

SECTION NINE

Benefits¹

<http://intranet.med.cornell.edu/hr/benefits.html>

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¹ Approved by the Executive Faculty Council on December 18, 1997, and the General Faculty Council on January 12, 1998, and September 1, 2011.

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INTRODUCTION

This section describes the benefits currently available to academic staff members of the Medical College. These benefits are frequently reviewed and are subject to review and amendment, as appropriate. Academic staff members are strongly urged to visit the Benefits Office online at <http://intranet.med.cornell.edu/hr> or call 212-746-9001 (option #2) for the most up-to-date details of all Medical College benefit plans. In addition, benefits may vary for employees who are age 65 and over or may change in case of leave of absence, sabbatical leave of absence, retirement, resignation or termination of employment.

While every attempt has been made to ensure accuracy, the legal documents, policies, or certificates pertaining to these benefits prevail in the event of any discrepancy. This Handbook does not constitute a legal document. The Board of Trustees of Cornell University reserves the right to modify this or any other benefits program at the Medical College.

I. Eligibility for Benefits

Eligibility for a particular benefit may be determined by certain factors like salary level, position held or time in rank. Academic staff members who are not salaried by the Medical College, such as Clinical Associates or Senior Clinical Associates on the payroll of The New York Presbyterian Hospital, are not covered by the benefit plans listed below. Academic staff members with Assistant level appointments (as defined in Section Five, I.A, at page 5.3) are considered students and may be covered by policies available for students. Individuals with adjunct, visiting, courtesy or emeritus appointments are not entitled to all benefits discussed below; entitlement or lack of entitlement is so noted.

II. Departmental Policies

Certain benefits are administered on the departmental level. Each academic staff member should be informed of the administration of policies concerning leaves, vacation, holidays, etc., by his or her department administrator.

III. Plan Administration

The Executive Committee of the Board of Trustees, at its meeting of January 24, 1980, approved the creation of a Plan Administration Committee for the Medical College. The Committee is composed of designated Medical College employees, and its appointment was effective March 1, 1980. The duties of the Plan Administrator are outlined in all Summary Plan Booklets of the Medical College.

The Committee administers the following Medical College plans:

- Retirement Plan for Faculty and Exempt Employees
- Non-Exempt and Frozen Retirement Plan
- Health Benefits Plan
- Basic and Supplemental Life Insurance Plan
- Long Term Disability Plan
- Business Travel Accident Insurance Plan
- Children's Tuition Scholarship Plan
- Tax Deferred Annuity Plan
- Flexible Benefits Plan

The Plan Administration Committee's address is:

- Weill Cornell Medical College,
- Plan Administration Committee
- c/o Benefits Office
- Human Resources Department
- Weill Cornell Medical College
- 1300 York Avenue
- New York, NY 10021

Chairperson: Senior Director for Human Resources (212)
746-1231.

HEALTH BENEFITS PLAN

I. Introduction

All salaried academic staff members (except individuals with Assistant-level appointments as noted in Section Five, page 5.3, I.A) and their eligible dependents are eligible for health benefits coverage by the Medical College under the Health Benefits Plan. Eligible dependents include a spouse, unmarried children (natural born, adopted or step-children) who are under the age of 26. A domestic partner (same or opposite sex) is an eligible dependent for health coverage provided certain qualifications have been met.

Two programs are available: The Weill Cornell Preferred Provider Option administered by Aetna, and the United Health Care Choice Plus Program. Both options provide comprehensive medical and prescription drug coverage, although there are some benefit differences between the plans.

Each option gives you the flexibility to visit in-network and out-of-network providers. Your benefits are generally higher and your out-of-pocket costs lower when you visit in-network providers. Keep in mind that while many providers participate in both networks, the Aetna and United Healthcare networks are not identical. Be sure to review each network before making your health plan election.

Detailed information about these Programs, continuation coverage and all forms are available from the Benefits Office (212-746-9001 Option 2) or on-line via the Human Resources website <http://intranet.med.cornell.edu/hr>

IV. Eligibility and Participation

You may elect medical, dental and vision coverage for yourself, your spouse or domestic partner, and your eligible children through the year they turn age 26.

An eligible dependent may continue coverage through the end of the year during which he or she reaches age 26. This applies regardless of whether your child is a full-time student, tax dependent, or married. Coverage does not extend to the spouse or child or your dependent child, and

you may not enroll your child if he or she is enrolled for coverage under another employer's plan.

You must make your elections within 31 days of your hire date. Unless otherwise indicated, your benefits become effective on the first day of the month coincident with or next following your date of employment, provided you have enrolled.

V. The Weill Cornell Preferred Provider Option

The Weill Cornell Preferred Provider Option features the physician of the Weill Cornell Physicians organization in the first level of benefits. This is self-insured plan that with WCMC that is administered by Aetna Life Insurance Company. Aetna can be reached at:

Web site: www.aetna.com
 Telephone: 1-800-838-7391
 Group Number: 818982

VI. United Healthcare Choice Plus Plan

Weill Cornell Medical College provides the option for employees to elect membership in a managed care program with United Health Care. This plan is also self insured by WCMC. United Healthcare can be reached at:

Web Site www.myuhc.com
 Telephone 1-866-633-2446
 Group No. 704954

This is an open access POS coverage option. You do not need to see a Primary Care Physician to seek medical care. You can see any physician in the United Healthcare Network, including specialists, without a referral.

VII. A Comparison of Your Medical Benefits

	Weill Cornell Preferred Provider Option (Aetna)	United Healthcare Choice Plus
IN-NETWORK		
Weill Cornell physician1: office visit	100% after \$10 copay	Not applicable

	Weill Cornell Preferred Provider Option (Aetna)	United Healthcare Choice Plus
In-network provider: office visit	100% after \$25 copay	100% after \$20 copay
Annual deductible (not applicable to services subject to a copay)	\$200 per individual \$600 family maximum	None
What the plan pays for services not subject to a copay	90% after annual deductible	100%
Annual out-of-pocket-maximum (excludes annual deductible)	\$1,500 per individual \$3,000 family maximum	None
Inpatient Hospital Stay	90% after annual deductible	100% after \$250 copay
Outpatient Surgery	(\$10 copay if using Weill Cornell physician)	100% after \$100 copay
Emergency Room		100% after \$75 copay (waived if admitted)
Urgent Care		100% after \$35 copay
Prescription drugs	30-day supply at a retail pharmacy: Generic: \$10 copay Brand-name: \$40 copay 90-day supply through mail order: Generic: \$20 copay Brand-name: \$80 copay	30-day supply at a retail pharmacy²: Tier 1: \$7 copay Tier 2: \$30 copay Tier 3: \$45 copay 90-day supply through mail order²: Tier 1: \$14 copay Tier 2: \$60 copay Tier 3: \$90 copay
Infertility		
Preservation	Covered if diagnosed for cancer that may cause infertility	Covered if diagnosed for cancer that may cause infertility
Correction of medical problem	Covered same as any other medical condition	Not covered
Advanced reproductive technology (e.g., in-vitro fertilization)	Covered same as any other medical condition subject to \$20,000-per-lifetime limit; 6 attempt-limit per couple per lifetime	Not covered
Mental Health and Substance Abuse		
Outpatient services	100% after \$10 copay	100% after \$20 copay
Inpatient services	90% after \$200 deductible	\$250 copay
OUT-OF-NETWORK		
Annual deductible	\$500 per individual \$1,500 family maximum	\$1,500 per individual \$3,000 family maximum
What the plan pays for most covered services	70% after annual deductible	70% after annual deductible
Annual out-of-pocket maximum ³ (excludes annual deductible)	\$2,250 per individual \$4,500 family maximum	\$3,000 per individual \$6,000 family maximum

¹ A list of Weill Cornell physicians is available at www.weillcornell.org

² United Healthcare maintains a listing of preferred drugs; call 1-866-633-2446 to determine the "tier" of your medication or visit www.myuhc.com

³ Annual out-of-pocket maximum does not apply to charges in excess of reasonable and customary amounts

VIII. Looking for Network Providers?

- For Weill Cornell physicians, a provider listing is available at www.weillcornell.org
- For Aetna network providers, visit www.aetna.com (look for the "Aetna Choice POS II" network)
- For United Healthcare providers who participate in the Choice Plus network, visit www.myuhc.com (look for "United Healthcare Choice Plus")

IX. Medical Plan Bi-Weekly Contributions for 2012

Medical plan contribution costs are based on the level of coverage you select and your annual salary. The following table shows your bi-weekly contributions for medical plan coverage.

Weill Cornell Preferred Provider Option				
If your salary falls into this range:	Less than \$50,000	\$50,000 – \$99,999	\$100,000 – \$149,999	\$150,000 or More
Employee Only	\$39.00	\$46.00	\$59.00	\$74.00
Employee + 1 Dependent	\$79.00	\$93.00	\$121.00	\$152.00
Employee + 2 or More Dependents	\$118.00	\$139.00	\$181.00	\$227.00

United Healthcare Choice Plus				
If your salary falls into this range:	Less than \$50,000	\$50,000 – \$99,999	\$100,000 – \$149,999	\$150,000 or More
Employee Only	\$37.00	\$46.00	\$59.00	\$74.00
Employee + 1 Dependent	\$77.00	\$93.00	\$121.00	\$152.00
Employee + 2 or More Dependents	\$113.00	\$139.00	\$181.00	\$227.00

Contributions for domestic partner coverage are different, and are not available on a pre-tax basis. For more information about enrolling a domestic partner, contact the Benefits Office.

While every attempt has been made to ensure the accuracy of the above summary, the legal documents, policies, or certificates pertaining to this benefit prevail in the event of any discrepancy. This policy does not constitute a legal document. The Board of Trustees of Cornell University reserves the right to modify or terminate this or any other benefits plan at the Medical College.

For more information, please refer to the Plan booklet or contact the Benefits Office (212-746-9001, option #2).

X. Continuation of Group Health Coverage

As required by Federal legislation, continuation of health benefits coverage is available under COBRA (Consolidated Omnibus Budget Reconciliation Act). Employees covered by the Weill Cornell Preferred Provider Option or United Health Care Choice Plus of the Medical College may elect to continue group health benefits if coverage is lost due to an unpaid personal leave of absence or termination of employment (for reasons other than gross misconduct on the employee's part).

COBRA continuation is generally available for up to 18 months (or up to 29 months in the case of a disabled employee receiving Social Security Disability benefits); however, longer periods of coverage may be afforded to eligible dependents who have lost coverage under certain circumstances. The employee pays the full monthly premium each month for COBRA continuation. The monthly COBRA premium amount is subject to change annually.

Notice will be given by the Medical College when the employee and/or covered dependents become entitled to continue health and dental coverages due to termination of employment or a reduction of regularly scheduled hours worked. The employee and/or covered dependents then must elect such continuation within a sixty day period and pay for such coverage, or coverage will be terminated retroactively to the last day of the month in which termination of employment or such other qualifying event occurred. Terms of COBRA coverage are identical to the coverage provided under the Health Benefits Plan to similarly situated active employees or family members.

A notice regarding prior periods of health coverage ("creditable service") under the WCMC Health Benefits Plan is also issued to the employee and dependent when COBRA coverage ceases. This notice, referred to as "HIPPA Certificate" (Health Insurance Portability and Accountability Act of 1996), may be used and its creditable service period applied to any preexisting exclusion at a subsequent employer-provided health plan or to purchase an

individual health policy that imposes pre-existing exclusions. Such certificate should be presented to the subsequent employer or insurance company on a timely basis as defined on the Certificate in order for it to be applied toward any waiting period.

The employee or family member has the responsibility to inform the Benefits office promptly of a divorce, legal separation or end of domestic partnership, or when a covered child has reached the maximum eligibility age and no longer qualifies for health and dental insurance. Such notice should be given no later than sixty days (60) after the qualifying event. The Benefits Office will send the appropriate COBRA and HIPAA notices to the dependent. The academic department has the responsibility to notify the Human Resources Office of an employee's death or termination of employment.

Coverage under COBRA, if elected, will terminate under the following circumstances:

- if an academic staff member fails to pay the required premium on a timely basis;
- if the academic staff member enrolls in Medicare;
- if the academic staff member is subsequently covered under another group plan that does not contain a preexisting exclusion provision.

Please note that there is no COBRA continuation available to domestic partners.

When COBRA health coverage ceases you will be given a HIPAA Certificate that you can use to purchase insurance or join another group plan. There are no conversions available under these plans.

COBRA coverage is administered by Employee Benefit Plan Administrators (EBPA). EBPA can be reached via:

Website: www.ebpabenefits.com
Telephone: 1-888-678-3457
Mail: EBPA P.O. Box 1316
Williston, VT 05495

DENTAL ASSISTANCE PLAN

Detailed information about the Dental Assistance Plan and continuation coverage is available from the Benefits Office.

I. Coverage

The Dental Assistance Plan is self-insured by the Medical College. Claims are paid by a third party administrator. Effective January 1, 2010 the administrator is CIGNA Dental.

TPA Information:

CIGNA Dental
P.O. Box 188037
Chattanooga, TN 37422-8037
Tel. 1-800-244-6224
www.cigna.com
Group Number 3332214

If you use a dentist that is affiliated with CIGNA Dental you will receive a discount on the cost of the services rendered and the plan the plan provisions for payment of any dental services are as follows:

The maximum benefits for procedures under the Dental Assistance Plan are based on a reasonable and customary (R&C) schedule using the following levels of co-insurance:

- I. Preventive and Diagnostic Care 100% of R&C - no deductible.
- II. Minor Restoration 80% of R&C - subject to deductible*
- III. Major Restoration 50% of R&C - subject to deductible*
- IV. Orthodontics 50% of R&C - subject to deductible*

*Deductible: \$100 per calendar year deductible per person for all services except preventive and diagnostic care.

The maximum benefit under the Plan per person per calendar year is \$2,000 for all covered services except Orthodontia. The maximum lifetime benefit for Orthodontia is \$2,000.

DENTAL ASSISTANCE PLAN BI-WEEKLY CONTRIBUTIONS FOR 2012

Employee Only	\$ 4.50
Employee + 1 Dependent	\$15.00
Employee + 2 or More Dependents	\$23.00

II. Continuation of Dental Assistance Plan Coverage

As required by Federal legislation, continuation of dental benefits coverage is available under COBRA (Consolidated Omnibus Budget Reconciliation Act). Employees covered by the Dental Assistance Plan of the Medical College may elect to continue this group dental coverage if coverage is lost due to an unpaid personal leave of absence or termination of employment (for reasons other than gross misconduct on the employee's part).

COBRA continuation is generally available for up to 18 months (or up to 29 months in the case of a disabled employee receiving Social Security Disability benefits; however, longer periods of coverage may be afforded to eligible dependents who have lost coverage under certain circumstances. The employee pays the full monthly premium each month for COBRA continuation. The monthly COBRA premium amount is subject to change annually.

Notice will be given by the Medical College when the employee and/or covered dependents become entitled to continue dental coverage due to termination of employment or a reduction of regularly scheduled hours worked. The employee and/or covered dependents then must elect such continuation within a sixty day period and pay for such coverage, or coverage will be terminated retroactively to the last day of the month in which termination of employment or such other qualifying event occurred. Terms of COBRA coverage are identical to the coverage provided under the Dental Assistance Plan to similarly situated active employees or family members.

A notice regarding prior periods of health coverage ("creditable service") under the WCMC Health Benefits Plan is also issued to the employee and dependent when COBRA coverage ceases. This notice, referred to as "HIPPA Certificate" (Health Insurance Portability and

Accountability Act of 1996), may be used and its creditable service period applied to any preexisting exclusion at a subsequent employer-provided health plan or to purchase an individual health policy that imposes pre-existing exclusions. Such certificate should be presented to the subsequent employer or insurance company on a timely basis as defined on the Certificate in order for it to be applied toward any waiting period.

The employee or family member has the responsibility to inform the Benefits office promptly of a divorce, legal separation or end of domestic partnership, or when a covered child has reached the maximum eligibility age and no longer qualifies for health and dental insurance. Such notice should be given no later than sixty days (60) after the qualifying event. The Benefits Office will send the appropriate COBRA and HIPAA notices to the dependent. The academic department has the responsibility to notify the Human Resources Office of an employee's death or termination of employment.

Coverage under COBRA, if elected, will terminate under the following circumstances:

- if an academic staff member fails to pay the required premium on a timely basis;
- if the academic staff member enrolls in Medicare;
- if the academic staff member is subsequently covered under another group plan that does not contain a preexisting exclusion provision.

Please note that there is no COBRA continuation available to domestic partners.

THE VISION PLAN

I. INTRODUCTION

The Vision Plan provides benefits for several vision care services. EyeMed administers this plan and maintains a network of vision providers who offer their services at a discount. You can receive services from any provider you wish, but the plan's reimbursement for out-of-network services is lower. The table below shows the Vision Plan's available benefits.

Vision Care Services	Member Cost	Out-of-Network Reimbursement
Exam with Dilation as Necessary	Covered at 100%	Up to \$35
Contact Lens Fit and Follow-up (Contact lens fit and follow-up visits are available once a comprehensive eye exam has been completed.)		
Standard	Paid in full and two follow-up visits	Up to \$40
Premium	10% off retail price, then apply \$40 allowance	Up to \$40
Frames (Any available frame at provider location) – once every 24 months	\$130 allowance; 80% of balance over \$130	Up to \$65
Standard Plastic Lenses – once every 12 months		
Single Vision	\$15 copay	Up to \$25
Bifocal	\$15 copay	Up to \$40
Trifocal	\$15 copay	Up to \$55
Lens Options (paid by the member and added to the base price of the lens)		
Tint (Solid and Gradient)	Covered at 100%	N/A
UV Coating	\$15	N/A
Standard Scratch-Resistance	\$0	N/A
Standard Polycarbonate	\$40	N/A
Standard Anti-Reflective	\$45	N/A
Standard Progressive (Add-on to Bifocal)	\$65	N/A
Other Add-Ons and Services	20% off retail price	N/A
Contact Lenses (allowance covers materials only) – once every 12 months		
Conventional	\$130 allowance; 15% off balance over \$130	Up to \$104
Disposables	\$130 allowance	Up to \$104
Medically Necessary	Paid in full	Up to \$200
LASIK and PRK Vision Correction Procedures:	15% off retail price OR 5% off promotional pricing	N/A

VISION PLAN BI-WEEKLY CONTRIBUTIONS FOR 2011

Employee Only	\$2.82
Employee + 1 Dependent	\$5.34
Employee + 2 or More Dependents	\$7.81

FLEXIBLE BENEFITS PLAN

All salaried academic staff members (except individuals with Assistant-level appointments as noted in Section Five, page 5.3, I.A) may participate in the Flexible Benefits Plan. Through the Flexible Benefits Plan the employee can convert a portion of salary to pre-tax dollars to reimburse certain out-of-pocket health or dental-related expenses or dependent care expenses otherwise paid with after-tax monies. As a result, the amount of salary used to calculate Federal, New York State and New York City income taxes and Social Security (FICA) and Medicare tax withholdings is lower.

The individual becomes eligible to participate on the first day of the month coinciding with or next following the date of employment. There is also an annual open enrollment period held in the fall every year for the subsequent calendar year. Salary reductions may be made for the following reasons:

- To pay for Health Benefits Plan and Dental Assistance Plan premiums (the pre-tax conversion of these premiums is automatic; if an individual wishes to pay plan premiums with after-tax dollars, an affirmative election to do so is required, and there is generally a greater benefit for paying premiums with pre-tax dollars).
- To establish a reimbursement account to cover health and dental expenses for the employee and/or dependents.
- To establish a reimbursement account to cover dependent care expenses.

You elect to contribute pre-tax dollars to one or both accounts, up to annual dollar limits. When you have eligible expenses during the year, you can receive reimbursement with your own tax-free money. Eligible health care expenses currently include copays, coinsurance, vision and hearing expenses. Eligible dependent care expenses include day care and day camps for dependent children less than 13 years of age and elder care.

You can contribute from \$130 to \$6,500 on a pre-tax basis to the Health Care FSA, and from \$130 to \$5,000 on a pre-tax basis to the Dependent Care FSA. Because you do not pay any Federal, Social Security and, in most cases, state or local taxes on FSA money, the savings can really add up.

Our FSAs are administered by Employee Benefit Plan Administrators (EBPA).

Website: www.ebpabenefits.com

Telephone: 1-888-678-3457

Mail: EBPA P.O. Box 1316

Williston, VT 05495

I. Using Your FSA Funds

A debit card is available to make it easier to access your FSA balance when you have an eligible expense. When you use your debit card, EBPA will validate the eligibility of your expense automatically and, in some cases, you won't need to file a claim or to submit proof of purchase. In other cases, you will need to file a claim and submit proof of purchase. In any case, it's a good idea to retain your receipts in the event EBPA requests additional information.

For example, when you visit a retail pharmacy to fill a prescription, present your prescription drug card and then use your FSA debit card to pay your copay. Most major pharmacy chains now have inventory control systems that can identify FSA-eligible expenses for you.

If you do not use your FSA debit card, you can receive reimbursement for eligible expenses by submitting a reimbursement claim form to EBPA. Claim forms are available on our intranet site: intranet.med.cornell.edu/hr.

RETIREMENT PLANS

I. Faculty and Exempt Retirement Plan

A. Eligibility. All salaried academic staff members who are expected to earn in a twelve month period an amount which would be sufficient to classify the individual as "exempt" under the Fair Labor Standards Act (FSLA) and the New York State Wage and Hours Law, except trainees (Postdoctoral Associates and Fellows), visiting Faculty and Faculty who hold an appointment less than a year, will participate in the Faculty and Exempt Retirement Plan. Participation in the plan will begin on the first day of the month coincident with or next following one year of employment. Enrollment and selection of a beneficiary must occur within 90 days of eligibility. The academic staff member directs the investment of the contributions made on their behalf. Fund selections include annuity investments (TIAA), mutual funds (CREF and Vanguard), and mutual fund types such as stocks, bonds, money market and balanced funds.

The academic staff member must complete the appropriate Vanguard and/or TIAA-CREF enrollment forms to participate (TIAA-CREF also has an online enrollment option through www.TIAA-CREF.org/weill). If you do not enroll within 90 days, you will be defaulted to the TIAA-CREF Lifecycle Fund appropriate to your expected retirement age. More information is available from the Benefits Office.

B. Contribution. The Medical College pays the full cost of the contribution to the Plan, which is a percentage of the individual's pensionable earnings each year. The maximum pensionable earnings taken into account under the Plan for purposes of calculating the Medical College's contribution is \$210,000 and includes base salary and supplemental compensation under the Weill Cornell Physician Organization. The percentage contributed is calculated as follows:

Age as of January or July 1	Contribution as a Percentage of Pensionable Earnings
Under Age 40	5% up to Social Security Wage Base** plus 10% of the excess
Ages 40-49	10% up to Social Security Wage Base** plus 15% of the excess
Age 50 and Over	15% up to the Social Security Wage Base** plus 20% of the excess

* Fellows, Post Doctoral Associates, Visiting Faculty and Faculty who hold an appointment of less than a year are not eligible for this benefit

** The Social Security Wage Base for 2012 is \$110,100

C. Vesting. Plan benefits are subject to a three-year vesting period. After three years of employment, you will be fully vested (that is have full ownership) in the contributions from the medical college. This also included the one year waiting period.

D. Options. There are several retirement options available. Options include a lifetime income for the employee or a lump sum, and all but one of the lifetime income options provides benefits for the beneficiary in the event of the employee's death.

Detailed information on the Medical College's Basic Retirement Plan may be obtained from the Benefits Office.

II. Tax-Deferred Annuity Plan

A. Eligibility. Salaried academic staff members may elect to enroll in a voluntary, tax-deferred retirement program. Individuals become eligible to participate on the first day of the month coincident with or next following the date of employment.

B. Contribution. A participant may elect to contribute a portion of their salary on a pre-tax basis to an account with TIAA-CREF or the Vanguard Group. The participant directs the investments into the plan. The contributions, and interest and dividends earned on those funds will not be subject to Federal income taxes¹ until they are received in the form of benefits or upon withdrawal. The maximum amount that may be contributed to the account is determined by formulas established under the Internal Revenue Code.

Tax Deferred Annuity Plan Contribution Limits for 2011	
If you are:	Annual Amount
Under Age 50	\$17,000**
Age 50 and Over*	\$22,500**

* If you will reach age 50 during 2011, you can contribute the higher annual maximum amount for 2011.

** If you are (or will be) age 50 or over in 2011 and expect to earn more than \$192,000 during that year, you are limited in the amount you can contribute to the Tax Deferred Annuity Plan. This is due to the combined dollar cap that applies to your contributions to the Tax Deferred Annuity Plan and the College's contributions to the Faculty and Exempt Retirement Plan.

¹ Some amounts may be subject to state and/or city taxation.

C. Investment Options. This is a voluntary plan that provides a means of investing on a pre-tax basis and serves to supplement the employee's basic retirement plan benefits. Various funds are available with different rates of return and levels of risk. Contributions under the Plan may be invested in fixed income securities (TIAA) and/or common stock fund, money market and bond funds (CREF) and Vanguard.

D. Loans. Loans are available from a TIAA Group Supplemental Retirement Annuity (GSRA). Individual TIAA-CREF Supplemental Retirement Annuity (SRA) participants must transfer funds to new GSRA contracts when they wish to avail themselves of the loan provisions. Participants in Vanguard would need to transfer available account balances to TIAA-CREF in order to take advantage of the loan provision.

Employees who wish to obtain information on the loan provision of the Plan through a Group Supplemental Retirement Annuity should contact TIAA-CREF, 730 Third Avenue, New York, NY 10017 (Telephone 1-800-842-2776).

II. 457(b) Plan

A. Description. A 457(b) Deferred Compensation is a tax-favored savings plan and valuable addition to the savings opportunities available through the Tax Deferred Annuity Plan. Eligible employees can invest in a tax deferred guaranteed annuity, variable annuities and mutual funds; there are forty available TIAA-CREF funds. The assets in the plan are owned by the employer, subject to the claims of the employer's creditors in the event of the employer's bankruptcy. Contributions are deducted on a pre-tax basis. Federal, state and local income taxes are deferred until withdrawals are taken. In-service distributions at age 59 ½ are not permitted.

B. Eligibility. Faculty and staff at the Weill Cornell Medical College whose annual earnings exceed \$163,000 are eligible to participate in the plan. Employees can defer up to a maximum amount of \$16,500. Employees who are in one of the last three years prior to normal retirement can double their contribution to the Plan (\$33,000) for three calendar years.

C. Contributions. The purpose of the 457(b) plan is to provide eligible employees the opportunity to save for

retirement by making pre-tax contributions with TIAA-CREF in addition to the Tax Deferred Annuity Plan.

D. Enrollment. Employees may join the 457(b) plan by completing and returning enrollment materials to the Benefits Office. Participation is voluntary.

E. Cost. Participants make all contributions to the Plan on a pre-tax basis.

LIFE INSURANCE PLAN

I. Introduction

Weill Cornell Medical College provides basic life insurance to its salaried academic staff members. In addition, individuals have the option of electing additional voluntary life insurance and accidental death and dismemberment (AD&D) coverage. Detailed information on these plans is available from the Benefits Office.

II. Basic Life Insurance

Basic Life Insurance is provided at no cost for all academic staff members who receive taxable salary from the Medical College. Coverage begins on the first day of the month coincident with or next following the date of employment, and it equals the individual's annual base salary rounded to the next \$1,000 up to a maximum of \$500,000.

Please note, coverage amounts over \$50,000 are imputed as income and the imputed income amount appears on the paystub. Basic life insurance coverage will be reduced after the age of 65 and then again at 70. Basic life insurance is fully paid by the College, but a beneficiary must be elected for this coverage as part of the enrollment process.

III. Voluntary Life Insurance

Academic staff members may purchase Voluntary Life Insurance for themselves or their dependents. Coverage is available on the first day of the month coinciding with or next following the date of employment. The academic staff member pays the cost of any voluntary life insurance coverage elected.

A. Voluntary Life Insurance for Yourself. You may elect voluntary life insurance coverage for yourself in an amount equal to one, two, three, four or five times your base salary. The maximum coverage amount for voluntary life insurance is \$1 million (separate from the basic life insurance maximum).

When you first enroll, you may elect up to three times your base salary or up to \$500,000 of coverage without evidence of insurability. If you elect a higher coverage amount, or want to increase your coverage amount later, CIGNA requires you to provide evidence of insurability.

Your cost for voluntary life insurance is based on your age and the amount of coverage you select. You pay your premium after taxes through bi-weekly payroll deductions.

VOLUNTARY EMPLOYEE LIFE INSURANCE	
Age	Monthly rate per \$1,000 of coverage
20 - 24	\$0.05
25 - 29	\$0.06
30 - 34	\$0.08
35 - 39	\$0.09
40 - 49	\$0.18
50 - 59	\$0.49
60 - 64	\$1.01
65 - 69	\$1.27
70 and over	\$2.41

B. Life Insurance for Your Dependent(s). Life insurance is also available for your spouse or domestic partner and your eligible dependent children under age 19 (or until age 25 if your child is a full-time student). If your child is incapable of self-sustaining employment by reasons of mental or physical handicap, coverage may be available for a more extended period.

- **Life Insurance for Your Spouse or Domestic Partner.** You may elect \$25,000 of coverage for your spouse or domestic partner.
- **Life Insurance for Your Child(ren).** If you elect dependent child insurance, each child will be covered for \$10,000. The maximum benefit for a dependent child who is less than six months old is \$500.

You pay a flat amount through after-tax payroll deductions for voluntary dependent life insurance, regardless of the number of dependents you cover.

VOLUNTARY DEPENDENT LIFE INSURANCE
\$2.58 bi-weekly regardless of the number of dependents covered

BUSINESS TRAVEL ACCIDENT INSURANCE PLAN

Beginning with the first day of employment, salaried academic staff members are covered for accidental death, loss of limbs or sight or permanent, total disability while traveling on Medical College business. Coverage is paid in full by the Medical College.

The travel documentation must be approved and registered with the respective department supervisor, chairman and/or Dean. Commutation to and from work, vacation travel or travel while on leave of absence is not covered.

The maximum benefit is \$500,000 if the loss occurred as a result of an accident that occurred while traveling by aircraft. Losses occurring from any other covered accident are covered to a maximum of \$300,000.

Detailed information is available from the Benefits Office.

DISABILITY BENEFITS

I. Introduction

Disability benefits provide for compensation to eligible academic staff members unable to perform their normal duties due to medical reasons. Detailed information concerning these coverages and all claim forms are available from the Human Resources Department.

II. Salary Continuance for Temporary Disability (Less than Six (6) Months)

A. Eligibility. All salaried academic staff members of the Medical College, (except trainees, Postdoctoral Associates, Fellows, visiting, adjunct, courtesy and emeritus staff), who have less than one year of service as a salaried academic staff member and are not covered by the Medical College's sick leave policy, are entitled to salary continuance at the rate of 50% of base salary for temporary disability for up to three (3) months in case of illness, injury or other temporary disability.

All salaried academic staff members of the Medical College, (except trainees, Postdoctoral Associates, Fellows, visiting, adjunct, courtesy and emeritus staff), who have at least one year of service as a salaried academic staff member and are not covered by the Medical College's sick leave policy, are entitled to salary continuance for 100% of base salary for temporary disability for up to three (3) months in case of illness, injury or other temporary disability, including childbirth, miscarriage, abortion or other conditions relating to pregnancy.

Academic staff members on sessional appointments will receive the disability benefits required by law. They should consult the Human Resources Department for details.

B. Duration. While the salary continuance may normally extend for up to three (3) months, in exceptional cases and upon recommendation of the Dean and approval of the President, the salary continuance may be extended for up to an additional three (3) months.

C. Application. The nature, onset and duration of the disability must be certified in writing by a licensed health care provider acceptable to the Medical College. In the case of a temporary disability (i.e., three months) resulting from pregnancy, childbirth or related conditions, the disability period will end on the date the academic staff member's physician certifies that she is able to resume her duties.

A staff member on Disability Leave may or may not be eligible for benefits under the Family and Medical Leave (FMLA) policy. The policy requires that an academic staff member have a minimum of twelve (12) months of continuous service and have worked at least 1,250 hours in the twelve months preceding the beginning of the leave. The full text of the Medical College's Family and Medical Leave policy appears in Section Seven, pages 7.11-7.15.

The benefits received while on FMLA leave and benefits received while on Disability Leave without FMLA are very similar. Whether on FMLA leave or not, the guarantee to return an academic staff member to the same or equivalent position lasts a minimum of twelve (12) weeks. During disability leave, medical and dental benefits are continued for up to twenty-six weeks at the same cost as active employees pay. If a disability leave lasts more than twelve weeks, the individual may request that the Medical College agree to hold the position open for longer than the initial twelve weeks, but the Medical College is not required to do so.

Since the logistics for obtaining disability leave may be confusing, individuals should contact the Human Resources Department's Leave Administrator for assistance. In order to receive benefits under the Disability Leave policy, the academic staff member must complete the appropriate forms obtained from the Leave Administrator and submit them to the Human Resources Department for approval. Recertification forms must be submitted to the Leave Administrator at the end of each four-week period should the disability continue. An Employee Change Form indicating the salary continuance for the duration of the temporary disability must also be completed and submitted to the Information Management Services division of Human Resources by the employee's department.

The employee must also complete a Request for Leave of Absence (not FMLA) or a Request for Family and Medical Leave depending on the employee's eligibility for FMLA leave. Information and the appropriate forms may be obtained from the Leave Administrator. The completed request form must be submitted to the department chairman for acknowledgement. The request is then sent to the Human Resources Department for approval. The Human Resources Department will notify the employee, department and Office of Faculty Affairs regarding approval of the request. (Further information about eligibility and application for Leaves is given in Section Seven.)

Academic staff members on temporary disability beyond three (3) months must continue to file additional disability forms or medical recertification forms.

III. Long Term Disability Insurance

A. Eligibility. For academic staff members long-term disability coverage is available on the first of the month coincident with or next following your date of employment.

B. Cost. The cost of coverage varies according to the salary source, the amount of base salary earned by the individual and, if applicable, the amount of supplemental compensation received in the prior calendar year through the Weill Cornell Physician Organization (PO). While the Medical College pays a portion of the premium, the individual's portion of the cost is deducted automatically from his or her salary on an after-tax basis.

C. Coverage. This important coverage provides income protection in the event that an illness or injury prevents you from working for an extended period (180 days of continuous disability). If you become disabled, long-term disability coverage provides a benefit equal to 60% of your pre-disability income (subject to a monthly dollar maximum).

The maximum monthly benefit is \$15,000 for staff and \$25,000 for members of the Physicians Organization. You and the College share the cost of the first \$10,000 of base pay. Your share of the cost is \$.26 per \$100 of coverage (or \$.45 for members of the Physicians Organization). For base pay above \$10,000, you pay the full cost: \$.52 (or \$0.71 for members of the Physicians Organization) per \$100

of coverage. You will see your personalized costs when you enroll online.

D. Duration. The duration of the benefits depends on the individual's age at the time of disablement and the nature of the disability. The benefit ceases if the employee should elect to receive normal pension benefits.

E. Application. In order to receive this benefit, the academic staff member must apply to the Benefits Office. Academic staff members on long-term disability, who want to resume their duties in the foreseeable future, should so notify their chairman, request consideration of their continued employment and apply for a leave of absence due to the disability. (For further information about responsibilities while on leave refer to Section Seven.)

WORKERS' COMPENSATION

I. Eligibility

All employees at the Medical College who receive wages or a stipend are covered under the New York State Workers' Compensation Law for on-the-job or work related injuries or illnesses, regardless of where such injuries or illnesses occur.

II. Coverage

By policy, a totally disabled eligible academic staff member will receive salary continuance of full base salary for the first thirteen (13) weeks, and 2/3 base salary for the second thirteen (13) weeks, of a compensable absence.

If the disabled employee is only able to return on a part-time basis, the employee will receive a supplement which together with earnings will not exceed the benefits outlined above.

In some instances of less than total permanent disability, the employee will receive compensation for the injury as determined by the Workers' Compensation Board. Individuals should consult the Human Resources Department for further information.

III. Procedures

ALL ACCIDENTS MUST BE REPORTED TO THE DEPARTMENT ADMINISTRATOR. The employee should immediately report to the Workforce Health and Safety Clinic Services (WHS), (1315-1319 York Avenue (PY020) or call 212-746-4370) during regular working hours or the Emergency Department of the New York- Presbyterian Hospital Weill Cornell Medical Center during other hours. Charges for treatment will be sent directly to the administrator for the Medical College Workers' Compensation program by that facility. If an initial or follow-up visit is made to a doctor, or if other medical services are utilized, the bills may be sent to the Benefits Office, Human Resources Department, Olin Hall, Room 211, 445 East 69th Street, New York, NY 10021. The Benefits Office should also be informed immediately of the injury or illness through a "Supervisor's Accident Report," so that the appropriate claim forms can be filed. When

appropriate, accidents should be reported immediately to the Life Safety Officer.

OPTIONAL INSURANCE PLANS

I. Voluntary Accidental Death and Dismemberment Insurance

Commencing on the first of the month coinciding with or next following the date of employment, academic staff members can purchase a voluntary Accidental Death & Dismemberment policy for themselves and their dependents to provide financial protection in the event of accidental death or severe injury. If you elect coverage, you will be the beneficiary for any spouse or dependent child benefits. Detailed information may be obtained from the Benefits Office.

Coverage is available in the following amounts:

- **For yourself.** Any amount in increments of \$10,000 (from \$10,000 to \$500,000). Benefit amounts over \$250,000 cannot exceed 10 times your base salary.
- **For your spouse or domestic partner.** An amount equal to 50% or 100% of your (the employee) benefit, not to exceed \$250,000.
- **For your child(ren).** An amount equal to 10% of your own benefit, not to exceed \$25,000.

▪ Cost

VOLUNTARY AD&D							
EMPLOYEE		SPOUSE 50%		SPOUSE 100%		CHILDREN	
Coverage Amount	Bi-weekly Contribution	Coverage Amount	Bi-weekly Contribution	Coverage Amount	Bi-weekly Contribution	Coverage Amount	Bi-weekly Contribution
\$10,000	\$0.10	\$5,000	\$0.06	\$10,000	\$0.10	\$1,000	\$0.02
\$20,000	\$0.19	\$10,000	\$0.10	\$20,000	\$0.20	\$2,000	\$0.04
\$30,000	\$0.30	\$15,000	\$0.16	\$30,000	\$0.30	\$3,000	\$0.06
\$40,000	\$0.39	\$20,000	\$0.20	\$40,000	\$0.41	\$4,000	\$0.08
\$50,000	\$0.49	\$25,000	\$0.26	\$50,000	\$0.51	\$5,000	\$0.10
\$60,000	\$0.58	\$30,000	\$0.30	\$60,000	\$0.61	\$6,000	\$0.12
\$70,000	\$0.68	\$35,000	\$0.36	\$70,000	\$0.71	\$7,000	\$0.14
\$80,000	\$0.78	\$40,000	\$0.41	\$80,000	\$0.81	\$8,000	\$0.17
\$90,000	\$0.88	\$45,000	\$0.46	\$90,000	\$0.91	\$9,000	\$0.18
\$100,000	\$0.97	\$50,000	\$0.51	\$100,000	\$1.02	\$10,000	\$0.20
\$120,000	\$1.16	\$60,000	\$0.61	\$120,000	\$1.22	\$12,000	\$0.24
\$150,000	\$1.46	\$75,000	\$0.77	\$150,000	\$1.52	\$15,000	\$0.30
\$170,000	\$1.65	\$85,000	\$0.87	\$170,000	\$1.73	\$17,000	\$0.34

VOLUNTARY AD&D							
\$200,000	\$1.94	\$100,000	\$1.02	\$200,000	\$2.03	\$20,000	\$0.41
\$250,000	\$2.43	\$125,000	\$1.27	\$250,000	\$2.54	\$25,000	\$0.51
\$300,000	\$2.91	\$150,000	\$1.52				
\$350,000	\$3.40	\$175,000	\$1.78				
\$400,000	\$3.88	\$200,000	\$2.03				
\$450,000	\$4.37	\$225,000	\$2.29				
\$500,000	\$4.85	\$250,000	\$2.54				

II. Automobile and Home Insurance

All salaried academic staff members are eligible to apply for automobile, homeowner/renter, and excess liability insurance coverage through the Marsh at Work Solutions Program. Please call 1-800-553-4861. Participants can insure automobiles, homes and boats and obtain other excess liability coverage on personal property. Coverage is available to qualified participants on an individual basis and policy discounts may be available. Premiums are paid by payroll deduction.

VACATION

Academic staff members (except trainees) who are full-time or regular part-time salaried by the Medical College are entitled to vacation. Full-time employees accrue vacation at the rate of two days a month, up to a total of twenty-four (24) days a year; vacation time for part-time employees is pro-rated. Trainees (Postdoctoral Associates and Fellows) who are full-time salaried by the Medical College accrue vacation time at a rate of one (1) day a month, for a total of twelve (12) days a year. Vacation for part-time trainees is prorated.

After one month of work, vacation may be taken as earned, subject to the approval of the department chairman and division/subdepartment head.

Ten (10) working days of accrued vacation may be carried over to the next year. (Vacation accrued during the July-June period may be taken through August 31. Any carry over beyond August 31 of more than 10 days from the earlier July-June period must be approved in advance by the department chairman.) Prior approval of the chairman is necessary for further carry over, to a maximum of twenty (20) days. Vacation cannot extend salary payments beyond the term of appointment. Thus, any accrued vacation time should be taken before the effective date of the end of the appointment.

Vacation is not earned during leave of absence of more than one month. Military leave and leave for jury duty are not counted as vacation; accrual of vacation continues during those periods.

The responsibility of maintaining records of vacation rests with the academic department.

HOLIDAYS

The Medical College designates certain days as paid Holidays each year. If an academic staff member is required to work on a Medical College Holiday, that individual is entitled to another day off that should be scheduled at the mutual convenience of the academic staff member and the department chairman.

CAREER LIFE

If you are age 55 or over and have completed at least six months of employment, you may enroll in any course that would assist with planning for a second career or a hobby. The benefit has a maximum of \$5,000 per academic year (pro-rated for part-time service) and is taxable to you.

COMMUTER BENEFITS

You can elect before-tax commuter benefits at any time during the year by contacting Information Management Services at 212-746-9001 and selecting Option 5. The monthly pre-tax limits are \$125 for mass transit and \$240 for parking at a NYPH or WCMC parking facility.

BACK-UP CHILD CARE AND ELDER CARE SERVICE

The College has a partnership with Bright Horizons Family Solutions to bring you back-up child care and elder care service. You can use the service whenever you need to be at work and your regular arrangements for child care or elder care are temporarily unavailable.

You must register in advance with Bright Horizons to use this service. You can register by phone or online, 24 hours a day, 7 days a week. Contact Bright Horizons by: Telephone: 1-877-242-2737, or visit the web site at www.backup.brighthorizons.com. When you visit the web site, you will need the following information:

Username: WeillCornell
Password: 4backup

Program services include center-based back-up child care, in-home back-up care for well children, in-home back-up care for mildly ill children and in-home back-up adult/elder care.

Back-up care is available for up to 10 days per employee per calendar year, according to the following schedule:

Program Copayment	
Center-based child care network	\$15/child or \$25/family
In-home child care	\$6/hour per caregiver
In-home adult/elder care	\$6/hour per caregiver

CHILDREN'S SCHOLARSHIP TUITION PLAN

The College offers tuition benefits for up to four years in an undergraduate program for dependents of eligible employees. Participating children must be enrolled in a degree-granting undergraduate program. Employees must complete three years of full-time service or the part-time equivalent to be eligible. Employees must be full-time when applying for this benefit. If both parents qualify for this benefit, only one benefit per year will be paid for the child. The current annual benefit is \$12,000 per academic year and is paid directly to your child's school.

The child must be under twenty-six (26) years of age, be enrolled in a degree granting, accredited undergraduate institution, and be taking at least six (6) credits a semester. The level of the benefit is reviewed each academic year.

Detailed information on the level of benefits available and the application procedures are available from the Benefits Office.

TUITION REIMBURSEMENT PLAN

The College's Tuition Reimbursement program provides up to \$5,000 - tax-free - per academic year for full-time employees (pro-rated for part-time service). You are eligible to take courses that begin after six months of employment. **Note that academic employees who hold an MD or a PhD are not eligible for this benefit.**

You must apply before attending the course and only courses that are work-related or that are taken to satisfy the requirements of a degree or certificate program will be considered eligible for reimbursement. The course must be taken during non-work hours at a bona fide educational or business organization or as part of the on-line curriculum from these same institutions. Once you have completed the course, you must provide proof of payment and proof of a passing grade or certificate of completion to receive reimbursement. Reimbursement will then be made via the payroll system.

ADDITIONAL SERVICES

The following additional services are provided to academic staff members of the Medical College. Further information can be obtained from the offices listed below. Information on other services, such as discount purchasing programs, may be obtained from the Benefits Office.

I. Computer Services and Discounts

All academic staff members are eligible to obtain both computer hardware and software at a discount through the Medical College. Detailed information is available from Technology Sales at http://intranet.med.cornell.edu/its_tsg/ or 746-4878.

II. Library

The experienced, service-oriented library faculty and staff of the Weill Cornell Medical Library are available to support your clinical, research and educational information needs. The library ranks in the top tier of health sciences libraries thanks to its extensive offerings of electronic journals, ebooks and databases and offers both physical and virtual collections and services designed specifically for faculty including:

Access to over 10,000 electronic bio-medical journals and 13,000 bio-medical e-books from any location.

Reference service in person, by phone, by email, by IM or by SMS.

Free literature search assistance and citation review.

Classes and customized, in-person consultations on library resources, presentation and citation management software, and grant funding resources.

Document Delivery Services that provides PDFs of articles delivered by email in approximately 48 hours (for items not in our collection).

Essential databases, including *AccessMedicine*, *Faculty of 1000*, *Scopus*, *Web of Science* and *UpToDate*.

To explore the full range of our resources and services, including access to a state of the art Patient Resource Center and the Medical Center Archives, connect to <http://library.weill.cornell.edu/>.

III. Direct Deposit

Staff receiving pay may elect to have Direct Deposit of paychecks into their checking and/or savings account. A Direct Deposit Form should be completed and a voided check or letter from the bank should accompany the form and forwarded to the Human Resources/Information Management Services office.

EMPLOYEE ASSISTANCE PLAN

The Medical College recognizes that there is a wide range of problems of a personal nature that affect an employee's job performance. These may include substance abuse, marital or other family problems, financial, legal, or other issues.

The Employee Assistance Program (EAP) has been established to provide a counseling and referral service for the employees of the Medical College, New York-Presbyterian Hospital Weill Cornell Medical Center, Memorial Sloan-Kettering Cancer Center, The Hospital for Special Surgery, and Rockefeller University who may need assistance with such problems.

**Location: 445 East 68th Street on the first floor and
Telephone: (212) 746-5890**
twenty-four (24) hours a day, seven (7) days a week.

Full-time and part-time salaried academic staff members and their family members are encouraged to contact the EAP on their own (self-referral), or they may be referred by the Workforce Health and Safety, Faculty Affairs, the Human Resources Department or their supervisor. When a supervisor has encountered an employee whose job performance and/or attendance has declined, the supervisor should consult with the Human Resources Department. Depending on the circumstances, Faculty Affairs or the Human Resources Department may suggest the supervisor contact EAP directly.

The EAP Counselor may elect to provide diagnostic evaluation, referral to appropriate treatment facilities and/or follow-up counseling or other assistance as needed.

Participation in the EAP does not relieve an employee from fulfilling his or her job responsibilities. Unwillingness and/or inability to respond to treatment as evidenced by continued poor performance/attendance may result in corrective action up to and including employment termination.

Employees have the right to accept or reject referral to the EAP and any subsequent treatment as well as the right to choose other treatment facilities, doctors, counselors or hospitals. However, continued employment of

an employee with certain problems may be conditioned on the employee's participation in a treatment program recommended by the EAP and approved by the Medical College.

Information about an employee who has undertaken to obtain EAP services on his or her own initiative will be kept confidential. When the employee is administratively referred to the EAP (by Workforce Health and Safety, Faculty Affairs, Human Resources or the supervisor), a report of his or her participation and progress can be made available to appropriate Medical College personnel.

NEW EMPLOYEE ENROLLMENT

HOW TO ENROLL

Use the enrollment web site to make your benefit elections. At the enrollment web site, you will be able to:

- Make your health, dental and vision plan elections
- Waive medical coverage if you don't want coverage through the College
- Elect to participate in the Health Care and/or Dependent Care FSA (You must enroll in these accounts to participate.)
- Elect life insurance, AD&D coverage and/or long-term disability coverage, depending on your eligibility.

LOGGING ON STEP BY-BY-STEP

Once you receive your Welcome letter or e-mail, log on to www.my-enrollment.com/wcmc. Under "Activating Your Account," click on the "Account Activation" link. Then, follow three easy steps:

Step 1	Enter your Login ID (provided on your personalized letter or email).
Step 2	Provide your personal information: <ul style="list-style-type: none">• Enter your month and day of birth in the following format: mm-dd. Be sure to include the dash between month and day. For example, if your birthday is August 28, enter 08-28.• Enter your five-digit home zip code and then click Submit.
Step 3	Create your password: <ul style="list-style-type: none">• Your password must include eight characters and at least one number.• Select three challenge questions from the drop-down menu. The system will use these questions to verify your identity in any later sessions if you forget your password. Provide the answers, then click Submit.• You will then be returned to the Benefits Enrollment screen.• Now, you are ready to enter your Employee ID number and the password you just created. Use the information for this session, and for every new session each time you visit the web site.

Using the Site

The sidebar on the web site's home page will help you get to the information you want:

- **How to Enroll:** Click here for detailed information about the enrollment process.
- **Benefits Highlights:** Click here to learn more about all of your benefit options and their contribution costs. You will find summaries for:
 - The health plan options, including the Weill Cornell Preferred Provider Option and United Healthcare Choice Plus
 - The Dental Assistance Plan
 - The Vision Plan

- The Health Care and Dependent Care Flexible Spending Accounts, including contribution limits for 2011, a list of eligible expenses, and IRS requirements for the accounts.
- **Decision Support Tools:** Click here to calculate how much you may want to contribute to the Health and Dependent Care Flexible Spending Accounts.
 - Click **Health Care and/or Dependent Care Accounts Modelers** and enter the requested information.
 - Click **Calculate** for an estimate of your potential tax savings with a Health Care and/or Dependent Care Flexible Spending Account.

Enroll in the Benefits You Want

When you're ready to enroll, take these steps:

- **Provide your current dependent information.** Make sure that the information is accurate, complete and up-to-date. All dependents on all coverages must have a correct date of birth and Social Security Number. You can make changes by clicking Add. Review the dependent eligibility rules in the Dependent Information section to be sure your enrolled dependents are eligible for coverage. Once you make any updates to your dependent information, click **Continue**.
- **Enroll in the benefits you want within 31 days of your hire date.** Note that you may enroll at any time during this 31-day period. However, once you have made your elections, you may not change them later in this period.
- **Print a confirmation statement for your records.** Once you have saved your elections, a Confirmation Statement will appear, listing the options you have chosen. Print and save your Confirmation Statement.

Default Coverage

If you do not make any benefit elections within the first 31 days of your hire date, you will only have basic life insurance provided by Weill Cornell Medical College. You will not be able to enroll in medical, dental or vision benefits or participate in a Flexible Spending Account until the next Open Enrollment period (in the Fall to be effective January 1, 2012) or unless you have a qualifying change in status during the year (e.g., marriage, birth, change in spouse's employment). You may take advantage of the College's other benefits (e.g., tuition reimbursement, back-up child or elder care) according to the eligibility and enrollment requirements noted above.

QUESTIONS?

If you have questions about your benefit choices or the enrollment process, contact the Benefits Office at 212-746-9001 and select Option 2.

Contact List

Plan	Vendor	Phone Number	Web Site Address
Medical – Preferred Provider Option	Aetna	1-800-838-7391	www.aetna.com
Medical – Choice Plus	United Healthcare	1-866-633-2446	www.myuhc.com
Prescription Drug	Express Scripts	1-800-451-6245	www.express-scripts.com
Dental Assistance Plan	CIGNA	1-800-244-6224	www.cigna.com (Plan ID: 3332214)
Vision Plan	EyeMed	1-866-299-1358	www.eyemed.com
Flexible Spending Accounts	EBPA	1-888-678-3457	www.ebpabenefits.com
Long-term Disability	CIGNA	1-412-402-3238	www.mycigna.com
Faculty/Exempt Retirement Plan	TIAA-CREF Vanguard	1-800-842-2776 1-800-523-1188	www.tiaa-cref.org/weill www.vanguard.com
Non-Exempt/Frozen Retirement Plan	The Benefits Office	1-212-746-9001, Option 2	
Tax Deferred Annuity Plan	TIAA-CREF Vanguard	1-800-842-2776 1-800-523-1188	www.tiaa-cref.org/weill www.vanguard.com
Education Benefits	The Benefits Office	1-212-746-9001, Option 2	
Auto/Homeowners Insurance	Marsh at Work Solutions	1-800-553-4861	
Commuter Benefits	Informational Management Services	1-212-746-9001, Option 5	
Workers Compensation	Gallagher Bassett	1-607-255-1740 Claims Mailed to: PO Box 23812 Tucson, AZ 85734	
Employee Assistance Program	WCMC	1-212-746-5890	www.youreapc.us (email:

			epac@med.cornell.edu)
Back Up Child & Elder Care	Bright Horizons	1-877-242-2737	www.backup.brighthorizons.com (username: WeillCornell; password: 4Backup)

2012 NOTICES

Health Care Reform Notice

I. Grandfathered Plan Status

Weill Cornell Medical College believes our medical plans are "grandfathered health plans" under the Patient Protection and Affordable Care Act (the Affordable Care Act). A grandfathered health plan can preserve certain basic health coverage that was already in effect when that law was enacted. Being a grandfathered health plan means that your plan may not include certain consumer protections of the Affordable Care Act that apply to other plans, for example, the requirement for provision of preventive health services without any cost sharing. However, grandfathered health plans must comply with certain other consumer protections in the Affordable Care Act, for example, the elimination of lifetime dollar limits on essential benefits.

Questions regarding which protections apply and which protections do not apply to a grandfathered health plan and what might cause a plan to change from grandfathered health plan status can be directed to the Employee Benefits Security Administration, U.S. Department of Labor at 1-866-444-3273 or www.dol.gov/ebsa/healthreform.

Annual Notices

The following notices must be provided to you each year. Please review them.

I. Women's Health and Cancer Rights Act of 1998

Under Federal law, plans that cover mastectomy are also required to cover certain reconstructive surgery following a mastectomy and to provide medical plan participants with a notice of this coverage each year.

In compliance with this law, Weill Cornell Medical College ("WCMC") medical plans cover:

- Expenses associated with all stages of reconstruction following a mastectomy

- Expenses associated with surgery and reconstruction of the other breast to produce a symmetrical appearance and
- The cost of prostheses and the cost for treatment of physical complications at any stage of the mastectomy, including lymphedemas.

Plan deductibles and coinsurance for the WCMC medical plan you select will apply to these covered services.

II. HIPAA Certificate of Creditable Coverage

If you lose your coverage under the medical plans, you will automatically be sent a HIPAA certificate of creditable coverage showing how long you had been covered under the medical plan. This document will provide the proof of coverage you may need to reduce any subsequent medical plan's preexisting medical condition limitation period that might otherwise apply to you. If you elect COBRA continuation coverage, when that coverage ends, you will automatically receive another certificate of creditable coverage. You may also request a HIPAA certificate of creditable coverage at any time while covered under the plan and up to 24 months after your coverage has ended.

III. Employer Children's Health Insurance Program (CHIP) Notice

MEDICAID AND THE CHILDREN'S HEALTH INSURANCE PROGRAM (CHIP) OFFER FREE OR LOW-COST HEALTH COVERAGE TO CHILDREN AND FAMILIES

If you are eligible for health coverage from your employer, but are unable to afford the premiums, some states have premium assistance programs that can help pay for coverage. These states use funds from their Medicaid or CHIP programs to help people who are eligible for employer-sponsored health coverage, but need assistance in paying their health premiums.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a state listed below, you can contact your state Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your

dependents might be eligible for either of these programs, you can contact your state Medicaid or CHIP office or dial 1-877-KIDS NOW or www.insurekidsnow.gov to find out how to apply. If you qualify, you can ask the state if it has a program that might help you pay the premiums for an employer-sponsored plan.

Once it is determined that you or your dependents are eligible for premium assistance under Medicaid or CHIP, your employer's health plan is required to permit you and your dependents to enroll in the plan - as long as you and your dependents are eligible, but not already enrolled in the employer's plan. This is called a "special enrollment" opportunity, and you must request coverage within 60 days of being determined eligible for premium assistance.

If you live in one of the states (included in the table on the next page), you may be eligible for assistance paying your employer health plan premiums. The list of states is current as of February 16, 2010. You should contact your state for further information on eligibility.

To see if any more states have added a premium assistance program since February 16, 2010, or for more information on special enrollment rights, you can contact either:

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

www.cms.hhs.gov
1-877-267-2323, Ext. 61565

U.S. DEPARTMENT OF LABOR EMPLOYEE BENEFITS SECURITY ADMINISTRATION

www.dol.gov/ebsa
1-866-444-EBSA (3272)

ALABAMA – Medicaid	CALIFORNIA – Medicaid
Website: http://www.medicaid.alabama.gov Phone: 1-800-362-1504	Website: http://www.dhcs.ca.gov/services/Pages/TPLRD_CAU_cont.aspx Phone: 1-866-298-8443
ALASKA – Medicaid	COLORADO – Medicaid and CHIP
Website: http://health.hss.state.ak.us/dpa/programs/medicaid/ Phone (Outside of Anchorage): 1-888-318-8890 Phone (Anchorage): 907-269-6529	Medicaid Website: http://www.colorado.gov/ Medicaid Phone: 1-800-866-3513 CHIP Website: http:// www.CHPplus.org CHIP Phone: 303-866-3243
ARIZONA – CHIP	FLORIDA – Medicaid
Website: http://www.azahcccs.gov/applicants/default.aspx Phone: 602-417-5422	Website: http://www.fdhc.state.fl.us/Medicaid/index.shtml Phone: 1-866-762-2237

<p>ARKANSAS – CHIP</p> <p>Website: http://www.arkidsfirst.com/ Phone: 1-888-474-8275</p>	<p>MONTANA – Medicaid</p> <p>Website: http://medicaidprovider.hhs.mt.gov/clientpages/clientindex.shtml Phone: 1-800-694-3084</p>
<p>GEORGIA – Medicaid</p> <p>Website: http://dch.georgia.gov/ Click on Programs, then Medicaid Phone: 1-800-869-1150</p>	<p>NEBRASKA – Medicaid</p> <p>Website: http://www.dhhs.ne.gov/med/medindex.htm Phone: 1-877-255-3092</p>
<p>IDAHO – Medicaid and CHIP</p> <p>Medicaid Website: www.accesstohealthinsurance.idaho.gov Medicaid Phone: 208-334-5747 CHIP Website: www.medicaid.idaho.gov CHIP Phone: 1-800-926-2588</p>	<p>NEVADA – Medicaid and CHIP</p> <p>Medicaid Website: http://dwss.nv.gov/ Medicaid Phone: 1-800-992-0900 CHIP Website: http://www.nevadacheckup.nv.org/ CHIP Phone: 1-877-543-7669</p>
<p>INDIANA – Medicaid</p> <p>Website: http://www.in.gov/fssa/2408.htm Phone: 1-877-438-4479</p>	<p>NEW HAMPSHIRE – Medicaid</p> <p>Website: http://www.dhhs.state.nh.us/DHHS/MEDICAIDPROGRAM/default.htm Phone: 1-800-852-3345 x 5254</p>