## In-Network Coverage

<table>
<thead>
<tr>
<th>Plan Feature</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>Deductible (per calendar year)</td>
<td>$2,600</td>
<td>$1,500</td>
<td>$1,500</td>
</tr>
<tr>
<td>Lifetime Maximum</td>
<td>$2,600 individual / $5,200 family</td>
<td>$1,500 individual / $2,000 family</td>
<td>N/A</td>
</tr>
<tr>
<td>Out-of-Pocket Maximum per calendar year</td>
<td>$2,600 individual / $5,200 family</td>
<td>$1,500 individual / $2,000 family</td>
<td>N/A</td>
</tr>
<tr>
<td>2020 Account-Based Cornell Contribution</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
</tbody>
</table>

### PHYSICAL SERVICES

#### In-Network Coverage

- **Dental:**
  - Preventive care: 100% after deductible
  - In-network care: 90% after deductible

#### Deductible

- **Deductible for Inpatient Services:**
  - Non-emergency: $1,000
  - Emergency: Full coverage

#### In-Network Coverage

- **Anesthesia:**
  - Deductible, then 90%

### Non-Emergency Use of Emergency Room

#### Deductible

- **Deductible for Inpatient Services:**
  - Non-emergency: $1,000
  - Emergency: Full coverage

#### In-Network Coverage

- **Anesthesia:**
  - Deductible, then 90%

### Covered Services

- **Coverage limits:**
  - level 1: $500 per occurrence
  - level 2: $1,000 per occurrence
  - level 3: $2,000 per occurrence

### Non-Emergency Use of Emergency Room

#### Deductible

- **Deductible for Inpatient Services:**
  - Non-emergency: $1,000
  - Emergency: Full coverage

#### In-Network Coverage

- **Anesthesia:**
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- **Coverage limits:**
  - level 1: $500 per occurrence
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