### 2018 Endowed Health Plan Comparison Chart

<table>
<thead>
<tr>
<th><strong>Plan Features</strong></th>
<th><strong>In-Network Coverage</strong> (Preferred Benefit Level)</th>
<th><strong>Out-of-Network Coverage</strong></th>
<th><strong>In-Network Coverage</strong> (Preferred Benefit Level)</th>
<th><strong>Out-of-Network Coverage</strong> (Preferred Benefit Level)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Deductible (per calendar year)</strong></td>
<td>$350 Family</td>
<td>$650 Family</td>
<td>$1,550 Family</td>
<td>$3,550 Family</td>
</tr>
<tr>
<td>$1,250 individual</td>
<td>$2,500 Family</td>
<td>$1,550 Family</td>
<td>$3,550 Family</td>
<td>$3,550 Family</td>
</tr>
<tr>
<td><strong>Lifetime Maximum</strong></td>
<td>$2,500 individual and family</td>
<td>$5,000 individual</td>
<td>$5,000 individual</td>
<td>$5,000 individual</td>
</tr>
<tr>
<td><strong>Out-of-Pocket Maximum per calendar year (deductible $350)</strong></td>
<td>$2,500 individual and family</td>
<td>$2,500 individual and family</td>
<td>$2,500 individual and family</td>
<td>$2,500 individual and family</td>
</tr>
<tr>
<td><strong>2018 Account-Based Contributions</strong></td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
</tr>
<tr>
<td><strong>2018 Contribution Maximum</strong></td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
</tr>
</tbody>
</table>

### PHYSICAL SERVICES

#### PCP Monitoring and Guidance
- Enhanced Wellness Exam (select from:
  - Office Visit
  - Hearing Aid Equipment
  - Microbiogram Exam-Basestation
  - Physical Exam (Routine)
  - Hearing Aid Equipment
  - Microbiogram Exam-Basestation
  - Physical Exam (Routine)

#### Specialist Office Visits
- Office Visit
- Hearing Aid Equipment
- Microbiogram Exam-Basestation
- Physical Exam (Routine)

#### Oral Surgery
- Oral Surgery
- Maternity
- Breastfeeding Supplies and Counseling
- Oral Surgery
- Maternity
- Breastfeeding Supplies and Counseling

#### Emergency Room
- Adult & children: reimbursed at 100% no copay or deductible up to $10,000 per calendar year; up to 60 office visits per calendar year.
- Adult & children: reimbursed at 100% no copay or deductible up to $10,000 per calendar year; up to 60 office visits per calendar year.

#### HIPAA Compliant
- $10 copay for generic or single source brand
- $50 copay for generic or single source brand
- $25 copay for generic or single source brand

### LABORATORY SERVICES

#### Maternity
- Prenatal Care 100% (excludes lab work and maintenance/specialty meds)
- Prenatal Care 100% (excludes lab work and maintenance/specialty meds)

#### Oral contraceptives and barrier methods (i.e.
- Oral contraceptives and barrier methods (i.e.
- Oral contraceptives and barrier methods (i.e.

#### Allergy Testing, Treatments, Shots
- Allergy Testing, Treatments, Shots
- Allergy Testing, Treatments, Shots

#### Vitamin & Mineral Supplementation
- Vitamin & Mineral Supplementation
- Vitamin & Mineral Supplementation

#### Reproductive Care
- Reproductive Care
- Reproductive Care

#### Preventative Care
- Preventative Care
- Preventative Care

### BEHAVIORAL HEALTH CARE

#### Substance Abuse
- Substance Abuse
- Substance Abuse

#### Mental Health
- Mental Health
- Mental Health

#### Substance Abuse
- Substance Abuse
- Substance Abuse

#### Mental Health
- Mental Health
- Mental Health

---

*Note: From the Comparison Chart: The above-benefit enrollment checklist for the Aetna CHPA Plan, Well Cornell Medicine PPO Plan, and Aetna HRA 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 Benefit Services at (607) 255-3936 if you have any questions.

** To receive the maximum benefit, services must be obtained from participating providers (PCPs) or complete in-network claims. To receive the maximum benefit, services must be obtained from participating providers (PCPs) or complete in-network claims. **

*All services are subject to the Annual and/or Lifetime Maximums, as applicable,* and* must be obtained from participating providers (PCPs) or complete in-network claims.*

**R&C services include, but are not limited to, preventive care, diagnostic tests, medical surgical, and administrative services.*

**For services covered by a cost-sharing plan, the cost-sharing will apply to the out-of-pocket maximum.*

**Aetna HRA 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 Benefit Services at (607) 255-3936 if you have any questions.

---

*Diversity and inclusion are a part of Cornell University's heritage. We are a recognized employer and educator valuing AA/EEO, Protected Veterans, and Individuals with Disabilities. Printed on recycled paper. Produced by Cornell University. 10/17*