## **Cornell University Student Health Insurance – Plan Comparison Checklist**

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;		
Is not a catastrophic ("young invincible") plan;		
Is <i>not</i> an HMO without an away-from-home rider;		
Will be active for the duration of the 2023-2024 academic year or until the student's program ends;	Ø	
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;		
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	V	
Provides coverage for inpatient and outpatient mental health, substance abuse and counseling services where the student is attending school		

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Coverage Comparison	Student Health Insurance Plan	Your Plan
	Medical: Aetna	
Insurance Carrier	Pharmacy: OptumRx	
Annual Premium	Estimated 2023-2024:	
	Between \$3,756 and \$3,864	
Plan Type	PPO	
	Yes	
Service Area (Does your plan have in network	Aetna National Network	
providers in the local area where the student will be	Cornell Health is In-Network	
studying?)	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 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)	\$0	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	Billed to insurance	Generic: \$12			
		Preferred: \$40	30% deductible does not apply		
		Non-preferred: \$60 Specialty: \$60			

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