

Health Insurance for Graduate and Professional Students

2006-2007



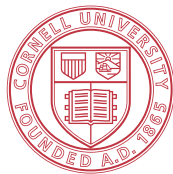
Insure your health; protect your education

Cornell's Student Health Insurance Plan (SHIP)

Your health is essential to achieving your goals at Cornell. Access to health care and adequate health insurance are essential to your health. Without adequate coverage, unexpected medical expenses could alter your future dramatically.



That is why Cornell is proud to offer the Student Health Insurance Plan, designed by Cornellians, for Cornellians, to provide the coverage and protection you need.



Cornell University Office of Student Health Insurance

409 College Avenue, Suite 211
Ithaca, NY 14850
Phone: 607-255-6363
E-mail: sicu@cornell.edu
Web: www.studentinsurance.cornell.edu

Cornell's Student Health Insurance Plan: An Introduction

The SHIP has been developed especially for Cornell students and their eligible dependents.

The Student Health Insurance Plan (SHIP) has been developed especially for Cornell students (and their dependents) to provide access to convenient and efficient care that complements the quality health services offered on campus.

The details of the plan are reviewed and recommended each year by Cornell's Student Insurance Advisory Committee (made up of students, faculty, and staff, including health services staff). This ensures that the coverage is well suited to the needs of Cornell students and respectful of their budgets. The SHIP is managed by The Chickering Group and underwritten by Aetna Life Insurance Company. The Plan meets all of the student health insurance standards developed by the American College Health Association.

The SHIP is an accident and sickness policy that:

- Provides extensive coverage at a reasonable cost for most on- or off-campus medical care from August 17, 2006 through August 16, 2007.
- Provides coverage 24 hours a day, 365 days a year, anywhere in the world.
- When plan members are in Ithaca, provides coordination of services by health services staff who know Cornell students and a preferred provider network that includes the local hospital.
- Covers pre-existing medical conditions.
- Guards against catastrophic expenses.
- Covers inpatient and outpatient mental health care in the Ithaca area.
- Continues coverage when students have to take a leave of absence.
- Meets or exceeds all F-1 and J-1 visa requirements.
- Includes worldwide travel assistance and emergency air transportation services.
- Offers optional dental and vision plans for members.
- Provides convenient assistance with enrollment and claims submission through the Cornell Office of Student Health Insurance.

This pamphlet reviews the highlights of the SHIP. It's designed to help you get the most out of *your* health insurance by giving you information about SHIP benefits, requirements and assistance, and Gannett Health

Services, your primary care provider under the plan. We have tried to make it as clear and useful to you as possible while abiding by New York State requirements for communicating health insurance information. If you have any questions about how to access services, what the SHIP covers, what you must do to get maximum coverage, or any other aspect of this plan, please contact The Chickering Group or the Cornell University Office of Student Health Insurance.

For more information

About the Student Health Insurance Plan:
Chickering Claims Administrators, Inc.
P.O. Box 15708
Boston, MA 02215-0014
Phone: 800-859-8475
Web: www.chickering.com

About the enrollment/appeal process:
Cornell University
Office of Student Health Insurance
409 College Avenue, Suite 211
Ithaca, NY 14850
E-mail: sicu@cornell.edu
Phone: 607-255-6363
Fax: 607-254-5221
Web: www.studentinsurance.cornell.edu



Cornell's Student Health Insurance Plan: Summary of Details

The chart (see inside) should give you a sense of how Cornell's plan is designed to give you flexibility in meeting your health care needs. The SHIP is a health insurance program featuring a managed care approach that enables students and their enrolled dependents to receive a wide range of health care services. It provides coverage for the things most graduate and professional students need the most. Illnesses and injuries are covered; and though most preventive and elective health care is not, we think you'll find it is an exceptional value. (Women, please note: annual GYN exams are covered.)

For detailed information about plan provisions, exclusions, limitations, disclosures, appeals, and grievance procedures, you may review the SHIP brochure online. Go to www.studentinsurance.cornell.edu. Plan benefits are always payable in accordance with New York Insurance Law(s). The Master Policy is available for review at the Cornell University Office of Student Health Insurance.

Premium Rates/Annual Costs

Student:	\$1,428
Spouse/same-sex partner:	\$3,171
One or more children:	\$1,965
Dental:	\$ 254
Vision:	\$ 144

Student Eligibility

Full-time graduate and professional students (including students registered in absentia and full-time registered non-degree students) are required to have the SHIP and are automatically enrolled. Students on Cornell University-approved leaves of absence also are eligible for one year, provided they were enrolled in the SHIP during the previous year.

Appeal Process

Professional students and self-pay graduate students who have their own comparable health insurance may appeal Cornell's SHIP requirement. For more information about the appeal process, see the enclosed information (or contact the Cornell University Office of Student Health Insurance).

Early Graduation Option

Students who will be graduating midyear may be eligible for reimbursement of a portion of the premium. For details, contact the Cornell University Office of Student Health Insurance. Requests must be submitted before the start of the spring semester.

Identification Cards

Each person insured under the SHIP will be issued an identification card as soon as possible. It will be mailed to the student's local address on file with the Office of the University Registrar. If you need services before you receive your insurance identification card, you can obtain a temporary ID card online (www.studentinsurance.cornell.edu); benefits will be payable according to the policy.

Worldwide Emergency Travel Assistance Services

The SHIP includes worldwide emergency travel assistance through Assist America, Inc. Day or night, every day of the year, whenever you are more than 100 miles from your permanent address, this travel assistance program will help you locate a qualified medical provider, interpreter, or lawyer; find emergency medical transportation; replace lost airline tickets; track lost luggage; and more.

Emergency Air Transportation Services

The SHIP also offers you unlimited medical evacuation and repatriation benefits. For most serious accidents or illnesses, medical evacuation benefits pay toward your air evacuation to the nearest medical facility that can provide the care you need or to your home country for continued treatment and recovery. (If it is determined to be medically necessary, medical evacuation benefits also will pay for a doctor or nurse to fly with you.)

All services must be coordinated through and provided by Assist America, Inc. If you require emergency air transportation services, you should call the Assist America phone number provided on your insurance identification card.

Repatriation and medical evacuation coverage are subject to the Master Policy for the SHIP, which further explains this coverage.

Accidental Death and Dismemberment

In case the worst happens, benefits are payable for the accidental death or dismemberment of a person covered by SHIP up to a maximum benefit of \$10,000. This benefit is underwritten by Unum Provident Life Insurance Company of America.



Gannett Health Services

Your Primary Care Provider in Ithaca Is on Campus

All students, regardless of insurance coverage, are encouraged to use Gannett Health Services for their primary medical and mental health care.

Conveniently located on central campus, Gannett offers responsive, confidential, high-quality medical services; pharmacy services; counseling and psychological services; physical therapy; and health education services to all full-time registered Cornell students. Gannett facilitates access to urgent and emergency services and provides referrals to area specialty medical care. Its high standard of service has been recognized by the Accreditation Association for Ambulatory Health Care, Inc.

For students and dependents (over the age of 14) enrolled in Cornell University's Student Health Insurance Plan, Gannett is your primary care provider. Except in an emergency or for ob/gyn services, whenever you need health care, you must begin at Gannett to receive the maximum benefit for services.

Appointments at Gannett

At Gannett, appointments are recommended for most of your health care needs. When you call for a first medical appointment, you will be assigned to a primary care clinician who will be a partner in your health care throughout your Cornell experience. When you are seeking mental health services, you will first schedule a phone appointment to talk with a trained clinician, who will discuss your needs with you and explore options for addressing your concerns.

During the academic year, Gannett is open Monday through Friday from 8:30 a.m. to 5:00 p.m. and Saturdays from 10:00 a.m. to 4:00 p.m. For special hours during summer and winter sessions and break periods, see the Gannett web site at www.gannett.cornell.edu.

Students can call Gannett 24 hours a day, 365 days a year—even when the clinic is closed—to speak with a health care provider or counselor: 607-255-5155.

Emergency Care

Cayuga Medical Center is the emergency medical care provider for the Ithaca area. (Maps with directions to the hospital are posted at all entrances to Gannett.)

If you need emergency medical care, call 911 for assistance or pick up a Blue-Light Phone on campus. You also can consult by phone, any time of day or night, with a health care provider or counselor at Gannett—607-255-5155—who can offer advice and, if needed, help arrange transportation to the hospital emergency room.

In the event of your treatment or hospitalization at Cayuga Medical Center, Gannett and Cayuga Medical Center will share relevant medical information as needed for the continuity of your care.

Fees at Gannett

The Student Health Insurance Plan (SHIP) covers most services at Gannett (including most X-rays, lab tests, and special procedures). Visit charges are paid by the SHIP member:

- \$10 for registered full-time students, enrolled spouses/same-sex partners, and dependents over age 14
- \$20 any time of year for a student who is not a full-time student
- \$20 for a consultant office visit at Gannett
- \$50 for a consultant office procedure at Gannett (or 50 percent of the charge if the charge is more than \$100)

Fees may be paid at the time of service or charged to your bursar bill during the academic year.

Please check the Gannett web site for more information about paying for health services.

Remember: the SHIP is an accident and sickness policy and doesn't cover most preventive health care. Annual GYN exams are a notable exception.

Students who have private health insurance can see a Gannett clinician for a \$10 visit charge. Fees are charged for most other services. Carefully review your health insurance policy to make sure it will provide adequate coverage for expenses. Gannett does not bill private insurance companies directly, but can provide you with a receipt for services that you can submit to your insurance company for reimbursement.

Referrals and Care in Progress

If your care cannot be provided at Gannett, your primary care provider there may refer you to a preferred provider. (To receive the maximum benefit for services covered by the SHIP, you must have a written referral to a preferred provider.)

If you have just joined the SHIP and are receiving care for a medical condition, you must call Gannett to establish a relationship with a primary care clinician. If necessary, s/he will provide a referral to a preferred provider for specialty care.

For those students who have been continuously enrolled in the SHIP and are receiving care from a specialist who is a preferred provider, a new referral is required each plan year for ongoing treatment to be covered. Talk with your primary care provider.

Students in Absentia or on Leave

Students enrolled in the SHIP who are registered in absentia or are on a leave of absence from the university must obtain primary care medical and counseling services from external (non-Cornell) providers. Those students residing in Ithaca while on leave must obtain a referral from Gannett in order to receive in-network benefits from local providers.

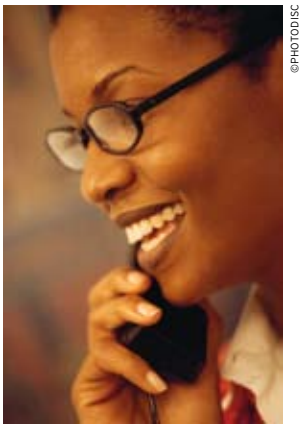
For more information about health services at Cornell University, contact:

Gannett Health Services
Ho Plaza

Ithaca, NY 14853-3101

Phone: 607-255-5155, E-mail: gannett@cornell.edu

Web: www.gannett.cornell.edu



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Optional Dental Plan

Costs are rising for all kinds of health services, including dental care. A reasonably priced optional dental plan is available to those enrolled in the SHIP. This plan allows you to receive dental services with participating providers in the Ithaca, New York area. For additional information on this plan, including its cost, please contact the Cornell University Office of Student Health Insurance.

Enrollment deadline: The deadline for enrolling in this dental plan is September 30, 2006, for the fall semester, February 28, 2007, for the new spring semester students only, or 30 days after registration.

Optional Vision Plan

You may know already how expensive good eye care and eyewear can be. An optional vision plan is available at a competitive price to those enrolled in the SHIP. This plan allows you to receive vision services with participating providers in the Ithaca, New York, area. For additional information on this plan, including its cost, please contact the Cornell University Office of Student Health Insurance.

Enrollment deadline: The deadline for enrolling into this vision plan is September 30, 2006, for the fall semester, February 28, 2007, for the new spring semester students only, or 30 days after registration.

Please keep this Pamphlet, as it provides a general summary of your coverage. A complete description of the benefits and full terms and conditions can be found in the Master Policy. If any discrepancy exists between this Pamphlet, the Plan Brochure, and the Master Policy, the Master Policy will govern and control the payment of benefits.



SHIP Members: What Else Do You Need?

Cornell students who are enrolled in the SHIP have several options for additional coverage:

SHIP coverage for dependents

Dental insurance for SHIP members

Vision insurance for SHIP members

Dependent Eligibility and Enrollment

The SHIP provides health care coverage and protection against unexpected health care expenses for the families of Cornell students. If you are enrolled in the SHIP, you may also enroll your:

- **lawful spouse/same-sex partner** (residing with you)
- **unmarried children** (including stepchildren and foster children) under the age of 19 who are not self-supporting and who reside with you or for whom you are court-ordered to provide insurance

The annual premium for your spouse or same-sex partner is \$3,171. The total premium for children (whether you have one or more than one) is \$1,965. These costs are in addition to the student charge.

Eligible dependents are not automatically enrolled. If you wish to enroll your eligible dependent(s), you must go *each year* to the Cornell University Office of Student Health Insurance to fill out the necessary forms and arrange for premium payments. The deadline for enrolling dependents is September 30, or 30 days after late registration for courses.

Premiums for dependents may be paid monthly. This **Installment Payment Plan** allows you to pay over time and carries a small service charge. You must sign up for this at the beginning of each year before the September 30 deadline.

If you have a dependent who experiences a significant life change that directly affects his or her insurance coverage (such as a loss of coverage from a prior plan, marriage, divorce, or reasons beyond a person's control), the deadline to enroll in the SHIP is 30 days after the significant life-changing event.

Cornell University 2006–2007 Student Health Insurance Plan Benefit Schedule

Benefit Category	Preferred Care (In Area)*	Preferred Care (Out of Area)*	Non-Preferred Care*
Aggregate Maximum per covered Accident or covered Sickness	<input type="checkbox"/> \$1,000,000 per Covered Person	<input type="checkbox"/> \$1,000,000 per Covered Person	<input type="checkbox"/> \$1,000,000 per Covered Person
Out-of-Pocket Maximum	<input type="checkbox"/> Not Applicable	<input type="checkbox"/> \$1,500 Individual; \$3,000 Family	<input type="checkbox"/> \$1,500 Individual; \$3,000 Family
Prescription Coverage	<input type="checkbox"/> Following a \$10 Copay for a Generic Rx/\$25 Copay for a Brand Name Rx, benefits are payable at 100% to a Policy Year maximum of \$1,500. Oral Contraceptives are covered. Contact 800-238-6279 for a complete list of excluded medications and drugs available with prior authorization.	<input type="checkbox"/> Following a \$10 Copay for a Generic Rx/\$25 Copay for a Brand Name Rx, benefits are payable at 100% to a Policy Year maximum of \$1,500. Oral Contraceptives are covered. Contact 800-238-6279 for a complete list of excluded medications and drugs available with prior authorization.	<input type="checkbox"/> Following a \$10 Deductible for Generic Rx/\$25 Deductible for a Brand Name Rx, benefits are payable at 70% of the Reasonable Charge to a Policy Year Maximum of \$1,500. Oral Contraceptives are covered. Contact 800-238-6279 for a complete list of excluded medications and drugs available with prior authorization.
Inpatient Hospital Care** • Facility Expenses (a) Room and Board (b) Miscellaneous Hospital Services • Physician Visits/Consults	<input type="checkbox"/> Following a \$200 Copay per admission, 100% of the Negotiated Charge <input type="checkbox"/> See Room and Board <input type="checkbox"/> 100% of the Negotiated Charge	<input type="checkbox"/> Following a \$200 Copay per admission, 80% of the Negotiated Charge <input type="checkbox"/> See Room and Board <input type="checkbox"/> 80% of the Negotiated Charge	<input type="checkbox"/> Following at \$200 Deductible per admission, 70% of the Reasonable Charge <input type="checkbox"/> See Room and Board <input type="checkbox"/> 70% of the Reasonable Charge
Surgical Care • Surgeon's fees performed in: (a) Inpatient Hospital (b) Outpatient Hospital (c) Physician's Office/Clinic (for charges over \$100) (d) Physician's Office/Clinic (for charges \$100 or under) • Anesthetist Expense • Second Surgical Consultation Expense	<input type="checkbox"/> Following a \$200 Copay per surgery, 100% of the Negotiated Charge <input type="checkbox"/> Following a \$200 Copay per visit, 100% of the negotiated Charge <input type="checkbox"/> Following a \$50 Copay per surgery; 100% of the Negotiated Charge <input type="checkbox"/> 50% of the Negotiated Charge <input type="checkbox"/> 100% of the Negotiated Charge <input type="checkbox"/> Following a \$20 Copay per visit, 100% of the Negotiated Charge	<input type="checkbox"/> Following a \$200 Copay per surgery, 80% of the Negotiated Charge <input type="checkbox"/> Following a \$200 Copay per visit, 80% of the Negotiated Charge <input type="checkbox"/> Following a \$50 Copay per surgery, 80% of the Negotiated Charge <input type="checkbox"/> 50% of the Negotiated Charge <input type="checkbox"/> 80% of the Negotiated Charge <input type="checkbox"/> Following a \$20 Copay per visit, 80% of the Negotiated Charge	<input type="checkbox"/> Following a \$200 Deductible per surgery, 70% of the Reasonable Charge <input type="checkbox"/> Following a \$200 Deductible per visit, 70% of the Reasonable Charge <input type="checkbox"/> Following a \$50 Deductible per surgery, 70% of the Reasonable Charge <input type="checkbox"/> 50% of the Reasonable Charge <input type="checkbox"/> 70% of the Reasonable Charge <input type="checkbox"/> Following a \$20 Deductible per visit, 70% of the Reasonable Charge subject to a maximum benefit payable of \$25 per visit
Outpatient Day Surgery • Outpatient Facility Expense	<input type="checkbox"/> 100% of the Negotiated Charge	<input type="checkbox"/> 80% of the Negotiated Charge	<input type="checkbox"/> 70% of the Reasonable Charge
Emergency Outpatient Care • Outpatient Hospital (Emergency Room) Expense • Physician Expense in Outpatient Hospital • Clinic/Ambulatory Care Center Expense • Physician/Clinician Expenses (a) Gannett (b) Outside Gannett (c) Due to Accidental Injury to Natural Teeth	<input type="checkbox"/> Following a \$50 Copay per admission, 100% of the Negotiated Charge. The Copay is waived if admitted. <input type="checkbox"/> 100% of the Negotiated Charge <input type="checkbox"/> Following a \$30 Copay per visit, 100% of the Negotiated Charge <input type="checkbox"/> Following a Gannett student user fee per visit, 100% of the Negotiated Charge <input type="checkbox"/> Following a \$20 Copay per visit, 100% of the Negotiated Charge <input type="checkbox"/> 100% of the Actual Charge	<input type="checkbox"/> Following a \$50 Copay per admission, 100% of the Negotiated Charge. The Copay is waived if admitted. <input type="checkbox"/> 100% of the Negotiated Charge <input type="checkbox"/> Following a \$30 Copay per visit, 100% of the Negotiated Charge <input type="checkbox"/> Not Applicable <input type="checkbox"/> Following a \$20 Copay per visit, 100% of the Negotiated Charge <input type="checkbox"/> 100% of the Actual Charge	<input type="checkbox"/> Following a \$50 Deductible per admission, 100% of the Reasonable Charge. The Deductible is waived if admitted. <input type="checkbox"/> 100% of the Reasonable Charge <input type="checkbox"/> Following a \$30 Deductible per visit, 100% of the Reasonable Charge <input type="checkbox"/> Not Applicable <input type="checkbox"/> Following a \$20 Deductible per visit, 70% of the Reasonable Charge <input type="checkbox"/> 100% of the Actual Charge
Non-Emergency Outpatient Care • Outpatient Hospital Expense • Clinic/Ambulatory Care Center Expense	<input type="checkbox"/> Following a \$50 Copay per visit, 100% of the Negotiated Charge <input type="checkbox"/> Following a \$30 Copay per visit, 100% of the Negotiated Charge	<input type="checkbox"/> Following a \$50 Copay per visit, 80% of the Negotiated Charge <input type="checkbox"/> Following a \$30 Copay per visit, 80% of the Negotiated Charge	<input type="checkbox"/> Following a \$50 Deductible per visit, 70% of the Reasonable Charge <input type="checkbox"/> Following a \$30 Deductible per visit, 70% of the Reasonable Charge
Physician/Clinician Office Visit Expenses (a) Gannett (b) Outside Gannett (c) Child Health Services (for Dependent Children to age 19)	<input type="checkbox"/> Following a Gannett student user fee per visit, 100% of the Negotiated Charge <input type="checkbox"/> Following a \$20 Copay per visit, 100% of the Negotiated Charge <input type="checkbox"/> Following a \$20 Copay per visit, 100% of the Negotiated Charge	<input type="checkbox"/> Not Applicable <input type="checkbox"/> Following a \$20 Copay per visit, 80% of the Negotiated Charge <input type="checkbox"/> Following a \$20 Copay per visit, 80% of the Negotiated Charge	<input type="checkbox"/> Not Applicable <input type="checkbox"/> Following a \$20 Deductible per visit, 70% of the Reasonable Charge subject to a maximum benefit payable of \$25 per visit <input type="checkbox"/> Following a \$20 Deductible per visit, 70% of the Reasonable Charge subject to a maximum benefit payable of \$25 per visit
Ambulance Expense	<input type="checkbox"/> 100% of the Reasonable and Customary Charge up to a maximum of \$150 per trip, 80% thereafter	<input type="checkbox"/> 100% of the Reasonable and Customary Charge up to a maximum of \$150 per trip, 80% thereafter	<input type="checkbox"/> 100% of the Reasonable Charge up to a maximum of \$150 per trip, 80% thereafter.
X-ray and Laboratory Expense	<input type="checkbox"/> 100% of the Negotiated Charge	<input type="checkbox"/> 80% of the Negotiated Charge	<input type="checkbox"/> 70% of the Reasonable Charge
Allergy Care (Including Injections and Serum) • Office Expenses: (a) Gannett (b) Outside Gannett	<input type="checkbox"/> Following a Gannett student user fee per visit, 100% of the Negotiated Charge. Copay waived if visit is for injection only. <input type="checkbox"/> Following a \$20 Copay per visit, 100% of the Negotiated Charge	<input type="checkbox"/> Not Applicable <input type="checkbox"/> Following a \$20 Copay per visit, 80% of the Negotiated Charge	<input type="checkbox"/> Not Applicable <input type="checkbox"/> Following a \$20 Deductible, 70% of the Reasonable Charge subject to a maximum benefit payable of \$25 per visit

Benefit Category	Preferred Care (In Area)*	Preferred Care (Out of Area)*	Non-Preferred Care*
Therapy Expenses <ul style="list-style-type: none"> • Radiation Therapy/Chemotherapy • Dialysis/Respiratory Therapy • Physical Therapy (A referral is required. No benefits are available for physical therapy services received in the Ithaca area without a referral.) Treatment must commence within 6 months of onset of condition. <ul style="list-style-type: none"> (a) Gannett (b) Outside Gannett • Acupuncture Care* (For full benefit information, please see Plan Brochure at www.Chickering.com) • Chiropractic Care 	<input type="checkbox"/> 100% of the Negotiated Charge <input type="checkbox"/> 100% of the Negotiated Charge <input type="checkbox"/> Following a \$5 Copay per visit, 100% of the Negotiated Charge <input type="checkbox"/> Following a \$20 Copay per visit, 100% of the Negotiated Charge <input type="checkbox"/> 70% of the Negotiated Charge <input type="checkbox"/> 70% of the Negotiated Charge	<input type="checkbox"/> 80% of the Negotiated Charge <input type="checkbox"/> 80% of the Negotiated Charge <input type="checkbox"/> Following a \$20 Copay, 80% of the Negotiated Charge <input type="checkbox"/> Not Applicable <input type="checkbox"/> Following a \$20 Copay per visit, 80% of the Negotiated Charge <input type="checkbox"/> 70% of the Negotiated Charge <input type="checkbox"/> 70% of the Negotiated Charge	<input type="checkbox"/> 70% of the Reasonable Charge <input type="checkbox"/> 70% of the Reasonable Charge <input type="checkbox"/> Following a \$20 Deductible, 70% of the Reasonable Charge <input type="checkbox"/> Not Applicable <input type="checkbox"/> Following a \$20 Deductible per visit, 70% of the Reasonable Charge <input type="checkbox"/> 70% of the Reasonable Charge <input type="checkbox"/> 70% of the Reasonable Charge
Maternity Care** (includes coverage of charges for a newly born child) <ul style="list-style-type: none"> • Facility Expenses <ul style="list-style-type: none"> (a) Hospital Admission (b) Birthing Center Admission • Physician Care 	<input type="checkbox"/> Following a \$200 Copay per admission, 100% of the Negotiated Charge <input type="checkbox"/> Following a \$100 Copay per admission, 100% of the Negotiated Charge <input type="checkbox"/> Following a \$100 Copay per condition, 100% of the Negotiated Charge	<input type="checkbox"/> Following a \$200 Copay per admission, 80% of the Negotiated Charge <input type="checkbox"/> Following a \$100 Copay per admission, 80% of the Negotiated Charge <input type="checkbox"/> Following a \$100 Copay per condition, 80% of the Negotiated Charge	<input type="checkbox"/> Following a \$200 Deductible per admission, 70% of the Reasonable Charge <input type="checkbox"/> Following a \$100 Deductible per admission, 70% of the Reasonable Charge <input type="checkbox"/> Following a \$100 Deductible per condition, 70% of the Reasonable Charge
Inpatient Mental Health Care** <ul style="list-style-type: none"> • Facility Expenses • Physician Visits/Consults 	<input type="checkbox"/> Following a \$200 Copay per admission, 100% of the Negotiated Charge <input type="checkbox"/> 100% of the Negotiated Charge	<input type="checkbox"/> Following a \$200 Copay per admission, 80% of the Negotiated Charge <input type="checkbox"/> 80% of the Negotiated Charge	<input type="checkbox"/> Following a \$200 Deductible per admission, 70% of the Reasonable Charge <input type="checkbox"/> 70% of the Reasonable Charge
Outpatient Mental Health Care at Gannett	<input type="checkbox"/> Following a Gannett student user fee per visit, 100% of the Negotiated Charge	<input type="checkbox"/> Not Applicable	<input type="checkbox"/> Not Applicable
Outpatient Mental Health Care (Note: Referral is required for care received outside Gannett when in the Ithaca area.)	<input type="checkbox"/> Following a \$20 Copay per visit, 100% of the Negotiated Charge up to a maximum of 40 visits per Policy Year	<input type="checkbox"/> Following a \$20 Copay per visit, 80% of the Negotiated Charge up to a maximum of \$50 per visit, and up to a maximum of 40 visits per Policy Year	<input type="checkbox"/> Following a \$20 Deductible per visit, 70% of the Reasonable Charge up to a maximum of \$25 per visit, and up to a maximum of 40 visits per Policy Year.
Inpatient Chemical Abuse Care** <ul style="list-style-type: none"> • Facility Expenses (Subject to a maximum of 7 days per Policy Year for detoxification and up to a maximum of 30 days per Policy Year for rehabilitation.) • Physician Visits/Consults 	<input type="checkbox"/> Following a \$200 Copay per admission, 100% of the Negotiated Charge <input type="checkbox"/> 100% of the Negotiated Charge	<input type="checkbox"/> Following a \$200 Copay per admission, 80% of the Negotiated Charge <input type="checkbox"/> 80% of the Negotiated Charge	<input type="checkbox"/> Following a \$200 Deductible per admission, 70% of the Reasonable Charge <input type="checkbox"/> 70% of the Reasonable Charge
Outpatient Chemical Abuse Care (Subject to a maximum of 60 visits per Policy Year; up to 20 of these visits may be used for counseling) (Note: Referral is required for care received outside Gannett)	<input type="checkbox"/> 100% of the Negotiated Charge	<input type="checkbox"/> 80% of the Negotiated Charge	<input type="checkbox"/> 70% of the Reasonable Charge
Partial Hospitalization Benefits (Prior review and approval required)	<input type="checkbox"/> Following a \$200 Copay per admission, 100% of the Negotiated Charge	<input type="checkbox"/> Following a \$200 Copay per admission, 80% of the Negotiated Charge	<input type="checkbox"/> Following a \$200 Deductible per admission, 70% of the Reasonable Charge
Other Benefit Expenses <ul style="list-style-type: none"> • Durable Medical Equipment • Home Health Care Expenses (subject to a maximum of 365 visits per lifetime) • Hospice Care Expenses (subject to a maximum of 210 visits per lifetime) 	<input type="checkbox"/> Covered on same basis as any Outpatient Physician's Office Visit or Laboratory Expense <input type="checkbox"/> Covered on same basis as any Outpatient Physician's Office Visit or Laboratory Expense <input type="checkbox"/> Covered on same basis as any Outpatient Physician's Office Visit or Laboratory Expense	<input type="checkbox"/> Covered on same basis as any Outpatient Physician's Office Visit or Laboratory Expense <input type="checkbox"/> Covered on same basis as any Outpatient Physician's Office Visit or Laboratory Expense <input type="checkbox"/> Covered on same basis as any Outpatient Physician's Office Visit or Laboratory Expense	<input type="checkbox"/> Covered on same basis as any Outpatient Physician's Office Visit or Laboratory Expense <input type="checkbox"/> Covered on same basis as any Outpatient Physician's Office Visit or Laboratory Expense <input type="checkbox"/> Covered on same basis as any Outpatient Physician's Office Visit or Laboratory Expense
Prescription Contraceptive Devices	<input type="checkbox"/> Covered on the same basis as any Expense	<input type="checkbox"/> Covered on the same basis as any Expense	<input type="checkbox"/> Covered on the same basis as any Expense
Well Woman Expenses <ul style="list-style-type: none"> • One baseline mammogram for woman ages 35-40 • One mammogram per year after age 40 (Available more frequently in certain circumstances) • One routine Pap smear screening, including office visit, per year, for women age 18 and older 	<input type="checkbox"/> Covered on same basis as any X-ray Expense <input type="checkbox"/> Covered on same basis as any X-ray Expense <input type="checkbox"/> Covered on same basis as any Expense	<input type="checkbox"/> Covered on same basis as any X-ray Expense <input type="checkbox"/> Covered on same basis as any X-ray Expense <input type="checkbox"/> Covered on same basis as any Expense	<input type="checkbox"/> Covered on same basis as any X-ray Expense <input type="checkbox"/> Covered on same basis as any X-ray Expense <input type="checkbox"/> Covered on same basis as any Expense
Prostate Cancer Screening Expense Covered Medical expenses include one annual, or more frequently if recommended by a Physician, Digital Rectal Exam and Prostate Specific Antigen Test	<input type="checkbox"/> Covered on same basis as any Outpatient Physician's Office Visit or Laboratory Expense	<input type="checkbox"/> Covered on same basis as any Outpatient Physician's Office Visit or Laboratory Expense	<input type="checkbox"/> Covered on same basis as any Outpatient Physician's Office Visit or Laboratory Expense

*Refer to Student Health Insurance Plan Brochure available online at www.chickering.com for details.

**Pre-Certification is required for all inpatient admissions. This is only a summary of benefits.

Optional Dental Plan and Optional Vision Plan are both available. Please visit www.studentinsurance.cornell.edu for details. These programs are not underwritten by Aetna Life Insurance Company.