2024 Contract College Option Transfer
December 1 - 30, 2023

Decision/Enrollment Guide

- Review your benefits
- Decision worksheets
- How to enroll
- Benefair

hr.cornell.edu/enroll
You may not need to do anything!

You don’t need to do anything if:
- you’re happy with your current health plan choices (they’ll simply roll over for next year) AND
- you don’t want a flexible spending account (FSA) in 2024

You need to take action if:
- you want to make certain changes to your health care coverage (see pages 3 - 7) AND/OR
- you want a flexible spending account in 2024 (see pages 8 - 17)

To Do:

1: Health Plan - page 3 - 7
Specific instructions on how to fill out the PS404 Form based on the change you’re requesting.

2: FSA - page 8 - 17
Worksheets to help you plan your contributions, plus a step-by-step guide to the enrollment process via Workday.

3: Legal Insurance - page 18
Completed directly with the vendor.

CONTENTS

HR Services and Transitions Center
WE’RE HERE TO HELP

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 Road
East Hill Office Building, Suite 130
Ithaca, New York 14850

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

IMPORTANT:
All enrollment requests must be SUBMITTED in Workday by 4:00 pm EST, 12/30/2023 or postmarked by 12/30/2023.
Please note that the HR Services & Transitions Center offices will be closed December 22 at 4:00 pm EST till Tuesday, January 2, 2024. Please plan accordingly if you have questions or need to submit any documentation before the December 30th deadline!
If you do need to make changes or enroll in an FSA, follow these tips to make enrollment easy!

☑️ Not sure if you want to change anything?
Take a look at the Contract College Health Plan Comparison Chart (to be posted in early December) and the NYSHIP Health Insurance Choices for 2024 booklet to compare features between plan options, including participating and non-participating providers; and see the 2024 Rate Chart. More details available at hr.cornell.edu/enroll.

☑️ Enrolling in an FSA? Find your “Open Enrollment Event” in Workday
You should receive an email notifying you that your “Open Enrollment Event” is ready. Log in to Workday and follow the instructions on page 12 of this guide.

☑️ Follow step-by-step instructions
This booklet shows directions to guide you through option transfer health plan changes and enrolling in an FSA. If you get stuck, contact us!

☑️ Make sure your enrollments go to the right place!
- Health plan changes need to be submitted to HR Services & Transitions Center through Secure File Transfer (SFT) upload or postmarked by 12/30/2023 (see pages 5-6).
- FSA enrollment is submitted online via Workday by 4:00 pm EST 12/30/2023.
- Legal Insurance enrollment is submitted online or over the phone via Mercer Insurance by 12/31/2023. You may contact Mercer at 1-800-553-4861.
Permitted health plan changes

You can make three changes to your health plan coverage as part of the Option Transfer period, regardless of whether a qualifying event has affected you or your dependents’ eligibility.

Changes will take effect December 28, 2023.

A. Change between the Empire Plan and a NYSHIP HMO
B. Drop all dependents and change from family to individual coverage
C. Voluntarily cancel your coverage

Health Plan Changes Outside of the Option Transfer Period

These changes to your NYSHIP health plan can be made at any time:

- enroll for the first time
- add coverage for your spouse, partner, or dependents
- remove dependents from your plan (the tier must remain family)

If enrolling for the first time or adding eligible dependents to coverage, then a 10-week waiting period applies, unless you have a qualifying event based on IRS guidelines. A qualifying event is a change of family status, such as marriage, birth of a child, etc. If your request is the result of a qualifying event, you must attach proof of that event within 30 days of the date it occurred; see documentation requirements.

How to make changes outside the Option Transfer period:

A PS404 New York State Health Insurance Transaction Form must be submitted for yourself and each dependent.

- Collect any required documentation
- Submit PS404s and documentation to:

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

Instructions and forms are downloadable at https://hr.cornell.edu/understand-your-benefits/open-enrollment-option-transfer/contract-college-option-transfer/option
Questions about your coverage?
Get all the details about your health plan options with NYSHIP from the “Health Insurance Choices for 2024” booklet.

Want to make a change? Let’s get started!
All health plan changes require that you submit a paper PS404 Enrollment Form to HR Services & Transitions Center.

Download the Cornell version of the form, and then follow the instructions on the following pages depending on the type of change you want to make.
A. Change between the Empire Plan and HMOs

How to make the change: Complete sections 1-12 on the front, section 16 on the back and sign and date under the authorization section. Do not complete the dependent section as that will remain the same.

Submit this form by mail (postmarked by 12/30/2023) online, or in person to HR Services & Transitions Center by 4:00 pm EST 12/30/2023:

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

To upload documentation online use 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.

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<th>Medicare ID Number</th>
<th>Dependents</th>
<th>Medicare ID Number</th>
<th>Dependents</th>
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<th>Is any of this information new?</th>
<th>Yes</th>
<th>No</th>
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Back:

16. CHANGE OR CANCEL EXISTING COVERAGE

A. Change Coverage: [ ] Medical [ ] Dental [ ] Date of Event:

[ ] Change to FAMILY (Complete box 14 on page 1)

[ ] Change to INDIVIDUAL

[ ] Dependents

[ ] Dependents

[ ] Dependents

[ ] Other

B. Voluntarily Cancel Coverage: [ ] Medical [ ] Dental [ ] Qualifying Event

NYSHIP or Empire Plan will terminate coverage at the end of the coverage period as specified in the voluntary cancellation procedure.

16. ENTER ANNUAL OPTION TRANSFER REQUESTS BELOW

<table>
<thead>
<tr>
<th>Change NYSHIP Option</th>
<th>Change to</th>
<th>Empire Plan</th>
<th>HMO Code</th>
<th>HMO Name</th>
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Personal Privacy Protection Law Notification

The information you provide on this application is subject to and in accordance with Section 19 of the New York State Civil Service Law for the privacy protection of personal health information. The information will be used in accordance with Section 23 of the New York State Privacy Protection Law, particularly subsections (c) and (d). Failure to provide this information may result in a denial or suspension of your request. If you have any questions, please contact the Department of Civil Service, Albany, NY 12236, (518) 473-1973. For information, contact the Office of Privacy Protection, State of New York, 625 Broadway, Albany, NY 12235, (518) 473-1973.

AUTHORIZATION

I have read the Pre-Tax Contribution Program material and have made my selection on Page 1 of this document. I understand that if my coverage is stock option or cancel, I may request myself and/or my dependents to make a request to withdraw at any time and may request the right to such coverage before leaving State service. I understand that I am aware of the criteria and that the information provided in this application is true, complete, and accurate, and that any failure to provide the required information in a timely manner may result in a denial or suspension of your request. If you have any questions, please contact the Office of Privacy Protection, State of New York, 625 Broadway, Albany, NY 12235, (518) 473-1973. For information, contact the Office of Privacy Protection, State of New York, 625 Broadway, Albany, NY 12235, (518) 473-1973.
B. Drop all dependents and change from family to individual coverage

How to make the change: Complete sections 1-12; on section 15-A under “Change Coverage:” check “Medical,” “Change to INDIVIDUAL” and “I voluntarily cancel coverage for my dependents.” Sign and date the authorization section on the back of the form.

Submit this form by mail (postmarked by 12/30/2023) online, or in person to HR Services & Transitions Center by 4:00 pm EST 12/30/2023:

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

To upload documentation online use 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.
C. Voluntarily cancel your coverage

How to make the change: Complete sections 1-12; in section 15-B, ”Voluntarily Cancel Coverage,” check “medical;” and sign and date on the back.

IMPORTANT!
If you choose to voluntarily cancel your coverage, this results in the complete termination of your health insurance plan.

Submit this form by mail (postmarked by 12/30/2023) online, or in person to HR Services & Transitions Center by 4:00 pm EST 12/30/2023:
HR Services & Transitions Center
395 Pine Tree Rd, Suite 130, East Hill Office Building,
Ithaca, NY 14850

To upload documentation online use 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.
Flexible Spending Account (FSA)

You have the option to enroll in two different FSAs:

A. Medical FSA: for medical expenses not covered by your health plan
B. Dependent Care FSA: for childcare or other dependent daycare expenses (not medical expenses).

The worksheets on the next pages can help you determine how much you may want to contribute to an FSA.

IMPORTANT:

- FSA’s must be elected every year you choose to participate!
- Enrollment is processed in Workday. See the step-by-step instructions on the following pages to guide you through the Workday enrollment process.

A flexible spending account can help you reduce taxable income and increase your take-home pay.

Not sure if a flexible spending account is for you?

Find out more!

https://hr.cornell.edu/understand-your-benefits/open-enrollment-option-transfer/contract-college-option-transfer/option-0
A. Medical FSA -- Savings Calculator

How much should I contribute? A Savings Calculator can help you itemize unreimbursed health and dependent care expenses to assist you in determining your health care spending account contributions.

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: 
- 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**

- Vision exams: 
- Eyeglasses, 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, 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.
B. Dependent Care FSA -- Savings Calculator

How much should I contribute?

Keep the following in mind when estimating your expenses:

- 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 expense may be different during the months 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.
Ready To Enroll In An FSA?

Once you know how much you'd like to contribute, enroll in Workday before December 30, 2023.

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.

Click on the “Open Enrollment Change” event and then click the orange “Let’s Get Started” button.
Dashboard Screen:
Just choose the FSA enrollments you want -- you don’t need to click through options you don’t need.

Your current health and dental plan enrollments are displayed here; however any changes to contract college plans must be made with a PS404 form, NOT in Workday. See pages 5-7 for details.

If you want a Medical or Dependent Care FSA, click on these blocks. You can enroll in either one or both.

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 before the deadline.

When you’re ready to submit your enrollment, come back to this orange button to review, sign, and receive confirmation, before 4:00 pm EST 12/30/2023.
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 9-10 of this booklet for a worksheet to help determine your contribution.

Learn more about Flexible Spending Accounts.

On this screen: Select “PayFlex”

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

On this screen: Input your contribution

- Refer to pages 9-10 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.

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 11 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”

On this screen:
Input your contribution

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

- Refer to page 11 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.

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 enrollments and clicked the “Save” button, you’ll be returned to the dashboard screen.

What you see in Workday:

<table>
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<tr>
<th>Selected Benefits: 4 Items</th>
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<tbody>
<tr>
<td>Plan</td>
</tr>
<tr>
<td>------</td>
</tr>
<tr>
<td>PayFlex/New Vendor</td>
</tr>
<tr>
<td>Basic Life Insurance</td>
</tr>
<tr>
<td>New York Life Insurance Company (Employee)</td>
</tr>
<tr>
<td>Short Term Disability (STD)</td>
</tr>
<tr>
<td>Cornell University (Employee)</td>
</tr>
<tr>
<td>NY Paid Family Leave</td>
</tr>
<tr>
<td>Cornell University NY Paid Family Leave (Employee)</td>
</tr>
</tbody>
</table>

Remember: Your health coverage is not changed in Workday and will roll over unless you submit a paper PS404 Enrollment Form to the HR Services and Transitions Center by 4:00 pm EST 12/30/2023 or postmarked by December 30, 2023.

- **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 5 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

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 Benefits Statement

To complete your enrollment in the health and/or dental plans, you MUST provide the required documentation which may include copies of:

- your spouse/domestic partner birth certificate or visa/passport if non-US citizen,
- your child(ren)'s birth certificate,
- adoption papers/court order confirming custody,
- marriage license, divorce decree or statement of domestic partnership,
- PS404 and all documents required as part of proof of benefit eligibility should be sent directly to HR Services and Transitions Center, 395 Pine Tree Rd, Suite 130, East Hill Office Building, Ithaca, NY 14850.

Important Dates:

Benefits go into effect 01/01/2024
Final day to update benefits 12/30/2023

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, December 30, 2023.
**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.](#)
Questions?

Join Us for BENEFAIR!

Tuesday, December 5, 2023
College of Veterinary Medicine, Takoda’s Run Atrium
Visit hr.cornell.edu/Benefair for complete schedule & details.

9:00 am - 1:00 pm: Open to all Contract College employees (including CVM)
1:00 pm - 4:30 pm: Exclusively for CVM employees

Meet with Cornell benefits experts and representatives from benefits providers, Cornell programs, and CVM representatives to get answers to your benefits questions and learn about all the benefits available to Cornell employees!

Please note that the HR Services & Transitions Center offices will be closed December 22 at 4:00 pm EST till Tuesday, January 2, 2024. Please plan accordingly if you have questions or need to submit any documentation before the December 30th deadline!