Coverage and a smart way to help pay for it

Aetna HealthFund® Health Savings Account (HSA) Plan

www.aetna.com

You want to make sure you have access to quality health care. You also know it’s important to find a plan that helps you manage what you pay.

An Aetna HealthFund HSA* offers the best of both. It pairs an Aetna high-deductible health plan with a health savings account.** You can use your account for qualified health care costs for you and your tax dependents. Talk with your tax advisor regarding eligibility for your domestic partner or adult child. They may be eligible for coverage under the Health Savings Account medical plan but you may not use your account for their qualified health care costs if they are not a tax dependent.

Note: Qualified costs that were incurred before the date your HSA is established cannot be reimbursed from the account.

Here’s what you get

Security.
Your Aetna health plan helps pay for health care services for you and your family. Most preventive care is covered at 100%. Plus, your plan limits how much you pay out of pocket.

Ownership.
You own the health savings account. And you control how to use it. Spend it or save it.

Support.
We back you up with tools and tips for using your benefits — and making every health care dollar count. Plus, we offer programs and other resources to help keep the family healthy.

*HSAs are currently not available to HMO members in California and Illinois.
**Administered by PayFlex.

Health insurance and health benefits plans are offered, underwritten and/or administered by Aetna Health Inc., Aetna Health Insurance Company of New York, Aetna Health Insurance Company and/or Aetna Life Insurance Company (Aetna). In Florida, by Aetna Health Inc. and/or Aetna Life Insurance Company. The in-network and out-of-network referred benefits are underwritten by: Aetna Health Inc. and Aetna Life Insurance Company; and in Arizona and Texas by Aetna Health Inc. Self-referred benefits are underwritten by: Aetna Health Insurance Company of New York and Aetna Health Insurance Company; and in Arizona and Texas by Aetna Health Insurance Company (Aetna). In Maryland, by Aetna Health Inc., 151 Farmington Avenue, Hartford, CT 06156. Each insurer has sole financial responsibility for its own products.
What does an HSA do for you?

It comes with tax advantages

Tax savings. Money you put into your HSA can reduce your taxable income — helping you save on taxes you pay.

Tax-free earnings. Money you keep in your HSA earns interest tax free. Let it grow from year to year.

Tax-free spending. Money you take from your HSA to pay for qualified health care costs is never taxed.

There are other benefits, too

You own your HSA. You decide how to spend — or save — your health savings account. If you change jobs or health plans, you keep the account. You can even name a beneficiary to inherit your account.

There’s no use-it-or-lose it. Any money not used at the end of the plan year rolls over to the next year . . . every year.

It’s an investment. That’s right. Your HSA is a savings account that earns interest. It’s a terrific way to put away money for health care costs down the road, even in retirement. After you build up a certain amount, you might have investment options.

How do you make the most of these financial opportunities?

Our online HSA Savings Calculator can help. Find it on your secure Aetna Navigator® member website at www.aetna.com.

How we’ll get you started

When you sign up for your HSA, we’ll send you a packet of information on how to use your account.

When can I start using my HSA funds?

Before you can use funds in your HSA, you have to pass the federally mandated Customer Identification Process (CIP). This is because the USA Patriot Act, a federal law, requires PayFlex, the HSA administrator, to verify a person’s identity before opening an account. The law requires that we confirm your name, home address, date of birth and Social Security number. (A Social Security number is required to enroll in the HSA.) Once you’ve passed the CIP, the HSA is established and both your contributions (if any) and Cornell’s can be deposited.

What happens if I don’t pass the Customer Identification Process (CIP)?

If you do not pass the CIP within 90 days of enrolling, PayFlex will return any contributions to Cornell and the HSA is not able to be opened. Note: Failing the CIP is not considered a qualified event under IRS regulations and you will not be permitted to change to a different health plan until the annual Open Enrollment held in the fall. This means that you will have medical coverage under the High Deductible Health Plan, but you will not be able to make or receive contributions to the HSA. (New hires or employees experiencing a qualified event can change health plans within 60 days of the event.)

When will I receive my debit card to be able to access my HSA?

You can expect to receive your debit card approximately 14 days after you pass CIP.

Contribute anytime

You, your employer, and your spouse and family members can contribute anytime, up to a yearly maximum.

For 2017, the IRS maximum contribution is $3,400 as an individual and $6,750 as a family (includes Cornell’s $1,000 contribution, which is available at the end of January, depending on your pay cycle. For enrollments outside of Open Enrollment, the $1,000 is prorated). If you are age 55 or older, you can also make a “catch-up” contribution. The limit is $1,000. If your spouse is 55 or older, they can open up an HSA and contribute the same catch-up amount. If you are age 65 or older you can no longer be enrolled in the HSA Plan or make contributions. However, you can withdraw from your HSA.

You can put money into your account whenever you need to, up to the yearly maximum. You can also make contributions for the 2017 plan year in 2018 but you must do so before your 2017 federal income tax filing deadline or by April 15, 2018, whichever comes first.

And there are convenient ways to contribute. Use payroll deduction through Cornell University to contribute pre-tax, or after-tax by writing a check or set up an electronic funds transfer from your bank account. You may start, stop or change your contributions at any time during the year using Workday.

Know how much you have

You can only use the money that’s in your HSA at the time you want to make a payment.

Make sure to keep track of how much is available in your HSA.

Log in to Aetna Navigator at www.aetna.com and check your account balances.

*This amount is adjusted yearly by the IRS for future years. The maximum amount you can contribute may change based on your plan eligibility during the year. Talk with your tax advisor.

**In Washington, PCP refers to primary care provider. In Texas, PCP is known as physician (primary care).

***This step is often called “precertification.” In Texas, it’s known as “pre-service utilization review” and not “verification” as defined by Texas law.
Avoid surprises
Know what your health plan covers. For example:
• Do you need a primary care physician, also known as a PCP?**
• How much is your copay or coinsurance?
• Do you have in-network and out-of-network costs?
• Is a referral needed?
• What about approval for some services?***

Know before you go. Visit www.aetna.com to:
• Find doctors in the Aetna network through our online DocFind directory.
• See what doctors and hospitals will charge you for some common services — before you walk out the front door.

All health plans are different.
Read the plan documents from your employer for specific details about your plan.

Using your HSA

How it works
Step 1: Visit participating doctors, hospitals and other health care professionals. Your costs may be lower if you see doctors in Aetna’s network. That’s because network doctors have contracted with Aetna for rates that are often much lower than their regular fees. For prescription drugs, visit a pharmacy in the OptumRx network and pay less.

Step 2: You are responsible for the costs until you reach your yearly deductible (medical and pharmacy combined). A deductible is a set amount you pay each year before your health plan begins to pay (please refer to the glossary on page 5). Expenses that do not apply to the deductible are preventive care and preventive prescription drugs obtained through OptumRx. Please refer to the OptumRx Preventive Drug List for a complete list of drugs and also view the applicable copays at www.hr.cornell.edu/benefits/health/hsa.

Step 3: After your deductible is met, you pay the coinsurance each time you visit a doctor or hospital, or you pay the applicable copay at a participating pharmacy through OptumRx. Your coinsurance amounts and pharmacy copays apply to your out-of-pocket maximum (please refer to the glossary on page 5).

Step 4: You continue to pay your medical coinsurance and pharmacy copays from OptumRx until you reach the out-of-pocket maximum. When you do, the plan pays 100% of your covered medical expenses and covered prescriptions from OptumRx for the rest of that calendar year.

3 easy ways to pay
PayFlex administers the HSA. With PayFlex, flexibility is built in. Your have three easy ways to access your HSA funds:
1. Debit card. Pay directly with a debit card linked to your HSA.
2. Online bill payment. Pay for health care expenses on your computer, directly from your HSA.
3. Online withdrawal. Transfer funds from your HSA to your personal bank account.

Check for qualified costs
Here are some of the qualified costs the Internal Revenue Service (IRS) lets you use your HSA to pay for:
• Deductible payments
• Copays and coinsurance
• Dental care and braces
• Hearing aids
• Contact lenses and LASIK surgery
• Prescription drugs are also included

Check Aetna Navigator for more information. There’s even a tool to help you organize medical expenses and HSA withdrawals online.

And visit the IRS website at www.irs.gov for a list of qualified health care costs.
Make the most of your HSA

It’s smart to research costs and quality, no matter what health plan you have. But it’s even more important with an HSA. After all, it’s your money!

Here’s where we can make a big difference. When you choose Aetna, you get access to our many tools and resources.

They’re at your service 24/7, throughout the plan year, to:

• Pick the right health plan
• Make confident decisions
• Take care of your health
• Get help when you need it

Online tools … information … tips … programs

To get started, sign up for Aetna Navigator. It’s easy. Just go to www.aetna.com. If you’re already a registered member, you’re a step ahead. Just log in.

Once you’ve logged in to Navigator you can:

• Check your account balance
• Review plan information
• Print a summary of doctor visits, medical tests and other activities
• Print or order ID cards
• Review claims and more

Plus, Aetna Navigator lets you:

Understand the best contribution amount for your needs and project how your account can grow.

See what you’ll pay for certain types of care, based on your actual plan. You can compare estimated costs for up to 10 doctors or health care facilities at a time.*

Compare in- and out-of-network cost estimates for office visits, surgeries, medical tests, treatments and more.

HSA Expense Manager

Available through the Navigator website, the HSA Expense Manager allows you to track your out-of-pocket health care expenses by type, dependent or event. Set up customized expense categories to track and manage your out-of-pocket spending according to your own personal preference.

My HSA Receipts

Available through the Navigator website, the HSA Receipt Manager allows you to attach receipts and important documents to your HSA transactions. Use this tool to organize your bills, receipts and paperwork.

Find ways to stay healthier with personalized health searches, online wellness programs and other support.

Help is a phone call away, too. Call Member Services at 1-877-371-2007 with questions. The number is also on your Aetna ID card.

Deductible and Out-of-Pocket Maximums for 2017

<table>
<thead>
<tr>
<th>Plan Feature</th>
<th>In-Network</th>
<th>Out-of-Network</th>
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<tbody>
<tr>
<td><strong>Deductible</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Individual</td>
<td>$1,500</td>
<td>$3,000</td>
</tr>
<tr>
<td>• Family</td>
<td>$3,000</td>
<td>$6,000</td>
</tr>
<tr>
<td><strong>Out-of-Pocket Maximum (includes deductible)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Individual</td>
<td>$3,250</td>
<td>$4,250</td>
</tr>
<tr>
<td>• Family</td>
<td>$5,500</td>
<td>$7,500</td>
</tr>
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</table>

*Estimated costs not available in all markets. Actual costs may differ for a number of reasons, including if other or different services are performed by the doctor or facility at the time of your visit, and/or additional claims/member payments are processed before the actual claim for the estimated service is processed.

HMO members can only look up estimated costs for doctor and outpatient facility services.
It’s good to know

What does that mean?
Health insurance terms can be confusing. We want to make sure you understand some common words used:

Deductible. You pay this amount each year before the plan starts paying for your covered services.

There is an “individual” deductible if you enroll with single coverage, and a “family” deductible if you enroll with one or more dependents. There is not an “individual” deductible with a family plan. You must meet the family deductible before the plan pays when you are covering a spouse/domestic partner and/or a child/children. This is different from the other Endowed Health Plans.

Copay or coinsurance. You pay this amount of the cost of care.

With a copay, you generally pay a fixed dollar amount.

With coinsurance, after you meet the deductible, the plan pays a larger percent of the cost of care and you pay a smaller percent (like 90%:10% or 80%:20%).

In network. This describes doctors, hospitals, pharmacies and other health care professionals that are in our network. They’ve agreed to provide services at reduced rates for our members. With many health plans, you pay less when you visit them.

Out-of-pocket maximum. This is a limit on costs you pay for covered services. The limit is a yearly dollar amount.

There is an “individual” out-of-pocket if you enroll with single coverage and a “family” out-of-pocket if you enroll with one or more dependents. There is not an “individual” out-of-pocket with a family plan. You must meet the family out-of-pocket before the plan pays when you are covering a spouse/domestic partner and/or a child/children. This is different from the other Endowed Health Plans.

See our glossary on www.aetna.com to look up other health insurance words.

HSA vs. FSA

Maybe you or your spouse has a flexible spending account (FSA). And you think an HSA works the same way.*

It’s true that both let you put away money, tax free, to pay for qualified health care expenses. But there are some differences you should know about.

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<thead>
<tr>
<th></th>
<th>HSA</th>
<th>FSA</th>
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</thead>
<tbody>
<tr>
<td>Is a health plan required?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Use it or lose it?</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>Take it with you?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Are contributions taxed?</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Is earned interest taxed?</td>
<td>No</td>
<td>An FSA doesn’t earn interest</td>
</tr>
<tr>
<td>Are withdrawals for qualified costs taxed?</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Who can contribute?</td>
<td>You, your family and your employer</td>
<td>You and your employer</td>
</tr>
<tr>
<td>Can I have both an HSA and FSA?</td>
<td>No</td>
<td>No</td>
</tr>
</tbody>
</table>

*According to IRS rules, you are not eligible to participate in an HSA if you are covered by another health plan, including an FSA. In addition, according to IRS rules, you will not be eligible to contribute to your HSA if your spouse is enrolled in an FSA and is covered by your HSA medical plan.
To learn about the benefits of an HSA plan, just go to www.aetna.com. Put “HSA video” in the search box.

When it’s time to choose, sign up for an Aetna HealthFund HSA.

When you’re on the go
Use any mobile device or smartphone to help you manage your health plan and HSA!