### 2019 Endowed Health Plan Comparison Chart

#### Plan Features

<table>
<thead>
<tr>
<th></th>
<th>Cornell Program for Healthy Living**</th>
<th>Weill Cornell Medicine PPO</th>
<th>Aetna Health Savings Account</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Deductible</strong></td>
<td>In-Network Coverage (Non-Preferred Benefit Level)</td>
<td>Out-of-Network Coverage (Non-Preferred Benefit Level)</td>
<td>In-Network Coverage (Preferred Benefit Level)</td>
</tr>
<tr>
<td>(per calendar year)</td>
<td>$1,000 Individual</td>
<td>$2,000 Individual</td>
<td>$1,500 Individual</td>
</tr>
<tr>
<td></td>
<td>$600 Individual</td>
<td>$1,200 Individual</td>
<td>$900 Individual</td>
</tr>
<tr>
<td>Lifetime Maximum</td>
<td>Unchanged</td>
<td>Unchanged</td>
<td>Unchanged</td>
</tr>
</tbody>
</table>

#### Q&A of Maximums per calendar year (includes deductible and metal-level)

<table>
<thead>
<tr>
<th></th>
<th>Cornell Program for Healthy Living**</th>
<th>Weill Cornell Medicine PPO</th>
<th>Aetna Health Savings Account</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>2019 Account-based Cornell Contribution</strong></td>
<td>MA</td>
<td>MA</td>
<td>MA</td>
</tr>
<tr>
<td></td>
<td>$1,500 Individual, $2,000 Family (includes Cornell contributions of up to $1,000)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Contribution Maximums

<table>
<thead>
<tr>
<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>MA</td>
<td>MA</td>
<td>MA</td>
</tr>
<tr>
<td></td>
<td>$3,000 Individual, $4,000 Family (includes Cornell contributions of up to $1,500)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Physician Services

<table>
<thead>
<tr>
<th>Service</th>
<th>Cornell Program for Healthy Living**</th>
<th>Weill Cornell Medicine PPO</th>
<th>Aetna Health Savings Account</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical Exam (routine)</td>
<td>100%</td>
<td>80% after deductible</td>
<td>No deductible, 100%</td>
</tr>
<tr>
<td>Oral Surgery</td>
<td>100%</td>
<td>80% after deductible</td>
<td>Deductible, then 80%</td>
</tr>
<tr>
<td>Physician Hospital Services</td>
<td>100% after deductible</td>
<td>80% after deductible</td>
<td>Deductible, then 80%</td>
</tr>
<tr>
<td>Specialist Office Visits</td>
<td>100% after deductible</td>
<td>70% after deductible</td>
<td>Deductible, then 80%</td>
</tr>
<tr>
<td>Inpatient Coverage</td>
<td>100% after deductible</td>
<td>70% after deductible</td>
<td>Deductible, then 90%</td>
</tr>
<tr>
<td>Outpatient Coverage</td>
<td>100% after deductible</td>
<td>50% after deductible</td>
<td>Deductible, then 80%</td>
</tr>
<tr>
<td>Emergency Room</td>
<td>70% after deductible</td>
<td>70% after deductible</td>
<td>Deductible, then 80%</td>
</tr>
<tr>
<td>Non-emergency Use of Emergency Room</td>
<td>50% after deductible</td>
<td>50% after deductible</td>
<td>Deductible, then 80%</td>
</tr>
</tbody>
</table>

#### Other Covered Services

<table>
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<tr>
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</tr>
</thead>
<tbody>
<tr>
<td>Plastic Surgery</td>
<td>100% after deductible</td>
<td>70% after deductible</td>
<td>Deductible, then 80%</td>
</tr>
<tr>
<td>Dental Equipment</td>
<td>100% after deductible</td>
<td>70% after deductible</td>
<td>Deductible, then 80%</td>
</tr>
<tr>
<td>Hearing Aid Equipment</td>
<td>100% after deductible</td>
<td>70% after deductible</td>
<td>Deductible, then 80%</td>
</tr>
<tr>
<td>Inpatient Coverage</td>
<td>100% after deductible</td>
<td>50% after deductible</td>
<td>Deductible, then 80%</td>
</tr>
<tr>
<td>Outpatient Coverage</td>
<td>100% after deductible</td>
<td>50% after deductible</td>
<td>Deductible, then 80%</td>
</tr>
<tr>
<td>Emergency Room</td>
<td>70% after deductible</td>
<td>70% after deductible</td>
<td>Deductible, then 80%</td>
</tr>
<tr>
<td>Non-emergency Use of Emergency Room</td>
<td>50% after deductible</td>
<td>50% after deductible</td>
<td>Deductible, then 80%</td>
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#### Prescription Drug Coverage by Formulary

<table>
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<tbody>
<tr>
<td>Mental Health</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Physical Health</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Outpatient Drug Coverage</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Outpatient Drug Coverage</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Utilization Management</td>
<td></td>
<td></td>
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#### Prescription/Outpatient

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<tr>
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<td></td>
<td></td>
</tr>
<tr>
<td>Outpatient Drug Coverage</td>
<td></td>
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**Notes from the Comparative Charts: The out-of-network reimbursement table listed for the Aetna CPHL Plan, Weill Cornell Medicine PPO Plan, and Aetna HSA Plan is subjective reasonable and customary (R&C) limits. Amounts over R&C are not applicable to the deductible and out-of-pocket maximums. Please refer to the State and Federal government guidelines.**

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*Schedules for physicians, services, and procedures are subject to change at any time. Cornell PPO (501) numbers can be used for any member nationwide. To receive the fullest benefit, you are advised to use Aetna network provider and facilities. In-network visits require prior authorization for certain procedures.*

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*To receive the fullest benefit, in-network provider visits and admissions must match a primary care physician (PCP) from the custom network of PCPs and complete a Health Risk Assessment.*

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*While every attempt has been made to ensure the accuracy of the Summary, in the event of any discrepancy between the Summary Plan Description and the Document Plan, the Document Plan prevails.*

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*Deductible and co-insurance are part of Cornell University's heritage. We are an employer-employee and saver-vendor using AASB, Payroll process, and techniques with a Deductible. Printed on recycled paper: Proctor & Gamble, Cornell University, 10/04/19*