

2024 Endowed Health Plan Comparison Chart - Your 3 Aetna Plan Choices

CORNELL PROGRAM FOR HEALTHY LIVING**

WEILL CORNELL MEDICINE PPO

AETNA HEALTH SAVINGS ACCOUNT

| Plan Features | In-Network Coverage (Preferred Benefit Level) | Out-of-Network Coverage* (Non-Preferred Benefit Level) | In-Network Coverage (Preferred Benefit Level) | Out-of-Network Coverage* (Non-Preferred Benefit Level) | In-Network Coverage (Preferred Benefit Level) | Out-of-Network Coverage* (Non-Preferred Benefit Level) |
|--|---|---|--|--|--|--|
| Deductible (per calendar year) | \$100 Individual \$200 Family | \$400 Individual \$800 Family | \$300 Individual \$600 Family | \$750 Individual \$1,500 Family | \$1,600 Individual \$3,200 Family | \$3,000 Individual \$6,000 Family |
| Lifetime Maximum | Unlimited | Unlimited | Unlimited | Unlimited | Unlimited | Unlimited |
| Out-of-Pocket Maximum per calendar year (Includes deductible and medical & Rx copays) | \$2,000 Individual \$4,000 Family | \$3,500 Individual \$7,000 Family | \$2,300 Individual \$4,600 Family | \$3,750 Individual \$7,500 Family | \$3,250 Individual \$5,500 Family | \$4,250 Individual \$7,500 Family |
| 2024 Account-based Cornell Contribution | N/A | N/A | N/A | N/A | \$1,000 per year, pro-rated if not enrolling during open enrollment | |
| 2024 Contribution Maximums | N/A | N/A | N/A | N/A | \$4,150 Individual, \$8,300 Family (includes Cornell's contribution). Employees age 55 and older can contribute an additional \$1000. | |
| PHYSICIAN SERVICES | | | | | | |
| Allergy Testing, Treatments, Shots | Testing, treatment: 100% after \$20 copay Shots: 90% after deductible | 80% after deductible | Testing, treatment: 100% after \$10 copay Weill network; 100% after \$20 PCP co-pay/\$30 Specialist Aetna Network. Shots: 100% no deductible | 70% after deductible | Deductible, then 90% | Deductible, then 80% |
| Chiropractic Visits | 100% after \$20 copay | 80% after deductible | 100% after \$10 copay Weill network; 100% after \$30 copay Aetna network. 36 visit max. | 70% after deductible. 36 visit max. | Deductible, then 90% | Deductible, then 80% |
| Diagnostic X-Ray/Laboratory | 90% after deductible (except in physician office when it is 100% after \$20 copay) | 80% after deductible | X-ray: 100% after \$10 copay Weill network; 90% after deductible Aetna network (except in physician office when office visit copay applies). Lab: 90% after deductible. | 70% after deductible | Deductible, then 90% | Deductible, then 80% |
| Eye Exam (routine) | 100% after \$20 copay (1 exam per calendar year) | 80% after deductible (1 exam per calendar year) | 100% after \$10 copay Weill network; 100% after \$30 copay Aetna network. (1 exam per calendar year) | 70% after deductible (1 exam per calendar year) | No deductible, \$20 copay (1 exam per calendar year) | Deductible, then 80% (1 exam per calendar year) |
| Flu Vaccination (injection) | 100% | 80% after deductible | 100% | 70% after deductible | No deductible, \$20 copay | Deductible, then 80% |
| Gynecological Exams (routine) | 100% (1 gyn exam and pap test per calendar year) | 80% after deductible (1 gyn exam and pap test per calendar year) | 100% (1 gyn exam and pap test per calendar year) | 70% after deductible (1 gyn exam and pap test per calendar year) | No deductible, 100% (1 gyn exam and pap test per calendar year) | Deductible, then 80% (1 gyn exam and pap test per calendar year) |
| Hearing Exam (routine) | 100% after \$20 copay (1 exam every 2 yrs) | 80% after deductible (1 exam every 2 yrs) | 100% after \$10 copay Weill network; 100% after \$30 copay Aetna network (1 exam per calendar year) | 70% after deductible (1 exam per calendar year) | No deductible, \$20 copay (1 exam every 2 yrs) | Deductible, then 80% (1 exam every 2 yrs) |
| Hearing Aid Equipment | Adults & children 13 and older: reimbursed at 100% no copay or deductible up to \$3,000 per hearing aid per ear once every 3 yrs. Children age 12 and under: Reimbursed at 100% no copay or deductible up to \$3,000 per hearing aid per ear, once every 2 years. Excludes batteries. | Adults & children 13 and older: reimbursed at 100% no copay or deductible up to \$3,000 per hearing aid per ear once every 3 yrs. Children age 12 and under: Reimbursed at 100% no copay or deductible up to \$3,000 per hearing aid per ear, once every 2 years. Excludes batteries. | Adults & children: reimbursed at 100% no copay and no deductible, max \$3,000 total every 3 years. Excludes batteries. | Adults & children: reimbursed at 100% no copay and no deductible, max \$3,000 total every 3 years. Excludes batteries. | Adults & children 13 and older: Deductible, reimbursed at 100% up to \$3,000 per hearing aid per ear once every 3 yrs. Children age 12 and under: Deductible reimbursed at 100% up to \$3,000 per hearing aid per ear, once every 2 years. Excludes batteries. | Adults & children 13 and older: Deductible, reimbursed at 100% up to \$3,000 per hearing aid per ear once every 3 yrs. Children age 12 and under: Deductible reimbursed at 100% up to \$3,000 per hearing aid per ear, once every 2 years. Excludes batteries. |
| Mammography Exam Routine | 100% | 80% after deductible | 100% | 70% after deductible | No deductible, 100% | Deductible, then 80% |
| Office Visit | 100% after \$20 copay | 80% after deductible | 100% after \$10 copay Weill network; 100% after \$20 copay Aetna network. Does not include ob/gyn (refer to specialist) | 70% after deductible. Does not include ob/gyn (refer to specialist) | Deductible, then 90% | Deductible, then 80% |
| Telemedicine Office Visit | 100% after \$20 copay | 80% after deductible | 100% after \$10 copay Weill network; 100% after \$20 copay Aetna network. Does not include ob/gyn (refer to specialist) | 70% after deductible. Does not include ob/gyn (refer to specialist) | Deductible, then 90% | Deductible, then 80% |
| Physical Exams (routine) | 100% (1 exam each year for ages 22 and older) | 80% after deductible (1 exam each year for ages 22 and older) | 100% (1 exam each year for ages 22 and older) | 70% after deductible (1 exam each year for ages 22 and older) | No deductible, 100% (1 exam each year age 22 and over) | Deductible, then 80% (1 exam each year age 22 and over) |
| Enhanced Wellness Exam (select from the Ithaca-based providers)** | 100% (1 enhanced exam and health assessment/SHQ each year for ages 18 and over, and 1 exam and pediatric assessment each year for ages 1 - 17) | N/A | N/A | N/A | N/A | N/A |
| PCP Monitoring and Guidance | 100% (up to 3 visits per year) 100% | | | | | |
| Physician Hospital Services | 90% after deductible | 80% after deductible | 90% after deductible | 70% after deductible | Deductible, then 90% | Deductible, then 80% |
| Specialist Office Visits | 100% after \$20 copay | 80% after deductible | 100% after \$10 copay Weill network; 100% after \$30 copay Aetna network. Includes ob/gyn | 70% after deductible. Includes ob/gyn. | Deductible, then 90% | Deductible, then 80% |
| Surgery | 90% after deductible (except in physician office when office visit copay applies) | 80% after deductible | 90% after deductible (except in physician office when office visit copay applies) | 70% after deductible | Deductible, then 90% | Deductible, then 80% |
| Well Child Care | 100% (birth to age 22) | 80% after deductible (birth to age 22) | 100% (birth to age 22) | 70% after deductible (birth to age 22) | No deductible, 100% (birth to age 22) | Deductible, then 80% (birth to age 22) |
| HOSPITAL | | | | | | |
| Inpatient Coverage | 90% after deductible | 80% after deductible; pre-certification required | 90% after deductible | 70% after deductible; pre-certification required | Deductible, then 90% | Deductible, then 80%; pre-certification required |
| Outpatient Coverage | 90% after deductible | 80% after deductible; pre-certification required for certain procedures | 90% after deductible | 70% after deductible; pre-certification required for certain procedures | Deductible, then 90% | Deductible, then 80%; pre-certification required for certain procedures |
| Emergency Room | 90% after deductible | 90% paid as in-network | 90% after deductible | 90% after in-network deductible | Deductible, then 90% | Deductible, then 90% (paid as in-network) |
| Non-emergency Use of Emergency Room | 50% after deductible | 50% after deductible | 50% after deductible | 50% after deductible | Deductible, then 50% | Deductible, then 50% |
| OTHER COVERED SERVICES | | | | | | |
| Ambulance | 90% after deductible | 90% after deductible | 90% after deductible | 90% after deductible | 90% after deductible | 90% after deductible |
| Artificially Assisted Fertilization | 90% after deductible (\$30,000 lifetime max per family for all covered services) | 80% after deductible (\$30,000 lifetime max per family for all covered services) | 90% after deductible (\$30,000 lifetime max per family but there are limits on specific services) | 70% after deductible (\$30,000 lifetime max per family but there are limits on specific services) | Deductible, then 90% (\$30,000 lifetime max per family for all covered services) | Deductible, then 80% (\$30,000 lifetime max per family for all covered services) |
| Durable Medical Equipment | 90% after deductible | 80% after deductible | 90% after deductible | 70% after deductible | Deductible, then 90% | Deductible, then 80% |
| Home Health Care | 90% after deductible; up to 120 visits per calendar year | 80% after deductible; up to 120 visits per calendar year | 90% after deductible; up to 200 visits per calendar year | 70% after deductible; up to 200 visits per calendar year | Deductible, then 90%; up to 120 visits per calendar year | Deductible, then 80%; up to 120 visits per calendar year |
| Hospice Care | 100% | 80% after deductible | 100% | 70% after deductible | Deductible, then 100% | Deductible, then 80% |
| Maternity | Prenatal Care 100% (excludes lab work and ultrasounds; covered at 90% after deductible) Delivery and routine nursery care 90% after deductible | 80% after deductible | Prenatal Care 100% (excludes lab work and ultrasounds; covered at 90% after deductible) Delivery and routine nursery care 90% after deductible | 70% after deductible | Prenatal Care no deductible, 100% (excludes lab work and ultrasounds; covered deductible, then 90%) Deductible, then 90% delivery and routine nursery care | Deductible, then 80% |
| Breastfeeding Supplies and Counseling | 100% | 80% after deductible | 100% | 70% after deductible | No deductible, 100% | Deductible, then 80% |
| Oral Surgery | 100% after \$20 copay in physician office (for accidental injuries, certain surgical extractions, periodontal surgery), otherwise 90% after deductible | 80% after deductible (for accidental injuries, certain surgical extractions, periodontal surgery) | 100% after \$10 copay in Weill network physician office and \$30 copay in Aetna network physician office; 90% after deductible if performed inpatient/outpatient hospital (for accidental injuries, certain surgical extractions, periodontal surgery) | 70% after deductible (for accidental injuries, certain surgical extractions, periodontal surgery) | Deductible, then 90% (for accidental injuries, certain surgical extractions, periodontal surgery) | Deductible, then 80% (for accidental injuries, certain surgical extractions, periodontal surgery) |
| Physical/Occupational/Speech Therapy, and Cardiac Rehab | 90% after deductible | 80% after deductible | 90% after deductible | 70% after deductible. | Deductible, then 90%. | Deductible, then 80%. |
| Habilitative Services (PT/OT/ST) | 100% | 80% after deductible | 100% | 70% after deductible | 90% after deductible | 80% after deductible |
| Private Duty Nursing | 90% after deductible; up to 70, 8-hour shifts per calendar year. | 80% after deductible; up to 70, 8-hour shifts per calendar year | Not covered unless part of Home Health Care. | Not covered unless part of Home Health Care. | Deductible, then 90%; up to 70, 8-hour shifts per calendar year | Deductible, then 80%; up to 70, 8-hour shifts per calendar year |
| Skilled Nursing Facility | 90% after deductible; up to 120 days per calendar year | 80% after deductible; up to 120 days per calendar year | 90% after deductible; up to 120 days per calendar year | 70% after deductible; up to 120 days per calendar year | Deductible, then 90%; up to 120 days per calendar year | Deductible, then 80%; up to 120 days per calendar year |
| PRESCRIPTION DRUG ADMINISTRATION BY OPTUMRX | | | | | | |
| Retail Pharmacy | Tier 1: \$5; Tier 2: \$30; Tier 3: \$50. Up to 30 day supply | Contracted rate less applicable copay | Tier 1: \$5; Tier 2: \$30; Tier 3: \$50. Up to 30 day supply | Contracted rate less applicable copay | Deductible, then Tier 1: \$5; Tier 2: \$30; Tier 3: \$50. Up to 30 day supply | Deductible, contracted rate less applicable copay |
| Home Delivery: Choose delivery to home address or Cornell Health Pharmacy; or fill 90 day exclusively at Cornell Health Pharmacy on Cornell campus | Tier 1: \$10; Tier 2: \$60; Tier 3: \$90. Up to 90 day supply renewable up to a year for maintenance/specialty meds | Not covered | Tier 1: \$10; Tier 2: \$60; Tier 3: \$90. Up to 90 day supply renewable up to a year for maintenance/specialty meds | Not covered | Deductible, then Tier 1: \$10; Tier 2: \$60; Tier 3: \$90. Up to 90 day supply renewable up to a year for maintenance/specialty meds | Not covered |
| Prescription Contraceptives | Oral contraceptives and barrier methods (i.e. diaphragm): \$0 copay for generic or single source brand | Contracted rate less applicable copay | Oral contraceptives and barrier methods (i.e. diaphragm): \$0 copay for generic or single source brand | Contracted rate less applicable copay | Oral contraceptives and barrier methods (i.e. diaphragm): \$0 copay for generic or single source brand | Deductible, contracted rate less applicable copay |
| BEHAVIORAL HEALTH CARE | | | | | | |
| Telemedicine for Behavioral Health*** | 100% | 80% after deductible | 100% | 70% after deductible | Deductible, then 90% | Deductible, then 80% |
| Mental Health | | | | | | |
| Inpatient Care | 90% after deductible | 80% after deductible | 90% after deductible | 70% after deductible | Deductible, then 90% | Deductible, then 80% |
| Partial Hospitalization/Intensive Outpatient | 90% after deductible | 80% after deductible | 90% after deductible | 70% after deductible | Deductible, then 90% | Deductible, then 80% |
| Outpatient Care | 100% after \$20 copay | 80% after deductible | 100% after \$10 copay | 70% after deductible | Deductible, then 90% | Deductible, then 80% |
| Substance Abuse | | | | | | |
| Inpatient Care | 90% after deductible | 80% after deductible | 90% after deductible | 70% after deductible | Deductible, then 90% | Deductible, then 80% |
| Partial Hospitalization/Intensive Outpatient | 90% after deductible | 80% after deductible | 90% after deductible | 70% after deductible | Deductible, then 90% | Deductible, then 80% |
| Halfway House | 90% after deductible | Not covered | 90% after deductible | Not covered | Deductible, then 90% | Not covered |
| Outpatient Care | 100% after \$20 copay | 80% after deductible | 100% after \$10 copay | 70% after deductible | Deductible, then 90% | Deductible, then 80% |
| UTILIZATION MANAGEMENT | | | | | | |
| Inpatient Pre-certification | Provider initiated | Member initiated. | Provider initiated | Member initiated. | Provider initiated | Member initiated |
| Failure to Pre-certify Inpatient | No penalty | \$400 penalty per occurrence | No penalty | \$400 penalty per occurrence | No penalty | \$400 penalty per occurrence |
| Outpatient Pre-certification | None | None | None | None | None | None |
| Failure to Pre-certify Outpatient | No penalty | No penalty | No penalty | No penalty | No penalty | No penalty |
| Claim Submission | Provider initiated | Member initiated | Provider initiated | Member initiated | Provider initiated | Member initiated |

*Note from the Comparison Charts: The out-of-network reimbursement limit for the Aetna CPHL Plan, Weill Cornell Medicine PPO Plan, and Aetna HSA 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 HR Services and Transitions Center at (607) 255-3936 if you have any questions.

** To receive the enhanced wellness exam, Cornell Program for Healthy Living (CPHL) members must choose a primary care physician (PCP) from the custom network of PCPs and complete a Health Risk Assessment.

*** Telemedicine for Behavioral Health received through Teladoc are subject to a \$20 copay.

While every attempt has been made to ensure the accuracy of this Summary, in the event of any discrepancy the Summary Plan Description and Plan Document will prevail.

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