

2019 Endowed Health Plan Comparison Chart

CORNELL PROGRAM FOR HEALTHY LIVING**

WEILL CORNELL MEDICINE PPO

AETNA HEALTH SAVINGS ACCOUNT

Plan Features	In-Network Coverage (Preferred Benefit Level)	Out-of-Network Coverage* (Non-Preferred Benefit Level)	In-Network Coverage (Preferred Benefit Level)	Out-of-Network Coverage* (Non-Preferred Benefit Level)	In-Network Coverage (Preferred Benefit Level)	Out-of-Network Coverage* (Non-Preferred Benefit Level)
Deductible (per calendar year)	\$100 Individual \$200 Family	\$400 Individual \$800 Family	\$300 Individual \$600 Family	\$750 Individual \$1,500 Family	\$1,500 Individual \$3,000 Family	\$3,000 Individual \$6,000 Family
Lifetime Maximum	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited
Out-of-Pocket Maximum per calendar year (includes deductible and medical & Rx 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
2019 Account-based Cornell Contribution	N/A	N/A	N/A	N/A	\$1,000 per year, pro-rated if not enrolling during open enrollment	
2019 Contribution Maximums	N/A	N/A	N/A	N/A	\$3,500 Individual, \$7,000 Family (includes Cornell's contribution). Employees age 55 and older can contribute an additional \$1000.	
PHYSICIAN SERVICES						
Allergy Testing, Treatments, Shots	Testing, treatment: 100% after \$20 copay Shots: 90% after deductible	80% after deductible	Testing, treatment: 100% after \$10 copay Weill network; 100% after \$20 PCP copay/\$30 Specialist Aetna Network. Shots: 100% no deductible	70% after deductible	Deductible, then 90%	Deductible, then 80%
Chiropractic 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.	Deductible, then 90%	Deductible, then 80%
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	Deductible, then 90%	Deductible, then 80%
Eye 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. (1 exam per calendar year)	70% after deductible (1 exam per calendar year)	No deductible, \$20 copay (1 exam per calendar year)	Deductible, then 80% (1 exam per calendar year)
Flu Vaccination (injection)	100%	80% after deductible	100%	70% after deductible	No deductible, \$20 copay	Deductible, then 80%
Gynecological 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)	Deductible, then 80% (1 gyn exam and pap test per calendar year)
Hearing 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 calendar year)	70% after deductible (1 exam per calendar year)	No deductible, \$20 copay (1 exam every 2 yrs)	Deductible, then 80% (1 exam every 2 yrs)
Hearing Aid Equipment	Adults & children 13 and older: reimbursed at 100% no copay or deductible up to \$1,500 per hearing aid per ear once every 4 yrs. Children age 12 and under: Reimbursed at 100% no copay or deductible up to \$1,500 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 \$1,500 per hearing aid per ear once every 4 yrs. Children age 12 and under: Reimbursed at 100% no copay or deductible up to \$1,500 per hearing aid per ear, once every 2 years. Excludes batteries.	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 \$1,500 per hearing aid per ear once every 4 yrs. Children age 12 and under: Deductible reimbursed at 100% up to \$1,500 per hearing aid per ear, once every 2 years. Excludes batteries.	Adults & children 13 and older: Deductible, reimbursed at 100% up to \$1,500 per hearing aid per ear once every 4 yrs. Children age 12 and under: Deductible reimbursed at 100% up to \$1,500 per hearing aid per ear, once every 2 years. Excludes batteries.
Mammography Exam Routine	100%	80% after deductible	100%	70% after deductible	No deductible, 100%	Deductible, then 80%
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)	Deductible, then 90%	Deductible, then 80%
Physical Exams (routine)	100% (1 exam each year for ages 22 and older)	80% after deductible (1 exam each year for ages 22 and older)	100% (1 exam each year for ages 22 and older)	70% after deductible (1 exam each year for ages 22 and older)	No deductible, 100% (1 exam every 2 yrs ages 22-64; ages 65 and over 1 every year)	Deductible, then 80% (1 exam every 2 yrs ages 22-64; ages 65 and over 1 every year)
Enhanced Wellness Exam (select from the Ithaca-based providers)**	100% (1 enhanced exam and health assessment/SHQ each year for ages 18 and over, and 1 exam and pediatric assessment each year for ages 1 - 17)	N/A	N/A	N/A	N/A	N/A
PCP Monitoring and Guidance	100% (up to 3 visits per year) 100%					
Physician Hospital Services	90% after deductible	80% after deductible	90% after deductible	70% after deductible	Deductible, then 90%	Deductible, then 80%
Specialist 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.	Deductible, then 90%	Deductible, then 80%
Surgery	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	Deductible, then 90%	Deductible, then 80%
Well Child Care	100% (birth to age 22)	80% after deductible (birth to age 22)	100% (birth to age 22)	70% after deductible (birth to age 22)	No deductible, 100% (birth to age 22)	Deductible, then 80% (birth to age 22)
HOSPITAL						
Inpatient Coverage	90% after deductible	80% after deductible; pre-certification required	90% after deductible	70% after deductible; pre-certification required	Deductible, then 90%	Deductible, then 80%; pre-certification required
Outpatient Coverage	90% after deductible	80% after deductible; pre-certification required for certain procedures	90% after deductible	70% after deductible; pre-certification required for certain procedures	Deductible, then 90%	Deductible, then 80%; pre-certification required for certain procedures
Emergency Room	90% after deductible	90% paid as in-network	90% after deductible	90% after in-network deductible	Deductible, then 90%	Deductible, then 90% (paid as in-network)
Non-emergency Use of Emergency Room	50% after deductible	50% after deductible	50% after deductible	50% after deductible	Deductible, then 50%	Deductible, then 50%
OTHER COVERED SERVICES						
Ambulance	90% after deductible if emergency; 50% after deductible if non-emergency	90% if emergency, after in-network deductible, 50% after deductible if non-emergency	90% after deductible if emergency; 50% after deductible if non-emergency	90% after deductible if emergency and 50% after deductible for non-emergency	Deductible, then 90% if emergency; then 50% after deductible if non-emergency	90% if emergency, after in-network deductible, 50% after deductible if non-emergency
Artificially Assisted Fertilization	90% after deductible (\$20,000 lifetime max per family for all covered services)	90% after deductible (\$20,000 lifetime max per family for all covered services)	90% after deductible (\$20,000 lifetime max per family but there are limits on specific services)	90% after deductible (\$20,000 lifetime max per family but there are limits on specific services)	Deductible, then 90% (\$20,000 lifetime max per family for all covered services)	Deductible, then 80% (\$20,000 lifetime max per family for all covered services)
Durable Medical Equipment	90% after deductible	80% after deductible	90% after deductible	70% after deductible	Deductible, then 90%	Deductible, then 80%
Home Health Care	90% after deductible; up to 120 visits per calendar year	80% after deductible; up to 120 visits per calendar year	90% after deductible; up to 200 visits per calendar year	70% after deductible; up to 200 visits per calendar year	Deductible, then 90%; up to 120 visits per calendar year	Deductible, then 80%; up to 120 visits per calendar year
Hospice Care	100%	80% after deductible	100%	70% after deductible	Deductible, then 100%	Deductible, then 80%
Maternity	Prenatal Care 100% (excludes lab work and ultrasounds; covered at 90% after deductible) Delivery and routine nursery care 90% after deductible	80% after deductible	Prenatal Care 100% (excludes lab work and ultrasounds; covered at 90% after deductible) Delivery and routine nursery care 90% after deductible	70% after deductible	Prenatal Care no deductible, 100% (excludes lab work and ultrasounds; covered deductible, then 90%) Deductible, then 90% delivery and routine nursery care	Deductible, then 80%
Breastfeeding Supplies and Counseling	100%	80% after deductible	100%	70% after deductible	No deductible, 100%	Deductible, then 80%
Oral Surgery	100% after \$20 copay in physician office (for accidental injuries, certain surgical extractions, periodontal surgery), otherwise 90% after deductible	80% after deductible (for accidental injuries, certain surgical extractions, periodontal surgery)	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)	70% after deductible (for accidental injuries, certain surgical extractions, periodontal surgery)	Deductible, then 90% (for accidental injuries, certain surgical extractions, periodontal surgery)	Deductible, then 80% (for accidental injuries, certain surgical extractions, periodontal surgery)
Physical/Occupational/Speech Therapy, and Cardiac Rehab	90% after deductible. Speech limited to 50 visits per calendar year.	80% after deductible. Speech limited to 50 visits per calendar year.	90% after deductible; up to a combined limit of 60 visits per calendar year.	70% after deductible; up to a combined limit of 60 visits per calendar year.	Deductible, then 90%. Speech limited to 50 visits per calendar year.	Deductible, then 80%. Speech limited to 50 visits per calendar year.
Private Duty Nursing	90% after deductible; up to 70, 8-hour shifts per calendar year.	80% after deductible; up to 70, 8-hour shifts per calendar year.	Not covered unless part of Home Health Care.	Not covered unless part of Home Health Care.	Deductible, then 90%; up to 70, 8-hour shifts per calendar year.	Deductible, then 80%; up to 70, 8-hour shifts per calendar year.
Skilled Nursing Facility	90% after deductible; up to 90 days per calendar year	80% after deductible; up to 90 days per calendar year	90% after deductible; up to 120 days per calendar year	70% after deductible; up to 120 days per calendar year	Deductible, then 90%; up to 90 days per calendar year	Deductible, then 80%; up to 90 days per calendar year
PRESCRIPTION DRUG ADMINISTRATION BY OPTUMRX						
Retail Pharmacy	Tier 1: \$5; Tier 2: \$30; Tier 3: \$50. Up to 30 day supply	Contracted rate less applicable copay	Tier 1: \$5; Tier 2: \$30; Tier 3: \$50. Up to 30 day supply	Contracted rate less applicable copay	Deductible, then Tier 1: \$5; Tier 2: \$30; Tier 3: \$50. Up to 30 day supply	Deductible, contracted rate less applicable copay
Home Delivery: Choose delivery to home address or Cornell Health Pharmacy; or fill 90 day exclusively at Cornell Health Pharmacy on Cornell campus	Tier 1: \$10; Tier 2: \$60; Tier 3: \$90. Up to 90 day supply renewable up to a year for maintenance/specialty meds	Not covered	Tier 1: \$10; Tier 2: \$60; Tier 3: \$90. Up to 90 day supply renewable up to a year for maintenance/specialty meds	Not covered	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	Not covered
Prescription Contraceptives	Oral contraceptives and barrier methods (i.e. diaphragm); \$0 copay for generic or single source brand	Contracted rate less applicable copay	Oral contraceptives and barrier methods (i.e. diaphragm); \$0 copay for generic or single source brand	Contracted rate less applicable copay	Oral contraceptives and barrier methods (i.e. diaphragm); \$0 copay for generic or single source brand	Deductible, contracted rate less applicable copay
BEHAVIORAL HEALTH CARE						
Mental Health						
Inpatient Care	90% after deductible	80% after deductible	90% after deductible	70% after deductible	Deductible, then 90%	Deductible, then 80%
Partial Hospitalization/Intensive Outpatient	90% after deductible	80% after deductible	90% after deductible	70% after deductible	Deductible, then 90%	Deductible, then 80%
Outpatient Care	100% after \$20 copay	80% after deductible	100% after \$10 copay	70% after deductible	Deductible, then 90%	Deductible, then 80%
Substance Abuse						
Inpatient Care	90% after deductible	80% after deductible	90% after deductible	70% after deductible	Deductible, then 90%	Deductible, then 80%
Partial Hospitalization/Intensive Outpatient	90% after deductible	80% after deductible	90% after deductible	70% after deductible	Deductible, then 90%	Deductible, then 80%
Halfway House	90% after deductible	Not covered	90% after deductible	Not covered	Deductible, then 90%	Not covered
Outpatient Care	100% after \$20 copay	80% after deductible	100% after \$10 copay	70% after deductible	Deductible, then 90%	Deductible, then 80%
UTILIZATION MANAGEMENT						
Inpatient Pre-certification	Provider initiated	Member initiated.	Provider initiated	Member initiated.	Provider initiated	Member initiated
Failure to Pre-certify Inpatient	No penalty	\$400 penalty per occurrence	No penalty	\$400 penalty per occurrence	No penalty	\$400 penalty per occurrence
Outpatient Pre-certification	None	None	None	None	None	None
Failure to Pre-certify Outpatient	No penalty	No penalty	No penalty	No penalty	No penalty	No penalty
Claim Submission	Provider initiated	Member initiated	Provider initiated	Member initiated	Provider initiated	Member initiated

*Note from the Comparison Charts: The out-of-network reimbursement limit for the Aetna CPHL Plan, Weill Cornell Medicine PPO Plan, and Aetna HSA Plan is subject to reasonable and customary (R&C) limits. Amounts over R&C are not applicable to the deductible and out-of-pocket maximums.

Please call HR Services and Transitions Center at (607) 255-3936 if you have any questions.

** To receive the enhanced wellness exam, Cornell Program for Healthy Living (CPHL) members must choose a primary care physician (PCP) from the custom network of PCPs and complete a Health Risk Assessment.

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.

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