

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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