TIME TO ROCK OPTION TRANSFER!

2025 Contract College Option Transfer Period December 2 - 31, 2024

DECISION / ENROLLMENT GUIDE

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



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 2025

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 2025 (see pages 8 17)

HR Services and Transitions Center

WE'RE HERE TO HELP

LOOK ONLINE:

To Do:

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, 12/31/2024 or postmarked by 12/31/2024.

Please note that the HR Services & Transitions Center offices will be closed at noon December 24 EST till Thursday,

January 2, 2025. Please plan accordingly if you have questions or need to submit any documentation before the December 31st deadline!

CONTENTS

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.

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 <u>2025 Medical Comparison Chart*</u> and the NYSHIP <u>Health Insurance</u> <u>Choices for 2025 booklet</u> to compare features between plan options, including participating and non-participating providers; and see the <u>2025 Rate Chart</u>.

*<u>click here for instructions</u> on how to use the online comparison chart tool, under "Plan Details > How To Compare Plans."

- 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 12/31/2024 (see pages 5-6).
- **FSA enrollment** is submitted online via Workday by 4:00 pm EST 12/31/2024.
- **Legal Insurance** enrollment is submitted online or over the phone via Mercer Insurance by 12/31/2024. You may contact Mercer at 1-800-553-4861.



Do I need to make changes to my health plan coverage?

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 26, 2024.

- A. Change between the Empire Plan and a NYSHIP HMO
- B. Remove dependents from family 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 <u>PS404 New York State Health Insurance Transaction</u> 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.

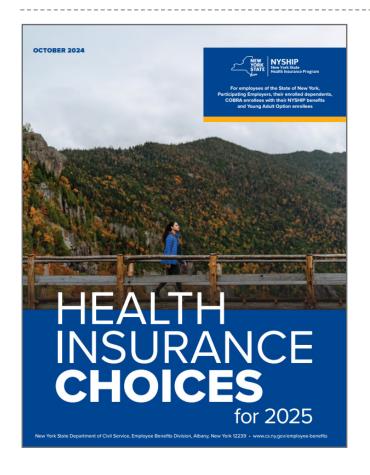
Instructions and forms are downloadable at https://hr.cornell.edu/understand-your-benefits/open-enrollment-option-transfer/contract-college-option-transfer/option

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.

<u>Download the Cornell version</u> of the form, and then follow the instructions on the following pages depending on the type of change you want to make.





Questions about your coverage?

Get all the details about your health plan options with NYSHIP from the "Health Insurance Choices for 2025" booklet.

health plan changes

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.

Front:

Com In	PS-404 (10/2024)	395 Pine Tree Rd, Suite 130, East Hill Office Buildin
NEW YORK STATE Employee Benefits Division NYSHIP Health	11.2024 CÚ n Insurance Transaction Form	Ithaca, NY 14850
7	for NYS & PE Employees	To upload documentation online use the
INSTRUCTIONS: Read and complete both pages. Please print, check the appropriate choice	of Civil Service, Albany, NY 12239	Cornell Secure File Transfer Site (DropBox):
1–12 EMPLOYEE INFORMATION	tes and significate the document.	` ' '
1. Last Name First Name	MI	https://sft.cornell.edu
2. Social Security Number 3. Gender F M	□x	Note: When uploading, type in the email address
4. Permanent Address Street City	State Zip	, 0.3,
5. Mailing Address (If different) Street City	State Zip	tmw54@cornell.edu under "Prepare Upload," add y
6. Work Address Street City	State Zip	and select "21 days" for the expiration period.
	ork ()	
9. Personal Email Address	,,,,,	
10. Marital Status Single Married Widowed Divorced Separated Mar	ital Status Date / /	N 1
11. Covered Self Medicare ID Number	Date/_/	Back:
under	Date / /	
Medicare? Dependent Dependent Name	 _	PS-404 (10/2024) • NYSHIP Health Insurance Transaction Form for NYS & PE Employee Department of Civil Service, Albany, NY 1223
Medicare ID Number	15 CHANGE OR CANCE	L EXISTING COVERAGE
12. Is any of this information new? No Yes Box Number(s) Effective I	Date of Ch 15A. Change Coverage	☐ Medical (10) ☐ Dental (11) Date of Event//
13 ELECT OR DECLINE COVERAGE	☐ Change to FAMILY (Complete	
13A. Choose a Pre-Tax election	☐ Marriage	□ Divorce
You are only eligible for Pre-Tax deductions if newly eligible or if requested during the Pre-Tax Contri	1 Domestic Latrici	☐ Termination of Domestic Partnership (Attach completed PS-425.4
1. ☐ Elect Pre-Tax Status for Premium deduction 2. ☐ Elect After-Tax Status	s for Prem Newborn Request coverage for depe	☐ Only dependent ineligible due to age I voluntarily cancel coverage for my dependents
13B. Select a NYSHIP Coverage Option (Choose option 1, 2, or 3)	☐ Previous coverage termina	
1. Individual Enrollment Medical (10) (Select Empire Plan or HMO)	☐ Other	Other
☐ Empire Plan ☐ HMO Code HMO Name	NOTE: If you are indicating a cha	inge in marital status to Divorced or Separated, please be sure to update the address information for the b. Final divorce decrees (first and last page) are required.
2.Family Enrollment (Complete box 14) Medical (10) (Select Empire Plan or HMO)		
☐ Empire Plan ☐ HMO Code HMO Name	15B. Voluntarily Cancel Cove	
	qualifying event.	TCP, you may only make changes during the Annual Option Transfer Period or when experiencing a PTCP
3. Decline Coverage	16 ENTER ANNUAL OP	TION TRANSFER REQUEST(S) BELOW
14 DEPENDENT INFORMATION	Change NYSHIP Option	Change to: Empire Plan HMO Code HMO Name
Must be provided when choosing to enroll in NYSHIP family coverage	Chango Bro Tay Status	Change to: Pre-Tax After-Tax Submit during the PTCP Election Period.
(You may attach additional sheets if necessary)	Date of Ev	
CHECK ALL THAT APPLY: ☐ Add ☐ Remove ☐ Update CHECK ALL THAT APPLY:		
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Date of Birth/_ / Gender □ F □ M □ X Social Security Numb	Would you like to be added to	o the Donate Life Registry?
Address (if different)	consenting to donate your organs and	d tissues for the purposes of transplantation and research in the event of your death and authorizing NYSHIP to share you
	name and identifying information with	the Registry. e Driver License, Learner Permit, or Non-Driver ID Card
CHECK ALL THAT APPLY: Add Remove Update CHECK ALL THAT APPLY:	- Infection	
	The information you provide on this a	DECTION LAW NOTIFICATION application is requested in accordance with Section 163 of the New York State Civil Service Law for the principal purpos
Date of Birth / / Gender ☐ F ☐ M ☐ X Social Security Number	Der of enabling the Department of Civil S	sppication is requested in accordance with Section 163 of the New York State Civil Service Law for the principal purpos Service to process your request concerning health insurance coverage. This information will be used in accordance with Protection Law, particularly subdivisions (b), (e) and (f). Failure to provide the information requested may interfere with or
Address (if different)	ability to comply with your request. Th	is information will be maintained by the Director, Employee Benefits Division, Department of Civil Service, Albany, NY 1223
☐ If you have additional dependents, please check this box and attach additional sheets with	n their info	ng only to the Personal Privacy Protection Law, call (518) 457-9375.
	AUTHORIZATION	ture deductions that will occur at the time of retirement. Pursuant to the following Sections of NYS Retirement and Socie
	Security Law: 110-a; 110-b; 110-c; 110-c	tute deductions that will occur at the time of retirement. Purposal to the following Sections of NYS Retirement and Society of 410-a; 410-b or 410-c, I hereby authorize the NYS Department of Civil Service (DCS) to deduct an amount from me he New York State and Local Retirement Systems (NYSLRS) to cover any deductions for insurance premiums payable o
	behalf of DCS. Authorization is given	to make any future adjustment deductions and/or changes DCS certifies to NYSLRS as necessary in the amount of suc
	insurance premiums. I understand that This authorization shall remain in effe	t all requests to begin, modify, or revoke deductions must be submitted to my current/former agency and provided to DCS

Submit this form by mail (postmarked by 12/31/24); online by 4:00 pm EST 12/31/24; or in person to the HR Services & Transitions Center by 12:00 pm EST 12/24/24:

HR Services & Transitions Center 0, East Hill Office Building,

be in the email address "Prepare Upload," add your files, expiration period.

15 CHANGE OR	CANCEL E	XISTING COVERA	AGE			
15A. Change Coverage	ge	☐ Medical (10)	☐ Dental (11)		Date of Event	1//
☐ Change to FAMILY	(Complete bo	ox 14 on page 1)	□ Ch	ange to INDIVIDU	IAL	
Marriage Domestic Partner Newborn Request coverage Previous coverage Other NOTE: If you are indicat	terminated	(proof required)	overed On	mination of Domes ly dependent inel bluntarily cancel co ly dependent died ner_	igible due to age overage for my o	dependents
dependent in box 14 if a						
15B. Voluntarily Cand NOTE: If you are enrolled qualifying event.	d in the PTCP				, ,	ent// experiencing a PTCP
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Change Pre-Tax Statu	15 C	nange to: Li Pre-	idx Li Aiter	· Iax Submit during ti	ne PTCP Election Pe	1100.
17 DONATE LIFE	E REGISTR	Y ELECTION				
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I certify that the infor allowance of the amo					duction from my	salary or retirement
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AGENCY USE ONL	Y	,				
Retirement Tier Reg	gistration #	Sick Leave # Hours	Information Hourly Rate of Pay	Date Entered	on NYBEAS	Effective Date
▶ HBA Signature (Red	quired)			Date	1_1	PAGE 2 OF 2

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.

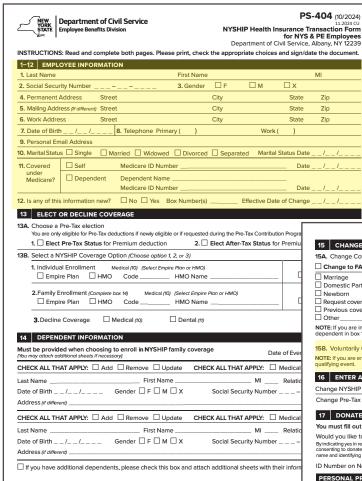
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11. Covered under Medicare? Self Medicare ID Number Datumber Datumber Datumber Datumber Medicare ID Number Dependent Mame Medicare ID Number	te / /	OR CANCEL			lealth Insurance Transaction Form f Department of Civil Se	or NYS & PE Employees rvice, Albany, NY 12239
12. Is any of this information new? □ No □ Yes Box Number(s) □ Effective Date of Cha 13 ■ ELECT OR DECLINE COVERAGE 13A. Choose a Pre-Tax election You are only eligible for Pre-Tax deductions if newly eligible or if requested during the Pre-Tax Contribution Progre 1. □ Elect Pre-Tax Status for Premium deduction 2. □ Elect After-Tax Status for Premium 3B. Select an WSHIP Coverage Option (Choose option 1, 2, or 3) 1. Individual Enrollment Medical #10 (Select Empire Plan or HMO)	15A. Change Co Change to FA Marriage Domestic Par Newborn	werage MILY (Complete but ther rage for depend	ents not previously co	Dental (ff) K Cha Divo	nination of Domestic Partnership (y dependent ineligible due to ag luntarily cancel coverage for my y dependent died	Attach completed PS-425.4) Be
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CHECK ALL THAT APPLY: Add Remove Update CHECK ALL THAT APPLY: Medica Last Name First Name MI Relative Date of Birth/ Gender F M X Social Security Number Address fir different)	PERSONAL PI The information you of enabling the Dep Section 96 (I) of the	ew York State D RIVACY PROTE provide on this app artment of Civil Sen Personal Privacy Pro-	Oriver License, Learner ECTION LAW NOTII dication is requested in a fice to process your reque	FICATION coordance with Section est concerning health in	Driver ID Card	be used in accordance with ested may interfere with our
☐ If you have additional dependents, please check this box and attach additional sheets with their infor	AUTHORIZATI This authorization is Securify Law: 110-a; monthly retirement a behalf of DCS. Authorization at the surface premiums. This authorization at law of the surface proposed in the surface pro	on made now for future 110-b; 110-c; 110-c; 1 110-wance from the h vization is given to a 1 understand that all all remain in effect y coverage is declini to coverage is declini to coverage after leav selected. I understande such proof. Any p substantial monetan information I ha	e deductions that will occu 190-a; 410-b or 410-c, I he wew York State and Local nake any future adjustme requests to begin, modify until revoked by me by we do or canceled, I may subje- ding State service (yest, reti dr that my failure to provide serson who makes a materia y penalties and/or imprison	ur at the time of retirems retby authorize the NY Retirement Systems (N nt deductions and/or city or revoke deductions ritten notice or until of the company	ent. Pursuant to the following Sections of S Department of Civil Service (DCS) to YSLR5) to cover any deductions for insur- hanges DCS certifies to NYSLR5 as nece- must be submitted to my currentformer a nerwise revoked pursuant to law. pendents to waiting periods if I decide to a of how to obtain a current Summay of Bi 30 days may delay the availability of been conceiled any periment information shall be for reinhousement of lowers.	NVS Retirement and Social deduct an amount from my ance premiums payable on sasaly in the amount of successive in the amount of successive in the amount of successive in the
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Back:	► HBA Signatur	e (Required)	# HOUIS	. Touris rate of Fay	Date / /	PAGE 2 OF 2

health plan changes

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.

Front:



Submit this form by mail (postmarked by 12/31/24); online by 4:00 pm EST 12/31/24; or in person to the HR Services & Transitions Center by 12:00 pm EST 12/24/24:

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.



IMPORTANT!

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

Back:

		PS-404 (10/2024) • NY	SHIP H	ealth Insurance Transaction Form fo Department of Civil Sen	
15 CHANGE	OR CANCEL E	XISTING COVER	AGE			
15A. Change Co	verage	☐ Medical (10)	☐ Dent	al (11)	Date of Event	//
☐ Change to FA	AMILY (Complete bo	x 14 on page 1)		☐ Cha	nge to INDIVIDUAL	
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		in marital status to E nal divorce decrees (d, please be sure to update the addre e required.	ess information for the
15B. Voluntarily	Cancel Coverage	e X Medical (10)	□Denta	al (11)	Qualifying Eve	ent / /
					nnual Option Transfer Period or when	experiencing a PTCP
16 ENTER A	ANNUAL OPTIO	N TRANSFER RE	QUEST(S) E	BELOW		
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Change Pre-Tax	Status C	hange to: 🗌 Pre	-Tax	After-1	Tax Submit during the PTCP Election Pe	riod.
17 DONATE	LIFE REGISTR	Y ELECTION				
You must fill out	the following se	ection. This question	on must be a	answer	ed each time the form is filled ou	t.
By indicating yes in re consenting to donate	esponse to the question	ues for the purposes of	e to be added to	Yes the Don and rese	Skip this question ate Life Registry, you are certifying that you arch in the event of your death and author	are 16 years of age or older, izing NYSHIP to share your
ID Number on N	lew York State Dr	iver License, Learr	ner Permit, o	r Non-E	Oriver ID Card	
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of enabling the Dep Section 96 (1) of the ability to comply with	artment of Civil Servi Personal Privacy Prot your request. This inf	ce to process your requection Law, particularly	est concerning subdivisions (b), ned by the Direc	health in , (e) and (f ctor, Empl	163 of the New York State Civil Service Las surance coverage. This information will b). Failure to provide the information reque oyee Benefits Division, Department of Civil 518) 457-9375.	e used in accordance with sted may interfere with our
AUTHORIZATI	ION					
Security Law: 110-a; monthly retirement a behalf of DCS. Author insurance premiums. This authorization sh	110-b; 110-c; 110-d; 41 Illowance from the Ne orization is given to m I understand that all r all remain in effect u	0-a; 410-b or 410-c, I he w York State and Local ake any future adjustmo equests to begin, modif ntil revoked by me by v	ereby authorize Retirement Sy ent deductions y, or revoke dec written notice or	the NYS stems (NY and/or ch ductions n r until oth	ent. Pursuant to the following Sections of N penartment of Civil Service (DCS) to di (SLRS) to cover any deductions for insura nanges DCS certifies to NYSLRS as neces nust be submitted to my current/former ag- erwise revoked pursuant to law.	educt an amount from my nce premiums payable on sary in the amount of such ency and provided to DCS.
forfeit the right to suc NYSHIP option I have for whom I fail to prov	h coverage after leavi selected. I understand ide such proof. Any pe	ng State service (vest, re d that my failure to provic rson who makes a mater	tirement, etc.). I de required proc ial misstatemen	am aware of(s) within t of fact or	pendents to waiting periods if I decide to er of how to obtain a current Summary of Ber 30 days may delay the availability of benefic conceals any pertinent information shall be or for reimbursement of claims.	nefits and Coverage for the its for me or any dependent
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► Employee Sig	nature (Required)				Date / /	-
AGENCY USE	ONLY	,		,		
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		# Hours	Hourly Rate	of Pay		
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						PAGE 2 OF 2

How much should I contribute to a flexible spending account?

Flexible Spending Account (FSA)

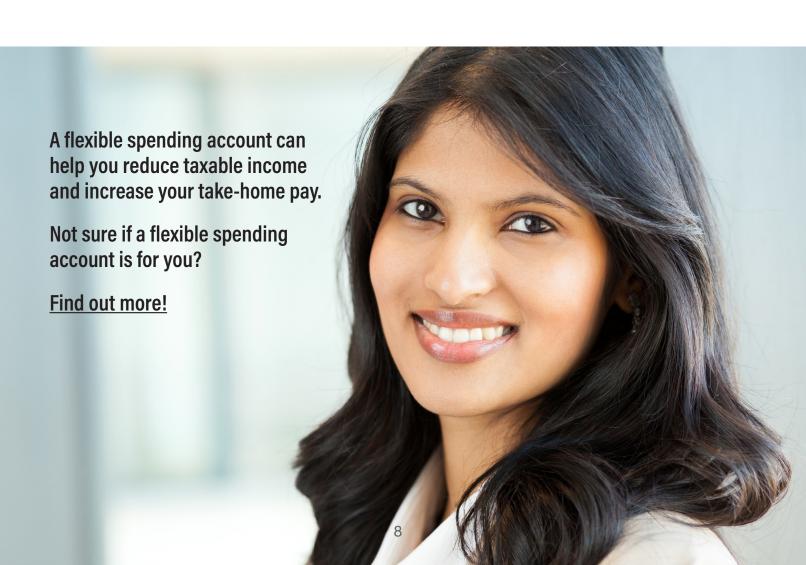
You have the option to enroll in two different FSAs:

- A. Health/Medical Care 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. Health/Medical Care 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:	
Physican 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 2024 ROLLOVER - UP TO \$640:	
FOLIALS YOUR 2025 CONTRIBUTION:	

IRS maximum contribution limit

The 2025 contribution limit for FSA medical care is \$3,300 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

EOUALS 2025 CONTRIBUTION:	=	
Minus 2025 Cornell Child Care Grant:	-	
Total dependent care expenses:		
Total danandant aara aynanaaa		

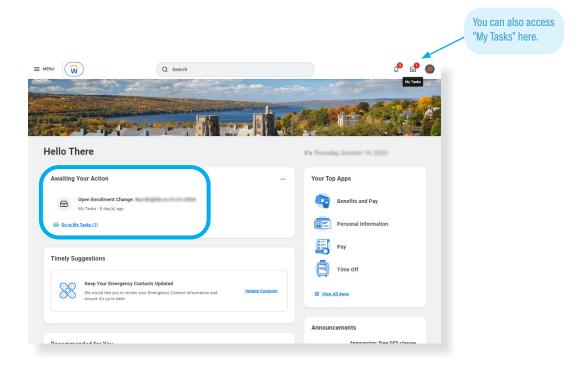
IRS maximum contribution limit

The 2025 limit for FSA dependent care is \$5,000 per household (including any funds from the Child Care Grant).

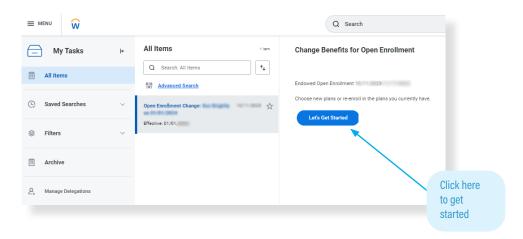
Ready To Enroll In An FSA?

Once you know how much you'd like to contribute, enroll in Workday before December 31, 2024.

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.

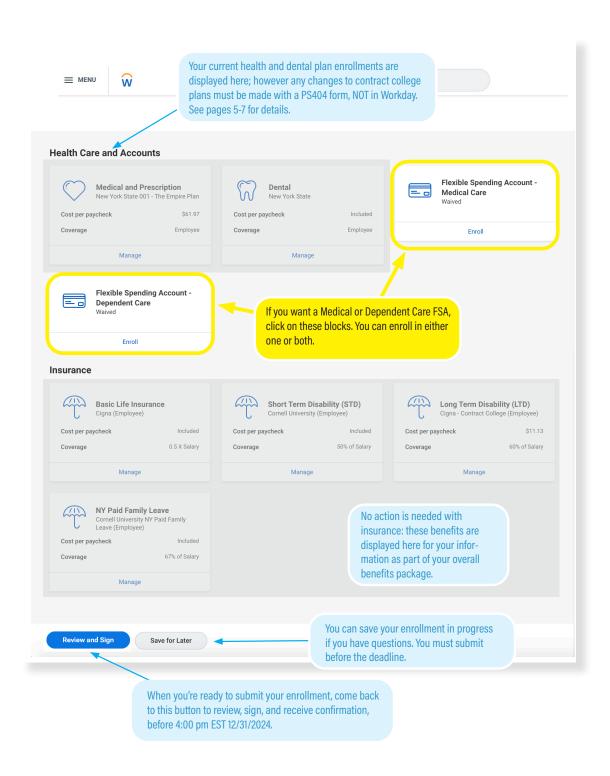


Click on the "Open Enrollment Change" event and then click the "Let's Get Started" button.

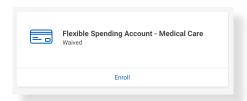


Dashboard Screen:

Just choose the FSA enrollments you want -- you don't need to click through options you don't need.



Medical Care Flexible Spending Account



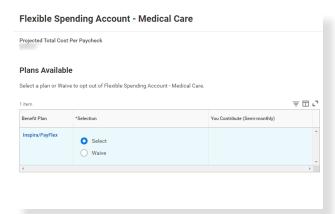
If you want to participate in a 2025 Inspira Medical Care account, you must re-enroll and enter your 2025 contribution amount!

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.
- Refer to pages 9-10 of this booklet for a worksheet to help determine your contribution.

Learn more about Flexible Spending Accounts.

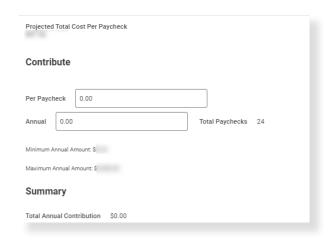
On this screen: Select "Inspira/PayFlex"



Confirm and Continue

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

On this screen: Input your contribution

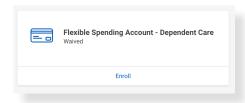


- Refer to pages 9-10 of this booklet for a worksheet to help determine your contribution.
- Type in either an annual amount or per paycheck deduction; the other field will calculate automatically.

Save

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

Dependent Care Flexible Spending Account



If you want to participate in a 2025 Dependent Care account, you must re-enroll and enter your 2025 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

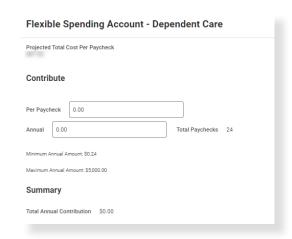
Recipients of a 2025 Cornell Child Care Grant *should not* include 2025 award amounts in their DEPEN-DENT CARE totals. Only include additional dollars you wish to be deducted from YOUR pay; i.e., if Cornell's award is \$3,000, enter up to \$2,000 in Workday as supplement from your own pay to stay within the \$5,000 household limit.

On this screen: Select "Inspira/PayFlex"

Confirm and Continue

Click the "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.



Click the "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.

Review and Sign

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

What you see in Workday:

Date	Deduction Begin Date	Coverage	Dependents	Beneficiaries	Cost	
01/01/2024	01/01/0004	\$1,200.00 Annual			\$50.00	^
10/17/2014	10/17/2014	0.5 X Salary			Included	
10/17/2014	10/17/2014	50% of Salary			Included	
10/28/2017	10/29/2017	67% of Salary			Included	
	01/01/2024 10/17/2014 10/17/2014	01/01/0804 01/01/0804 10/17/0814 10/17/0814 10/17/0814 10/17/0814	\$1,200.00 Annual 0.5 X Salary 50% of Salary	\$1,200.00 Annual 0.5 X Salary 50% of Salary	\$1,200.00 Annual 0.5 X Salary 50% of Salary	\$1,200.00 Annual \$50.00 0.5 X Salary Included 50% of Salary Included

Remember: Your health coverage is not changed in Workday and will roll over unless you submit a paper PS404 Enrollment Form in person to the HR Services and Transitions Center by noon, December 24, or via postal mail postmarked by December 31, 2024.

- 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 CON-FIRM THAT YOU HAVE REVIEWED YOUR ELECTIONS AND ARE SATISFIED WITH YOUR ENROLLMENT IN ORDER TO SUBMIT!

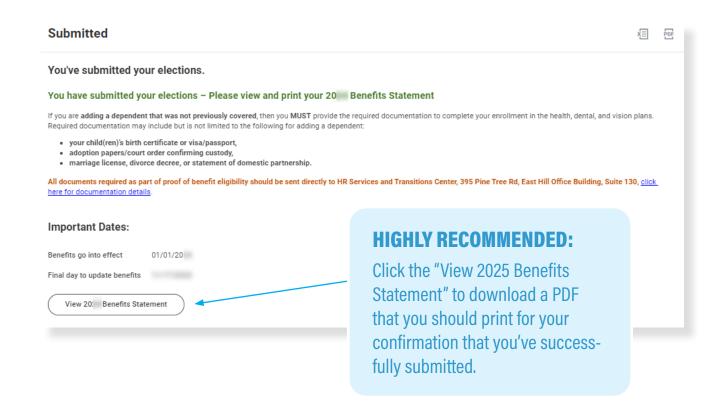
Submit

Everything looks good? You must click the "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:





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 31, 2024.

Should I get legal insurance?

Legal Insurance

Optional legal insurance has a separate open enrollment period:

October 28 - December 31, 2024.

This is the only time period you can enroll in or cancel coverage to be effective in 2025.

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!

Ithaca: Tuesday, December 10

9:00 am - 1:30 pm, College of Veterinary Medicine, Takoda's Run Atrium

Geneva AgriTech: Wednesday, December 11

11:00 am - 1:00 pm, <u>Jordan Hall</u>, 2nd Floor

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

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



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

Please note that the HR Services & Transitions Center offices will be closed December 24 at 12:00 noon EST till Tuesday, January 2, 2025. Please plan accordingly if you have questions or need to submit any documentation before the December 31st deadline!