<table>
<thead>
<tr>
<th>Plan Features</th>
<th>In-Network Coverage (Preferred Benefit Level)</th>
<th>Out-of-Network Coverage * (Non-Preferred Benefit Level)</th>
<th>In-Network Coverage (Preferred Benefit Level)</th>
<th>Out-of-Network Coverage * (Non-Preferred Benefit Level)</th>
<th>In-Network Coverage (Preferred Benefit Level)</th>
<th>Out-of-Network Coverage * (Non-Preferred Benefit Level)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deductible (per calendar year)</td>
<td>Refer to the table for details</td>
<td>Refer to the table for details</td>
<td>Refer to the table for details</td>
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<td>Refer to the table for details</td>
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<tr>
<td>Librarians</td>
<td>Unavailable</td>
<td>Unavailable</td>
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<td>Unavailable</td>
<td>Unavailable</td>
<td>Unavailable</td>
</tr>
<tr>
<td>Amounts applicable to deductible (per calendar year includes deductible and medical expense)</td>
<td>$0 (Individual, family)</td>
<td>Not covered</td>
<td>$0 (Individual, family)</td>
<td>Not covered</td>
<td>$0 (Individual, family)</td>
<td>Not covered</td>
</tr>
<tr>
<td>30% Access/Based Cornell Coverage</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
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<tr>
<td>30% Contribution Maximums</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
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</tbody>
</table>

*Note from the Comparison Charts:*

- **Inpatient Pre-certification:**
  - Deductible, then 90%. Speech limited to 50 words.
  - Deductible, then 90% if emergency and 50% if not.
  - Deductible, then 90% if emergency and 50% if not.

- **Outpatient Care:**
  - 50% after deductible.
  - 90% after deductible.
  - 90% after deductible.

- **Physical Therapy:**
  - 50% after deductible.
  - 90% after deductible.
  - 90% after deductible.

- **Skilled Nursing Facility:**
  - 50% after deductible.
  - 90% after deductible.
  - 90% after deductible.

- **Home Health Care:**
  - 50% after deductible.
  - 90% after deductible.
  - 90% after deductible.

- **Hearing Aid Equipment:**
  - 50% after deductible.
  - 90% after deductible.
  - 90% after deductible.

- **Hearing Exam (routine):**
  - 50% after deductible (3 each year age 1-12), 50% after deductible (3 each year ages 13 and older).
  - 50% after deductible (3 each year age 1-12), 50% after deductible (3 each year ages 13 and older).
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- **Hearing Aid Equipment:**
  - 50% after deductible.
  - 90% after deductible.
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