Cornell University Student Health Insurance- Plan Comparison Checklist

NOTE: Annual premium below is an estimate and subject to change pending approval by NYS Dept. of Financial Services.

Not all health plans are created equal. To help you choose a health plan that provides the highest level of protection while studying at Cornell University, complete this checklist and compare.

	Cornell SHP	Your Plan
My plan is provided by a company licensed to do business in the United States, with a U.S. claims payment office and a U.S. phone number;		
Has unlimited annual and lifetime benefits (i.e., no policy maximum);		
Is <i>not</i> an out-of-state Medicaid plan;	$\overline{\square}$	
Is <i>not</i> a catastrophic ("young invincible") plan;	$\overline{\mathbf{A}}$	
Is <i>not</i> an HMO without an away-from-home rider;	$\overline{\square}$	
Will be active for the duration of the 2022-2023 academic year or until my program ends;	\square	
Provides access to local doctors, specialists, hospitals and other health care providers where the student is attending school;	Ø	
Provides coverage for inpatient hospitalization, surgery, ambulance and emergency room treatment where the student is attending school;	\square	
Provides coverage for outpatient services such as office visits, lab work, diagnostic x-rays, physical therapy, chiropractic care, and prescription coverage where the student is attending school; and	Ø	
Provides coverage for inpatient and outpatient mental health, substance abuse and counseling services where the student is attending school	$\overline{\checkmark}$	

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Coverage Comparison	Student Health Insurance Plan	Your Plan
Insurance Carrier	Medical: Aetna Pharmacy: OptumRx	
Annual (12 month) Premium	Estimate: \$3,944 - \$4,058 (final rate pending approval by NYS)	
Plan Type	PPO	
Service Area (Does your plan have in network providers in the local area where the student will be studying?)	Yes Aetna National Network Cornell Health is In-Network International claims reimbursed at In- Network cost share	
Do you need a referral to see a specialist?	No	

Cost Comparison	Cornell Health	SHP In Network Provider	Out of Network with Student Health Plan	In Network with your Plan	Out of Network with your plan
Deductible		\$0	\$400 individual \$800 family		
Out-of-Pocket Limit		\$3,000 individual \$6,000 family	\$3,000 individual \$6,000 family		
Mental Health counseling visit	\$10	\$10	30% after deductible met		

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Cost Comparison	Cornell Health	SHP In Network Provider	Out of Network with Student Health Plan	In Network with your Plan	Out of Network with your plan
Physician Office visit	\$10	\$25	30% after deductible met		
Required Immunizations	Billed to Insurance	No cost	30% coinsurance		
Physical Therapy	\$10 or 10%, whichever is less	\$25	30% after deductible met		
Emergency Room visit	NA	\$100	\$100		
Emergency medical transportation	NA	No charge	No charge		
Lab services sent out by Cornell Health	Billed to insurance	10%	30% after deductible met		
Radiology (x-ray)	No cost	10%	30% after deductible met		
Radiology (MRI, CT, advanced imaging)	NA	10%	30% after deductible met		
Inpatient admission, Surgery, Anesthesia	NA	10%	30% after deductible met		
Prescription Drugs 30-day supply		Generic: \$12			
	Billed to insurance	Preferred: \$40	30% deductible does not apply		
		Non-preferred: \$60 Specialty: \$60			
Office Visit for Allergy Injections	\$10 or 10%, whichever is less	10%	30% after deductible met		