Weill Cornell Medicine PPO Addendum

The information below is intended to serve as an update to the January 1, 2017 Cornell Program for Healthy Living Plan (CPHL) Summary Plan Description (SPD)

Effective January 1, 2022

Out-of-network plan rate
The out-of-network plan rate does not apply to involuntary services. Involuntary services are services or supplies that are one of the following:

- Performed at a network facility by certain out-of-network providers
- Not available from a network provider
- Emergency services

Aetna will calculate your cost share for involuntary services in the same way as if you received the services from a network provider. The cost share will be based on the median contracted rate. If you receive a surprise bill from an out-of-network provider, where you had no control of their participation in your covered services, contact Aetna immediately about your bill.

Aetna will authorize coverage only if the provider agrees to Aetna’s usual terms and conditions for contracting providers.

Emergency services
When you, a plan participant, experience an emergency medical condition, you should go to the nearest emergency room. You can also dial 911 or your local emergency response service for medical and ambulance help.

Your coverage for emergency services will continue until your condition is stabilized and:

- Your attending physician determines that you are medically able to travel or to be transported, by non-medical or non-emergency medical transportation, to another provider if you need more care
- You are in a condition to be able to receive from the out-of-network provider delivering services the notice and consent criteria with respect to the services
- Your out-of-network provider delivering the services meets the notice and consent criteria with respect to the services

If your physician decides you need to stay in the hospital (emergency admission) or receive follow-up care, these are not emergency services. Different benefits and requirements apply. Please refer to your Benefit Plan, How your Medical plan works – precertification requirements section, the Coverage and exclusions
section(s) that fits your situation (for example, Hospital care or Physician services) and Medical Necessity. You can also contact Aetna, your network physician or your primary care physician (PCP).

**Non-emergency services**
If you go to an emergency room for a non-emergency medical condition, the plan may not cover your expenses. See your schedule of benefits for more information.

**Effective January 1, 2021**
The WCM-PPO Plan did not have any plan design changes.

**Effective January 1, 2020**

**Short Term Rehabilitation for Diagnosis of Autism**
For individuals with autism, short term rehabilitation is increasing to unlimited.

**Transgender Benefits**
The WCM-PPO Plan’s Transgender benefits have been expanded to include procedures previously considered “cosmetic” in nature, in accordance with coverage WPATH (World Professional Association for Transgender Health) guidelines. The list below is a summary of the covered procedures. If you have specific questions about the coverage, please contact Aetna at 877-371-2007.

- Abdominoplasty
- Blepharoplasty
- Brow lift
- Calf implants
- Cheek/malar implants
- Chin/nose implants
- Collagen injections
- Construction of a clitoral hood
- Drugs for hair loss or growth
- Facial feminization and masculinization surgery
- Forehead lift
- Jaw reduction (jaw contouring)
- Hair removal (e.g., electrolysis, laser hair removal)
- Hair transplantation
- Lip reduction
- Liposuction
- Mastopexy
- Neck tightening
- Nipple reconstruction
- Nose implants
- Pectoral implants
- Pitch-raising surgery
- Removal of redundant skin
- Rhinoplasty
- Tracheal shave
- Voice therapy/voice lessons
Effective January 1, 2018 and 2019

The WCM-PPO Plan did not have any plan design changes.

Effective January 1, 2017

Health Plan Documentation Requirements
For new enrollees or newly added dependents, copies required:
Spouse: Marriage Certificate
Domestic Partner: Statement of Domestic Partnership
Child(ren): Birth Certificate or Visa/Passport
Adopted Child(ren): Court Order confirming custody of adopted child

HIPAA Notice of Privacy Practices
The Privacy Officer has been updated to Gordon L. Barger.

Treatment of Infertility
Comprehensive Infertility and Advanced Reproductive Technology (ART) Expenses
To be an eligible covered female for benefits you must be covered under this Plan as an employee, or be a covered dependent who is the employee’s spouse or domestic partner. And:

Exclusions and Limitations
Unless otherwise specified in the Treatment of Infertility section of the Booklet, the following charges will be payable as covered expenses under this Plan.

ART services for a female without a male partner attempting to become pregnant who is unable to conceive or produce conception after at least 12 cycles of donor insemination.

OptumRx
Maintenance Medications can be obtained for up to 90 days exclusively at Cornell Health (formerly Gannett Pharmacy) on the Ithaca Campus. You pay the applicable Home Delivery Copay.