain procedures 90% paid as in-network 50% after deductible 80% after deductible 80% after deductible (\$30,000 lifetime max per family for all covered services) 80% after deductible (\$30,000 lifetime max per family for all covered services) 80% after deductible 80% after deductible; up to 120 visits per calendar year 80% after deductible 80% after deductible; up to 70, 8-hour shifts per calendar year 80% after deductible; up to 120 days per calendar year 80% after deductible; up to 120 days per calendar year 80% after deductible; up to 120 days per calendar year 80% after d</br></br></br></br></br></br></br></br></br></br></br></br></br></br></br></br></br></br></br></br></td> <td>90% after deductible 50% after deductible 90% after deductible (\$30,000 lifetime max per family but there are limits on specific services) 90% after deductible 90% after deductible; up to 200 visits per calendar year 100% Prenatal Care 100% (excludes lab work and ultrasounds; covered at 90% after deduct-ible) Delivery and routine nursery care 90% after deduct-ible) Delivery and routine nursery care 90% after deductible 100% 100% after \$10 copay in Weill network physician office; 90% after deductible if performed inpatient/outpatient hospital (for accidental injuries, certain surgical extractions, periodontal surgery) 90% after deductible 100% Not covered unless part of Home Health Care. 90% after deductible; up to 120 days per calendar year Tier 1: \$5; Tier 2: \$30; Tier 3: \$50. Up to 30 day supply Tier 1: \$10; Tier 2: \$60; Tier 3: \$90. Up to 90 day supply renewable up to a year for maintenance/specialty meds Oral contraceptives and barrier methods (i.e. diaphragm): \$0 copay for generic or single source brand 100% 90% after deductible 90% after deductible 100% 100% 100%</td> <td>quired for certain procedures 90% after in-network deductible 50% after deductible 90% after deductible 90% after deductible (\$30,000 lifetime max per family but there are limits on specific services) 70% after deductible 70% after deductible; up to 120 days per calendar year 70% after deductible; up to 120 days per calendar year 70% after deductible; up to 120 days per calendar year 70% after deductible 70</td> <td>90% after deductible Deductible, then 50% 90% after deductible 90% after deductible (\$30,000 lifetime max per family for all covered services) 90% after deductible 90% after deductible 90% after deductible; up to 120 visits per calendar year Deductible, then 100% Prenatal Care no deductible, 100% (excludes lab work and ultrasounds; covered deductible, then 90%) Deductible, then 90% delivery and routine nursery care No deductible, 100% 90% after deductible (for accidental injuries, certain surgical extractions, periodontal surgery) 90% after deductible 90% after deductible; up to 70, 8-hour shifts per calendar year 90% after deductible; up to 120 days per calendar year 90% after deductible; up to 120 days per calendar year 90% after deductible; up to 120 days per calendar year 90% after deductible; up to 120 days per calendar year 90% after deductible; up to 120 days per calendar year 90% after deductible; up to 120 days per calendar year 90% after deductible; up to 120 days per calendar year 90% after deductible; up to 30 day supply Deductible, then Tier 1: \$10; Tier 2: \$60; Tier 3: \$50. Up to 30 day supply renewable up to a year for maintenance/specialty meds Oral contraceptives and barrier methods (i.e. diaphragm): \$0 copay for generic or single</td> <td>required for certain procedures 80% after deductible (paid as in-network) Deductible, then 50% 90% after deductible 80% after deductible (\$30,000 lifetime per family for all covered services) 80% after deductible 80% after deductible; up to 120 visits p calendar year 80% after deductible 80% after deductible; up to 70, 8-hour per calendar year 80% after deductible; up to 120 days per calendar year 80% after deductible; up to 120 day</td>	required for certain procedures 90% paid as in-network 50% after deductible 80% after deductible 80% after deductible (\$30,000 lifetime max per family for all covered services) 80% after deductible (\$30,000 lifetime max per family for all covered services) 80% after deductible 80% after deductible; up to 120 visits per calendar year 80% after deductible 80% after deductible; up to 70, 8-hour shifts per calendar year 80% after deductible; up to 120 days per calendar year 80% after deductible; up to 120 days per 	90% after deductible 50% after deductible 90% after deductible (\$30,000 lifetime max per family but there are limits on specific services) 90% after deductible 90% after deductible; up to 200 visits per calendar year 100% Prenatal Care 100% (excludes lab work and ultrasounds; covered at 90% after deduct-ible) Delivery and routine nursery care 90% after deduct-ible) Delivery and routine nursery care 90% after deductible 100% 100% after \$10 copay in Weill network physician office; 90% after deductible if performed inpatient/outpatient hospital (for accidental injuries, certain surgical extractions, periodontal surgery) 90% after deductible 100% Not covered unless part of Home Health Care. 90% after deductible; up to 120 days per calendar year Tier 1: \$5; Tier 2: \$30; Tier 3: \$50. Up to 30 day supply Tier 1: \$10; Tier 2: \$60; Tier 3: \$90. Up to 90 day supply renewable up to a year for maintenance/specialty meds Oral contraceptives and barrier methods (i.e. diaphragm): \$0 copay for generic or single source brand 100% 90% after deductible 90% after deductible 100% 100% 100%	quired for certain procedures 90% after in-network deductible 50% after deductible 90% after deductible 90% after deductible (\$30,000 lifetime max per family but there are limits on specific services) 70% after deductible 70% after deductible; up to 120 days per calendar year 70% after deductible; up to 120 days per calendar year 70% after deductible; up to 120 days per calendar year 70% after deductible 70	90% after deductible Deductible, then 50% 90% after deductible 90% after deductible (\$30,000 lifetime max per family for all covered services) 90% after deductible 90% after deductible 90% after deductible; up to 120 visits per calendar year Deductible, then 100% Prenatal Care no deductible, 100% (excludes lab work and ultrasounds; covered deductible, then 90%) Deductible, then 90% delivery and routine nursery care No deductible, 100% 90% after deductible (for accidental injuries, certain surgical extractions, periodontal surgery) 90% after deductible 90% after deductible; up to 70, 8-hour shifts per calendar year 90% after deductible; up to 120 days per calendar year 90% after deductible; up to 120 days per calendar year 90% after deductible; up to 120 days per calendar year 90% after deductible; up to 120 days per calendar year 90% after deductible; up to 120 days per calendar year 90% after deductible; up to 120 days per calendar year 90% after deductible; up to 120 days per calendar year 90% after deductible; up to 30 day supply Deductible, then Tier 1: \$10; Tier 2: \$60; Tier 3: \$50. Up to 30 day supply renewable up to a year for maintenance/specialty meds Oral contraceptives and barrier methods (i.e. diaphragm): \$0 copay for generic or single	required for certain procedures 80% after deductible (paid as in-network) Deductible, then 50% 90% after deductible 80% after deductible (\$30,000 lifetime per family for all covered services) 80% after deductible 80% after deductible; up to 120 visits p calendar year 80% after deductible 80% after deductible; up to 70, 8-hour per calendar year 80% after deductible; up to 120 days per calendar year 80% after deductible; up to 120 day
on-emergency Use of Emergency Room THER COVERED SERVICES mbulance rtificially Assisted Fertilization urable Medical Equipment ome Health Care ospice Care laternity reastfeeding Supplies and Counseling ral Surgery hysical/Occupational/Speech Therapy, nd Cardiac Rehab abilitative Services (PT/OT/ST) rivate Duty Nursing killed Nursing Facility RESCRIPTION DRUG ADMINISTRATION etail Pharmacy ome Delivery: Choose delivery to home ddress or Cornell Health Pharmacy; or l 90 day exclusively at Cornell Health harmacy on Cornell Health Pharmacy; or l 90 day exclusively at Cornell Health harmacy on Cornell Health Pharmacy; or l 90 day exclusively at Cornell Health harmacy on Cornell Health Pharmacy; or l 90 day exclusively at Cornell Health harmacy on Cornell Health Pharmacy; or l 90 day exclusively at Cornell Health harmacy on Cornell Health Pharmacy; or l 90 day exclusively at Cornell Health harmacy on Cornell Health Pharmacy; or l 90 day exclusively at Cornell Health harmacy on Cornell Health Pharmacy; or l 90 day exclusively at Cornell Health harmacy on Cornell Health Pharmacy; or l 90 day exclusively at Cornell Health harmacy on Cornell Health Pharmacy; or l 90 day exclusively at Cornell Health harmacy on Cornell Health Pharmacy; or l 90 day exclusively at Cornell Health harmacy on Cornell Health Pharmacy; or l 90 day exclusively at Cornell Health harmacy on Cornell Health Pharmacy; or l 90 day exclusively at Cornell Health harmacy on Cornell Health Pharmacy; or l 90 day exclusively at Cornell Health harmacy on Cornell Health Pharmacy; or l 90 day exclusively at Cornell Health harmacy on Cornell Health Pharmacy; or l 90 day exclusively at Cornell Health harmacy on Cornell Health Pharmacy; or l 90 day exclusively at Cornell Health harmacy on Cornell Health Pharmacy; or l 90 day exclusively at Cornell Health harmacy on Cornell Health Pharmacy; or l 90 day exclusively at Cornell Health harmacy on Cornell Health Pharmacy; or l 90 day exclusively at Cornell Health harmacy on Cornell Health Pharmacy; or l 90 day exclusively	90% after deductible50% after deductible90% after deductible90% after deductible (\$30,000 lifetime max per family for all covered services)90% after deductible90% after deductible; up to 120 visits per calendar year100%Prenatal Care 100% (excludes lab work and ultrasounds; covered at 90% after deduct- ible) Delivery and routine nursery care 90% after deductible100%100% after \$20 copay in physician office (for accidental injuries, certain surgical extractions, periodontal surgery), otherwise 90% after deductible100%90% after deductible; up to 70, 8-hour shifts per calendar year.90% after deductible; up to 120 days per calendar year.90% after deductible; up to 30 day supply renewable up to a year for main- tenance/specialty meds0ral contraceptives and barrier methods (i.e. diaphragm): \$0 copay for generic or single source brand90% after deductible90% after deductible </td <td>required for certain procedures 90% paid as in-network 50% after deductible 80% after deductible 80% after deductible (\$30,000 lifetime max per family for all covered services) 80% after deductible 80% after deductible; up to 120 visits per calendar year 80% after deductible 80% after deductible; up to 70, 8-hour shifts per calendar year 80% after deductible; up to 70, 8-hour shifts per calendar year 80% after deductible; up to 120 days per calendar year 80% after deductible; up to 120 days per calendar year 80% after deductible; up to 120 days per 60% after deductible; up to 120 days per 80% after deductible 80% after deductible 80% after deductible 80% after deductible 80% after deductible 80% after deductible 80% after deductible 80% after deductible</br></br></br></br></br></br></br></br></br></br></br></br></br></br></br></br></br></br></br></br></td> <td>90% after deductible 50% after deductible 90% after deductible 90% after deductible 90% after deductible 90% after deductible; up to 200 visits per calendar year 100% Prenatal Care 100% (excludes lab work and ultrasounds; covered at 90% after deduct- ible) Delivery and routine nursery care 90% after deductible 100% 100% after \$10 copay in Weill network physi- cian office and \$30 copay in Aetna network physician office; 90% after deductible if per- formed inpatient/outpatient hospital (for acci- dental injuries, certain surgical extractions, periodontal surgery) 90% after deductible 100% Not covered unless part of Home Health Care. 90% after deductible; up to 120 days per calendar year Tier 1: \$5; Tier 2: \$30; Tier 3: \$50. Up to 30 day supply 7iier 1: \$10; Tier 2: \$60; Tier 3: \$90. Up to 90 day supply renewable up to a year for main- tenance/specialty meds Oral contraceptives and barrier methods (i.e. diaphragm): \$0 copay for generic or single source brand 90% after deductible 90% after deductible</td> <td>quired for certain procedures 90% after in-network deductible 50% after deductible 90% after deductible (\$30,000 lifetime max per family but there are limits on specific services) 70% after deductible (\$30,000 lifetime max per family but there are limits on specific services) 70% after deductible; up to 200 visits per calendar year 70% after deductible 70% after deductible; up to 120 days per calendar year 70% after deductible; up to 120 days per calendar year 70% after deductible; up to 120 days per calendar year 70% after deductible; up to 120 days per calendar year 70% after deductible; up to 120 days per calendar year 70% after deductible; up to 120 days per calendar year 70% after deductible 70% afte</td> <td>90% after deductible 90% after deductible 90% after deductible (\$30,000 lifetime max per family for all covered services) 90% after deductible (\$30,000 lifetime max per family for all covered services) 90% after deductible; up to 120 visits per calendar year Deductible, then 100% Prenatal Care no deductible, 100% (ex- cludes lab work and ultrasounds; covered deductible, then 90%) Deductible, then 90% delivery and routine nursery care No deductible, 100% 90% after deductible (for accidental injuries, certain surgical extractions, periodontal surgery) 90% after deductible 90% after deductible; up to 70, 8-hour shifts per calendar year 90% after deductible; up to 120 days per calendar year 90% after deductible; up to 120 days per calendar year 90% after deductible; up to 120 days per calendar year 90% after deductible; up to 120 days per calendar year 90% after deductible; up to 120 days per calendar year 90% after deductible; up to 30 day supply Deductible, then Tier 1: \$10; Tier 2: \$60; Tier 3: \$90. Up to 90 day supply renewable up to a year for maintenance/specialty meds Oral contraceptives and barrier methods (i.e. diaphragm): \$0 copay for generic or single source brand 90% after deductible 90% after deductible 90% after deductible 90% after dedu</td> <td>required for certain procedures 80% after deductible (paid as in-network) Deductible, then 50% 90% after deductible 80% after deductible (\$30,000 lifetime per family for all covered services) 80% after deductible 80% after deductible; up to 120 visits p calendar year 80% after deductible 80% after deductible; up to 70, 8-hour s per calendar year 80% after deductible; up to 70, 8-hour s per calendar year 80% after deductible; up to 120 days per calendar year 80% after deductible 80% after deductible</td>	required for certain procedures 90% paid as in-network 50% after deductible 80% after deductible 80% after deductible (\$30,000 lifetime max per family for all covered services) 80% after deductible 80% after deductible; up to 120 visits per calendar year 80% after deductible 80% after deductible; up to 70, 8-hour shifts per calendar year 80% after deductible; up to 70, 8-hour shifts per calendar year 80% after deductible; up to 120 days per calendar year 	90% after deductible 50% after deductible 90% after deductible 90% after deductible 90% after deductible 90% after deductible; up to 200 visits per calendar year 100% Prenatal Care 100% (excludes lab work and ultrasounds; covered at 90% after deduct- ible) Delivery and routine nursery care 90% after deductible 100% 100% after \$10 copay in Weill network physi- cian office and \$30 copay in Aetna network physician office; 90% after deductible if per- formed inpatient/outpatient hospital (for acci- dental injuries, certain surgical extractions, periodontal surgery) 90% after deductible 100% Not covered unless part of Home Health Care. 90% after deductible; up to 120 days per calendar year Tier 1: \$5; Tier 2: \$30; Tier 3: \$50. Up to 30 day supply 7iier 1: \$10; Tier 2: \$60; Tier 3: \$90. Up to 90 day supply renewable up to a year for main- tenance/specialty meds Oral contraceptives and barrier methods (i.e. diaphragm): \$0 copay for generic or single source brand 90% after deductible	quired for certain procedures 90% after in-network deductible 50% after deductible 90% after deductible (\$30,000 lifetime max per family but there are limits on specific services) 70% after deductible (\$30,000 lifetime max per family but there are limits on specific services) 70% after deductible; up to 200 visits per calendar year 70% after deductible 70% after deductible; up to 120 days per calendar year 70% after deductible; up to 120 days per calendar year 70% after deductible; up to 120 days per calendar year 70% after deductible; up to 120 days per calendar year 70% after deductible; up to 120 days per calendar year 70% after deductible; up to 120 days per calendar year 70% after deductible 70% afte	90% after deductible 90% after deductible 90% after deductible (\$30,000 lifetime max per family for all covered services) 90% after deductible (\$30,000 lifetime max per family for all covered services) 90% after deductible; up to 120 visits per calendar year Deductible, then 100% Prenatal Care no deductible, 100% (ex- cludes lab work and ultrasounds; covered deductible, then 90%) Deductible, then 90% delivery and routine nursery care No deductible, 100% 90% after deductible (for accidental injuries, certain surgical extractions, periodontal surgery) 90% after deductible 90% after deductible; up to 70, 8-hour shifts per calendar year 90% after deductible; up to 120 days per calendar year 90% after deductible; up to 120 days per calendar year 90% after deductible; up to 120 days per calendar year 90% after deductible; up to 120 days per calendar year 90% after deductible; up to 120 days per calendar year 90% after deductible; up to 30 day supply Deductible, then Tier 1: \$10; Tier 2: \$60; Tier 3: \$90. Up to 90 day supply renewable up to a year for maintenance/specialty meds Oral contraceptives and barrier methods (i.e. diaphragm): \$0 copay for generic or single source brand 90% after deductible 90% after deductible 90% after deductible 90% after dedu	required for certain procedures 80% after deductible (paid as in-network) Deductible, then 50% 90% after deductible 80% after deductible (\$30,000 lifetime per family for all covered services) 80% after deductible 80% after deductible; up to 120 visits p calendar year 80% after deductible 80% after deductible; up to 70, 8-hour s per calendar year 80% after deductible; up to 70, 8-hour s per calendar year 80% after deductible; up to 120 days per calendar year 80% after deductible 80% after deductible
Ion-emergency Use of Emergency Room THER COVERED SERVICES mbulance rtificially Assisted Fertilization urable Medical Equipment ome Health Care ospice Care laternity reastfeeding Supplies and Counseling ral Surgery hysical/Occupational/Speech Therapy, nd Cardiac Rehab abilitative Services (PT/OT/ST) rivate Duty Nursing killed Nursing Facility RESCRIPTION DRUG ADMINISTRATION etail Pharmacy ome Delivery: Choose delivery to home ddress or Cornell Health Pharmacy; or ll 90 day exclusively at Cornell Health harmacy on Cornell campus rescription Contraceptives EHAVIORAL HEALTH CARE elemedicine for Behavioral Health*** Cental Health harmacy tutpatient Care artial Hospitalization/Intensive Outpatient utpatient Care artial Hospitalization/Intensive Outpat- ent alfway House utpatient Care	90% after deductible50% after deductible90% after deductible90% after deductible (\$30,000 lifetime max per family for all covered services)90% after deductible90% after deductible; up to 120 visits per calendar year100%Prenatal Care 100% (excludes lab work and ultrasounds; covered at 90% after deduct- ible) Delivery and routine nursery care 90% after deductible100%100% after \$20 copay in physician office (for accidental injuries, certain surgical extractions, periodontal surgery), otherwise 90% after deductible90% after deductible100%90% after deductible; up to 70, 8-hour shifts per calendar year.90% after deductible; up to 120 days per calendar year90% after deductible; up to 120 days per calendar year.90% after deductible; up to 120 days per calendar year90% after deductible; up to 120 days per calendar year90% after deductible; up to 70, 8-hour shifts per calendar year.90% after deductible; up to 120 days per calendar year100%100%0ral contraceptives and barrier methods (i.e. diaphragm); \$0 copay for generic or single source brand100%90% after deductible90% after deductible90	required for certain procedures 90% paid as in-network 50% after deductible 80% after deductible 80% after deductible (\$30,000 lifetime max per family for all covered services) 80% after deductible 80% after deductible; up to 120 visits per calendar year 80% after deductible 80% after deductible	90% after deductible 50% after deductible 90% after deductible 90% after deductible (\$30,000 lifetime max per family but there are limits on specific services) 90% after deductible 90% after deductible; up to 200 visits per calendar year 100% Prenatal Care 100% (excludes lab work and ultrasounds; covered at 90% after deduct- ible) Delivery and routine nursery care 90% after deductible 100% 100% after \$10 copay in Weill network physi- cian office and \$30 copay in Aetna network physician office 90% after deductible if per- formed inpatient/outpatient hospital (for acci- dental injuries, certain surgical extractions, periodontal surgery) 90% after deductible 100% Not covered unless part of Home Health Care. 90% after deductible; up to 120 days per calendar year 7 7 7 90% after deductible up to a year for main- tenance/specialty meds 0ral contraceptives and barrier methods (i.e. diaphragm): \$0 copay for generic or single source brand 90% after deductible	quired for certain procedures90% after in-network deductible50% after deductible50% after deductible70% after deductible (\$30,000 lifetime max per family but there are limits on specific services)70% after deductible70% after deductible; up to 200 visits per calendar year70% after deductible70% after deductible; up to 120 days per calendar year70% after deductible; up to 120 days per calendar year70% after deductible; up to 120 days per calendar year70% after deductible copayNot coveredContracted rate less applicable copay70% after deductible70% after dedu	90% after deductible 90% after deductible 90% after deductible (\$30,000 lifetime max per family for all covered services) 90% after deductible; up to 120 visits per calendar year Deductible, then 100% Prenatal Care no deductible, 100% (ex- cludes lab work and ultrasounds; covered deductible, then 90%) Deductible, then 90% delivery and routine nursery care No deductible, 100% 90% after deductible (for accidental injuries, certain surgical extractions, periodontal surgery) 90% after deductible 90% after deductible; up to 70, 8-hour shifts per calendar year 90% after deductible; up to 70, 8-hour shifts per calendar year 90% after deductible; up to 120 days per calendar year 90% after deductible; up to 120 days per calendar year 90% after deductible; up to 120 days per calendar year 90% after deductible; up to 120 days per calendar year 90% after deductible; up to 120 days per calendar year 90% after deductible; up to 120 days per calendar year 90% after deductible 90% after deductible <t< td=""><td>required for certain procedures 80% after deductible (paid as in-network) Deductible, then 50% 90% after deductible 80% after deductible (\$30,000 lifetime of per family for all covered services) 80% after deductible 80% after deductible; up to 120 visits per calendar year 80% after deductible 80% after deductible; up to 70, 8-hour sper calendar year 80% after deductible; up to 120 days per calendar year 80% after deductible 80% after deductible</td></t<>	required for certain procedures 80% after deductible (paid as in-network) Deductible, then 50% 90% after deductible 80% after deductible (\$30,000 lifetime of per family for all covered services) 80% after deductible 80% after deductible; up to 120 visits per calendar year 80% after deductible 80% after deductible; up to 70, 8-hour sper calendar year 80% after deductible; up to 120 days per calendar year 80% after deductible 80% after deductible
on-emergency Use of Emergency Room THER COVERED SERVICES mbulance rtificially Assisted Fertilization urable Medical Equipment ome Health Care ospice Care laternity reastfeeding Supplies and Counseling ral Surgery hysical/Occupational/Speech Therapy, nd Cardiac Rehab abilitative Services (PT/OT/ST) rivate Duty Nursing killed Nursing Facility RESCRIPTION DRUG ADMINISTRATION etail Pharmacy ome Delivery: Choose delivery to home ddress or Cornell Health Pharmacy; or Il 90 day exclusively at Cornell Health harmacy on Cornell campus rescription Contraceptives EHAVIORAL HEALTH CARE elemedicine for Behavioral Health*** Iental Health upatient Care artial Hospitalization/Intensive Outpatient utpatient Office Visit utpatient Office Visit utpatient Care artial Hospitalization/Intensive Outpat- ent alfway House utpatient Care	90% after deductible50% after deductible90% after deductible90% after deductible (\$30,000 lifetime max per family for all covered services)90% after deductible90% after deductible; up to 120 visits per calendar year100%Prenatal Care 100% (excludes lab work and ultrasounds; covered at 90% after deduct- ible) Delivery and routine nursery care 90% after deductible100%100% after \$20 copay in physician office (for accidental injuries, certain surgical extractions, periodontal surgery), otherwise 90% after deductible100%90% after deductible; up to 70, 8-hour shifts per calendar year.90% after deductible; up to 120 days per calendar year.90% after deductible; up to 120 days per calendar year.90% after deductible; up to 120 days per calendar year.00% after deductible; up to 120 days per calendar year.90% after deductible; up to 120 days per calendar year.90% after deductible; up to 120 days per calendar year.00% after deductible; up to 30 day supply renewable up to a year for main- tenance/specialty meds0ral contraceptives and barrier methods (i.e. diaphragm): \$0 copay for generic or single source brand90% after deductible90% after deductible </td <td>required for certain procedures 90% paid as in-network 50% after deductible 80% after deductible 80% after deductible (\$30,000 lifetime max per family for all covered services) 80% after deductible 80% after deductible; up to 120 visits per calendar year 80% after deductible 80% after deductible; up to 70, 8-hour shifts per calendar year 80% after deductible; up to 70, 8-hour shifts per calendar year 80% after deductible; up to 120 days per calendar year 80% after deductible; up to 120 days per calendar year 80% after deductible; up to 120 days per 60% after deductible; up to 120 days per 80% after deductible 80% after deductible 80% after deductible 80% after deductible 80% after deductible 80% after deductible 80% after deductible 80% after deductible</br></br></br></br></br></br></br></br></br></br></br></br></br></br></br></br></br></br></br></br></td> <td>90% after deductible 50% after deductible 90% after deductible 90% after deductible 90% after deductible 90% after deductible; up to 200 visits per calendar year 100% Prenatal Care 100% (excludes lab work and ultrasounds; covered at 90% after deduct- ible) Delivery and routine nursery care 90% after deductible 100% 100% after \$10 copay in Weill network physi- cian office and \$30 copay in Aetna network physician office; 90% after deductible if per- formed inpatient/outpatient hospital (for acci- dental injuries, certain surgical extractions, periodontal surgery) 90% after deductible 100% Not covered unless part of Home Health Care. 90% after deductible; up to 120 days per calendar year Tier 1: \$5; Tier 2: \$30; Tier 3: \$50. Up to 30 day supply 7iier 1: \$10; Tier 2: \$60; Tier 3: \$90. Up to 90 day supply renewable up to a year for main- tenance/specialty meds Oral contraceptives and barrier methods (i.e. diaphragm): \$0 copay for generic or single source brand 90% after deductible 90% after deductible</td> <td>quired for certain procedures 90% after in-network deductible 50% after deductible 90% after deductible (\$30,000 lifetime max per family but there are limits on specific services) 70% after deductible (\$30,000 lifetime max per family but there are limits on specific services) 70% after deductible; up to 200 visits per calendar year 70% after deductible 70% after deductible; up to 120 days per calendar year 70% after deductible; up to 120 days per calendar year 70% after deductible; up to 120 days per calendar year 70% after deductible; up to 120 days per calendar year 70% after deductible; up to 120 days per calendar year 70% after deductible; up to 120 days per calendar year 70% after deductible 70% afte</td> <td>90% after deductible 90% after deductible 90% after deductible (\$30,000 lifetime max per family for all covered services) 90% after deductible (\$30,000 lifetime max per family for all covered services) 90% after deductible; up to 120 visits per calendar year Deductible, then 100% Prenatal Care no deductible, 100% (ex- cludes lab work and ultrasounds; covered deductible, then 90%) Deductible, then 90% delivery and routine nursery care No deductible, 100% 90% after deductible (for accidental injuries, certain surgical extractions, periodontal surgery) 90% after deductible 90% after deductible; up to 70, 8-hour shifts per calendar year 90% after deductible; up to 120 days per calendar year 90% after deductible; up to 120 days per calendar year 90% after deductible; up to 120 days per calendar year 90% after deductible; up to 120 days per calendar year 90% after deductible; up to 120 days per calendar year 90% after deductible; up to 30 day supply Deductible, then Tier 1: \$10; Tier 2: \$60; Tier 3: \$90. Up to 90 day supply renewable up to a year for maintenance/specialty meds Oral contraceptives and barrier methods (i.e. diaphragm): \$0 copay for generic or single source brand 90% after deductible 90% after deductible 90% after deductible 90% after dedu</td> <td>required for certain procedures 80% after deductible (paid as in-network) Deductible, then 50% 90% after deductible 80% after deductible (\$30,000 lifetime r per family for all covered services) 80% after deductible 80% after deductible; up to 120 visits per calendar year 80% after deductible 80% after deductible; up to 70, 8-hour s per calendar year 80% after deductible; up to 120 days per calendar year 80% after deductible; up to 120 days per calendar year 80% after deductible 80% after deductible</td>	required for certain procedures 90% paid as in-network 50% after deductible 80% after deductible 80% after deductible (\$30,000 lifetime max per family for all covered services) 80% after deductible 80% after deductible; up to 120 visits per calendar year 80% after deductible 80% after deductible; up to 70, 8-hour shifts per calendar year 80% after deductible; up to 70, 8-hour shifts per calendar year 80% after deductible; up to 120 days per calendar year 	90% after deductible 50% after deductible 90% after deductible 90% after deductible 90% after deductible 90% after deductible; up to 200 visits per calendar year 100% Prenatal Care 100% (excludes lab work and ultrasounds; covered at 90% after deduct- ible) Delivery and routine nursery care 90% after deductible 100% 100% after \$10 copay in Weill network physi- cian office and \$30 copay in Aetna network physician office; 90% after deductible if per- formed inpatient/outpatient hospital (for acci- dental injuries, certain surgical extractions, periodontal surgery) 90% after deductible 100% Not covered unless part of Home Health Care. 90% after deductible; up to 120 days per calendar year Tier 1: \$5; Tier 2: \$30; Tier 3: \$50. Up to 30 day supply 7iier 1: \$10; Tier 2: \$60; Tier 3: \$90. Up to 90 day supply renewable up to a year for main- tenance/specialty meds Oral contraceptives and barrier methods (i.e. diaphragm): \$0 copay for generic or single source brand 90% after deductible	quired for certain procedures 90% after in-network deductible 50% after deductible 90% after deductible (\$30,000 lifetime max per family but there are limits on specific services) 70% after deductible (\$30,000 lifetime max per family but there are limits on specific services) 70% after deductible; up to 200 visits per calendar year 70% after deductible 70% after deductible; up to 120 days per calendar year 70% after deductible; up to 120 days per calendar year 70% after deductible; up to 120 days per calendar year 70% after deductible; up to 120 days per calendar year 70% after deductible; up to 120 days per calendar year 70% after deductible; up to 120 days per calendar year 70% after deductible 70% afte	90% after deductible 90% after deductible 90% after deductible (\$30,000 lifetime max per family for all covered services) 90% after deductible (\$30,000 lifetime max per family for all covered services) 90% after deductible; up to 120 visits per calendar year Deductible, then 100% Prenatal Care no deductible, 100% (ex- cludes lab work and ultrasounds; covered deductible, then 90%) Deductible, then 90% delivery and routine nursery care No deductible, 100% 90% after deductible (for accidental injuries, certain surgical extractions, periodontal surgery) 90% after deductible 90% after deductible; up to 70, 8-hour shifts per calendar year 90% after deductible; up to 120 days per calendar year 90% after deductible; up to 120 days per calendar year 90% after deductible; up to 120 days per calendar year 90% after deductible; up to 120 days per calendar year 90% after deductible; up to 120 days per calendar year 90% after deductible; up to 30 day supply Deductible, then Tier 1: \$10; Tier 2: \$60; Tier 3: \$90. Up to 90 day supply renewable up to a year for maintenance/specialty meds Oral contraceptives and barrier methods (i.e. diaphragm): \$0 copay for generic or single source brand 90% after deductible 90% after deductible 90% after deductible 90% after dedu	required for certain procedures 80% after deductible (paid as in-network) Deductible, then 50% 90% after deductible 80% after deductible (\$30,000 lifetime r per family for all covered services) 80% after deductible 80% after deductible; up to 120 visits per calendar year 80% after deductible 80% after deductible; up to 70, 8-hour s per calendar year 80% after deductible; up to 120 days per calendar year 80% after deductible; up to 120 days per calendar year 80% after deductible 80% after deductible
Ion-emergency Use of Emergency Room THER COVERED SERVICES Imbulance rtificially Assisted Fertilization urable Medical Equipment lome Health Care lospice Care laternity reastfeeding Supplies and Counseling ral Surgery hysical/Occupational/Speech Therapy, nd Cardiac Rehab labilitative Services (PT/OT/ST) rivate Duty Nursing killed Nursing Facility RESCRIPTION DRUG ADMINISTRATION etail Pharmacy lome Delivery: Choose delivery to home ddress or Cornell Health Pharmacy; or II 90 day exclusively at Cornell Health harmacy on Cornell campus rescription Contraceptives EHAVIORAL HEALTH CARE elemedicine for Behavioral Health*** Iental Health harmacy on Cornell campus rescription Contraceptives EHAVIORAL HEALTH CARE elemedicine for Behavioral Health*** Iental Health harmacy on Cornell campus rescription Contraceptives EHAVIORAL HEALTH CARE elemedicine for Behavioral Health*** Iental Health harmacy on Cornell campus rescription Contraceptives EHAVIORAL HEALTH CARE elemedicine for Behavioral Health*** Iental Health harmacy on Cornell campus rescription Contraceptives EIAVIORAL HEALTH CARE elemedicine for Behavioral Health*** Iental Health harmacy on Cornell campus rescription Contraceptives Outpatient Iutpatient Care artial Hospitalization/Intensive Outpatient utpatient Office Visit Iubstance Disorder halfway House Iutpatient Care IILIZATION MANAGEMENT hatient Pre-certification	90% after deductible50% after deductible90% after deductible (\$30,000 lifetime max per family for all covered services)90% after deductible (\$30,000 lifetime max per family for all covered services)90% after deductible; up to 120 visits per calendar year100%Prenatal Care 100% (excludes lab work and ultrasounds; covered at 90% after deduct- ible) Delivery and routine nursery care 90% after deductible100%100% after \$20 copay in physician office (for accidental injuries, certain surgical extractions, periodontal surgery), otherwise 90% after deductible90% after deductible100%90% after deductible; up to 70, 8-hour shifts per calendar year.90% after deductible; up to 120 days per calendar year.90% after deductible; up to 30 day supply renewable up to a year for main- tenance/specialty meds0ral contraceptives and barrier methods (i.e. diaphragm): \$0 copay for generic or single source brand90% after deductible90% after deductible9	required for certain procedures 90% paid as in-network 50% after deductible 80% after deductible 80% after deductible (\$30,000 lifetime max per family for all covered services) 80% after deductible; up to 120 visits per calendar year 80% after deductible 80% after deductible; up to 70, 8-hour shifts per calendar year 80% after deductible; up to 120 days per calendar year 80% after deductible; up to 120 days per calendar year 80% after deductible copay 1000000000000000000000000000000000000	90% after deductible 90% after deductible 90% after deductible 90% after deductible (\$30,000 lifetime max per family but there are limits on specific services) 90% after deductible; up to 200 visits per calendar year 100% Prenatal Care 100% (excludes lab work and ultrasounds; covered at 90% after deduct-ible) Die/very and routine nursery care 90% after deductible 100% 100% after \$10 copay in Weill network physician office; 90% after deductible if performed inpatient/outpatient hospital (for accidental injuries, certain surgical extractions, periodontal surgery) 90% after deductible 100% Not covered unless part of Home Health Care. 90% after deductible; up to 120 days per calendar year Tier 1: \$5; Tier 2: \$30; Tier 3: \$50. Up to 30 day supply renewable up to a year for maintenance/specialty meds Oral contraceptives and barrier methods (i.e. diaphragm): \$0 copay for generic or single source brand 90% after deductible	quired for certain procedures 90% after in-network deductible 50% after deductible 90% after deductible 90% after deductible 90% after deductible 70% after deductible 70% after deductible; up to 200 visits per calendar year 70% after deductible 70% after deductible; up to 120 days per calendar year 70% after deductible; up to 120 days per calendar year 70% after deductible; up to 120 days per calendar year 70% after deductible Not covered Not covered 70% after deductible 70% after deductible <td>90% after deductible 90% after deductible 90% after deductible (\$30,000 lifetime max per family for all covered services) 90% after deductible; up to 120 visits per calendar year Deductible, then 100% Prenatal Care no deductible, 100% (ex- cludes lab work and ultrasounds; covered deductible, then 90%) Deductible, then 90% delivery and routine nursery care No deductible, 100% 90% after deductible (for accidental injuries, certain surgical extractions, periodontal surgery) 90% after deductible 90% after deductible; up to 70, 8-hour shifts per calendar year 90% after deductible; up to 70, 8-hour shifts per calendar year 90% after deductible; up to 120 days per calendar year 90% after deductible; up to 120 days per calendar year 90% after deductible; up to 120 days per calendar year 90% after deductible; up to 120 days per calendar year 90% after deductible; up to 120 days per calendar year 90% after deductible; up to 30 day supply Deductible, then Tier 1: \$10; Tier 2: \$60; Tier 3: \$50. Up to 30 day supply renewable up to a year for maintenance/specialty meds Oral contraceptives and barrier methods (i.e. diaphragm): \$0 copay for generic or single source brand 90% after deductible 90% after deductible 90% after deductible 90% after deductible</td> <td>required for certain procedures 80% after deductible (paid as in-network) Deductible, then 50% 90% after deductible 80% after deductible (\$30,000 lifetime r per family for all covered services) 80% after deductible 80% after deductible; up to 120 visits per calendar year 80% after deductible 80% after deductible; up to 70, 8-hour seper calendar year 80% after deductible; up to 120 days per calendar year 80% after deductible; up to 120 days per calendar year 80% after deductible; up to 120 days per calendar year 80% after deductible 80% after deductible</td>	90% after deductible 90% after deductible 90% after deductible (\$30,000 lifetime max per family for all covered services) 90% after deductible; up to 120 visits per calendar year Deductible, then 100% Prenatal Care no deductible, 100% (ex- cludes lab work and ultrasounds; covered deductible, then 90%) Deductible, then 90% delivery and routine nursery care No deductible, 100% 90% after deductible (for accidental injuries, certain surgical extractions, periodontal surgery) 90% after deductible 90% after deductible; up to 70, 8-hour shifts per calendar year 90% after deductible; up to 70, 8-hour shifts per calendar year 90% after deductible; up to 120 days per calendar year 90% after deductible; up to 120 days per calendar year 90% after deductible; up to 120 days per calendar year 90% after deductible; up to 120 days per calendar year 90% after deductible; up to 120 days per calendar year 90% after deductible; up to 30 day supply Deductible, then Tier 1: \$10; Tier 2: \$60; Tier 3: \$50. Up to 30 day supply renewable up to a year for maintenance/specialty meds Oral contraceptives and barrier methods (i.e. diaphragm): \$0 copay for generic or single source brand 90% after deductible 90% after deductible 90% after deductible 90% after deductible	required for certain procedures 80% after deductible (paid as in-network) Deductible, then 50% 90% after deductible 80% after deductible (\$30,000 lifetime r per family for all covered services) 80% after deductible 80% after deductible; up to 120 visits per calendar year 80% after deductible 80% after deductible; up to 70, 8-hour seper calendar year 80% after deductible; up to 120 days per calendar year 80% after deductible; up to 120 days per calendar year 80% after deductible; up to 120 days per calendar year 80% after deductible 80% after deductible
Ion-emergency Use of Emergency Room THER COVERED SERVICES Imbulance Intificially Assisted Fertilization Iourable Medical Equipment Ioone Health Care Ioospice Care Iaternity Ireastfeeding Supplies and Counseling Ireastfeeding Supplies and Counseling Internity Ireastfeeding Supplies and Counseling Internity Ireastfeeding Supplies and Counseling Internity Inte	90% after deductible 50% after deductible 90% after deductible (\$30,000 lifetime max per family for all covered services) 90% after deductible; up to 120 visits per calendar year 100% Prenatal Care 100% (excludes lab work and ultrasounds; covered at 90% after deduct- ible) Delivery and routine nursery care 90% after deductible 100% Prenatal Care 100% (excludes lab work and ultrasounds; covered at 90% after deduct- ible) Delivery and routine nursery care 90% after deductible 100% 90% after \$20 copay in physician office (for accidental injuries, certain surgical extractions, periodontal surgery), otherwise 90% after deductible 90% after deductible 90% after deductible; up to 70, 8-hour shifts per calendar year. 90% after deductible; up to 120 days per calendar year 90% after deductible; up to 120 days per calendar year 90% after deductible; up to 30 day supply rier 1: \$5; Tier 2: \$30; Tier 3: \$90. Up to 90 day supply renewable up to a year for main- tenance/specialty meds Oral contraceptives and barrier methods (i.e. diaphragm): \$0 copay for generic or single source brand 90% after deductible	required for certain procedures 90% paid as in-network 50% after deductible 90% after deductible 80% after deductible (\$30,000 lifetime max per family for all covered services) 80% after deductible 80% after deductible; up to 120 visits per calendar year 80% after deductible 80% after deductible 80% after deductible 80% after deductible 80% after deductible 80% after deductible 80% after deductible; up to 70, 8-hour shifts per calendar year 80% after deductible; up to 70, 8-hour shifts per calendar year 80% after deductible; up to 70, 8-hour shifts per calendar year 80% after deductible; up to 120 days per calendar year 80% after deductible; up to 120 days per calendar year 80% after deductible copay 80% after deductible copay 80% after deductible 80% af	90% after deductible 90% after deductible 90% after deductible 90% after deductible (\$30,000 lifetime max per family but there are limits on specific services) 90% after deductible; up to 200 visits per calendar year 100% Prenatal Care 100% (excludes lab work and ultrasounds; covered at 90% after deduct-ible) bile) Delivery and routine nursery care 90% after deductible 100% 100% after \$10 copay in Weill network physician office; 90% after deductible if performed inpatient/outpatient hospital (for accidental injuries, certain surgical extractions, periodontal surgery) 90% after deductible 100% Not covered unless part of Home Health Care. 90% after deductible; up to 120 days per calendar year Tier 1: \$5; Tier 2: \$30; Tier 3: \$50. Up to 30 day supply 70 routraceptives and barrier methods (i.e. diaphragm): \$0 copay for generic or single source brand 100% 100% 90% after deductible 90% after deductibl	quired for certain procedures 90% after in-network deductible 50% after deductible 90% after deductible 90% after deductible 90% after deductible 70% after deductible 70% after deductible; up to 200 visits per calendar year 70% after deductible; up to 200 visits per calendar year 70% after deductible 70% after deductible; up to 120 days per calendar year 70% after deductible; up to 120 days per calendar year 70% after deductible; up to 120 days per calendar year 70% after deductible; up to 120 days per calendar year 70% after deductible	90% after deductible 90% after deductible 90% after deductible (\$30,000 lifetime max per family for all covered services) 90% after deductible 90% after deductible; up to 120 visits per calendar year Deductible, then 100% Prenatal Care no deductible, 100% (ex- cludes lab work and ultrasounds; covered deductible, then 90%) Deductible, then 90% delivery and routine nursery care No deductible (for accidental injuries, certain surgical extractions, periodontal surgery) 90% after deductible 90% after deductible; up to 70, 8-hour shifts per calendar year 90% after deductible; up to 70, 8-hour shifts per calendar year 90% after deductible; up to 120 days per calendar year 90% after deductible; up to 120 days per calendar year 90% after deductible; up to 120 days per calendar year 90% after deductible; up to 120 days per calendar year 90% after deductible; up to 120 days per calendar year 90% after deductible; then Tier 1: \$5; Tier 2: \$60; Tier 3: \$50. Up to 90 day supply renewable up to a year for maintenance/specialty meds Oral contraceptives and barrier methods (i.e. diaphragm): \$0 copay for generic or single source brand 90% after deductible	required for certain procedures 80% after deductible (paid as in-network) Deductible, then 50% 90% after deductible 80% after deductible (\$30,000 lifetime r per family for all covered services) 80% after deductible 80% after deductible; up to 70, 8-hour s per calendar year 80% after deductible; up to 120 days per calendar year 80% after deductible 80% after deductible

*Note from the Comparison: You may visit any provider for eligible medical necessary services, and will receive the greatest benefit by seeing an Aetna participating provider (in-network coverage). You will pay more when providers are non-participating with Aetna (out-of-network).

** The out-of-network reimbursement limit for the Aetna CPHL Plan, Weill Cornell Medicine PPO Plan, and Aetna HSA Plan is 275% of the Medicare allowable rate, amounts over this are not applicable to the deductible and out-of-pocket maximums. Please contact Aetna at 877-371-2007 for coverage or claims questions.

*** Telemedicine for Behavioral Health received through Teladoc are subject to a \$20 copay per visit for the Aetna CPHL Plan and Weill Cornell Medicine PPO Plan; whereas, the Aetna HSA is covered at 90% after deductible per visit.

While every attempt has been made to ensure the accuracy of this Summary, in the event of any discrepancy the Summary Plan Description and Plan Document will prevail. Please call HR Services and Transitions Center at (607) 255-3936 if you have any questions.