Decision/Enrollment Guide

FOR CONTRACT COLLEGE EMPLOYEES

- Decision worksheets
- How to enroll

OPTION TRANSFER PERIOD ENDS DECEMBER 31, 2020
Do you need to re-enroll? You may not need to do a thing in Workday!

If you're happy with your current health plan elections, and don’t want an FSA in 2021 — you don’t need to do anything — you will automatically remain in the same coverage as last year!

Important reminder: If you want a Flexible Spending Account in 2021 you must re-enroll before 4:30 pm, Thursday, December 31, 2020. FSA enrollments do not carry over from year to year.

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 in Workday.

3: Legal Insurance - page 18
Completed directly with the vendor.
IF YOU DO NEED TO MAKE CHANGES, 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 and the NYSHIP Health Insurance Choices for 2021 booklet to compare features between plan options, including participating and non-participating providers; and see the 2021 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 SFT or postmarked by 12/31/20 (see pages 5-6).
   - **FSA enrollment** is submitted online via Workday by 4:30 pm EST 12/31/20.
   - **Legal Insurance** enrollment is submitted online or over the phone via Mercer Insurance by 12/31/20. 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 31, 2020.

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

However, 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 do it:

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
  East Hill Office Building, Suite 110
  Ithaca, NY 14850

Documentation can also be submitted through the Cornell Secure File Transfer Site (DropBox): https://sft.cornell.edu

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

Instructions and forms are downloadable at hr.cornell.edu/contract-college-option-transfer/option-transfer-select-plan
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.

Questions about your coverage?

Get all the details about your health plan options with NYSHIP from the “Health Insurance Choices for 2021” booklet. Instructions for download here: https://hr.cornell.edu/contractcollegehealthplans/access-nyship-online
A. Change between the Empire Plan and HMOs

How to make the change: Complete sections 1-10 on the front, section 14 on the back and sign and date under the authorization section. Do not complete the dependent section as that will remain the same.

<table>
<thead>
<tr>
<th>Front:</th>
</tr>
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<tbody>
<tr>
<td>Employee Benefits Division Health Insurance Transaction Form for NYS Employees PS-404 (5/20)</td>
</tr>
<tr>
<td>INSTRUCTIONS: READ AND COMPLETE BOTH SIDES/PAGES. PLEASE PRINT AND CHECK THE APPROPRIATE BOXES.</td>
</tr>
<tr>
<td>EMPLOYEE INFORMATION (all employees must complete)</td>
</tr>
<tr>
<td>1. Last Name:</td>
</tr>
<tr>
<td>4. Permanent Address:</td>
</tr>
<tr>
<td>5. Mailing Address (if different):</td>
</tr>
<tr>
<td>6. Work Location &amp; Address:</td>
</tr>
<tr>
<td>7. Date of Birth:</td>
</tr>
<tr>
<td>11. Covered under Medicare?:</td>
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</tbody>
</table>

<table>
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<tr>
<th>Back:</th>
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<tbody>
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<td>Employee Benefits Division Health Insurance Transaction Form for NYS Employees PS-404 (5/20)</td>
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</tr>
</tbody>
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<tr>
<th>ENROLLMENT/DECLINE</th>
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<tbody>
<tr>
<td>A. Elect or Decline Coverage</td>
</tr>
<tr>
<td>1. Elect Pre-Tax Status for Premium deduction</td>
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<tr>
<td>2. Elect After-Tax Status for Premium deduction</td>
</tr>
</tbody>
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<table>
<thead>
<tr>
<th>EMPLOYEE INFORMATION</th>
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<tbody>
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<tr>
<td>11. Covered under Medicare?:</td>
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<table>
<thead>
<tr>
<th>DECISIONS</th>
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</thead>
<tbody>
<tr>
<td>A. Change Coverage:</td>
</tr>
<tr>
<td>B. Voluntarily Cancel Coverage:</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>ADDRESS INFORMATION</th>
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<tbody>
<tr>
<td>NEW YORK STATE Department of Civil Service</td>
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<table>
<thead>
<tr>
<th>PERSONAL PRIVACY PROTECTION LAW NOTIFICATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>The information you provide on this application is requested in accordance with Section 163 of the New York State Civil Service Law for the principal purpose of enabling the Department of Civil Service to process your request concerning health insurance coverage. This information will be used in accordance with Sections 163 (1) of the Personal Privacy Protection Law, particularly subdivisions (b), (e) and (f). Failure to provide the information requested may interfere with our ability to comply with your request. This information will be maintained by the Director, Employee Benefits Division, Department of Civil Service, Albany, NY 12230. (518) 473-1977. For information relating only to the Personal Privacy Protection Law, call (518) 473-5937.</td>
</tr>
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<table>
<thead>
<tr>
<th>AUTHORIZATION</th>
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<tr>
<td>I have read the Pre-Tax Contribution Program materials and the Opt-Out Attestation Form (if applicable) and have made my selection on Page 1 of this document. I understand that if my coverage is declined or canceled, I must notify myself and/or my dependents to waiting periods if I decide to enroll at a later date and may forfeit the right to such coverage after leaving State service (vest, retirement, etc.). I am aware of how to obtain a current Summary of Benefits and Coverage for the HMO option I have selected. I understand that my failure to provide information required to comply with the HMO program may lead to substantial monetary penalties and/or imprisonment, as well as an order for reimbursement of claims. I certify that the information I have supplied is true and correct.</td>
</tr>
</tbody>
</table>

| EMPLOYEE SIGNATURE (Required): | DATE: |
| --- |

<table>
<thead>
<tr>
<th>PERSONAL USE ONLY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agency:</td>
</tr>
<tr>
<td>Retirement Tier:</td>
</tr>
<tr>
<td># Hours:</td>
</tr>
<tr>
<td>Date Entered on NYSEAS:</td>
</tr>
</tbody>
</table>

| HBA SIGNATURE (Required): | DATE: |
B. Drop all dependents and change from family to individual coverage

How to make the change: Complete sections 1-10; on section 12-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 to HR Services & Transitions Center by 4:30 pm EST 12/31/20 or postmarked by 12/31/20:

HR Services & Transitions Center
395 Pine Tree Rd
East Hill Office Building, Suite 110
Ithaca, NY 14850

Documentation can also be submitted through the Cornell Secure File Transfer Site (DropBox):
https://sft.cornell.edu

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

How to make the change: Complete sections 1-10; in section 12-B, “Voluntarily Cancel Coverage,” check “medical;” and sign and date on the back.

Submit this form to HR Services & Transitions Center by 4:30 pm EST 12/31/20 or postmarked by 12/31/20:
HR Services & Transitions Center
395 Pine Tree Rd
East Hill Office Building, Suite 110
Ithaca, NY 14850

Documentation can also be submitted through the Cornell Secure File Transfer Site (DropBox):
https://sft.cornell.edu

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

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 care expenses (not health related)

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 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!

hr.cornell.edu/sites/default/files/documents/fsa_payflex_flyer.pdf
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)*

<table>
<thead>
<tr>
<th>Item</th>
<th>Amount</th>
</tr>
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<tbody>
<tr>
<td>Deductibles, co-pays, co-insurance:</td>
<td></td>
</tr>
<tr>
<td>• Physician visits and routine exams:</td>
<td></td>
</tr>
<tr>
<td>• Prescription drugs:</td>
<td></td>
</tr>
<tr>
<td>• Over-the-counter items:</td>
<td></td>
</tr>
<tr>
<td>• Insulin, syringes and diabetic supplies:</td>
<td></td>
</tr>
<tr>
<td>• Annual physicals:</td>
<td></td>
</tr>
<tr>
<td>• Chiropractic treatments:</td>
<td></td>
</tr>
<tr>
<td>• Other medical expenses:</td>
<td></td>
</tr>
</tbody>
</table>

   **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, 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 2020 ROLLOVER - UP TO $550:** 

**EQUALS YOUR 2021 CONTRIBUTION:** 

**IRS maximum contribution limit**

- The 2021 limit for **FSA medical** per employee is $2,750. 
- This does not include 2020 rollover dollars.
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 2021 Cornell Child Care Grant: - ____________

**EQUALS 2021 CONTRIBUTION:**

IRS maximum contribution limit

- The 2021 limit for **FSA dependent care** is $5,000 per household.
Ready To Enroll In An FSA?
Let’s get started!

Once you know how much you’d like to contribute, you can enroll in Workday.

What you see in Workday

Log in to Workday (https://hr.cornell.edu/workday) and go to your Inbox.

Your Contract College Open Enrollment/Option Transfer event will be available in your inbox. Click on the orange “Let’s Get Started” button.
Dashboard Screen:
This year's enrollment process is easier than ever!
Just choose the FSA enrollments you want -- you don't need to click through options you don't need.

- **Flexible Spending Accounts**
  - 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.

- **Contract College Open Enrollment/Option Transfer**
  - 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 4:30 pm 12/31/20.
PayFlex Medical Care Flexible Spending Account

If you want to participate in a 2021 PayFlex Medical Care account, you must re-enroll!

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

Learn more about Flexible Spending Accounts: https://hr.cornell.edu/benefits-pay/retirement-finances/flexible-spending-account

On this screen:
Select “PayFlex”

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

On this screen:
Input your contribution

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

- 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.
PayFlex Dependent Care Flexible Spending Account

If you want to participate in a 2021 PayFlex Dependent Care account, you must re-enroll!

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

Learn more about Flexible Spending Accounts: https://hr.cornell.edu/benefits-pay/retirement-finances/flexible-spending-account

IMPORTANT: CHILD CARE GRANT RECIPIENTS

Recipients of a 2021 Cornell Child Care Grant should not include 2021 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 $2,000 in Workday as supplement from your own pay to reach the $5,000 household limit.

On this screen:
Select “PayFlex”

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

On this screen:
Input your contribution

- 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.

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

The Summary screen shows your 2020 **health coverage**, which will roll over unless you submit a paper PS404 Enrollment Form to the HR Services and Transitions Center by 4:30 pm, December 31, 2020.

**Beneficiaries** will not appear, since they are managed directly with the vendors.

Your new **FSA enrollment** will display below your health and dental enrollments.

**Automatic Benefits**: Also included are your life insurance and leave benefits, which require no action.

**Waived Benefits**: Below this display is a list of benefits you have waived (NOT enrolled) - 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; please disregard. (FSAs require no documentation, and contract college health & dental plan changes must be submitted with a paper PS404 form - see pages 3 - 7).

**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 bottom of 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
Endowed Open Enrollment for

Success, You're Enrolled

You have submitted your elections – Please view and print your 2021 Benefits Statement

Important Dates:

Benefits go into effect 01/01/2021
Final day to update benefits 12/31/2020

View 2021 Benefits Statement

HIGHLY RECOMMENDED:
Click the "View 2021 Benefits Statement" to download a PDF that you can save or print for your personal records!

Oops!
Submitted, and need to make a change?

Don’t worry -- it happens! Log in to Workday and click on the “Benefits” icon. Scroll down to the bottom of screen and select “Change Open Enrollment” under the “Current Cost” heading.

This option will be available until 4:30 pm, December 31, 2020.
Legal Insurance

Optional legal insurance is processed outside of Workday, and has a separate open enrollment period ending December 31, 2020.

This is the only time period you can enroll in or cancel coverage effective January 1, 2021.

You must enroll directly with the insurer; you cannot enroll via Workday. You may contact Mercer at 1-800-553-4861.

Is legal insurance right for you? Learn more.
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:
East Hill Office Building (EHOB)
Suite 110
395 Pine Tree Rd.
Ithaca, NY 14850

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

Note: our offices will be closed December 24, 2020 - January 1, 2021; mail and electronic submissions will still be accepted. Please plan accordingly if you have questions or need to submit documentation.

Documentation can also be submitted through the Cornell Secure File Transfer Site (DropBox):
https://sft.cornell.edu

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