

Cornell Student Health Plan Comparison Checklist

IMPORTANT: This tool is for comparison only. To opt-out, waive, or terminate coverage, go to [Gallagher Student Health](#).

Plan requirements for all students:	Cornell SHP	Your Plan	
Provides coverage at all main Cornell campus locations, including Ithaca, Geneva, NYC Tech, and Weill Cornell Medical.	Yes		
Has unlimited annual and lifetime benefits.	Yes	Yes	No
Will cover you for the entire academic year while you are an active student.	Yes	Yes	No
Provides “comprehensive” coverage, including for: <ul style="list-style-type: none"> Inpatient (overnight hospital) care, Emergency and urgent care, Specialist and outpatient care, Diagnostic imaging and testing, Mental health and substance abuse care. 	Yes	Yes	No
<p>In addition to these requirements, some plans are not eligible for a SHP waiver, including:</p> <ul style="list-style-type: none"> Medicaid plans that do not coverage at your campus location. Please go to waiving with Medicaid to see which Medicaid Managed Care networks are available at your campus location. Regionally limited EPO and HMO plans without an “away from home” rider. Any plan that is not underwritten and licensed to do business in the United States, does not have a US claims office, or does not have a US phone number. New York State Essential Plan 3 or 4. 			

Additional Plan Features	Cornell SHP	Your Plan	
Cost Full Year July Start (7/1/25 – 6/30/26) Spring Only (1/1/26 - 6/30/26)	\$4,020 \$2,010		
Insurance Network	Medical: Aetna Student Pharmacy: OptumRx		
Plan Type	Preferred Provider Network		
Coverage throughout the United States	Yes	Yes	No
International coverage	Yes	Yes	No
Can you see a specialist without a referral?	Yes	Yes	No
Coverage for telehealth appointments	Yes	Yes	No
Chiropractic coverage	Yes	Yes	No
Optional Mail order pharmacy coverage	Yes	Yes	No

See next page for cost-sharing information.

Plan Cost Sharing for Common Services	Cornell SHP		Your Plan	
	In Network	Out of Network	In Network	Out of Network
Deductible	\$50 individual \$100 family	\$400 individual \$800 family		
Out-of-Pocket Limit	\$4,000 individual \$8,000 family	\$4,000 individual \$8,000 family		
Physician Office Visit including Primary Care and Specialist	\$25	30% after deductible		
Mental Health Counseling Visit	\$10	30% after deductible		
Emergency Room Visit	\$100	\$100		
Urgent Care Visit	\$50	\$50		
Emergency Medical Transportation	No charge	No charge		
Laboratory Services	10% after deductible	30% after deductible		
X-Rays and Radiology (e.g.: MRI, CT, advanced imaging)	10% after deductible	30% after deductible		
Inpatient Hospital, including • Maternity • Surgery and Anesthesia • Mental Health • Substance Use Disorder • Intensive Care	10% after deductible	30% after deductible		
Outpatient Procedures, Surgery, and Anesthesia	10% after deductible	30% after deductible		
Allergy Injections	10% after deductible	30% after deductible		
Physical Therapy	10% after deductible	30% after deductible		
Diabetic Insulin	No charge	No charge		
Diabetic Equipment & Supplies	10% after deductible	30% after deductible		
Prescription Drugs (30-day supply)	No more than: Generic: \$12 Preferred: \$40 Non-Preferred: \$60	30% after deductible		
Prescription Drugs (90-day supply)	No more than: Generic: \$36 Preferred: \$120 Non-Preferred: \$180	30% after deductible		

- Looking for more information or a service not listed here? See our [plan documents](#).
- Need some more help understanding insurance coverage and commonly used terms? [Start here](#).
- Need some more help? [Email us!](#)