

2024 Endowed Open Enrollment:
Oct. 30 - Nov. 17, 2023

Decision/ Enrollment Guide

- Review your benefits
- Enroll through Workday
- Documents required
- Benefair



hr.cornell.edu/enroll

To Do:

You may not need to do anything!

If you have no changes to make in your coverage and don't want a Flexible Spending Account (FSA) in 2024, your enrollments will stay the same as last year. You don't need to do anything in Workday.

However, if you want an FSA in 2024, you must re-enroll during Open Enrollment. FSA enrollments do not carry over year to year.

Go to hr.cornell.edu/enroll for complete details.

Any changes or enrollments must be made in [Workday](#). Make sure to click the SUBMIT button and print a copy of your confirmation page as evidence of your elections for the upcoming plan year.

HR Services and Transitions Center (HRSTC)

WE'RE HERE TO HELP

Have questions about your benefits?

LOOK ONLINE:

hr.cornell.edu/enroll

EMAIL US:

hrrservices@cornell.edu

PHONE US:

(607) 255-3936

SEND US MAIL:

HR Services & Transitions Center
395 Pine Tree Road
East Hill Office Building, Suite 130
Ithaca, New York 14850

HOURS:

8:00 am - 4:30 pm EST, M-F

Note:

All enrollment requests must be SUBMITTED in Workday or postmarked by November 17, 2023 at 4:00 pm EST.

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Follow these tips to make enrollment easy!

- Complete any necessary worksheets**
Choose your medical, dental, and vision plans, decide on your coverage level, and calculate your FSA contributions. Worksheets are located on pages 4 -10 of this guide.
- Have documents ready**
Are you adding dependents? Gather [documentation](#) you'll need to submit.
- Find your "Open Enrollment Event" in Workday**
You should receive an email on October 30 notifying you that your "Open Enrollment Event" is ready. See page 12 for directions on how to get started in Workday.
- Follow step-by-step instructions**
Screenshots are shown in this booklet along with error alerts. There are also instructions on each screen in Workday. If you get stuck, [contact HRSTC!](#)
- Make sure to click "Submit" and print your confirmation!**
You'll receive a confirmation message with a successful submission -- **be sure to print a copy for your records.**

If you do not properly submit your enrollment elections by the deadline (4:00 pm EST, November 17), your elections will not be accepted.



Part A: Decision Worksheets

1 Who?



Add dependents

Do you need to add coverage for your spouse, partner, or dependent children?

Gather the information below for each new person, which you will need to enter into Workday.



IMPORTANT!

You will also need to provide documentation to the HRSTC. DO NOT UPLOAD documents to Workday: documentation must be received by the HRSTC before 4:00 pm EST November 17 or postmarked by November 17, 2023.

Submit documentation by mail to:

HR Services & Transitions Center
395 Pine Tree Road, Suite 130
East Hill Office Building
Ithaca, New York 14850

Documentation can also be submitted through the Cornell Secure File Transfer Site (DropBox):

<https://sft.cornell.edu>

Note: When uploading, type in the email address tmw54@cornell.edu under "Prepare Upload," add your files, and select "21 days" for the expiration period.

Call the HRSTC at 607-255-3936 if you need help to upload your files.

- Legal name: _____
- Social Security Number: _____
- Date of Birth: _____
- Gender: _____

- Legal name: _____
- Social Security Number: _____
- Date of Birth: _____
- Gender: _____

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- Social Security Number: _____
- Date of Birth: _____
- Gender: _____

2 Health Plan?

Change your Aetna health plan?

- Cornell Program for Healthy Living (CPHL)
- Weill Cornell Medicine PPO (WCM-PPO)
- Aetna Health Savings Account (HSA)
- Waive medical coverage

Your contribution rate: _____

Find rates in the [rate comparison chart](#)

DUAL ELIGIBILITY:

You can choose dual eligibility coverage if the following requirements apply:

1. You and your spouse/domestic partner are both endowed employees and receiving pay.
2. You and your spouse/domestic partner are both eligible for participation in the endowed health care plan.
3. You have dependent children covered by the plan

Coverage options:

- Employee
- Employee + Spouse
- Employee + Domestic Partner
- Employee + Employee Child(ren)
- Employee + Domestic Partner + Partner Child(ren)
- Employee + Spouse + Employee Child(ren)
- Employee + Domestic Partner + Employee Child(ren)
- Employee + Domestic Partner + Employee Children + Partner Child(ren)
- Dual Eligibility Family
- Dual Eligibility Domestic Partner Family

Primary Care Physician (PCP)

If you've chosen the Cornell Program for Healthy Living (CPHL), select a physician from the [CPHL Directory](#).

Note: It's not necessary to select a PCP to enroll, but doing so will include the PCP on your health plan ID card for convenience.

- Family Member(s): _____
- PCP Name: _____
- Provider ID: _____

- Family Member(s): _____
- PCP Name: _____
- Provider ID: _____



3 Dental?

Change your MetLife dental plan?

- Dental - Standard Plan
- Dental - Plus Plan
- Waive dental coverage

Contribution rate: _____

Find rates in the [rate comparison chart](#)

Coverage options:

- Employee
- Employee + Spouse
- Employee + Domestic Partner
- Employee + Employee Child(ren)
- Employee + Domestic Partner + Partner Child(ren)
- Employee + Spouse + Employee Child(ren)
- Employee + Domestic Partner + Employee Child(ren)
- Employee + Domestic Partner + Employee Child(ren) + Partner Child(ren)

4 Vision?

Change your DavisVision by MetLife coverage?

- Vision Plan
- Waive vision coverage

Contribution rate: _____

Find rates in the [rate comparison chart](#)

Coverage options:

- Employee
- Employee + Spouse
- Employee + Domestic Partner
- Employee + Employee Child(ren)
- Employee + Domestic Partner + Partner Child(ren)
- Employee + Spouse + Employee Child(ren)
- Employee + Domestic Partner + Employee Child(ren)
- Employee + Domestic Partner + Employee Child(ren) + Partner Child(ren)

5 Spending Account?

PayFlex Flexible Spending Accounts (FSAs)

There are two types of FSAs: **Medical Care** and **Dependent Care**. FSAs reduce out-of-pocket expenses to help save on your federal income and Social Security taxes. You can choose to enroll in one, both, or neither. These worksheets can help you plan how much to set aside in your FSAs.

- [Learn more about FSAs](#), including eligible expenses and online worksheets.
- If you're enrolling in the Health Savings Account (HSA) plan, you may enroll in a Dependent Care FSA, but not a Medical Care FSA (the HSA plan features its own spending account).
- **The Dependent Care FSA is for eligible dependent daycare expenses while you work - not for medical expenses for your dependents.**

Medical FSA Contributions

Use this worksheet to help itemize unreimbursed health care expenses for you and your tax-qualified dependents for 2024.

1. Medical expenses (only the portion not covered by insurance)

- Deductibles, co-pays, co-insurance: _____
- Physician visits and routine exams: _____
- Prescription drugs: _____
- Over-the-counter items (see notice below): _____
- Insulin, syringes and diabetic supplies: _____
- Annual physicals: _____
- Chiropractic treatments: _____
- Other medical expenses: _____

TOTAL MEDICAL EXPENSES: _____

2. Dental expenses (only the portion not covered by insurance)

- Check ups and cleanings: _____
- Fillings, root canals: _____
- Crowns, bridges and dentures: _____
- Oral surgery or orthodontia: _____
- Other dental expenses: _____

TOTAL DENTAL EXPENSES: _____

3. Vision and hearing care expenses (only the portion not covered by insurance)

- Vision exams: _____
- Eyeglasses and prescription sunglasses: _____
- Contact lenses and cleaning solution: _____
- Corrective eye surgery (LASIK, cataract, etc.): _____
- Hearing exams, aids and batteries: _____

TOTAL VISION AND HEARING EXPENSES: _____

GRAND TOTAL

OF MEDICAL, DENTAL, AND VISION & HEARING: _____

MINUS 2023 ROLLOVER - UP TO \$610: - _____

EQUALS YOUR 2024 CONTRIBUTION: = _____

IRS maximum contribution limit

The 2024 contribution limit for FSA medical care is \$3,200 per employee.

5 Spending Account?



PayFlex Dependent Care FSA Contributions

Keep the following in mind when estimating your expenses for 2024:

- Amounts you pay for dependent care while you are off work due to vacation, holidays, illness or injury are not eligible expenses.
- If your dependent is a student, your expenses may differ when school is not in session.

Dependent care expenses

Total dependent care expenses: _____

Minus 2024 Cornell Child Care Grant: - _____

EQUALS 2024 CONTRIBUTION: = _____

IRS maximum contribution limit

The 2024 limit for FSA dependent care is \$5,000 per household.

5 Spending Account?

Aetna Health Savings Account (HSA) Contributions

If you're enrolling in the [HDHP/HSA health plan](#), use this worksheet to plan your health spending account contribution.

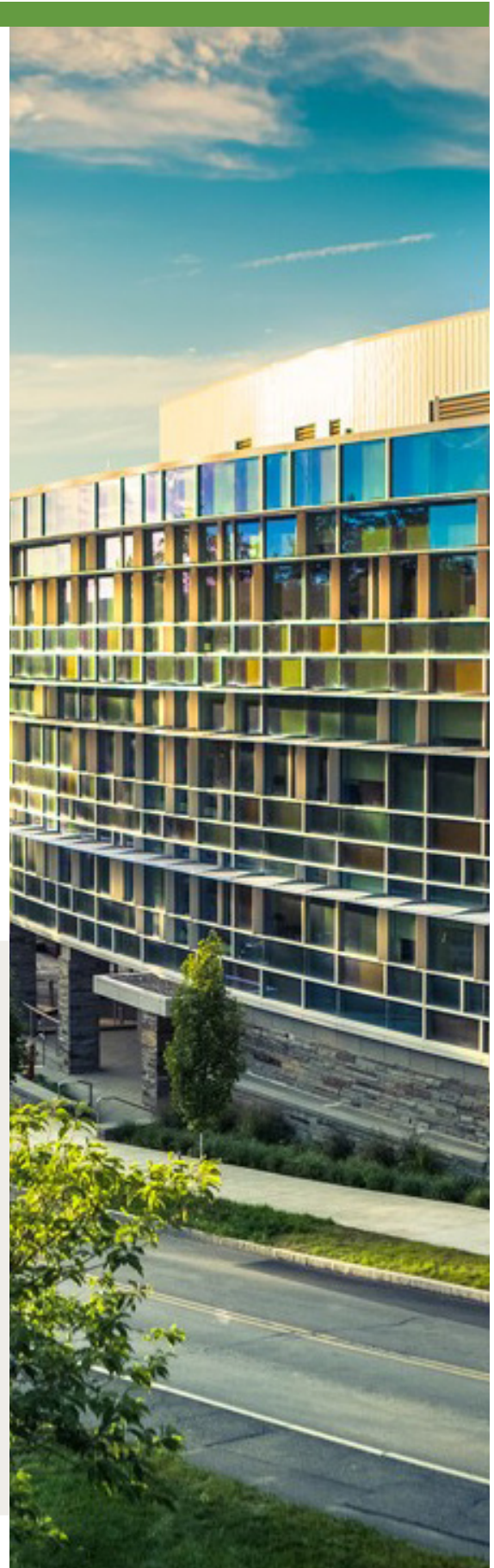
Note: If you're not participating in the Aetna HSA, but want to plan for a medical or dependent care flexible spending account, see pages 7-9).

- Contribution from Cornell: \$1,000
- Your contribution - lump sum or by paycheck:
- 55 or older additional contribution:
- **2024 total contribution:**

IRS maximum contribution limits for HSA

Includes the lump sum payment of \$1,000 that you will automatically receive from Cornell in January.

- \$4,150 for an individual - you may contribute up to \$3,150.
- \$8,300 for a family - you may contribute up to \$7,300.
- Individuals age 55 or older can contribute an additional \$1,000.



6 Legal?

Legal Insurance

Optional legal insurance has a separate open enrollment period:
October 30 - December 31, 2023.

This is the only time period you can enroll in or cancel coverage to be effective in 2024.

You must enroll directly with the insurer; you cannot enroll via Workday.

Is legal insurance right for you? [Learn more about legal insurance.](#)

Check out these resources for more details:

How To Compare Plans:

This pdf [comparison chart](#) shows plan features for the endowed health plan choices, both in-network and out-of-network. (*Tip: download the document to your computer, so you can zoom in for better readability.*)

Endowed Health Plan Rates:

This pdf [rate comparison chart](#) shows rates for the endowed health plan choices by non-exempt/hourly staff pay periods (biweekly) and exempt/salary staff and faculty pay periods (semimonthly).

Drug Coverage:

Download the Formulary to see tier pricing for prescription drugs; and view details about home delivery, specialty prescriptions, co-pays, contraceptive coverage, and prior authorization information.

hr.cornell.edu/understand-your-benefits/health-care/endowed/endowed-prescription-drug-coverage

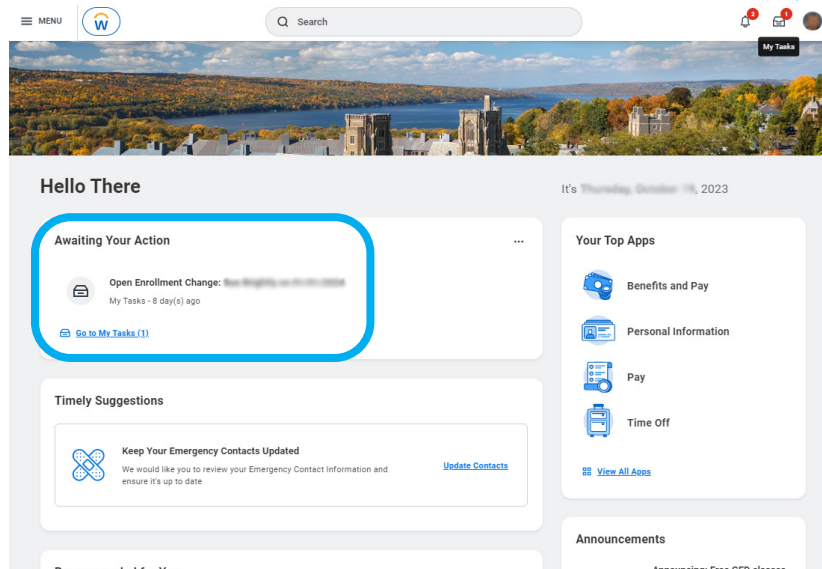


Part B: Enrolling in Workday

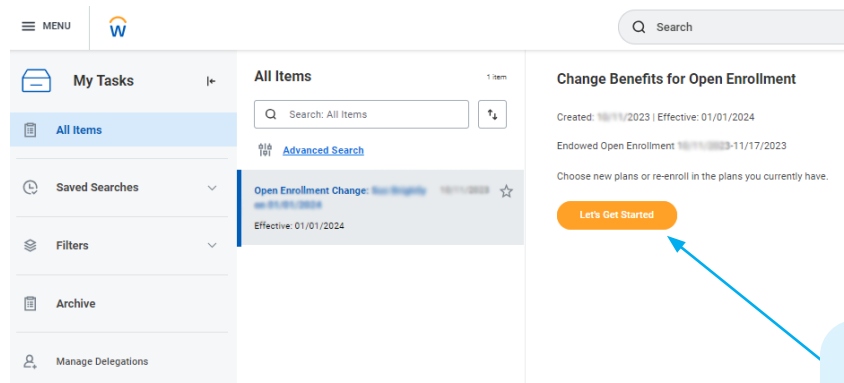
What you see in Workday

Log in to Workday (<https://hr.cornell.edu/workday>). Your Open Enrollment Change event will be in the "Awaiting Your Action" block. You can also access the event via your "My Tasks" inbox.

You can also access "My Tasks" here.



Click on the "Open Enrollment Change" event and then click the orange "Let's Get Started" button.



Click here to get started

Endowed Open Enrollment Dashboard

Dashboard Page:

The dashboard layout shows all the options available to you in one place. Just choose the enrollments you want -- you don't need to click through options you don't need!

Endowed Open Enrollment

Projected Total Cost Per Paycheck *\$1,234.56*

Projected cost per paycheck automatically updates as you enroll.

Choose from the "Health Care and Accounts" blocks where you want to enroll.

Health Care and Accounts

- Medical and Prescription** (Aetna HDHP Aetna HSA Plan)
 - Cost per paycheck: \$123.45
 - Coverage: Employee + Spouse
 - Dependents: 1
 - Manage
- Dental** (MetLife DEN Standard)
 - Cost per paycheck: \$57.82
 - Coverage: Employee + Spouse
 - Dependents: 1
 - Manage
- Vision** (Davis Vision VIS Davis Vision)
 - Cost per paycheck: \$6.97
 - Coverage: Employee + Spouse
 - Dependents: 1
 - Manage
- Health Savings Account** (Waived)
 - Enroll
- Flexible Spending Account - Medical Care** (Waived)
 - Enroll
- Flexible Spending Account - Dependent Care** (Waived)
 - Enroll

Insurance

- REVIEWED Basic Life Insurance** (Cigna (Employee))
 - Cost per paycheck: Included
 - Coverage: 0.5 X Salary
 - Manage
- Short Term Disability (STD)** (Cornell University (Employee))
 - Cost per paycheck: Included
 - Coverage: 50% of Salary
 - Manage
- Long Term Disability (LTD)** (Cigna - Endowed (Employee))
 - Cost per paycheck: Included
 - Coverage: 60% of Salary
 - Manage
- NY Paid Family Leave** (Cornell University NY Paid Family Leave (Employee))
 - Cost per paycheck: Included
 - Coverage: 67% of Salary
 - Manage

No action is needed with insurance: these benefits are displayed here for your information as part of your overall benefits package.

You can save your enrollment in progress if you have questions. You must submit by 11/17/2023

When you're ready to submit your enrollment, come back to this orange button to review, sign, and receive confirmation, before 4 pm on 11/17/2023

Review and Sign | **Save for Later**

Continue to the next pages for instructions on each enrollment option

Medical and Prescription Plan

Health Care and Accounts

Medical and Prescription
Aetna PPO Cornell Program for Healthy Living (CPHL)

Cost per paycheck \$206.00

Coverage Employee + Spouse + Employee Child(ren)

Dependents 4

[Manage](#)

If you're already enrolled in a plan, this block will display with your plan name, cost per paycheck, who is covered, and number of dependents; click the "Manage" link to review or make changes.

***NOTE: If you're keeping your current plan and have no changes to your dependents, you may skip this step! Go to the Dental & Vision blocks.**

If this is your first time enrolling, the block will show as "Waived." Click the "Enroll" link.

On this screen: Choose one of three health care plans

Not sure which plan you want? [Compare health care plans](#)

Medical and Prescription

Projected Total Cost Per Paycheck

Plans Available

Select a plan or Waive to opt out of Medical and Prescription. The displayed cost of waived plans assumes coverage for E

3 items

*Selection	Benefit Plan Details	You Pay (Semi-monthly)	Company Contribution (C
<input type="radio"/> Select <input checked="" type="radio"/> Waive	Aetna HDHP Aetna HSA Plan	\$	\$
<input checked="" type="radio"/> Select <input type="radio"/> Waive	Aetna PPO Cornell Program for Healthy Living (CPHL)	\$	\$
<input type="radio"/> Select <input checked="" type="radio"/> Waive	Aetna PPO Weill Cornell Medicine	\$	\$

Click the plan of your choice to make your selection; you can only choose one - the other options will automatically show as waived.

Health Plan Choice, Row 1: HSA

Aetna High Deductible Health Plan (HDHP) with a Health Savings Account (HSA)

If you choose the HSA Plan, you must also enroll in the Health Savings Account. See page 20.

Health Plan Choice, Row 2: CPHL

Cornell Program for Healthy Living Plan

If you choose the CPHL Plan, you're encouraged to select a provider ID for you and each of your dependents.

Health Plan Choice, Row 3: Weill PPO

Weill Cornell Medicine Plan

Confirm and Continue

When you've made your selection, click the orange "Confirm and Continue" button at the bottom of the screen. You can still change your plan before submitting.

On this screen: Choose your coverage and dependents

- Choose the level of coverage from the drop-down menu (i.e., "Employee + Spouse")
- Choose which dependents will be covered
- Add dependents if needed

Dependents

Designate the Provider ID (Primary Care Physician) for any covered dependents based on your health care elections. Select the Provider website link to find the doctor's Provider ID.

Coverage * x Employee + Spouse + Employee Child(ren) ... ☰

Plan cost per paycheck \$206.00

[Add New Dependent](#)

6 items

Select	Dependent	Relationship	Date of Birth	Provider ID
<input type="checkbox"/>				
<input type="checkbox"/>				
<input checked="" type="checkbox"/>				2222222

Choose level of coverage

Need to add a dependent?
See instructions on following pages.

Only CPHL plan enrollees will see the Provider ID column. If you don't wish to provide Provider IDs for yourself and your dependents, use 2222222 (seven 2's) as a placeholder to complete your enrollment.

Select from existing dependents in this table

[Save](#)

When you're finished, click the orange "Save" button at the bottom of screen. You'll return to the Open Enrollment dashboard, where you can choose other enrollment options, save for later, or submit your enrollment.

How To Add A Dependent

Dependents are those who are covered by your **health plans**, such as your children, spouse, or partner (see rules regarding [dependent eligibility](#)). **Beneficiaries** are those who have been designated to receive benefits from your **insurance** enrollments in case of death, but these are not entered or stored in Workday.

- You can add **dependents** to your health care plans in Workday. New dependents require documentation to be submitted separately to receive coverage.
- You **cannot upload documentation** for your dependents in Workday. See page 4 for instructions on how to submit documentation.
- **You don't need to add beneficiaries in Workday.** Contact the [insurance provider](#) to designate your beneficiaries. You can add or modify your beneficiaries with the provider at any time. If you've already entered beneficiaries in Workday in the past, they may show up as an option in the Workday dependent drop-down. You can select them as a dependent, but you will still need to send any required documentation to the HRSTC to add them as a health care dependent. See page 4 for details.

Plans Available

Select a plan or you can waive to opt out of Medical and Prescription. The displayed cost of waived plans assumes coverage for Employee + Spouse + Employee Child(ren).

3 Items

*Selection	Benefit Plan	You Pay (Semi-monthly)	Com
<input type="radio"/> Select <input checked="" type="radio"/> Waive	Aetna HDHP Aetna HSA Plan	\$138.00	\$46
<input checked="" type="radio"/> Select <input type="radio"/> Waive	Aetna PPO Cornell Program for Healthy Living (CPHL)	\$206.00	\$68
<input type="radio"/> Select <input checked="" type="radio"/> Waive	Aetna PPO Well Cornell Medicine	\$303.00	\$1,0

To add a dependent, select the health, dental, or vision plan of your choice, and then click the orange “Confirm and Continue” button at the bottom of the page. Don’t worry - you can still change your plan before submitting your enrollment.

Confirm and Continue

On the next screen, choose a coverage option from the drop-down menu (ie, “employee and spouse”), and then click the “Add New Dependent” button.

Dependents

Designate the Provider ID (Primary Care Physician) for any covered dependents based on your health care elections. Select the Provider website link to find the doctor's Provider ID.

Coverage *

Plan cost per paycheck

Add New Dependent

If you want to make this dependent a beneficiary to your basic life insurance, VTL, personal accident and/or retirement plans, you'll need to contact your insurance vendor separately (can be done at any time).

Add My Dependent From Enrollment 1/16

On the next screen you will add your dependent.

Note: Beneficiaries are not maintained in Workday, if you want to add dependents as beneficiaries to basic life insurance, GUI, personal accident and/or retirement plans, they need to be added separately with the [vendors](#), which can be done at any time.

Click **OK** to continue.

OK Cancel

Click the orange "OK" button at bottom of screen to continue.

Add My Dependent From Enrollment 1/16

Name

Country *

Prefix

First Name *

Middle Name

Last Name *

Suffix

Personal Information

Relationship *

Date of Birth *

Age (empty)

Gender *

Primary Nationality

Citizenship Status

Country of Birth

Region of Birth

City of Birth

Full-time Student

Student Status Start Date

Student Status End Date

Disabled

Keep scrolling down the screen to complete all information, including address, phone, email, etc.

Save

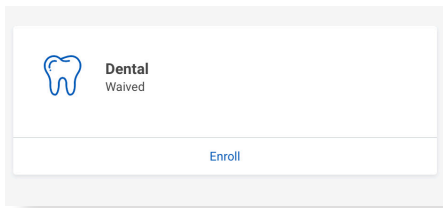
Click the orange "Save" button at the bottom of the page when you're finished. You can confirm that the new dependent is enrolled by opening the plan page again and confirming that the dependent appears in the chart and has a blue checkmark in the "Select" column. The new dependent will now appear as an option in all your plan choices, but you must check the "select" box to enroll them in each plan.



IMPORTANT: DEPENDENT DOCUMENTATION

Your dependent will not be covered unless you submit the [required documentation](#) to HRSTC post-marked or received by the November 17, 2023 deadline! HRSTC offices are open but available by phone/email only. Mail and electronic submission will still be accepted but must be postmarked/submitted by 4:00 pm EST November 17, 2023. See page 4 for instructions.

Dental Care Plan



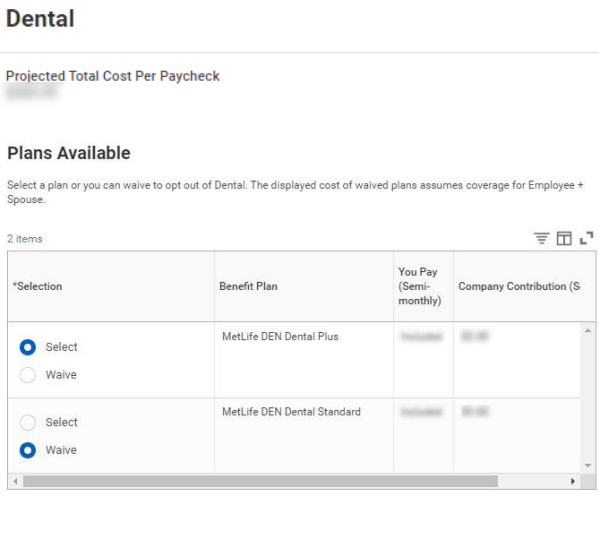
If you're already enrolled in a plan, this block will display with your plan name, cost per paycheck, who is covered, and number of dependents; click the "Manage" link to review or make changes.

**NOTE: If you're keeping your current plan and have no changes to your dependents, you may skip this step!*

If this is your first time enrolling, the block will show as "Waived." Click the "Enroll" link.

Not sure which plan you want? [Compare dental plans](#)

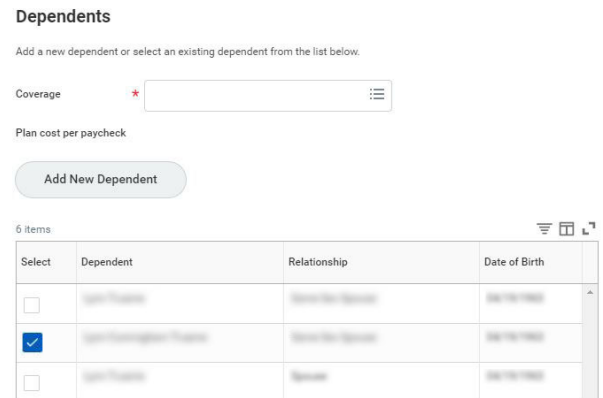
On this screen: Choose one of two dental plans



Confirm and Continue

Click the orange "Confirm and Continue" button at bottom of screen.

On this screen: Choose your coverage and dependents

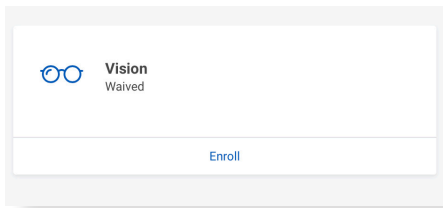


- Choose the level of coverage from the drop-down menu. (i.e., "Employee + Spouse")
- Choose which dependents will be covered.
- If your dependents already appear because they were covered by your plans in the past, you will not need to provide documentation again to enroll them in the new plan; select them from the list.
- Add new dependents if needed. (see instructions on page 16-17)

Save

Click the orange "Save" button at bottom of screen to return to the open enrollment dashboard.

Vision Care Plan



If you're already enrolled in a plan, this block will display with your plan name, cost per paycheck, who is covered, and number of dependents; click the "Manage" link to review or make changes.

**NOTE: If you're keeping your current plan and have no changes to your dependents, you may skip this step!*

If this is your first time enrolling, the block will show as "Waived." Click the "Enroll" link.

Not sure if you want vision care coverage? [Learn more about vision care](#)

On this screen: Select the vision plan

Vision

Projected Total Cost Per Paycheck

Plans Available

Select a plan or you can waive to opt out of Vision.

1 item

*Selection	Benefit Plan	You Pay (Semi-monthly)	Company Contribution (€)
<input checked="" type="radio"/> Select <input type="radio"/> Waive	Davis Vision VIS Davis Vision	\$5.57	\$0.00

Confirm and Continue

Click the orange "Confirm and Continue" button at bottom of screen.

On this screen: Choose your coverage and dependents

Dependents

Add a new dependent or select an existing dependent from the list below.

Coverage *

Plan cost per paycheck

Add New Dependent

6 items

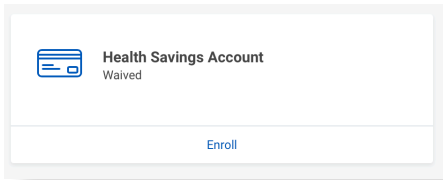
Select	Dependent	Relationship	Date of Birth
<input type="checkbox"/>	John Doe	Spouse	01/15/1980
<input checked="" type="checkbox"/>	Jane Doe	Spouse	01/15/1980
<input type="checkbox"/>	John Doe	Spouse	01/15/1980

- Choose the level of coverage from the drop-down menu. (i.e., "Employee + Spouse")
- Choose which dependents will be covered.
- If your dependents already appear because they were covered by your plans in the past, you will not need to provide documentation again to enroll them in the new plan; simply select them from the list.
- Add new dependents if needed. (see instructions on page 16-17)

Save

Click the orange "Save" button at bottom of screen to return to the open enrollment dashboard.

Aetna Health Savings Account (HSA)



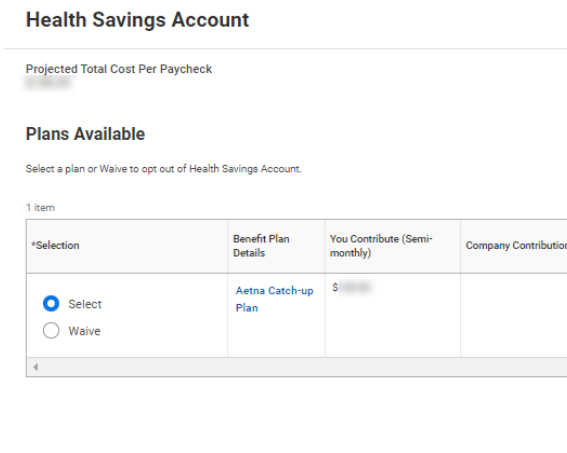
If you enrolled in the Aetna HDHP HSA Plan, you must also enroll in the Health Savings Account (HSA). You must re-enroll every year!

The Health Savings Account block will show as "Waived." Click the "Enroll" link.

- If you're enrolled in the HSA plan, you can't enroll in the PayFlex Medical Care FSA.
- HSA enrollees may choose to also enroll in a Dependent Care FSA (but not the Medical FSA).
- Refer to page 10 of this booklet for a worksheet to help determine your contribution.

Learn more about [how the HSA works](#).

On this screen: Select Health Savings Account

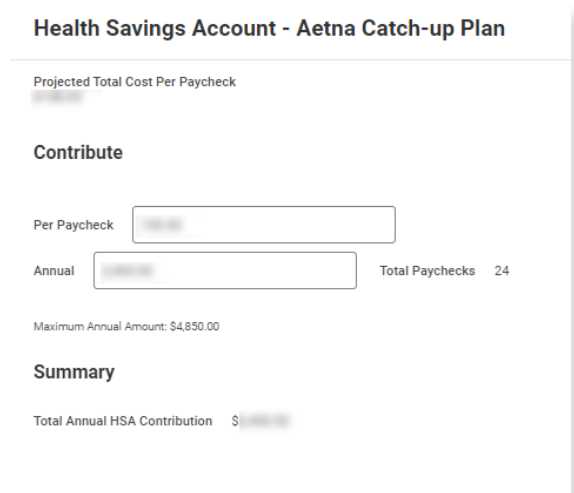


- Select the "Aetna Catch-up Plan"



Click the orange "Confirm and Continue" button at bottom of screen.

On this screen: Input your contribution

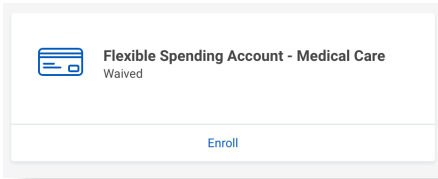


- Type in either an annual amount or per paycheck deduction; the other field will calculate automatically.
- If you don't want to contribute more than Cornell's \$1,000 contribution, enter \$0.



Click the orange "Save" button at the bottom of the screen to return to the open enrollment dashboard.

PayFlex Medical Care Flexible Spending Account



If you want to participate in a 2024 PayFlex Medical Care account, you must re-enroll and enter your 2024 contribution amount!

The Flexible Spending Account - Medical Care block will show as "Waived." Click the "Enroll" link.

- You can choose whether you want to participate in either the Medical Care or Dependent Care FSAs, both, or neither.
- If you're enrolled in the HSA plan, you can't enroll in the Medical Care FSA.
- Refer to pages 7-8 of this booklet for a worksheet to help determine your contribution.

Learn more about [Flexible Spending Accounts](#).

On this screen: Select "PayFlex"

Flexible Spending Account - Medical Care

Projected Total Cost Per Paycheck

Plans Available

Select a plan or you can waive to opt out of Flexible Spending Account - Medical Care.

1 item

*Selection	Benefit Plan	You Contribute (Semi-monthly)
<input checked="" type="radio"/> Select <input type="radio"/> Waive	PayFlex	

Confirm and Continue

Click the orange "Confirm and Continue" button at bottom of screen.

On this screen: Input your contribution

Flexible Spending Account - Medical Care - PayFlex

Projected Total Cost Per Paycheck

Contribute

Per Paycheck
Annual Total Paychecks 24

Minimum Annual Amount: \$0.24

Maximum Annual Amount: \$3,050.00

Summary

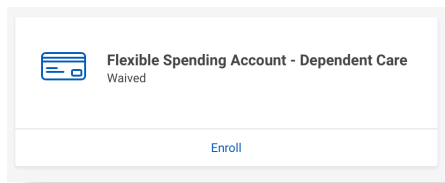
Total Annual Contribution \$0.00

- Refer to pages 7-8 of this booklet for a worksheet to help determine your contribution.
- Type in either an annual amount or per paycheck deduction; the other field will calculate automatically.

Save

Click the orange "Save" button at bottom of screen to return to the open enrollment dashboard.

PayFlex Dependent Care Flexible Spending Account



If you want to participate in a 2024 PayFlex Dependent Care account, you must re-enroll and enter your 2024 contribution amount!

The Flexible Spending Account - Dependent Care block will show as "Waived." Click the "Enroll" link.

- You can choose whether you want to participate in either the Medical Care or Dependent Care FSAs, both, or neither.
- A Dependent Care FSA is not for a dependent's medical expenses.
- Refer to page 9 of this booklet for a worksheet to help determine your contribution.

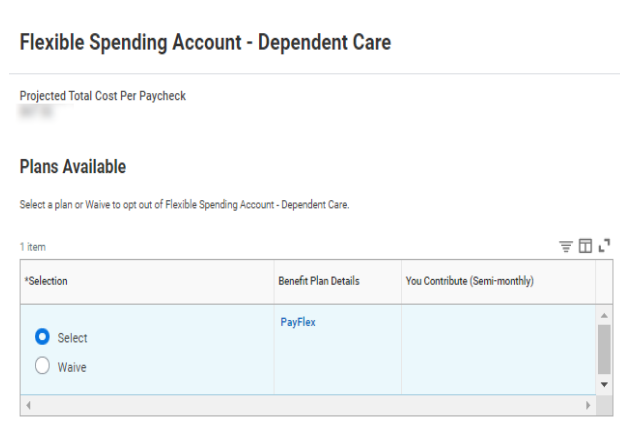
Learn more about [Flexible Spending Accounts](#).



IMPORTANT: CHILD CARE GRANT RECIPIENTS

Recipients of a 2024 Cornell Child Care Grant *should not* include 2024 award amounts in their DEPENDENT CARE totals. Only include additional dollars you wish to be deducted from YOUR pay; i.e., if Cornell's award is \$3,000, enter up to \$2,000 in Workday as supplement from your own pay to stay within the \$5,000 household limit.

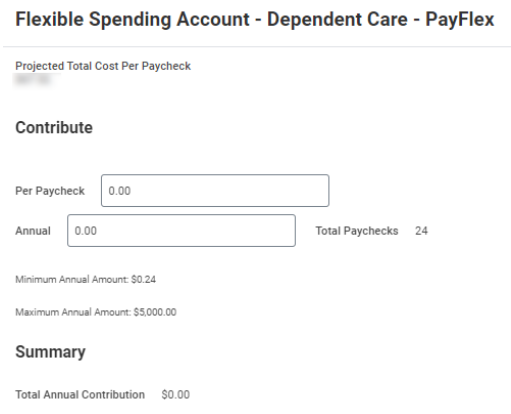
On this screen: Select "PayFlex"



Confirm and Continue

Click the orange "Confirm and Continue" button at bottom of screen.

On this screen: Input your contribution



- Refer to page 9 of this booklet for a worksheet to help determine your contribution.
- Type in either an annual amount or per paycheck deduction; the other field will calculate automatically.

Save

Click the orange "Save" button at bottom of screen to return to the open enrollment dashboard.

Review and Submit

You're almost done! When you've completed your last enrollment and clicked the "Save" button, you'll be returned to the dashboard screen.



Click the orange "Review and Sign" button at bottom of screen.

What you see in Workday:

View Summary

Projected Total Cost Per Paycheck
\$1,863.45

You're not done yet – YOU MUST HIT SUBMIT!

This screen summarizes your enrollments.

Once you are satisfied with your choices, you **MUST** scroll down to the bottom of the page to check the "I Accept" box, and then click the "Submit" button to finalize your elections.

Your submission is not complete until you receive the success message and a link to view your 2024 Benefits Statement, which you should print for your records.

Disregard the document upload area. **Any documentation must be sent directly to HR Services and Transitions Center, 395 Pine Tree Rd, East Hill Office Building, Suite 130, [click here for documentation details](#).**

Selected Benefits: 7 items

Plan	Coverage Begin Date	Deduction Begin Date	Coverage	Dependents	Beneficiaries	Cost
Medical and Prescription Aetna PPO Cornell Program for Healthy Living (CPHL)	01/01/2023	01/01/2023	Employee + Spouse	Spouse		\$1,863.45
Dental MetLife DEN Standard	01/01/2023	01/01/2023	Employee + Spouse	Spouse		\$38.74
Vision Davis Vision VIS by MetLife	01/01/2023	01/01/2023	Employee + Spouse	Spouse		\$18.97
Basic Life Insurance New York Life Insurance Company (Employee)	10/17/2014	10/17/2014	0.5 X Salary			Included

Submit Cancel

- **Your Selected Benefits:** including coverage and coverage dates, dependents, and cost will be presented in a table. (Beneficiaries will not appear, since they are managed directly with the vendors.)
- **Automatic Benefits:** Your life insurance and leave benefits are also included, which require no action.
- **Waived Benefits:** Below this display is a list of benefits you have waived - make sure this is correct!
- **Benefits Cost:** The next display shows your per paycheck deduction and Cornell's contribution.
- **Document Upload:** An area to upload attachments appears near the bottom of page; please disregard -- we are unable to upload documents to Workday at this time. See page 4 for uploading details.
- **SCROLL TO BOTTOM OF PAGE FOR ELECTRONIC SIGNATURE: YOU MUST CHECK THE "I Accept" CHECKBOX TO CONFIRM THAT YOU HAVE REVIEWED YOUR ELECTIONS AND ARE SATISFIED WITH YOUR ENROLLMENT IN ORDER TO SUBMIT!**



Everything looks good? You must click the orange "Submit" button at the bottom of the screen to complete your enrollment!

One more thing - your submission is not complete until you receive a confirmation message -- see next page.



Confirmation

What you see in Workday

Your submission is not complete until you receive this Confirmation screen!

Submitted



You've submitted your elections.

You have submitted your elections – Please view and print your 2024 Benefits Statement

If you are adding a dependent that was not previously covered, then you **MUST** provide the required documentation to complete your enrollment in the health, dental, and vision plans. Required documentation may include but is not limited to the following for adding a dependent:

- your child(ren)'s birth certificate or visa/passport,
- adoption papers/court order confirming custody,
- marriage license, divorce decree, or statement of domestic partnership.

All documents required as part of proof of benefit eligibility should be sent directly to HR Services and Transitions Center, 395 Pine Tree Rd, East Hill Office Building, Suite 130, [click here for documentation details](#).

Important Dates:

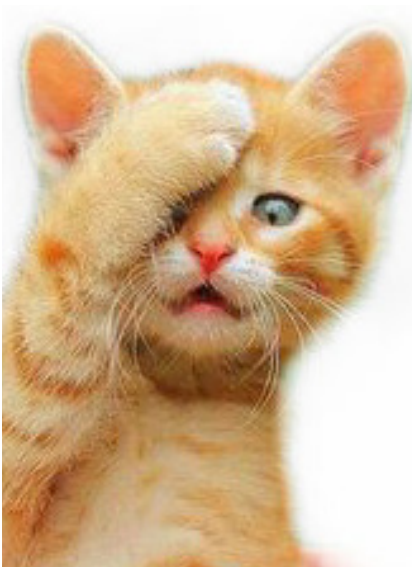
Benefits go into effect 01/01/2024

Final day to update benefits 11/17/2023

[View 2024 Benefits Statement](#)

HIGHLY RECOMMENDED:

Click the "View 2024 Benefits Statement" to download a PDF that you should print for your confirmation that you've successfully submitted.



Oops!

Submitted, and need to make a change?

Don't worry -- it happens!

Log in to Workday and click on the "Benefits and Pay" icon in the menu link in the upper left corner of the screen.

Your Benefit Event is located under the "Needs Attention" heading in the middle of the page.

Click the "Edit" link to make changes.

This option will be available until 4:00 pm EST, November 17, 2023.

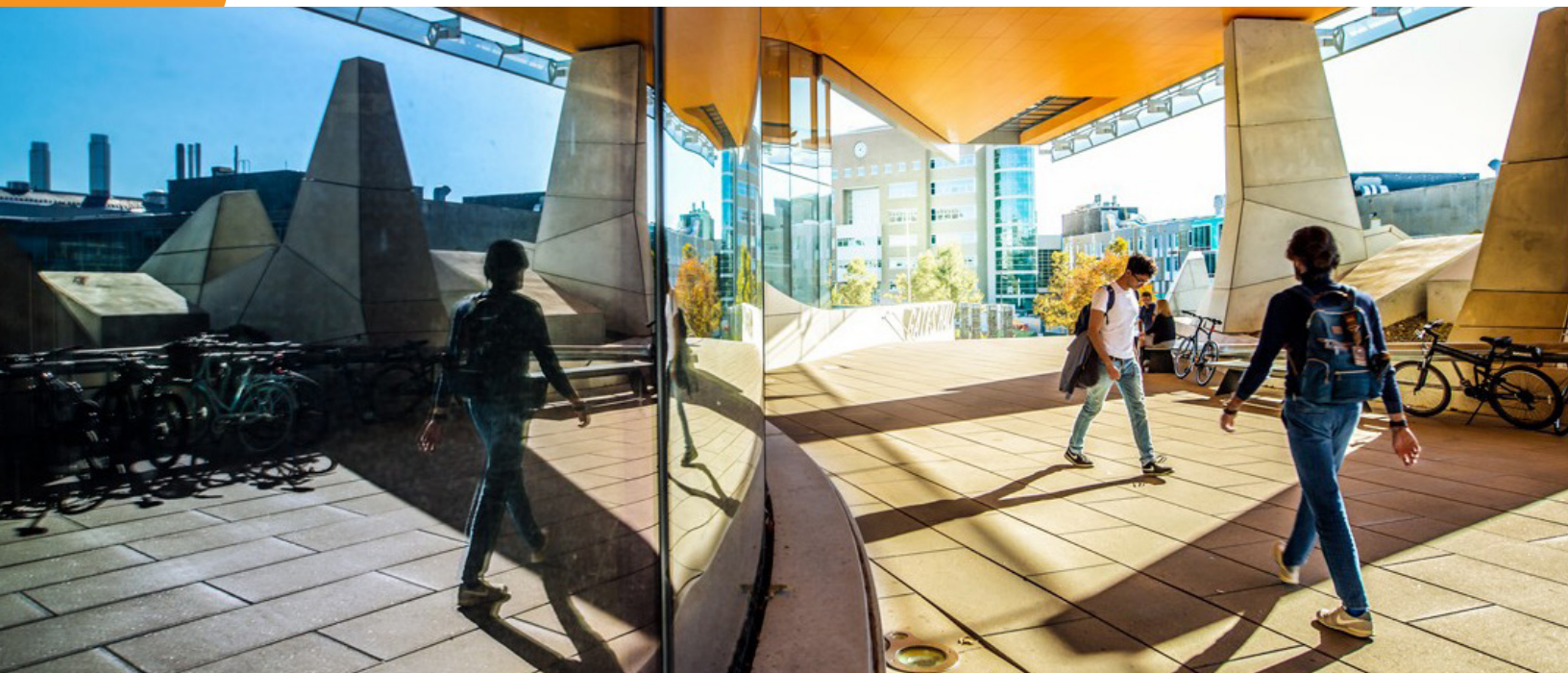
Questions?

Join Us for BENEFAIR!

November 14, Biotech G10, 9:00 am - 3:00 pm

Visit hr.cornell.edu/Benefair for schedule & details.

- Aetna Health Plans
- Optum Rx Prescription Drug Program
- MetLife Dental
- Davis Vision
- New York Life Group Benefit Solutions
- Legal Insurance
- Fidelity Investments and TIAA Retirement Savings
- New York's 529 College Savings Program



HR Services and Transitions Center

WE'RE HERE TO HELP

Have questions about your benefits?

LOOK ONLINE:

hr.cornell.edu/enroll

EMAIL US:

HRservices@cornell.edu

PHONE US: (607) 255-3936

SEND US MAIL:

HR Services & Transitions Center
395 Pine Tree Rd.
East Hill Office Building, Suite 130
Ithaca, NY 14850

HOURS:

8:00 am - 4:30pm EST, M-F