### 2023 Endowed Health Plan Comparison Chart - Your 3 Aetna Plan Choices

**In-Network Coverage**

<table>
<thead>
<tr>
<th>Plan Feature</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><strong>Deductible (per calendar year)</strong></td>
<td><strong>0%</strong></td>
<td><strong>Deductible, contracted rate less applicable</strong></td>
<td><strong>0%</strong></td>
<td><strong>Deductible, contracted rate less applicable</strong></td>
<td><strong>0%</strong></td>
<td><strong>Deductible, contracted rate less applicable</strong></td>
</tr>
<tr>
<td><strong>Lifetime Max</strong></td>
<td><strong>$7,500 Individual</strong></td>
<td><strong>$8,000 Individual</strong></td>
<td><strong>$15,000 Individual</strong></td>
<td><strong>$16,000 Individual</strong></td>
<td><strong>$20,000 Individual</strong></td>
<td><strong>$24,000 Individual</strong></td>
</tr>
<tr>
<td><strong>Out-of-Pocket Maximum per calendar year</strong></td>
<td><strong>$4,250 Individual</strong></td>
<td><strong>$4,500 Individual</strong></td>
<td><strong>$6,000 Individual</strong></td>
<td><strong>$6,000 Individual</strong></td>
<td><strong>$7,000 Individual</strong></td>
<td><strong>$10,000 Individual</strong></td>
</tr>
<tr>
<td><strong>2023 Account-based Cornell Contribution</strong></td>
<td><strong>N/A</strong></td>
<td><strong>N/A</strong></td>
<td><strong>N/A</strong></td>
<td><strong>N/A</strong></td>
<td><strong>N/A</strong></td>
<td><strong>N/A</strong></td>
</tr>
<tr>
<td><strong>2023 Contribution Maximum</strong></td>
<td><strong>N/A</strong></td>
<td><strong>N/A</strong></td>
<td><strong>N/A</strong></td>
<td><strong>N/A</strong></td>
<td><strong>N/A</strong></td>
<td><strong>N/A</strong></td>
</tr>
</tbody>
</table>

**Premium Services**

- **Allergy Testing, Treatments, Shots**
  - 100% after deductible, 80% after deductible
  - 100% after deductible, 80% after deductible
- **Chiropractic Visits**
  - 90% after deductible
  - 90% after deductible
  - 90% after deductible
- **Diagnostic X-Ray/Laboratory**
  - 90% after deductible
  - 90% after deductible
  - 90% after deductible
- **Eye Exams (routine)**
  - 90% after deductible
  - 90% after deductible
  - 90% after deductible
- **Pharmacy Exams (routine)**
  - 90% after deductible
  - 90% after deductible
  - 90% after deductible
- **Hearing Exam (routine)**
  - 90% after deductible (1 exam every 2 years)
  - 90% after deductible (1 exam every 2 years)
  - 90% after deductible (1 exam every 2 years)
- **Hearing Aid Equipment**
  - Adults 13 to 21 years: reimbursement up to $1,000 per hearing aid
  - Adults 22 years and older: reimbursement up to $800 per hearing aid
- **Microbiology Exam (Routine)**
  - 90% after deductible
  - 90% after deductible
  - 90% after deductible
- **Office Visit**
  - 90% after deductible
  - 90% after deductible
  - 90% after deductible
- **Telemedicine Office Visit**
  - 90% after deductible
  - 90% after deductible
  - 90% after deductible
- **Physical Exam (routine)**
  - 90% after deductible (1 exam year for ages 23 and older)
  - 90% after deductible (1 exam year for ages 23 and older)
  - 90% after deductible (1 exam year for ages 23 and older)
- **Advanced Wellness Exam (selected from the Weill Based preventives)**
  - 90% after deductible
  - 90% after deductible
  - 90% after deductible
- **PPO Monitoring and Guidance**
  - 90% after deductible
  - 90% after deductible
  - 90% after deductible
- **Physician Hospital Services**
  - 90% after deductible
  - 90% after deductible
  - 90% after deductible
- **Specialist Office Visit**
  - 90% after deductible
  - 90% after deductible
  - 90% after deductible
- **Admissions**
  - 90% after deductible
  - 90% after deductible
  - 90% after deductible
- **Emergency Room**
  - 90% after deductible
  - 90% after deductible
  - 90% after deductible
- **Non-emergency Use of Emergency Rooms**
  - 90% after deductible
  - 90% after deductible
  - 90% after deductible

**Dental Services**

- **Antibiotics**
  - 90% after deductible
  - 90% after deductible
  - 90% after deductible
- **Artificial Assistanted Artificial Feeding**
  - 90% after deductible
  - 90% after deductible
  - 90% after deductible
- **Durable Medical Equipment**
  - 90% after deductible
  - 90% after deductible
  - 90% after deductible
- **Necessary Health Care**
  - 90% after deductible (up to 365 days per calendar year)
  - 90% after deductible (up to 365 days per calendar year)
  - 90% after deductible (up to 365 days per calendar year)
- **Medicare**
  - 90% after deductible
  - 90% after deductible
  - 90% after deductible
- **Maternity**
  - 90% after deductible
  - 90% after deductible
  - 90% after deductible
- **Breastfeeding Supplies and Counseling**
  - 90% after deductible
  - 90% after deductible
  - 90% after deductible
- **Oral Surgery**
  - 90% after deductible
  - 90% after deductible
  - 90% after deductible
- **Physiological/Occupational Therapy**
  - 90% after deductible (speech therapy to 60 days per calendar year)
  - 90% after deductible (speech therapy to 60 days per calendar year)
  - 90% after deductible (speech therapy to 60 days per calendar year)
- **Private Duty Nursing**
  - 90% after deductible (up to 7 hrs per week)
  - 90% after deductible (up to 7 hrs per week)
  - 90% after deductible (up to 7 hrs per week)
- **Skilled Nursing Facility**
  - 90% after deductible
  - 90% after deductible
  - 90% after deductible

**Emergency Care Administration of Drugs**

- **In-Network Coverage**
  - **Tier 1**: $5; **Tier 2**: $30; **Tier 3**: $50. Up to 30 day supply
  - **Tier 1**: $5; **Tier 2**: $30; **Tier 3**: $50. Up to 30 day supply
  - **Tier 1**: $5; **Tier 2**: $30; **Tier 3**: $50. Up to 30 day supply
- **Out-of-Network Coverage**
  - **Tier 1**: $5; **Tier 2**: $50; **Tier 3**: $100. Up to 30 day supply
  - **Tier 1**: $5; **Tier 2**: $50; **Tier 3**: $100. Up to 30 day supply
  - **Tier 1**: $5; **Tier 2**: $50; **Tier 3**: $100. Up to 30 day supply

**Substance Abuse**

- **In-Network Coverage**
  - 90% after deductible
  - 90% after deductible
  - 90% after deductible
- **Out-of-Network Coverage**
  - 90% after deductible
  - 90% after deductible
  - 90% after deductible

**Provider Services**

- **Provider Pre-certification**
  - Provider initiated
  - Provider initiated
  - Provider initiated
- **Failure to Pre-certify**
  - None
  - None
  - None
- **Catastrophic Coverage**
  - None
  - None
  - None

*Source: [Aetna](https://www.aetna.com) and [Cornell University](https://www.cornell.edu) for 2023 plan details.*