2023

Option Transfer
Decision/Enrollment Guide

FOR CONTRACT COLLEGE EMPLOYEES

- Decision worksheets
- How to enroll

OPTION TRANSFER PERIOD ENDS DECEMBER 30, 2022

11/30/22
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 2023

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 2023 (see pages 8 - 17)

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

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

Note:
All enrollment requests must be SUBMITTED in Workday by 4:00 pm EST, 12/30/2022 or postmarked by 12/30/2022.

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 Contract College Health Plan Comparison Chart and the NYSHIP Health Insurance Choices for 2023 booklet to compare features between plan options, including participating and non-participating providers; and see the 2023 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 12/30/2022 (see pages 5-6).
  - FSA enrollment is submitted online via Workday by 4:00 pm EST 12/30/2022.
  - Legal Insurance enrollment is submitted online or over the phone via Mercer Insurance by 12/31/2022. 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 29, 2022.

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](https://sft.cornell.edu)

Note: When uploading, type in the email address edb83@cornell.edu under “Prepare Upload,” add your files, and select “21 days” for the expiration period.

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 2023” booklet.
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.

Submit this form to HR Services & Transitions Center by 4:00 pm EST 12/30/2022 or postmarked by 12/30/2022:
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):
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Note: When uploading, type in the email address edb83@cornell.edu under “Prepare Upload,” add your files, and select “21 days” for the expiration period.
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.
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.

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

### IMPORTANT!

Submit this form to HR Services & Transitions Center by 4:00 pm EST 12/30/2022 or postmarked by 12/30/2022:

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 edb83@cornell.edu under “Prepare Upload;” add your files, and select “21 days” for the expiration period.

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### Employee Information

<table>
<thead>
<tr>
<th>Employee Name</th>
<th>Social Security Number</th>
<th>Sex</th>
<th>Medical</th>
<th>Dental</th>
</tr>
</thead>
<tbody>
<tr>
<td>Last Name</td>
<td>First Name</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Permanent Address

<table>
<thead>
<tr>
<th>City</th>
<th>State</th>
<th>Zip</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Medical Office Address (if different)

<table>
<thead>
<tr>
<th>City</th>
<th>State</th>
<th>Zip</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Work Location & Address

<table>
<thead>
<tr>
<th>City</th>
<th>State</th>
<th>Zip</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Contact Information

<table>
<thead>
<tr>
<th>Phone Numbers</th>
<th>Primary</th>
<th>Work</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Marital Status

<table>
<thead>
<tr>
<th>Single</th>
<th>Married</th>
<th>Widowed</th>
<th>Divorced</th>
<th>Separated</th>
<th>Date of Event:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Medical Coverage

<table>
<thead>
<tr>
<th>Medical (1)</th>
<th>Dental (1)</th>
</tr>
</thead>
<tbody>
<tr>
<td>HMO Code</td>
<td>Name</td>
</tr>
</tbody>
</table>

### Family Enrollment

<table>
<thead>
<tr>
<th>Medical (1)</th>
<th>Dental (1)</th>
</tr>
</thead>
<tbody>
<tr>
<td>HMO Code</td>
<td>Name</td>
</tr>
</tbody>
</table>

### Decline Coverage

<table>
<thead>
<tr>
<th>Medical (1)</th>
<th>Dental (1)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Change or Cancel Existing Coverage

#### A. Change Coverage

- **Medical (1)**
- **Dental (1)**

#### B. Voluntarily Cancel Coverage

- **Medical (1)**
- **Dental (1)**

**Qualifying Event:**

#### Change to Individual

- **Marriage**
- **Domestic Partner**
- **Newborn**
- **Termination of Domestic Partnership**

**Coverage:**

- **Only dependent eligible due to age**
- **Voluntarily canceled coverage for my dependents**
- **Previous coverage terminated (proof required)**
- **Dependent returned to full-time student status**
- **Other:**

**Note:** If you are initiating a change in marital status to Divorced or Separated, please be sure to update the address information for the dependents in Box 13 if applicable.

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**Dependent Information**

- **Medical (1)**
- **Dental (1)**

**Date of Event:**

**Note:** If you are enrolled in the PTCP, you may make changes during the Annual Option Transfer Period or when experiencing a PTCP qualifying event.

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**Employee Signature (Required):**

**Date:**

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**Agency Use Only**

- **Retirement Tier**
- **Registration #:**
- **Sick Leave Information:**
  - # Hours
  - Hourly Rate of Pay
- **Date Entered on NYBEAS:**
- **Effective Date:**

**HBA Signature (Required):**

**Date:**
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!

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)

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 cleansings: ______________________
- 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 2022 ROLLOVER - UP TO $570: ______________________
EQUALS YOUR 2023 CONTRIBUTION: ______________________

IRS maximum contribution limit

- The 2023 limit for FSA medical per employee is $3,050.
- This does not include 2022 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 2023 Cornell Child Care Grant: ________________

EQUALS 2023 CONTRIBUTION: ________________

IRS maximum contribution limit

- The 2023 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, enroll in Workday before December 30, 2022.

What you see in Workday

Log in to Workday (https://hr.cornell.edu/workday). Your “Open Enrollment Change” event will display in the “Awaiting Your Action” block. You can also access the event via your Workday inbox.

In the left column of your inbox there will be a gray block called “Open Enrollment Change.” Click on it to display the title “Change Benefits for Open Enrollment” 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 12/30/2022.
If you want to participate in a 2023 PayFlex Medical Care account, you must re-enroll and enter your 2023 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:
https://hr.cornell.edu/contract-college-option-transfer/option-transfer-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 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.

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 2023 PayFlex Dependent Care account, you must re-enroll and enter your 2023 contribution amount!

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 2023 Cornell Child Care Grant should not include 2023 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 2022 health coverage, which will roll over unless you submit a paper PS404 Enrollment Form to the HR Services and Transitions Center by 4:00 pm EST 12/30/2022 or postmarked by December 30, 2022.

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: 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!
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 2023 Benefits Statement

Important Dates:

Benefits go into effect 01/01/2023
Final day to update benefits 12/30/2022

View 2023 Benefits Statement

HIGHLY RECOMMENDED:
Click the "View 2023 Benefits Statement" to download a PDF that you can save or print for your personal records!

Oops!
Submitted your FSA, and need to make a change?

Don't worry -- it happens!

Log in to Workday and click on the “Menu” in upper left corner of screen. Select the “Benefits” icon from the drop-down list.
At bottom right corner of page, select “Change Open Enrollment” under the “Current Cost” heading.
This option will be available until 4:00 pm EST December 30, 2022.
Legal Insurance

Optional legal insurance is processed outside of Workday, and has a separate open enrollment period ending December 31, 2022.

This is the only time period you can enroll in or cancel coverage (outside of a qualified life event) effective January 1, 2023.

You must enroll directly with the insurer; you cannot enroll via Workday. You may contact Mercer/ARAG at 1-800-553-4861. Once enrolled, your Mercer/ARAG legal insurance premiums will be deducted directly from your paycheck every pay period.

Is legal insurance right for you? Learn more.
HR SERVICES AND TRANSITIONS CENTER
We’re Here To Help!

Have questions about your benefits?

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