

**CORNELL COLLEGE  
BENEFIT SUMMARY**

Administered by First Administrators, Inc.

**Group #: 32800**

Effective Date: February 1, 2010

**All benefits are subject to the following deductibles, coinsurance percentages and maximums unless otherwise stated.**

MEDICAL BENEFITS	PATIENT'S LIABILITY		GENERAL PLAN LIMITS	PAGE
	PPO PLAN	NON-PPO PLAN		
<b>Medical Calendar Year Deductible:</b> - Per Individual/CAL YR - Per Family/CAL YR	\$1,000 \$2,000	\$2,000 \$4,000	Fourth quarter carryover deductible applies. <i>The PPO and Non-PPO deductibles are mutually satisfying.</i>	31
<b>PPO Office Services Copay**</b> - Primary Care Physician - Specialist	\$20 per visit \$25 per visit	N/A N/A	The copay does not apply to the calendar year deductible or the out-of-pocket maximum.	31
** PPO physician office services are paid at 100% subject to the PPO Office Services Copay for the first \$500 of eligible expenses, per visit. Eligible expenses from a PPO physician's office in excess of \$500 are subject to the PPO deductible and cost sharing amounts up to the PPO out-of-pocket maximum. The Office Services Copay includes all services and/or treatment performed in the PPO physician's office <b>except:</b> CT, MRA, MRI, PET, nuclear medicine; ultrasound; cancer screening; colonoscopy; flexible sigmoidoscopy or barium test; immunizations; maternity; preventive care benefits; sleep studies and well baby/well child care benefits, which are considered at the deductible and cost-sharing levels specified in the <b>Benefit Summary</b> . Note: The Office Services Copay will apply to office visits performed in an outpatient or ambulatory facility if the PPO physician does not have a local office.				
<b>PPO NOTES:</b> 1. If a participant requires treatment for a medical emergency, and is unable to reach a PPO provider, eligible expenses from a non-PPO provider will be considered at the <b>PPO</b> benefit level, subject to the PPO copay. 2. When a covered participant resides outside the PPO area, or is traveling outside the PPO area for reasons other than medical care (e.g., business or vacation), and a non-PPO provider or facility (including an urgent care facility) is used, eligible expenses from the non-PPO provider will be considered at the <b>PPO</b> benefit level, subject to the PPO Office Services Copay. 2. Ancillary services provided by a non-PPO provider in a PPO facility will be considered at the <b>PPO</b> benefit level. 3. Interpretation of x-ray and laboratory results ordered by a PPO provider and provided by a non-PPO provider will be considered at the <b>PPO</b> benefit level. 4. Charges for interpretation of x-ray or laboratory services performed in an independent radiology or pathology facility and billed by the PPO physician ordering the services will be considered in the same manner as any other x-ray or laboratory service performed in a PPO provider's office. 5. Non-PPO Emergency room physician charges will be considered at the <b>PPO</b> benefit level when services are provided in a PPO facility. 6. Services and/or treatment provided by a non-PPO provider when there is no PPO provider available within the PPO area will be considered at the <b>PPO</b> benefit level. 7. If a PPO provider refers a participant to a non-PPO provider, the eligible expenses will be considered at the <b>non-PPO</b> benefit level. <b>The eligible expense for all of the above situations, unless otherwise specified, is determined by the provider and type of service, not the benefit level, as explained under the <i>What Are Eligible Expenses?</i> section. The eligible expense is based on the PPO fee schedule or discount, the maximum allowable fee, or the actual amount charged.</b>				-
<b>Utilization Review:</b> The Utilization Review program includes Preadmission Certification and Case Management administered by First Administrators, Inc. <b>Preadmission Certification:</b> Failure to comply with the Hospital Preadmission Certification provision will result in a \$500 penalty applied to hospital-related inpatient charges. Precertification must take place prior to a planned admission or within 2 business days following an unplanned/urgent care (emergency) admission. The Preadmission Certification penalty is waived for maternity lengths of stay of less than 48 hours for normal vaginal delivery and 96 hours for a cesarean section. Penalties will not apply to out-of-pocket maximums. <b>Case Management:</b> Failure to comply with the Case Management provision will result in a \$500 annual penalty per episode applied to all related charges. Penalties will not apply to deductibles or out-of-pocket maximums.				30

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**BENEFIT SUMMARY (Cont.)**

**Note:** When the PPO column below references a percentage, employees must first satisfy the annual deductible before the plan will pay the indicated percentage, unless an exception is noted. When the PPO column indicates a dollar amount, this is the copayment employees pay and this service is not subject to the annual deductible. Copayments do not apply to the annual deductible and out-of-pocket maximums.

MEDICAL BENEFITS	PPO PAYS	NON-PPO PAYS	GENERAL PLAN LIMITS	PAGE
Allergy - Office	80% **	60% 60%	<b>Includes</b> testing, injections and serum. **PPO Office services are subject to the PPO Office Services Copay provision.	39
Ambulance	80%	80%	Limited to local air or ground.	39
Ambulatory/Outpatient Surgery Facility	80%	60%		35
Anesthesia - Office	80% **	60% 60%	<b>Includes</b> CRNA benefits. **PPO Office services are subject to the PPO Office Services Copay provision.	35
Birthing Center	80%	60%		37
Cancer Screening (Routine and Diagnostic)	100%	60%	PPO Deductible and copay waived. <b>Includes</b> mammograms, pap smears and prostate screening. See also <i>Colonoscopy</i> and <i>Flexible Sigmoidoscopy or Barium Test</i> .	--
Cardiac Rehabilitation  - Office	80%  **	60%  60%	Limited to phase I (inpatient) and phase II (outpatient) treatment only; phase III treatment (diet, exercise, healthy lifestyle programs) is excluded. Services and/or treatment must be medically necessary and recommended or ordered by a physician. **PPO Office services are subject to the PPO Office Services Copay provision.	<b>Error! Book mark not defined.</b>
Chiropractic (Manual/Mechanical Manipulation of Spinal Column)	**	60%	Limited to 20 visits/CAL YR. All services combined, including any related x-rays or labs done in connection with chiropractic services. **PPO Office services are subject to the PPO Office Services Copay provision.	39
Colonoscopy (Routine and Diagnostic)	80%	60%	Deductible waived. Baseline age 50 and older, then each 10 years; under age 50, benefit will be considered for "family history of".	-
Contraceptive Management  - Office	80%  **	60%  60%	<b>Includes</b> injectable contraceptives (e.g., Depo-Provera), implantable contraceptives (e.g., Norplant) and contraceptive devices (e.g., IUD). PPO Office services are subject to the PPO Office Services Copay provision.	39
Dental Services Covered Under Medical  - Office	80%  **	60%  60%	<b>Includes</b> services provided within 72 hours of accidental injury; surgical removal of impacted teeth. <b>Includes</b> treatment of TMJ. **PPO Office services are subject to the PPO Office Services Copay provision.	38
Diabetic Self-Management Education Programs/Outpatient - Office	80%  **	60%  60%	Limited to \$500/CAL YR; \$1,500 lifetime.  **PPO Office services are subject to the PPO Office Services Copay provision.	39
Durable Medical Equipment	80%	80%	Rental not to exceed the purchase price.	39
Elective Sterilization	80%	60%		39
Emergency Room Services	\$100	60%	<b>Includes</b> facility and physician charges. Copay does not apply to deductible and out-of-pocket maximums. Copay is waived if the participant is admitted to the hospital.	-

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Flexible Sigmoidoscopy or Barium Test (Routine and Diagnostic)	80%	60%	Deductible waived. Baseline age 50 and older, then each 5 years.	-
Hemodialysis (Kidney Disease Treatment)	80%	60%		39
Home Health Care	80%	60%	Limited to 100 visits/CAL YR.	34
Home Infusion	80%	60%		39
Hospice Care			Limited to 180 days/lifetime. <b>Includes</b> respite care. <b>Excludes</b> bereavement counseling. Room and board is limited to the facility's semi-private room rate.	36
- Inpatient	80%	60%		
- Outpatient	80%	60%		
- Respite Care	80%	60%	Limited to 15 days inpatient/lifetime and 15 days outpatient/lifetime. Must be used in increments of not more than 5 days at a time.	
Hospital	80%	60%	Limited to the semi-private room rate for the level of care the patient is receiving. <b>Excludes</b> take-home drugs.	33
Human Papillomavirus (HPV) Vaccine	100%	100%	Deductible PPO Office Services Copay waived.	-
Immunizations	100%	No Coverage	Deductible and PPO office services copay waived. Up to age 7. Over age 7 – see <i>Preventive Care</i> .	42
Infertility	80%	60%	Limited to \$15,000/lifetime per participant for all related services and supplies <b>including</b> prescription drugs. Infertility Benefits do not apply to the out-of-pocket maximum.	38
- Office	**	60%	**PPO Office services are subject to the PPO Office Services Copay provision.	
Maternity			Payable for employees and covered spouses only. Deductible and copay waived.	37
- Physician	100%	60%		
- Hospital	80%	60%		
- Postpartum Home Visit	100%	100%	Deductible waived. One postpartum home visit when a mother and her baby are voluntarily discharged within 48 hours of normal labor and delivery or within 96 hours of cesarean birth.	
- Inpatient Newborn Care	80%	60%	Deductible waived for initial hospitalization. Considered separately from mother's charges. <b>Includes</b> nursery room and board, physician visits and circumcision.	
Mental Health/ Chemical Dependency				33
- Inpatient	80%	60%		
- Outpatient	80%	60%		
Office	**	60%	**PPO Office services are subject to the PPO Office Services Co-pay provision.	
Morbid Obesity	80%	60%	Prior approval required. Nutritional education and surgical procedure. Must be at least 18 years of age and an appropriate surgical candidate.	39
- Office	**	60%	**PPO Office services are subject to the PPO Office Services Copay provision.	

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Nursing Facility	80%	60%	Limited to 100 days/CAL YR. Limited to the nursing facility's semi-private room rate for the level of care the patient is receiving.	34
Outpatient Diagnostic X-ray and Laboratory - Independent Laboratory or X-ray Facility - Office	80% 80% **	60% 60% 60%	Deductible waived for PPO Providers except for CT, MRA, MRI, PET, nuclear medicine, ultrasound and radiation.  **PPO Office services are subject to the PPO Office Services Copay provision.	37
Physician Services - Inpatient  - Outpatient Hospital - Office  - Specialist	80%  80% **  **	60%  60% 60%  60%	Limited to one visit/day per specialty unless additional visits are medically necessary.  **PPO Office services are subject to the PPO Office Services Copay provision. **PPO Office services are subject to the PPO Office Services Copay provision.	33
Preadmission Testing - Office	80% **	60% 60%	<b>Includes</b> Consultations. **PPO Office services are subject to the PPO Office Services Copay provision.	37
Prescription Drugs	80%*	80%*	<b>Includes</b> only those allowable drugs and medications that are not payable under the prescription drug card such as insulin pump and insulin pump supplies. *PPO deductible and out-of-pocket maximums apply.	39
Preventive Care	100%	No Coverage	Age 2 and older. Calendar year deductible and PPO Office Services Copay are waived. Each participant limited to \$300/CAL YR. Newborn to age 2 – see <i>Well-Baby/Well-Child Care</i> .  <b>Includes</b> the following routine services: -physical examinations -mammograms** -pap smears** -x-rays and labs -prostate screening** -cancer screening** -hearing exams -immunizations (including flu shots)** -services for screening of "family history of" conditions  **Charges for pap smears/mammograms/ prostate exams/immunizations/cancer screening in excess of the \$300 preventive benefits maximum will be paid subject to the applicable benefits as stated in this Benefit Summary. Note: Human Papillomavirus (HPV) Vaccine will be paid under the Human Papillomavirus (HPV) Vaccine Benefit.	38
Private Duty Nursing	80%	60%		40
Radiation Therapy and Chemotherapy - Office	80%  **	60%  60%	  **PPO Office services are subject to the PPO Office Services Copay provision.	40
Second Surgical Opinion (voluntary)	**	60%	**PPO Office services are subject to the PPO Office Services Copay provision.	35

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Surgical Benefits - Inpatient - Outpatient - Office  - Assistant Surgeon	80% 80% **  80%	60% 60% 60%  60%	**PPO Office services are subject to the PPO Office Services Copay provision. Limited to 20% of the eligible expense for the surgical procedure performed.	35
Therapy - Office  - Occupational Therapy - Physical Therapy - Respiratory Therapy - Speech Therapy	**  80% 80% 80% 80%	60%  60% 60% 60%	**PPO Office services are subject to the PPO Office Services Copay provision. <b>Excludes</b> occupational therapy supplies.	40
Transplants   - Transportation	80%   80%	60%   60%	Prior approval required. <b>Includes</b> heart, heart/lung, lung, liver, pancreas, kidney, kidney/pancreas, bone marrow, small bowel, stem cell and cornea. Limited to \$10,000/transplant.	36
Vision Exams	**	60%	**PPO Eyewear exams are subject to the PPO Office Services Copay provision. Limited to one exam per year.	40
Urgent Care Facility	**	60%	**PPO Urgent Care services are subject to the PPO Office Services Copay provision.	-
Well-Baby/Well-Child Care	100%	No Coverage	Limited to \$600/CAL YR up to age 2. <b>Includes</b> routine exams and routine labs/x-rays. Deductible and PPO Office Service Copay waived. Additional immunization benefit available – see <i>Immunizations</i> .	-
Wigs	80%	60%	Initial purchase of a wig due to hair loss after a cancer diagnosis.	40
MEDICAL BENEFITS	PPO PLAN	NON-PPO PLAN	GENERAL PLAN LIMITS	PAGE
<b>PATIENT'S LIABILITY</b>				
<b>Out-of-Pocket Calendar Year Maximums:</b>   - Per Individual/CAL YR - Per Family/CAL YR	   \$2,000 \$4,000	   \$4,000 \$8,000	<b>Includes</b> Calendar Year Deductibles and cost-sharing amounts. <b>Excludes</b> fourth quarter carryover deductible, hospital preadmission certification penalty, infertility benefits, retail and mail order prescription drug program copays, emergency room copays, urgent care facility copays and PPO Office Services Copays. <i>PPO and Non-PPO out-of-pocket maximums are mutually satisfying.</i>	32
<b>MEDICAL PLAN'S MAXIMUM LIABILITY</b>				
<b>Lifetime Medical Maximum Benefits</b>	\$2,000,000			32

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