Cornell Program for Healthy Living Addendum – Effective January 1, 2016

Addendum to the Cornell Program for Healthy Living Plan (CPHL) Summary Plan Description (SPD)

The information below is intended to serve as an update to the 2014 Cornell Program for Healthy Living Plan (CPHL) Summary Plan Description (SPD)

Effective January 1, 2016

The medical and prescription drug copays apply to the out of pocket maximum for in-network services.

The plan includes all of the preventive care benefits mandated by the ACA. Below are the items revised or added for 2016:

- Eye exam (routine)-is now covered every year after copay
- Routine physical exam Age limit modified for CPHL: from age 19 changed to age 22 and up;
- Well Child age limit changed from birth to age 3 to birth to age 22

<table>
<thead>
<tr>
<th>Preventive Care Covered at 100% In-network</th>
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<tbody>
<tr>
<td>Routine Physical Exams</td>
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<tr>
<td>Obesity Preventive Counseling</td>
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<tr>
<td>Tobacco Preventive Counseling</td>
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<tr>
<td>Alcohol/Drug Abuse Counseling</td>
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<tr>
<td>Preventive Lung Cancer Screening</td>
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<tr>
<td>Colorectal Cancer Screening (ie colonoscopy)</td>
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<td>Routine PSA and DRE</td>
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<tr>
<td>Routine GYN and Pap</td>
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<tr>
<td>Routine mammography</td>
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<td>Pre-natal maternity office visits</td>
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This is only a brief summary of the Plan Features. Please refer to the Summary of Benefits and Plan Booklet for a complete description.
The Prescription Drug Plan is changing from Express Scripts (ESI) to OptumRx

- The copays are not changing and remain $5/$30/$50 for retail and $10/$60/$90 Home Delivery in-network
- The drug formulary is changing
- Some medications are excluded
- Home Delivery of maintenance medications/specialty medications can be delivered to your home address or new for 2016, you can direct the delivery to Gannett Health Center Pharmacy on the Ithaca campus.
- Briova is the specialty pharmacy replacing ESI’s Accredo
- Aspirin products, iron supplements, Vitamin D, Folic Acid & Prenatal Vitamins with prescription covered at $0 copay (in-network)

Effective April 1, 2015

Documentation Requirements Effective 4/1/15-copies only

Employee: Social Security Card (or ITIN-Individual Taxpayer Identification Number for non-US Citizens).

You must provide copies of documents to support your dependent’s eligibility for coverage.

Spouse or Domestic Partner: Birth Certificate (or Visa/Passport accepted for non-US citizens), Social Security Card (or ITIN-Individual Taxpayer Identification Number for non-US citizens), Marriage Certificate, Domestic Partner Statement

Children (biological), stepchild, adopted: Birth Certificate (or Visa/Passport accepted for non-US citizens), Social Security Card, ITIN (Individual Taxpayer Identification Number) for non-US citizens, Proof of Disability, if applicable, Documentation establishing Paternity by Court Order acknowledging Paternity. If your child is neither of the above, you must also complete the Special Dependent Enrollment Form.

Effective January 1, 2015

Express Scripts Prescription Drug Plan Changes

Preferred Retail Pharmacy Network
You pay $5/$30/$50 copay at retail for up to a 30 day supply if you use pharmacies participating in the Preferred Retail Pharmacy Network. Pharmacies include: Kinney, Rite Aid, Target, Walmart, Wegmans, Quilans, Green Street Pharmacy, Gannett Student Health Center,
You pay $15/$40/$60, if you use CVS/Walgreens (Duane Reed), pharmacies not participating.

Aetna CPHL Addendum 1/1/16
Exclusionary Formulary: Certain medications that are available as generics or on the formulary are no longer covered as of 1/1/15. Members can appeal and ESI will review the clinical information provided by the physician.

Social Security’s Definition of a “Spouse”.

As of January 1, 2015, the Social Security’s definition of “spouse” has expanded to include a same-sex spouse for the purpose of determining Medicare primacy. Therefore, an active employee’s same-sex spouse, age 65 or older, will be Aetna primary not Medicare primary.

Certificates of Creditable Coverage (HIPAA Certs) No Longer Required

The Affordable Care Act prohibits the use of pre-existing condition clauses resulting in the need to provide certificates of creditable coverage no longer necessary. On February 24, 2014, the Treasury, the Department of Labor, and the Department of Health and Human Service jointly issued final regulations which eliminated the requirement for plan sponsors to issue the certificates after 12/31/14.

Grandfathered Health Plan Notice for January 1, 2015

Cornell University believes your plan is a “grandfathered health plan” under the Patient Protection and Affordable Care Act (the Affordable Care Act). As permitted by the Affordable Care Act, a grandfathered health plan can preserve certain basic health coverage that was already in effect when that law was enacted. Being a grandfathered health plan means that your plan may not include certain consumer protections of the Affordable Care Act that apply to other plans, for example, the requirement for the provision of preventive health services without any cost sharing. However, grandfathered health plans must comply with certain other consumer protections in the Affordable Care Act, for example, the elimination of lifetime limits on benefits.

Questions regarding which protections apply and which protections do not apply to a grandfathered health plan and what might cause a plan to change from grandfathered health plan status can be directed to your employer or Aetna member services using the phone number on your member id card.

If your plan is governed by ERISA, you may also contact the Employee Benefits Security Administration, U.S. Department of Labor at 1-866-444-3272 or www.dol.gov/ebsa/healthreform. This website has a table summarizing which protections do and do not apply to grandfathered health plans. If your plan is a nonfederal governmental plan, you may also contact the U.S. Department of Health and Human Services at www.healthreform.gov.