

# Schedule of Benefits

(GR-9N-S-01-001-01)

**Employer:** Cornell University & Weill Cornell Medicine  
**Group Policy Number:** 299440-16-081  
**Issue Date:** June 19, 2018  
**Effective Date:** July 1, 2018  
**Schedule:** 9A  
**Cert Base:** 9

The benefits shown in this Plan are available for you solely while on a **Business Trip & Business Sojourn** authorized by your Employer.

**For: World Traveler Plus Business Travel & Business Sojourn Emergency and Urgent Care**

## Comprehensive Medical Plan

### PLAN FEATURES

Calendar Year Maximum Benefit per Person	\$500,000
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### PLAN FEATURES

Lifetime Maximum Benefit per person	Unlimited
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*Coinsurance listed in the Schedule below reflects the Plan Coinsurance. This is the amount Aetna pays. You are responsible for full payment of any non-covered expenses you incur.*

### PLAN FEATURES

#### *Physician Services* (GR-9N-S-13-25-01)

<i>Physician Office Visits</i> (non-surgical)	100% per visit No Calendar Year <b>deductible</b> applies.
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#### *Specialist Services* (GR-9N-S-13-25-01)

<i>Specialist Office Visits</i>	100% per visit No Calendar Year <b>deductible</b> applies.
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## PLAN FEATURES

### *Physician Services (cont'd) (GR-9N-S-13-25-01)*

#### *Physician Office Visit (Surgery)*

100% per visit

No Calendar Year **deductible** applies.

#### *Physician Services for Inpatient Facility and Hospital Visits*

100% per visit

No Calendar Year **deductible** applies.

#### *Administration of Anesthesia*

100% per procedure

No Calendar Year **deductible** applies.

### *Emergency Medical Services*

#### *Hospital Emergency Facility and Physician*

100% per visit

No Calendar Year **deductible** applies.

*\*See Important Note Below*

**\*Important Note:** Please note that the **provider** may not accept payment of your cost share (your **coinsurance percentage**) as payment in full. You may receive a bill for the difference between the amount billed by the provider and the amount paid by this Plan. If the Emergency Room Facility or **physician** bills you for an amount above your cost share, you are not responsible for paying that amount. Please send **Aetna** the bill at the address listed on your member ID card and **Aetna** will resolve any payment dispute with the provider over that amount. Make sure your member ID number is on the bill.

### *Urgent Medical Services (GR-9N-S-13-30-01)*

#### *Urgent Medical Care (at a non-hospital free standing urgent care facility)*

100% per visit

No Calendar Year **deductible** applies.

#### *Urgent Medical Care (for other than a non-hospital free standing facility)*

Refer to *Emergency Medical Services* and *Physician Services* above.

### *Complex Imaging Services*

#### *Complex Imaging*

100% per procedure

No Calendar Year **deductible** applies.

### *Diagnostic Laboratory Testing*

#### *Diagnostic Laboratory Testing*

100% per procedure

No Calendar Year **deductible** applies.

## PLAN FEATURES

### *Diagnostic X-Rays (except Complex Imaging Services)*

*Diagnostic X-Rays*

100% per procedure

No Calendar Year **deductible** applies.

### *Outpatient Surgery*

*Outpatient Surgery*

100% per visit/surgical procedure

No Calendar Year **deductible** applies.

### *Inpatient Facility Expenses (GR-9N-S-13-45-01)*

*Hospital Facility Expenses*

Room and Board  
(including maternity)

100% per admission

No Calendar Year **deductible** applies.

Other than Room and Board

100% per admission

No Calendar Year **deductible** applies.

### *Other Covered Health Expenses (GR-9N-S-13-80-01)*

*Acupuncture  
in lieu of anesthesia*

100% per procedure

No Calendar Year **deductible** applies.

*Ground, Air or Water Ambulance*

100% per trip

No Calendar Year **deductible** applies.

*Prescription Drugs*

100% per prescription or refill

No Calendar Year **deductible** applies.

### *Global Emergency Assistance Program (GR-9N-S-13-90-01)*

*\$250,000 Calendar Year Maximum*

100%

No Calendar Year **deductible** applies.

## **Expense Provisions** *(GR-9N S-09-05 01)*

### **The following provisions apply to your health expense plan.**

This section describes cost sharing features, benefit maximums and other important provisions that apply to your Plan. The specific cost sharing features and the applicable dollar amounts or benefit percentages are contained in the attached health expense sections of this *Schedule of Benefits*.

The insurance described in this *Schedule of Benefits* will be provided under Aetna Life & Casualty (Bermuda) Ltd. Insurance Company's policy form GR-29N.

### **Keep This Schedule of Benefits With Your Booklet.**

#### **Coinsurance Provisions** *(GR-9N S-09-020 01)*

##### **Coinsurance**

This is the percentage of your **covered expenses** that the plan pays and the percentage of **covered expenses** that you pay. The percentage that the plan pays is referred to as the “**Plan Coinsurance**”. Your plan will pay a percentage of the **covered expenses**.

#### **Maximum Benefit Provisions** *(GR-9N S-09-025 01)*

##### **Calendar Year Maximum Benefit**

The most the plan will pay for covered expenses incurred by any one covered person in a Calendar Year is called the Calendar Year maximum benefit.

The Calendar Year maximum benefit will not deny benefits for certain covered expenses in any one Calendar Year.

## **General** *(GR-9N S-28-01 01)*

This Schedule of Benefits replaces any similar Schedule of Benefits previously in effect under your plan of benefits. Requests for coverage other than that to which you are entitled in accordance with this Schedule of Benefits cannot be accepted. This Schedule is part of your Booklet and should be kept with your Booklet form GR-9N. Coverage is underwritten by Aetna Life & Casualty (Bermuda) Ltd. Insurance Company.