



Cornell University

Cornell Student Health Plan

Student Health Benefits

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Dear Student,

Your Student Health Plan (SHP) waiver application indicates that your current insurance plan's out-of-network coverage does not meet Cornell's minimum requirements (60% coverage), but it may be possible for you to waive based on your in-network coverage. We want to make sure you have the information you need to make your decision, so **you have one more step to take before waiving SHP.**

What you need to know: The only regional hospital accessible by public transportation, Cayuga Medical Center, is not a participating (in-network) provider on your plan. Other hospitals and specialty medical / mental health providers where you might have in-network coverage can be an hour or more away from Cornell's campus, out of the range of public transportation accessible from Ithaca.

In situations like yours, we highly recommend that you enroll in Cornell's Student Health Plan (SHP). SHP was designed for Cornell students, and provides excellent coverage in the Ithaca area, and anywhere in the United States and abroad. Please take the time to learn about SHP at studenthealthbenefits.cornell.edu. If you would like guidance in reviewing your options and making your decision, our Student Health Benefits consultants are available Monday through Friday, 9:00 am to 4:30 pm, at 607.255.6363 or studentbenefits@cornell.edu.

Your next step: Once you have reviewed your insurance coverage and health care options, and are confident that you can access in-network providers in the region, you may confirm your interest in waiving SHP by signing and submitting the following statement of responsibility:

STATEMENT OF RESPONSIBILITY

I acknowledge that I (or my student) will not have access to hospital and specialty medical or mental health services within public transportation range. It is my responsibility to arrange for transportation to any off-campus health services I (or my student) may need.

Signature

Printed Name

Student Name and Cornell ID#

Date (month/day/year)