



Weill Cornell Medicine



Benefits Guide

2026

Table of Contents



Weill Cornell Medicine

	Join	
	Eligibility	2
	Benefits Enrollment, Changes & What's New	3
	Health	
	Medical Benefits	8
	Dental Benefits.....	14
	Vision Benefits.....	15
	Flexible Spending and Savings Accounts	16
	Business Travel.....	21
	Additional Health and Wellness Benefits	22
	Behavioral Health Resources	23
	Retirement	
	Plans with Employee Contributions	26
	Plans with Weill Cornell Medicine Contributions.....	27
	Retiree Medical Coverage.....	28
	Leave & Income Protection	
	Disability Benefits	32
	Life Insurance Benefits.....	34
	Accidental Death & Dismemberment Insurance.....	36
	Work/Life	
	Tuition and Education Benefits for You	38
	Family Building Benefits.....	39
	Dependent and Child Care Benefits	40
	Tuition and Education Benefits for Your Children	42
	Voluntary Benefits	43
	Notices	
	Notices & Disclosures	46
	Contact List	
	Contact List	67

Every day at Weill Cornell Medicine, we witness something remarkable: healthcare professionals who pour their hearts into transforming lives, researchers who push the boundaries of medical science, and educators who shape tomorrow's healers. This dedication to excellence has defined WCM since its founding and continues to inspire us all. As an employer, we are also committed to providing the resources our outstanding faculty and staff need to care for themselves and their families. We take great pride in offering a robust benefits package designed to support your physical, mental, financial, and professional health, whether you are just starting your career, planning for retirement, or somewhere in between.

Just as we invest in providing world-class care for our patients, we believe in taking exceptional care of the people who make our mission possible – you, our valued faculty and staff. Whether you are a recent addition to our team or have dedicated decades to our institution, we have thoughtfully crafted a comprehensive benefits package to support every aspect of your wellbeing, from your physical and mental health to your financial security and professional growth. As you review the benefits available to you in 2026, know that each option has been carefully selected to meet the diverse needs of our WCM family.

If you have any questions about your benefits options, please contact the HR Solution Center at **646-962-9247**.



Eligibility & Enrollment

Eligibility

Eligible Employees

A Weill Cornell Medicine employee is eligible for benefits if they hold a budgeted position and are:

- A **non-academic employee** working at least 17.5 hours per week
or
- An **academic employee** on a continuing paid appointment

Some benefits have more specific eligibility guidelines, which are outlined in their respective sections in this Benefits Guide. For example, employees may only be eligible for certain benefits based on their exempt status, whether they are academic or non-academic, their salary, or other requirements.

Contingency employees, including temporary and casual employees, are not eligible for benefits unless they meet certain criteria under the Affordable Care Act or other benefits policies. Contingency employees eligible for medical benefits will receive a notification from the Benefits Office with enrollment instructions.

This guide refers to benefits for non-union WCM faculty and staff. **If you are represented by a union, please review your collective bargaining agreement for the benefit plan that would apply to you or contact your union representative.** If you are uncertain of your status as a member of a union, please contact the HR Solution Center at hrsc.weill.cornell.edu or 646-962-9247.

Eligible Dependents

Eligible dependents include:

- The employee's **spouse or domestic partner**. (When you cover a domestic partner on a health plan, there may be tax implications. Please contact the HR Solution Center for more information at **646-962-9247**.)
- The dependent **child(ren)** of an employee or an employee's spouse/domestic partner through the end of the year in which they reach age 26, regardless of whether they are a full-time student, tax dependent, or married.

Some benefits have more specific dependent eligibility requirements, which are outlined in their respective sections in this Benefits Guide.

Join

We offer a wide range of benefits for our employees and their eligible family members.



Benefits Enrollment, Changes & What's New

Medical, Dental, Vision, Life, AD&D, and Long-Term Disability Plans

- **New Employees:** You must make your benefits elections within 31 days of your hire date. If you enroll, the effective date of your coverage depends on your hire date:
 - If your hire date is **the first calendar or business day of the month**, your coverage will be effective on your hire date.
 - If your hire date is **after the first calendar or business day of the month**, your coverage will be effective on the first day of the month following your hire date.

Shortly after you start work at Weill Cornell Medicine, you will receive a notification from the Benefits Office (hrsc@med.cornell.edu) with information on how to enroll online. Note that this email will go to your Weill Cornell Medicine email address. The email will be sent to your CWID (Center Wide ID). Please be sure to activate your CWID upon your date of hire. Your WCM email is your CWID combined with @med.cornell.edu.



- **Current Employees:** After your initial 31-day enrollment period, you can change your elections:
 - **During Open Enrollment**, typically held in November each year. At that time, you can enroll in different benefits, change your current plan elections, or add or remove eligible dependents under your coverage.

If you don't change your benefits during the Open Enrollment period, you'll continue your enrollment and coverage levels under all plans you have elected, except for Health Care and Dependent Care Flexible Spending Accounts. You must re-enroll in Flexible Spending Accounts every year if you wish to participate.
 - **Due to a Qualifying Life Event.** Your benefits elections will remain in effect through the year, and may not be changed during the year unless you experience a qualifying life event, as defined by the IRS. You will be permitted to change your elections within the plans in which you are currently enrolled, provided you inform the Benefits Office within 31 calendar days of the effective date of the change. You must provide proof of the date of the event that is necessitating the change in coverage. Common qualifying life events include:
 - **Loss of health coverage**
 - Losing existing health coverage, including job-based, individual, and student plans
 - Losing eligibility for Medicaid
 - Losing coverage through a parent's plan
 - **Changes in household**
 - Getting married or divorced
 - Having a baby or adopting a child
 - Death in the family
 - **Changes in residence**
 - Moving to a different country
 - Under certain circumstances, moving to a different zip code/county
 - **Other events**
 - Changes in your income that affect the coverage you qualify for
 - Returning from an unpaid leave of absence
 - For Dependent Care FSA only: Change in child care arrangements

You can notify HR of the need for a life status benefits change by submitting a request online at hrsc.med.cornell.edu and attaching the necessary documentation. Information about required documentation is available at hr.weill.cornell.edu. Most changes take effect on the first of the month following the month of the qualifying event. For events such as births and adoptions, the effective date will be the date of birth /adoption.

WCM offers a special enrollment window if you or your eligible dependents either:

- Lose Medicaid or Children's Health Insurance Program (CHIP) coverage because you or your dependents are no longer eligible; or
- Become eligible for a state's premium assistance program under Medicaid or CHIP.

To qualify for this enrollment exception, you have 60 days — instead of 31 — from the date of the Medicaid/CHIP eligibility change to request enrollment in WCM's group health plan. Please note that this 60-day enrollment extension applies only to the Medicaid/CHIP eligibility exception.

All Other Benefits and What's New for 2026

Please refer to "What's New for 2026" on the following page and the benefits sections in this guide for enrollment/application instructions.



What's New for 2026

Expanded Preventive Coverage for Cancer Screenings

Breast Cancer Screenings

Under updated Women's Preventive Services Guidelines, supplementary imaging (e.g., MRI, ultrasound, and additional mammograms) and pathology evaluations will now be considered **preventive services**. This means **no cost share or deductible** for these services starting **January 1, 2026**. For more information: <https://www.hrsa.gov/womens-guidelines>.

Colon Cancer Screenings

Routine colonoscopies are already covered without cost-sharing. Beginning **January 1, 2026**, **diagnostic colonoscopies** will also be covered **without cost share** (after the deductible for the Health Savings Plan - HSP). View additional Medical Plan benefits on page 8.

Retirement Plan 403b

- Standard contribution limit is \$23,500. (The amount for 2026 is pending from the federal government.)
- Employees over 50 with a salary less than \$145,000 in 2025 can make an additional catch-up contribution on a **pre-tax or post-tax basis** of up to \$7,500. (The amount for 2026 is pending from the federal government.)
- Employees over 50 with a salary greater than \$145,000 in 2025 can make additional catch-up contributions on a **post-tax basis only**, of up to \$7,500. (The amount for 2026 is pending from the federal government.)
- Super catch-up contributions: Employees aged 60-63 can make additional catch-up contributions up to \$11,250 in 2025. (The amount for 2026 is pending from the federal government.) View additional Retirement Plan benefits on page 26.



What's New for 2026

Managed Care Program Update

Effective January 1, 2026, the Managed Care Plan will include In-Network Deductibles of \$250/\$500 for hospital and surgery services. These deductibles will apply only to Outpatient Surgeries (including facility and physician charges) and Inpatient hospital stays (including both facility and physician charges). View 2026 Medical Plans Side-by-Side Comparison on pages 11 and 12.

Vision Plan

- The Contact Lens and Frame Allowance increased from \$175 to \$200 annually.
- Retinal imaging will be covered with no copay (was \$39). View additional Vision Plan benefits on page 15.

CVS Weight Management Program

- Starting **January 1, 2026**, Aetna members prescribed a GLP-1 oral or injectable medication for weight loss (not for diabetes management) will be **required to enroll in the CVS Weight Management Program**.

This program offers:

- **Personalized coaching and guidance**
- **Nutrition support**
- **A digital app** to help you stay on track with your health goals

- **Important:** If you choose not to enroll in the program, you will be responsible for the **full cost of the medication**, which **may not count** toward your deductible or out-of-pocket maximum.

All eligible members are encouraged to utilize this supportive program to maximize their health outcomes and benefits. View additional Medical Plan benefits on page 8.





+ Medical, Dental, and Vision

Medical Benefits

Medical coverage is the cornerstone of your Weill Cornell Medicine benefits package. Everyone's circumstances are unique, so we offer three distinct medical plans: the Weill PPO Plan, Managed Care Plan, and Health Savings Plan. Each has its own features and advantages, which you will learn about on the following pages. All three plans are administered by Aetna® and provide access to their Aetna Choice® POS II network of providers.

This guide refers to benefits for non-union WCM faculty and staff. **If you are represented by a union, please review your collective bargaining agreement for the benefit plan that would apply to you or contact your union representative.** If you are uncertain of your status as a member of a union, please contact the HR Solution Center at hrsc.weill.cornell.edu or 646-962-9247.

Health

Our health benefits include medical, dental, and vision coverage for you and your family. Our plans are designed to help you be proactive about your health and provide comprehensive coverage for ongoing conditions.

Health Insurance Glossary

Copay

A fixed dollar amount you pay for certain in-network medical services or prescriptions.

Coinsurance

Your share of the costs of a covered service, calculated as a percent (for example, 10%) of the cost for the service.

Deductible

The amount you need to pay out of pocket every calendar year before the plan begins making payments for certain services.

Brand-Name Drug

A drug that is manufactured and marketed under a trademark or name. It typically costs more than a generic drug.

Generic Drug

A drug that has the same active ingredients as a brand-name drug. Generic drugs are usually less expensive than brand-name drugs.

Preferred Brand-Name Drug

A drug on the Aetna formulary list of preferred drugs. To find out if your prescription is considered a preferred brand-name drug, contact Aetna directly at **1-888-792-3862** (TTY: 711).

Non-Preferred Brand-Name Drug

A drug that is not on the Aetna formulary list of preferred drugs.

Recognized Charge

The amount of an out-of-network provider's charge that is eligible for coverage. You are responsible for all amounts above what is eligible for coverage.

Specialty Medications

High-cost prescription drugs used to treat complex, chronic conditions. Specialty drugs require prior authorization.

Out-of-Pocket Maximum

The most you could pay out of pocket for covered expenses during a calendar year. Once you meet the out-of-pocket maximum, the plan will pay 100% for covered expenses for the rest of the year.



World-Class Medical Care from Weill Cornell Medicine Physicians

One of the best perks of working at a world-class medical institution is access to world-class physicians, resources, and care. As an employee of Weill Cornell Medicine, you get in-network access to our very own Weill Cornell Medicine Physicians, who are leaders in both patient care and cutting-edge medical research.

Preferred Access: Over 85% of our Weill Cornell Medicine Physicians participate in the Aetna Choice POS II network. Both the Weill PPO Plan and the Managed Care Plan offer visits to Weill Cornell Medicine Physicians for just a \$20 or \$25 copay, depending on whether the provider is a primary care physician or specialist. The Weill PPO Plan also offers in-network access to the additional 13% of Weill Cornell Medicine Physicians who do not participate in the Aetna network.

Convenient Office Locations: While most Weill Cornell Medicine Physicians are conveniently located on or near the Weill Cornell campus, we also have offices on the Upper West Side and in Lower Manhattan, Brooklyn, Queens, and Southampton, Long Island. It's easier than ever to find a Weill Cornell Medicine Physician for primary or specialty care. For a full list of office locations, visit www.weillcornell.org.

Primary Care: Every member of your family should have a primary care physician to provide important preventive care services, treat acute illnesses, and help manage ongoing health issues.

If you don't already have a primary care physician, learn more about Weill Cornell Medicine's primary care services at www.weillcornell.org/services/primary-care-adult-internal-medicine.

Weill Cornell Connect: This is a safe, convenient, and free online service that lets you view key areas of your medical record, see test results, send secure messages to your provider, request prescription refills, and much more.

You can learn more about Weill Cornell Medicine Physicians and find a full provider list at www.weillcornell.org.

How Do I Choose a Medical Plan?

Although our medical plans have a number of common elements, they each have some unique features. As you consider your options, be sure to:

- Review the plan features carefully
- Think about the health care needs you and your family will have in the year ahead
- Check if your doctor is part of the Aetna Choice POS II network and/or a Weill Cornell Medicine Physician
- Consider your total costs — including how much you'll need to pay through copays, deductibles, and coinsurance — not just your costs per paycheck

Free Preventive Care

Being proactive about your health is key to staying well. That's why all three of our plans offer 100% coverage — with no cost to you — for a wide range of preventive care services when you use an in-network provider. These include routine screenings, vaccines, and checkups for adults and children, as well as counseling to prevent illnesses, disease, and other health problems. They also include women's preventive care services, including checkups, contraception, prenatal care, lactation counseling, and more.

Plan Comparison Highlights

	Weill PPO Plan	Managed Care Plan	Health Savings Plan
Coverage Type	A coinsurance plan. Covers doctors' office visits at 100% after a copay, but all other in-network services are subject to the deductible and coinsurance.	A copay plan. Covers most in-network services at 100% after a fixed-dollar copay, including office visits and urgent/emergent services. A deductible and copay apply for surgeries and hospital stays.	A high-deductible plan. Once you meet the deductible, in-network services are covered by coinsurance.
Provider Network	Aetna Choice POS II network <i>and</i> the Weill Cornell Medicine Physicians who are not part of that network.	Aetna Choice POS II network, which includes over 85% of Weill Cornell Medicine Physicians.	Aetna Choice POS II network, which includes over 85% of Weill Cornell Medicine Physicians.
Prescription Drug Coverage	Pay a copay for covered prescription drugs with no deductible.*	Pay a copay for covered prescription drugs.*	You must first meet the deductible, then you pay a copay for prescription drugs.**
Out-of-Network Coverage	The lowest deductible for out-of-network care.	A deductible for out-of-network care.	A deductible for out-of-network care.
Additional Features	The only plan with advanced coverage for fertility services. Cryopreservation: The freezing of eggs, sperm, or embryos for later use	The plan with the most predictable out-of-pocket expenses for in-network care.	The only plan that gives you the opportunity to establish a Health Savings Account (HSA) to save tax-free for eligible health care expenses in 2025 and beyond.

* Certain preventive drugs are covered without a copay.

** Certain preventive drugs are covered by a copay with no deductible under the Health Savings Plan.

See the detailed plan comparison on the following pages.

Note: Summaries of Benefits and Coverage (SBCs) for each 2026 medical plan are available online at hr.weillcornell.edu. You can also receive paper copies, free of charge, by calling the HR Solution Center at **646-962-9247**.

Save Money and Time with In-Network Providers

In addition to the lower out-of-pocket costs, as illustrated in the chart on the following pages, in-network providers have agreed to charge pre-negotiated rates, which saves you even more money.

If you go to an out-of-network provider (also called a "non-participating" provider), there is no limit to what you may pay. The out-of-network plan design is based on the "recognized" charge. You may pay more than the coinsurance or out-of-pocket maximum listed in the following chart if your provider bills a higher amount. This can amount to thousands of dollars more than in-network care. Further, out-of-network doctors may require you to submit the claim to Aetna for reimbursement, whereas in-network providers will do that automatically on your behalf.

In certain costly out-of-network situations, Aetna and their third-party partners like Data iSight may reach out to you to help negotiate what you owe. Although this requires some additional coordination and work on your end, it may result in you paying significantly less for the care received. These negotiations generally take place before any payment is made. If you pay upfront for your medical services, the ability to negotiate may be lost.

In short: In-network providers can save time and money.



2026 Medical Plans: Side-by-Side Comparison

The table below summarizes the costs of the most common covered services under each of our three medical plans.

	Weill PPO Plan		Managed Care Plan		Health Savings Plan	
Provider Network	Aetna Choice POS II and all Weill Cornell Medicine Physicians		Aetna Choice POS II		Aetna Choice POS II	
Medical	Participant responsibility:		Participant responsibility:		Participant responsibility:	
	In Network	Out of Network ¹	In Network	Out of Network ¹	In Network	Out of Network ¹
Deductible						
Individual	\$500	\$750	New \$250	\$1,500	\$1,700	\$1,700
Family	\$1,000 ²	\$1,500 ²	New \$500	\$3,000 ²	\$3,400 ³	\$3,400 ³
Coinsurance	15% after deductible	30% after deductible	0%	30% after deductible	15% after deductible	30% after deductible
Preventive care services	No charge	30% after deductible	No charge	30% after deductible	No charge	30% after deductible
Primary care office visit						
- Weill Cornell Medicine provider	\$20 copay	30% after deductible	\$20 copay ⁴	30% after deductible	15% after deductible ⁴	30% after deductible
- Aetna network provider	\$35 copay		\$35 copay		15% after deductible	
Specialist office visit						
- Weill Cornell Medicine provider	\$25 copay	30% after deductible	\$25 copay ⁴	30% after deductible	15% after deductible ⁴	30% after deductible
- Aetna network provider	\$45 copay		\$45 copay		15% after deductible	
Mental health office visit	\$20 copay	30% after deductible	\$20 copay	30% after deductible	15% after deductible	30% after deductible
Urgent care facility visit	15% after deductible	30% after deductible	\$40 copay	30% after deductible	15% after deductible	30% after deductible
Outpatient surgery	15% after deductible	30% after deductible	\$200 copay after deductible	30% after deductible	15% after deductible	30% after deductible
Emergency room visit	15% after deductible	15% after deductible	\$200 copay	\$200 copay after deductible	15% after deductible	15% after deductible
Hospital stay	15% after deductible	30% after deductible	\$350 copay after deductible	30% after deductible	15% after deductible	30% after deductible
Bariatric surgery	15% after deductible	30% after deductible	Any applicable copays ⁴ after deductible	30% after deductible	15% after deductible ⁴	30% after deductible
Fertility services	15% after deductible ⁵	30% after deductible ⁵	Not covered	Not covered	Not covered	Not covered
Gender-affirming care	15% after deductible	30% after deductible	Any applicable copays ⁴	30% after deductible	15% after deductible	30% after deductible
- In-person stay/Outpatient surgery			in-stay/out-surgery: deductible applies			
Out-of-pocket maximum⁶	\$3,500 Individual \$7,000 Family	\$5,500 Individual \$11,000 Family	\$3,000 Individual \$6,000 Family	\$4,500 Individual \$9,000 Family	\$3,500 Individual \$7,000 Family	\$6,400 Individual \$12,800 Family
Prescription Drugs^{7, 8}						
Tier 1: Generic						
30-day in-store		\$10		\$10		\$10 after deductible
90-day by mail or at CVS Pharmacy [®] store		\$20		\$20		\$20 after deductible
Tier 2: Preferred brand-name						
30-day in-store		\$40		\$40		\$40 after deductible
90-day by mail or at CVS Pharmacy store		\$80		\$80		\$80 after deductible
Tier 3: Non-preferred brand-name						
30-day in-store		\$60		\$60		\$60 after deductible
90-day by mail or at CVS Pharmacy store		\$120		\$120		\$120 after deductible

¹ Out-of-network plan design is based on the recognized charge. You may pay more than the coinsurance or out-of-pocket maximum listed if your provider bills a higher amount.

² Each participant has to meet their individual deductible. If you have a family of three or more individuals, only two must meet the deductible.

³ The family deductible and annual out-of-pocket maximum are calculated in aggregate. If you enroll for Employee + Spouse/Domestic Partner, Employee + Child(ren), or Family coverage, you must meet the entire family deductible before the plan pays benefits for any covered family member.

⁴ Must be in the Aetna Choice POS II network.

⁵ Subject to a 6-attempt limit per lifetime for artificial insemination and ovulation induction; a 3-attempt limit for advanced reproductive technology.

⁶ Charges more than the recognized charge do not apply to the out-of-pocket maximum.

⁷ The Health Savings Plan classifies certain prescription drugs as preventive. The annual deductible doesn't apply to these drugs, and your cost will be subject to the applicable copay. You must first meet the annual deductible for all other prescription drugs, and then copays apply.

⁸ Specialty Drugs: Specialty medications are high-cost prescription drugs used to treat complex, chronic conditions. They require prior authorization from the insurance company. If you or a family member are prescribed a specialty medication that is subject to a deductible, they may be covered by the IPC Copay Assistance Program. Contact Pillar Rx at **636-614-3126** to enroll in the IPC Copay Assistance Program.

Medical Plan Contributions Per Paycheck for 2026

Your medical plan contributions are based on the level of coverage you select and your annual compensation. The following table shows your pre-tax contributions for medical plan coverage per bi-weekly paycheck in 2026.

Weill PPO Plan					
If your salary falls into this range:	Less than \$50,000	\$50,000 – \$99,999	\$100,000 – \$149,999	\$150,000 – \$249,999	\$250,000 or more
Employee Only	\$65	\$80	\$110	\$136	\$156
Employee + Child(ren)	\$124	\$152	\$209	\$259	\$297
Employee + Spouse/ Domestic Partner*	\$143	\$176	\$243	\$300	\$344
Employee + Family	\$202	\$249	\$342	\$423	\$484
Managed Care Plan					
If your salary falls into this range:	Less than \$50,000	\$50,000 – \$99,999	\$100,000 – \$149,999	\$150,000 – \$249,999	\$250,000 or more
Employee Only	\$60	\$75	\$101	\$127	\$142
Employee + Child(ren)	\$114	\$142	\$191	\$241	\$270
Employee + Spouse/ Domestic Partner*	\$132	\$165	\$222	\$279	\$313
Employee + Family	\$186	\$232	\$312	\$393	\$441
Health Savings Plan					
If your salary falls into this range:	Less than \$50,000	\$50,000 – \$99,999	\$100,000 – \$149,999	\$150,000 – \$249,999	\$250,000 or more
Employee Only	\$40	\$55	\$69	\$84	\$95
Employee + Child(ren)	\$76	\$104	\$131	\$160	\$181
Employee + Spouse/ Domestic Partner*	\$88	\$121	\$152	\$185	\$210
Employee + Family	\$124	\$170	\$214	\$261	\$295

* Under federal law, monthly contributions for domestic partner coverage are not available on a pre-tax basis. For more information about enrolling a domestic partner, contact the HR Solution Center at **646-962-9247**.



Dental Benefits

The Dental Assistance Plan covers a wide range of dental services for you and your eligible dependents, from preventive care to major services. The plan is administered by Cigna and uses their Total Cigna Dental PPO network of providers.

It Pays to Use Cigna Network Dentists

You're free to use any licensed dental provider, but by using a provider in the Total Cigna Dental PPO network, you can keep your out-of-pocket costs down.

- **Lower, Negotiated Network Rates:** Although the plan's annual deductible and coinsurance still apply for some services, Cigna negotiates lower rates with dentists in its network.
- **No Claim Forms:** You will not need to file a claim; your Total Cigna Dental PPO network dentist will do all the paperwork on your behalf.

For a list of dentists who participate in the Cigna network, visit www.cigna.com. On the home page, click "Find a Doctor" and then on the "Find a Doctor, Dentist or Facility" link.

Dental Assistance Plan Details

The following table provides an overview of benefits available under the Dental Assistance Plan.

Dental Assistance Plan	
Feature	Benefit
Preventive and diagnostic care	100%, no deductible
Annual deductible	\$100 individual/\$300 family
Minor restoration (e.g., fillings)	80% after annual deductible
Major restoration (e.g., crowns)	50% after annual deductible
Orthodontia for children and adults	50% after annual deductible
Annual benefits maximum per person	\$2,500
Lifetime orthodontia maximum per eligible person	\$2,500

Please note: Charges in excess of reasonable and customary limits are not reimbursable by the plan.

Dental Assistance Plan Pre-Tax Contributions Per Paycheck for 2026

Employee Only	\$12
Employee + Child(ren)	\$26
Employee + Spouse/Domestic Partner*	\$26
Employee + Family	\$40

* Under federal law, monthly contributions for domestic partner coverage are not available on a pre-tax basis. For more information about enrolling a domestic partner, contact the HR Solution Center at **646-962-9247**.



Vision Benefits

The Vision Plan provides benefits for a variety of services, from eye exams to eyeglasses and contact lenses, and even vision correction procedures. The plan is administered by EyeMedSM and uses EyeMed's Select network of providers.

Vision Care Services	In-Network Benefits	Out-of-Network Reimbursement
Exam with dilation as necessary	Covered at 100%	Up to \$35
Frames — once every 12 months	\$200 allowance; 20% off balance over \$200	Up to \$140
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		
– Tint (solid and gradient)	Covered at 100%	Up to \$11
– UV coating	\$15 copay	None
– Standard scratch-resistance	Covered at 100%	Up to \$11
– Standard polycarbonate	\$40 copay	None
– Standard anti-reflective	\$45 copay	None
– Standard progressive (add-on to bifocal)	\$80 copay	None
– Premium progressive	\$80; 80% of charge less than \$120 allowance	Up to \$40
– Other add-ons and services	20% off retail price	None
Contact lenses (allowance covers materials only) — once every 12 months		
– Conventional	\$200 allowance; 15% off balance over \$200	Up to \$160
– Disposables	\$200 allowance	Up to \$160
– Medically necessary	Paid in full	Up to \$210
Contact lens fit and follow-up		
– Standard	Paid in full and two follow-up visits	Up to \$40
– Premium	10% off retail price, then apply \$40 allowance	Up to \$40
Additional coverage		
– Retinal imaging	\$0	Up to \$20
– LASIK and PRK vision correction procedures	15% off retail price OR 5% off promotional pricing	N/A

Vision Plan Pre-Tax Contributions Per Paycheck for 2026

Employee Only	\$3.12
Employee + Child(ren)	\$7.50
Employee + Spouse/Domestic Partner	\$5.90
Employee + Family	\$9.18

Health Care Flexible Spending Account

A Health Care Flexible Spending Account (FSA) allows you to use pre-tax dollars to pay for eligible out-of-pocket health care expenses incurred by you or your dependents. This includes deductibles, copays, and coinsurance. The FSA is administered by Health Equity/Wageworks.

Since FSA contributions are automatically deducted from your paycheck pre-tax, they can help reduce your taxable income. Funds are not taxed when you use them to pay for eligible expenses.

- **Eligibility:** You can enroll in the Health Care FSA if you are not enrolled in a Health Savings Account (HSA) for 2026. You may use the FSA funds for your own expenses, or those of your spouse or qualified child. (Please refer to the IRS website for details at www.irs.gov.)
- **Enrollment:** You can enroll in the FSA during your new-hire enrollment period or during the annual Open Enrollment period. You must re-enroll in the FSA each year during Open Enrollment if you wish to continue your participation the following year.
- **Contributions:** **The maximum Health Care FSA contribution amount for 2026 is \$3,400.** Once you select the annual amount you wish to contribute, your contributions will be deducted in equal amounts from each paycheck. By law, the full amount of your annual Health Care FSA election is available to you on the first day of the plan year. Funds in the FSA do not earn interest.
Once you enroll, you cannot change your election unless you experience a qualifying life event. Please refer to the Enrollment section on page 4 for more details on life change events.
- **Eligible Expenses:** You may use your 2026 FSA funds for claims incurred between January 1 (or your hire date, whichever is later) and December 31, 2026. Eligible expenses include deductibles, copays, and coinsurance, dental care, braces, eyeglasses, contact lenses, and some over-the-counter medicines. To view a full list of qualified health care expenses that can be paid from your FSA, visit the IRS website at www.irs.gov or the FSA Store at fsastore.com/fsa-eligibility-list.

- **Reimbursement Process:** You have two options for reimbursement:

— **File Claim Online:** Log into your account at www.healthequity.com/wageworks to submit your claim electronically.

— **File Claim via Fax or Mail:** Claim details may be entered online and a completed form may be printed and faxed or mailed with documentation. **Fax:** 877-853-9236 **US Mail:** Claims Administrator, PO Box 14053, Lexington, KY, 40512

— **Check FSA Balances and Updates:** Once you are enrolled in the Health Care FSA, you may check your balance and updates by logging in to the HealthEquity/Wageworks website via Single Sign-On with your WCM CWID and password:

<https://login.weill.cornell.edu/idp/saml2/idp/SSOService.php?spentityid=WageWorks>

- **Claim Submission Deadline:** You have until March 31, 2027, to submit claims for reimbursement from your 2026 Health Care FSA. **For 2026, unused funds will be forfeited, except for a rollover amount of up to \$680.**
- **Benefits After Termination:** If you leave WCM, only claims incurred before your termination date will be eligible for reimbursement. You may be able to continue participating in the Health Care FSA on an after-tax basis by enrolling in COBRA. If you do not continue with COBRA, you have until March 31 of the year following the year in which you terminate to submit your eligible expenses for reimbursement. Any remaining funds will be forfeited.

Dependent Care Flexible Spending Account

A Dependent Care Flexible Spending Account (FSA) allows you to use pre-tax dollars for eligible dependent care expenses for children up to 13 years of age, such as for day care and day camps, as well as to care for a dependent spouse, parent, or child. **Dependent Care FSA funds cannot be used for health care expenses.** (Please refer to the Health Care FSA on page 16.) The FSA is administered by HealthEquity/Wageworks.

Since FSA contributions are automatically deducted from your paycheck pre-tax, they can help reduce your taxable income. Funds are not taxed when you use them to pay for eligible expenses.

- **Eligibility:** Before enrolling, make sure you will have a qualifying child or dependent spouse, parent, or child for whom you can use FSA funds for eligible expenses. If you are married, you may contribute to the account only if your spouse works, is a full-time student for at least five months of the calendar year, or is disabled. In 2026, if a spouse contributes to a dependent care account with their employer, the combined maximum contribution between the two of you can not exceed \$7,500 in the calendar year. Please refer to the IRS website for updated contribution amounts and other details at www.irs.gov.
- **Enrollment:** You can enroll in the FSA during your new-hire enrollment period or during the annual Open Enrollment period. You must re-enroll in the FSA each year during Open Enrollment if you wish to continue your participation the following year.
- **Contributions:** **The Dependent Care FSA contribution limit for 2026 is \$7,500*.** The amount set aside is not subject to federal taxes, or most state or local taxes, nor will you be taxed when you are reimbursed for covered expenses. Once you select the annual amount you wish to contribute, your contributions will be deducted in equal amounts from each paycheck. You only have access to the actual amount you have contributed to the Dependent Care FSA at any point during the year. Contributions do not earn interest.

In accordance with federal tax guidelines, the plan is subject to a non-discrimination test that may reduce the maximum amount that a highly compensated employee may set aside. When applicable, HR will notify the employee if the contribution amount they elect during enrollment needs to be reduced.

Once you enroll, you cannot change your election unless you experience a qualifying life event. Please refer to the Enrollment section on page 4 for more details on life change events.
- **Eligible Expenses:** You may use your 2026 FSA funds for claims incurred between January 1 (or your hire date, whichever is later) and December 31, 2026. If your qualified expenses are less than the amount you have set aside for the year, the unused amount will be forfeited. Therefore, it is important to set aside only what you expect to use. Expenses that may be reimbursed from a Dependent Care FSA include, but are not limited to, day care, day camps, and rehabilitation facility charges. To view a full list of qualified Dependent Care FSA expenses, visit the IRS website at www.irs.gov or the FSA Store at fsastore.com/fsa-eligibility-list.

- **Reimbursement Process:** You have two options for reimbursement:
 - **File Claim Online:** Log into your account at www.healthequity.com/wageworks to submit your claim electronically
 - **File Claim via Fax or Mail:** Claim details may be entered online and a completed form may be printed and faxed or mailed with documentation. **Fax:** 877-853-9236 **US Mail:** Claims Administrator, PO Box 14053, Lexington, KY, 40512.
- **Claim Submission Deadline:** Claims must be incurred no later than December 31, 2026. You have until March 31, 2027, to submit claims for reimbursement from your 2026 Dependent Care FSA. **Any funds remaining in your account after March 31, 2027, will be forfeited.** Please visit the HR website for current details at hr.weill.cornell.edu.
- **Benefits After Termination:** If you leave WCM, only claims incurred before your termination will be eligible for reimbursement. You have until March 31 of the year following the year in which you terminate to submit your eligible expenses for reimbursement. Any remaining funds will be forfeited.



Health Savings Account (HSA)

The Health Savings Account (HSA) allows you to make pre-tax contributions to an account that can be used to pay health care-related expenses not only in 2026, but in the future, including in retirement. The account is administered by Inspira Financial®.

- **Eligibility:** You can enroll in the HSA if you are enrolled in the WCM Health Savings Plan for 2026 and are not also enrolled in a non-high-deductible health plan.
- **Enrollment:** You can begin or stop your contributions to an HSA at anytime during the year, as long as you meet the eligibility criteria outlined above.
- **Contributions:**

2026 HSA Contribution Limits

Employee Only	\$4,400
Employee + Child(ren)	\$8,750
Employee + Spouse/Domestic Partner	\$8,750
Employee + Family	\$8,750

If you are age 55 or older, you can contribute an additional \$1,000 annually.

- **Eligible Expenses:** Health care expenses that can be paid from the HSA include yours and those of your dependents who are also enrolled in the Health Savings Plan. Eligible expenses include deductibles, copays and coinsurance, dental care, braces, eyeglasses, contact lenses, and some over-the-counter medicines. To view a full list of eligible health care expenses, visit the Inspira Financial website at **mybenefits.inspirafinancial.com** or the IRS website at **www.irs.gov**.
- **Using Your Funds:** Your account must have funds at least equal to the expense for which you are seeking reimbursement. Once you have funds in your HSA, you have a few ways you can use your funds.
 - You can make a payment to your provider from your HSA.
 - If you have a PayFlex/Inspira Financial Card®, you can use it to pay for eligible health care expenses.
 - If you paid out of your pocket, you can go online and pay yourself back. When you pay yourself back, you can do so through a linked bank account. This will withdraw funds from your HSA and deposit them into your personal account. To link a bank account, log in at **mybenefits.inspirafinancial.com** and go to your account settings to get started.

You should keep your receipts for eligible expenses for tax purposes.

- **Investment Option:** You can take advantage of investing your contributions, once they reach \$1,000, across a range of options offered by the plan. Your investment earnings are not taxable, and you are also not taxed when you use the funds for reimbursement.
- **Benefits After Termination:** Once you have established the HSA, the account is yours. If you leave WCM and receive medical coverage under a new health plan, the account remains yours, including into retirement. You can change the amount you contribute (up to the IRS limits) at any time, and use the monies to be reimbursed for eligible expenses incurred at any time, including during retirement. If you leave WCM, you can also transfer your HSA balance to another HSA administrator.



Business and Leisure Travel

Aetna WorldTravelerSM Insurance

If you need to travel for business for an extended period of time, the Aetna WorldTraveler plan can provide short-term international health coverage for you and your eligible dependents at no cost to you, and no enrollment is required. Benefits include emergency and urgent care medical benefits (up to \$500,000 per calendar-year plan maximum), 24/7 emergency assistance services, translation services, medical provider referrals, and help with lost or stolen travel documents. To learn more, call the HR Solution Center at **646-962-9247**.

Business Travel Accident Insurance

Business Travel Accident insurance is available at no cost to you, and no enrollment is required. This benefit provides coverage during business-related travel. The policy covers up to \$500,000 for air travel and up to \$300,000 for ground travel. For more information, call the HR Solution Center at **646-962-9247**.

International Travel Assistance Program

International SOS provides comprehensive travel risk management programs that integrate world-class medical and security resources with proactive health and safety initiatives. These services are available to all Weill Cornell Medicine faculty, staff, and students who travel on Weill Cornell business, or as part of their medical education. No enrollment is required. To learn more, visit the Office of Risk Management website at riskmanagement.weill.cornell.edu.

Leisure Travel Assistance and Identity Theft

Multilingual travel assistance services from The Hartford are available for you and your family when you are more than 100 miles from home for 90 days or less. Assistance begins before your departure and continues throughout your trip. Services include medical referrals and monitoring, travel companion assistance, information on vaccine and immunization requirements, embassy and consular referrals, emergency travel arrangements, and more. To learn more, in the U.S. and Canada, call **1-800-243-6108**, and outside the U.S., call **202-828-5885**. Or email assist@imglobal.com.

Additional Health and Wellness Benefits

Help to Quit Tobacco

The Aetna[®] Healthy Lifestyle Coaching tobacco-free program provides free health coaching and eight weeks of nicotine-replacement therapy to help you or a family member break the habit. You can choose one-on-one or group coaching, and select the nicotine-replacement therapy that works best for your lifestyle: gum, lozenges, or patches. The program is free for all employees and their eligible dependents age 18 and older. To enroll, contact Aetna at **1-866-213-0153** (TTY: 711).

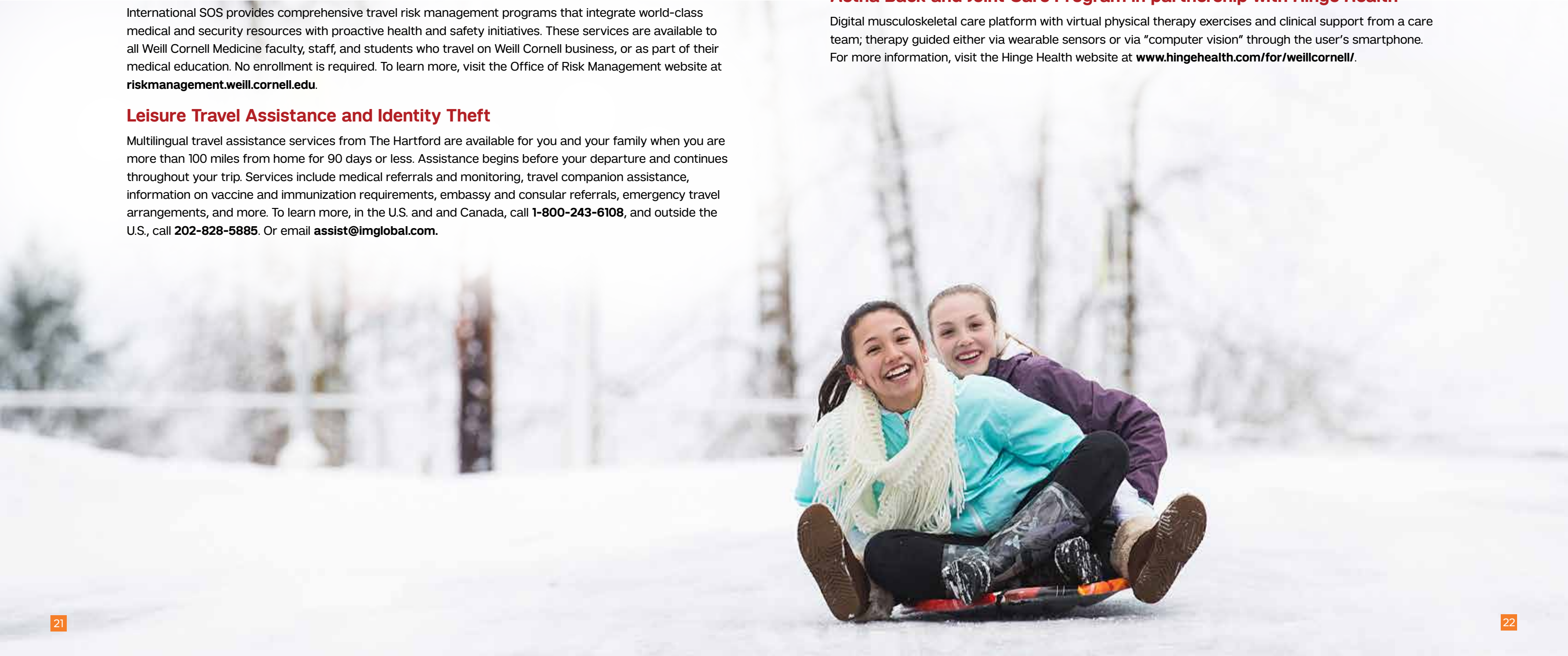
Fitness Reimbursement Program

Get reimbursed for up to \$300 per year for visiting a gym, training with a personal trainer, or purchasing fitness equipment. For more information, please visit the HR website at hr.weill.cornell.edu/benefits/global-fit.

Proof of participation and/or purchase is required. GlobalFit, the program administrator, will review, approve, and process reimbursements. For more information, contact **800-585-9990** or support@globalfit.com.

Aetna Back and Joint Care Program in partnership with Hinge Health

Digital musculoskeletal care platform with virtual physical therapy exercises and clinical support from a care team; therapy guided either via wearable sensors or via "computer vision" through the user's smartphone. For more information, visit the Hinge Health website at www.hingehealth.com/for/weillcornell/.





Behavioral Health Resources

As a Weill Cornell Medicine employee, you have access to a range of benefits designed to provide you and your covered family members with mental health care, emotional support, or counseling whenever you need it.

Employee Assistance Program Consortium

The Employee Assistance Program Consortium (EAPC) offers free, professional, and confidential counseling for a broad range of issues. Their staff of licensed clinical social workers and consulting psychiatrists can assist you and your family members with both everyday problems and crisis situations. They offer individual, couple, and family counseling, as well as referrals for longer-term and specialized treatment, and community-based services.

Employees and their family members are eligible to use the service at no cost. Learn more about the EAPC at www.youreapc.us or by calling **212-746-5890**.

Mental Health Providers

Selecting an in-network mental health provider can provide you with the support you need with lower out-of-pocket costs. Mental health coverage is available for you and the family members covered under your medical plan, no matter their age. The cost per visit depends on the medical plan you are enrolled in.

To locate in-network providers near you, log in to your Aetna member website at www.aetna.com and click "Find Care & Pricing." Then, select an option from the "What Can We Help You Find?" menu, or use the search bar at the top of the page.

Virtual Counseling

Schedule a virtual counseling session and talk with a mental health professional from the comfort of your home or anywhere. Counselors include psychiatrists, therapists, and nurses, and you can speak to the same counselor every time if preferred. The cost of a virtual counseling session depends on the medical plan you are enrolled in.

To schedule a virtual counseling session, call the number below based on the state where you live:

- **Array Behavioral Care: 1-800-442-8938**
For employees in CA, DE, MO, NJ, NY, PA, VA
For ages 5+
- **MDLIVE®: 1-888-282-2522**
For employees in KY, LA, MO, OK, OR, TX
For ages 10+
- **Telemetry: 1-866-991-2103**
For employees in all other states
For ages 5+
- **Brightline: hellobrightline.com/aetna**
For employees in NY, NJ, CT, MA, WA
For ages up to 17

Overcoming Depression, Anxiety, Burnout: Meru Health — Virtual 12-Week Program

This 12-week virtual program uses a number of techniques to help with anxiety, depression, and burnout. These include cognitive behavior therapy, mindfulness, and access to coaches and therapists via phone or video. It also uses a wearable biofeedback device — provided through the program and connected to your smartphone — to measure and improve stress levels. The program is available to you and all family members age 18+ covered under your medical plan. Outpatient fees are based on the medical plan you are enrolled in.

Learn more and enroll at www.meruhealth.com/aetna.

Overcoming Challenges: AbleTo — Virtual 8-Week Program

This virtual program provides emotional support for problems related to health conditions, personal challenges, and life changes. It can help you work through the range of emotions you may experience when facing complex life events, such as worry, depression, confusion, or anger.

During this confidential eight-week program, you'll talk with a therapist and behavior coach weekly via phone or video to help you feel more in control of your situation. This program is available to you and all family members age 18+ covered under your medical plan. There is no cost to participate.

To learn more and enroll, visit <https://member.ableto.com/aetna> or call **1-844-330-3648**.

End-of-Life Support: Compassionate Care

As part of your medical plan, the Aetna Compassionate CareSM program provides end-of-life support for patients, families, and caregivers at no cost. The program includes personalized nurse support to help coordinate care, find community resources, and manage benefits, as well as provide access to advance planning information and tools. For more information, call Aetna Member Services at **1-800-838-7391** (TTY: 711).

Virtual Substance Use Disorder Treatment: Workit Health

Workit Health is a virtual, app-based addiction treatment program. It offers weekly online classes, individual counseling sessions and daily chat support, medication-assisted treatment, and support for relatives and peers. This program is available to you and all family members age 18+ covered under your medical plan. Outpatient fees are based on the medical plan you are enrolled in. For more information, call Workit Health at **1-877-777-2671** or visit www.workithealth.com/aetna. (The coaching program is available nationally, and clinics and counseling are available in AK, CA, MI, NJ, OH, and WA.)

Substance Use Disorder Recovery Support

The MAP program — Measure/Act/Prevent — is a no-cost phone- and web-based program that provides peer support for individuals during the first 12 months of their recovery from substance abuse. For more information, call MAP Health Management at **1-855-627-1010** or visit <https://thisismap.com>. (This program is available in AZ, CA, CT, FL, GA, IL, MA, MD, MN, NH, NJ, NY, NC, PA, RI, SC, TN, TX, and VA.)



Retirement

Supporting your financial well-being is a key part of Weill Cornell Medicine's commitment to you. We offer faculty and staff comprehensive programs to help save for retirement.

\$ Retirement Benefits

Your Total Retirement Benefit from Weill Cornell Medicine Comes from Two Sources:

Your Contributions	+	Weill Cornell Medicine Contributions
Voluntary Employee Retirement Plan and/or 457(b) Salary Deferral Plan		Faculty and Exempt Retirement Plan* or Non-Exempt and Frozen Retirement Plan
<ul style="list-style-type: none"> ● You make contributions. ● You can grow your savings through plan investments. 		<ul style="list-style-type: none"> ● Weill Cornell Medicine provides this benefit at no cost to you.
* Fellows, postdoctoral associates, faculty who are not on a paid continuing appointment, and visiting faculty are not eligible for this benefit.		

Plans with Employee Contributions

Voluntary Employee Retirement Plan

- **Eligibility:** Employees are eligible to contribute to the Voluntary Employee Retirement Plan (VERP) immediately upon hire or anytime during the year.
- **Contributions:** With this plan, you decide how much to contribute to save for retirement. You may make pre-tax or Roth 403(b) (after-tax) contributions, or a combination of both, and you can change, stop, or start your contributions at any time. Having both pre-tax and after-tax assets in your retirement accounts allows you to hedge against the uncertainty of future tax rates.
 - **Pre-tax contributions** allow you to lower your taxable income now and defer paying taxes on your contributions until you make withdrawals in retirement.
 - **Roth 403(b) (after-tax) contributions** are taxed at your current rate, allowing you to make tax-free withdrawals in retirement.

The federal government specifies the total amount you can contribute to the VERP each year. Note that this is a combined limit for both pre-tax contributions and Roth 403(b) (after-tax) contributions.

Voluntary Employee Retirement Plan Contribution Limits

Standard contribution limit is \$23,500. (The amount for 2026 is pending from the federal government.)

Employees over 50 with a salary less than \$145,000 in 2025 can make an additional catch-up contribution on a **pre-tax or post-tax basis** of up to \$7,500. (The amount for 2026 is pending from the federal government.)

Employees over 50 with a salary greater than \$145,000 in 2025 can make additional catch-up contributions on a **post-tax basis only**, of up to \$7,500. (The amount for 2026 is pending from the federal government.)

Super catch-up contributions: Employees aged 60–63 can make additional catch-up contributions up to \$11,250 in 2025. (The amount for 2026 is pending from the federal government.)

* If you reach age 50 during the calendar year, you can contribute the higher annual maximum amount.

- **Enrollment:** You can enroll in the VERP anytime at www.tiaa.org/weill.
- **Investing:** The plan is managed by TIAA, but plan investment choices include a selection of funds offered by TIAA, Vanguard, and other providers. You have a variety of investment options, including lifecycle funds, mutual funds, and a brokerage window. You can select and manage your investments online at www.tiaa.org/weill.
- **Rollovers:** Once you enroll, you may be able to roll over contributions from your previous employer’s plan into the VERP. Eligible plans include 401(k), 401(a), 403(a), or 403(b) plans, as well as 457(b) plans that are maintained by governmental agencies. Note that rollover contributions are not subject to annual limits, so you may roll over any amount you wish. If you wish to roll over contributions, contact TIAA directly for more information at **1-800-842-2252**.

457(b) Salary Deferral Plan

In 2025, employees who earned \$234,500 or more were eligible to participate in the plan. The amount for 2026 is still pending from the federal government.

- **Contribution Amounts:** You were able to defer up to a maximum of \$23,500 in 2025. The maximum amount for 2026 is still pending from the federal government.
- **Enrollment:** You can enroll in the plan anytime at www.tiaa.org/weill.
- **Investing:** The plan is managed by TIAA, but plan investment choices include a selection of funds offered by TIAA, Vanguard, and other providers. You can select and manage your investments online with TIAA at www.tiaa.org/weill.

Plans with Weill Cornell Medicine Contributions

Faculty and Exempt Retirement Plan

- **Eligibility and Vesting:** If you are a faculty member who is on a continuing paid appointment or an exempt employee working at least 17.5 hours per week, you will participate in the Faculty and Exempt Retirement Plan (FERP) after completing one year of service. Weill Cornell Medicine will start making contributions to the plan beginning on the first of the month coincident with or following your one year of service. You become vested (meaning, you have full ownership) in contributions from Weill Cornell Medicine after three years of employment. This includes the one-year waiting period before participation.
- **Benefit Amount:** The contributions from Weill Cornell Medicine are automatic, regardless of whether or not you elect to participate in the Voluntary Employee Retirement Plan, and are based on age and salary, as described in the following table.

Age	Contribution as a Percentage of Pensionable Earnings*
Under age 40	5% up to the Social Security Wage Base** plus 10% of the excess
Ages 40 – 49	10% up to the 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

* Pensionable earnings are capped at \$210,000 for 2025. The amount for 2026 is still pending from the Federal Government. Please note that pensionable earnings include base pay and supplemental compensation from the Weill Cornell Medicine Physician Organization.

** The Social Security Wage Base for 2025 is \$176,100. The amount for 2026 is still pending from the Federal Government.

- **Enrollment:** Weill Cornell Medicine pays for the contributions to this plan. You need to select your investments within the first 90 days of eligibility online at www.tiaa.org/weill. You will receive details on how to select your investments upon completion of one year of service.
- **Investing:** The plan is managed by TIAA, but plan investment choices include a selection of funds offered by TIAA, Vanguard, and other providers. You have a variety of investment options, including lifecycle funds, mutual funds, and a brokerage window. You can select and manage your investments online at www.tiaa.org/weill.

You can schedule an appointment with a TIAA representative to review your fund lineup, as well as fund fees and expenses, online at www.tiaa.org/schedulenow or by phone at **1-800-732-8353**.

If you don’t enroll within 90 days of eligibility, you will be defaulted to the Vanguard Target Retirement Fund appropriate for your expected retirement age. (Please refer to the Summary Plan Description and review the most recent fees and fund expense information at hr.weill.cornell.edu.)

Non-Exempt and Frozen Retirement Plan

- **Eligibility and Vesting:** If you’re a non-exempt employee, you automatically participate in the Non-Exempt and Frozen Retirement Plan (NERP) as long as you are scheduled to work at least 17.5 hours per week. You become vested (meaning, you have full ownership) in your benefit once you complete five years of service.
- **Benefit Amount:** When your employment with Weill Cornell Medicine ends, and if you are vested, your annual benefit amount is determined by a formula:

$$\text{Your average annual compensation (using the highest 5 consecutive years during the last 10 years)} \times \text{Your years of service} \times 1.3\% = \text{Annual Benefit Amount at Age 65}$$

When you retire, you can choose how to receive your benefit. (Please refer to the Summary Plan Description for more information.)

- **Investing:** There are no investment choices for you to make, but you do need to designate a beneficiary. You may designate your beneficiary online during your initial benefits enrollment or by completing a beneficiary designation form, available on the HR website at hr.weill.cornell.edu.
- **Enrollment:** You don’t need to enroll in this plan. You automatically participate as long as you are scheduled to work at least 17.5 hours per week.

Retiree Medical Coverage

You qualify for retiree medical coverage for yourself and your dependents upon termination as long as you are at least age 55 with at least 10 years of service. Note that your dental coverage, vision coverage, and Flexible Spending Accounts do not continue past your retirement date, but you may elect to continue dental and vision coverage under COBRA. For more information about benefits in retirement, please refer to the Retirement Guide, available at hr.weill.cornell.edu/benefits.



Time-Off Benefits

Time-Off Benefits (Academic Only)

For academic/faculty employee time-off benefits, including the Salary Continuation Policy, please refer to the Faculty Handbook at www.weill.cornell.edu/handbook.

Time-Off Benefits (Non-Academic Only)

The time-off amounts listed below are for full-time employees. If you are a part-time employee, you earn time-off benefits on a prorated basis, according to your scheduled number of hours each week.

This guide refers to benefits for non-union WCM faculty and staff. **If you are represented by a union, please review your collective bargaining agreement for the benefit plan that would apply to you or contact your union representative.** If you are uncertain of your status as a member of a union, please contact the HR Solution Center at hrsc.weill.cornell.edu or 646-962-9247.

Paid Sick Time

Sick time is available when you need to be away from work because of your illness or injury, and in certain cases, a family member's illness or injury. You're eligible for sick time as soon as you become a Weill Cornell Medicine employee. Full-time employees accrue sick time at a rate of seven hours per month.

Personal Time

Once you complete three months of service, you will receive three personal days to use prior to the anniversary of your hire date. Each year after that, you will be credited with three personal days on the anniversary of your hire date. Personal days do not carry over from year to year.

Vacation Benefits

Vacation benefits give you paid, scheduled time away from work. You earn vacation benefits over time, based on your length of service. You accrue vacation benefits upon hire, and you may start using them after six months of service.

The following table shows the vacation benefit you can earn each year, based on your length of service.

If your employment status is . . .	and this is your length of service . . .	this is the vacation benefit you can earn each year:
Full-Time Non-Exempt (eligible for overtime pay)	1 to 3 years	70 hours (10 days)
	4 to 5 years	105 hours (15 days)
	6 to 9 years	154 hours (22 days)
	10 years or more	175 hours (25 days)
Full-Time Non-Exempt A (eligible for overtime pay)	1 to 5 years	140 hours (20 days)
	6 to 9 years	154 hours (22 days)
	10 years or more	175 hours (25 days)
Exempt (not eligible for overtime pay)	1 to 4 years	154 hours (22 days)
	5 years or more	175 hours (25 days)

Unused vacation time carries over from year to year, up to a limit of 245 hours (35 days).

Time Off

We all work hard, and time away from work is important to staying well. Generous personal time and vacation benefits are available when you're ready for a break. And when you're not feeling well, you're covered by paid sick time.



Disability & Income Protection



Long-Term Disability (LTD)

If you have a disability that continues beyond 26 weeks, long-term disability (LTD) coverage can provide continued income protection. We offer three types of LTD coverage:

	Who It's For	Benefit Amount	Cost to You
Basic Long-Term Disability <i>Insured by The Hartford</i>	All employees	60% of your compensation, up to a monthly maximum benefit of \$3,500	\$0 – WCM covers the cost
Voluntary Long-Term Disability <i>Insured by The Hartford</i>	Employees with annual income above \$70,000 who want additional coverage beyond Basic LTD	60% of your compensation, up to a maximum monthly benefit of \$25,000 (including the Basic LTD benefit)	\$0.328 per \$100 of your annual income above \$70,000, up to \$500,000
Individual Disability Insurance <i>Insured by Unum</i>	Employees with annual income over \$70,000 who want additional coverage beyond Basic and Voluntary LTD	10% of your compensation, up to a maximum monthly benefit of \$10,000 (in addition to the Voluntary LTD maximum)	Determined by Unum based on your health, smoker status, and salary

Income Protection

We offer Long Term Disability and Life Insurance plans to make sure your family is financially secure in case of the unexpected.



Leave & Income Protection

Basic Long-Term Disability

- **Coverage:** 60% of your compensation, up to a maximum monthly benefit of \$3,500.
- **Enrollment:** You are automatically enrolled in Basic LTD on the first of the month coincident with or following your date of employment.
- **Cost:** Fully paid by Weill Cornell Medicine.

Voluntary Long-Term Disability

- **Coverage:** 60% of your compensation, up to a maximum monthly benefit of \$25,000, which includes the \$3,500 monthly Basic LTD benefit.
- **Enrollment:** You can enroll in Voluntary LTD coverage during your new-hire enrollment period without Evidence of Insurability. If you enroll later, you will need to provide Evidence of Insurability to The Hartford for their review and approval.
- **Cost:** \$0.328 per \$100 of coverage on the amount of your annual income between \$70,000 and \$500,000. (Annual income up to \$70,000 is covered by the Basic LTD benefit at no cost to you.) Please refer to the formula below to calculate your bi-weekly contribution:

$$\begin{aligned} & \text{Annual Compensation} - \$70,000 \text{ (Basic LTD)} \div 12 \text{ months} \div (\$100 \times \$0.328) = \text{Your Monthly Premium} \\ & \text{Your Monthly Premium} \times 12 \div 26 = \text{Your Bi-weekly Premium} \end{aligned}$$

Individual Disability Insurance

- **Coverage:** Individual Disability Insurance allows you to purchase coverage in addition to Basic and Voluntary LTD benefits. It provides 10% of your compensation, up to a maximum monthly benefit of \$10,000.
- **Enrollment:** As a new hire, you will receive details from Unum with enrollment instructions and additional policy information. You will be able to make your enrollment elections online, by mail, or by calling Covala Group, Unum's enrollment service provider.
- **Cost:** The cost of Individual Disability Insurance depends on your health, smoker status, and salary. Covala Group will provide more details on your specific cost in your plan enrollment materials. This coverage is fully employee paid and insured by Unum through an individual contract.

Life Insurance Benefits

Basic Life Insurance

- **Coverage Amount:** Weill Cornell Medicine provides coverage for one times your base salary, rounded to the next highest \$1,000. As long as you're employed by Weill Cornell Medicine, your basic life insurance will continue and will automatically be adjusted with any changes in your pay. Coverage is reduced after you reach age 65, and then again at age 70. The maximum coverage amount is \$500,000.
- **Beneficiaries:** You must designate a beneficiary, which is an individual (or group of individuals) who will receive your benefit in the event of your death. If your beneficiary is a minor, the benefits generally cannot be released directly to the minor child. Please consider all implications before making this election.
- **Enrollment:** You must select a beneficiary during the benefits enrollment process. You can change your beneficiary anytime by completing a form available at hrweill.cornell.edu.
- **Cost:** There's no cost to you for this benefit.

Note that coverage amounts over \$50,000 are imputed as income, meaning that the IRS considers the value of this benefit to be taxable at the end of the year. The imputed income amount appears on your paycheck, so you can list it when you file your taxes.





Leave & Income Protection

Voluntary Life Insurance for Yourself

If you want coverage in addition to your basic life insurance, you can purchase voluntary life insurance for yourself and your dependents.

- **Coverage Amount:** You can choose an amount from one to five times your total compensation. The maximum coverage amount for voluntary life insurance is \$2 million (beyond the basic life insurance Weill Cornell Medicine provides). Coverage is reduced after you reach age 65, and then again at age 70.
- **Enrollment:** You can enroll at any time. Enrollment forms are available online at hr.weill.cornell.edu.
- **Evidence of Insurability:** Evidence of Insurability isn't required during your new-hire enrollment period if you elect no more than three times your total compensation, and your coverage doesn't exceed \$600,000. Evidence of Insurability may be required if you elect a higher amount, or if you enroll in coverage at any other time.
- **Beneficiaries:** You must designate a beneficiary, which is an individual (or group of individuals) who will receive your benefit in the event of your death. If your beneficiary is a minor, you must provide information about their legal guardian. This designation is independent of and in addition to the beneficiary for your basic life insurance.
- **Cost:** The cost for voluntary life insurance is based on your age and the amount of coverage you select. You pay for this coverage on an after-tax basis. To calculate your premium per paycheck, use the formulas below:

$$\text{Your coverage amount} \div 1,000 \times \text{Monthly rate (listed below)} = \text{Your Monthly Premium}$$

$$\text{Your Monthly Premium} \times 12 \div 26 = \text{Your Premium Per Paycheck}$$

Voluntary Employee Life Insurance Premium Rates for 2024			
Age	Monthly rate per \$1,000 of coverage	Age	Monthly rate per \$1,000 of coverage
< 24	\$0.047	50 – 54	\$0.217
25 – 29	\$0.057	55 – 59	\$0.405
30 – 34	\$0.075	60 – 64	\$0.622
35 – 39	\$0.085	65 – 69	\$1.198
40 – 44	\$0.094	70+	\$1.943
45 - 49	\$0.141		

Voluntary Life Insurance for Your Dependents

- **Eligibility:** You can also elect life insurance for your spouse or domestic partner and eligible dependent children. Eligibility for your child ends at the end of the year in which they turn age 26. If your child is incapable of sustaining employment because of a mental or physical disability, coverage may be available for an extended period.
- **Coverage Amounts:**
 - Spouse or Domestic Partner (under age 70): \$25,000
 - Child(ren): Age six months to 26 years: \$10,000/child

- **Enrollment:** You can apply at any time. Enrollment forms are available online at hr.weill.cornell.edu.
- **Evidence of Insurability:** Evidence of Insurability isn't required for your spouse or domestic partner during your new-hire enrollment period, and it's never required for your children.
- **Cost:** You pay your premiums for this insurance through after-tax payroll deductions. Your cost is a flat amount, regardless of the number of dependents you cover.

Voluntary Dependent Life Insurance Premium Rate Per Paycheck for 2026
\$2.58, regardless of the number of dependents covered

Accidental Death & Dismemberment Insurance

You can purchase voluntary accidental death & dismemberment (AD&D) coverage for yourself and your 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/domestic partner or child benefits.

- **For yourself:** Any amount in increments of \$10,000, not to exceed \$500,000. Benefit amounts over \$250,000 cannot exceed 10 times your base salary.
- **For your spouse or domestic partner:** Any amount in increments of \$5,000, not to exceed \$250,000.
- **For your child(ren):** Any amount in increments of \$1,000, not to exceed \$25,000.
- **Enrollment:** You can enroll at any time. Enrollment forms are available online at hr.weill.cornell.edu.
- **Cost:** You pay your premiums for this insurance through after-tax payroll deductions. To calculate your cost, use the formula below depending on what plan you want to elect.

Employee AD&D:

$$\text{Coverage amount} \div 1,000 \times \$0.021 = \text{Monthly Amount}$$

$$\text{Monthly Amount} \times 12 \div 26 = \text{Contribution Per Paycheck}$$

Spouse AD&D:

$$\text{Coverage amount} \div 1,000 \times \$0.022 = \text{Monthly Amount}$$

$$\text{Monthly Amount} \times 12 \div 26 = \text{Contribution Per Paycheck}$$

Child(ren) AD&D:

$$\text{Coverage amount} \div 1,000 \times \$0.044 = \text{Monthly Amount}$$

$$\text{Monthly Amount} \times 12 \div 26 = \text{Contribution Per Paycheck}$$



Work/Life Benefits

Tuition and Education Benefits for You

Our tuition and education benefits include tuition reimbursement for degree programs, certificates, and work-related courses, as well as discounted rates for professional development classes.

Employee Tuition Reimbursement Program

Eligibility: Regular employees who are working at least 17.5 hours per week or more during the year are eligible for this benefit. Employees may take courses that begin after six months of employment. Please note that all employees who hold an MD, PhD, DDS, or DMD are not eligible for this benefit.

Benefit: The Tuition Reimbursement Program provides up to \$5,000, tax-free, per academic year to full-time employees (prorated for part-time service).

How to Apply: You need to apply with HR before enrolling in the course, and the course must be work-related or taken to satisfy the requirements of a degree or work-related certificate program. The course must be taken during non-work hours at a bona fide educational or business organization, or as part of the online curriculum from these same institutions.

Once you complete the course, you must provide proof of full payment and proof of a passing grade or certificate of completion to the HR Solution Center to receive reimbursement. You will then be reimbursed via the payroll system. Forms and additional information are available online at hr.weill.cornell.edu.

Career Life Benefit

Eligibility: Employees age 55 and older who have completed at least six months of employment.

Benefit: The Career Life Benefit supports employees who wish to enroll in courses that would assist with planning for a second career or a hobby. It provides \$5,000 per academic year (prorated for part-time employment) and is taxable to you.

How to Apply: Before enrolling in the course, you must submit a Career Life Benefit application to the HR Solution Center for review. The application will be returned once it is approved or denied. (It does not need to be signed by your supervisor.)

Once you complete the course, you must provide proof of full payment and proof of a passing grade or certificate of completion to the HR Solution Center to receive reimbursement. You will then be reimbursed via the payroll system. Forms and additional information are available online at hr.weill.cornell.edu.

eCornell

eCornell is a subsidiary of Cornell University that provides online professional and executive development to students around the world. Cornell offers more than 20 award-winning online certificate programs in a wide variety of disciplines, including leadership and health care management, finance, marketing, project leadership, and systems design.

As a Weill Cornell Medicine employee, you are eligible for special tuition rates for eCornell courses. They may also be eligible to be submitted under the Employee Tuition Reimbursement Program. To learn more, visit hr.weill.cornell.edu. To register for a course, contact eCornell directly at **1-866-326-7635**.

Work/Life

Your Weill Cornell benefits go beyond your personal health and income protection — we want to help support you and your family at every stage of life. That's why we offer a range of dependent care, tuition, professional development, and other services to meet your needs at work and at home.



Student Loan Solutions

Public Service Loan Forgiveness (PSLF) is a federal program designed to reduce the burden of student loan debt for people who work for eligible public service interest employers, including Weill Cornell Medicine. The Student Loan Solutions benefit is designed to help Weill Cornell Medicine employees successfully navigate federal programs like PSLF and income-driven repayment plans. Created by TIAA and Savi, this service can help you determine whether you are eligible for federal income-driven repayment plans and forgiveness programs, understand your choices, and possibly lower your monthly payments.

As a Weill Cornell Medicine employee, you can access two tiers of service:

- **Free Student Loan Check-Up:** Quickly see your unique repayment plan options and potential savings after entering your personal information into Savi's online tool.
- **Savi Essential Service:** Track payments toward forgiveness and get convenient e-filing, one-on-one assistance, reminders, and more for a small fee.

To learn more about this benefit, visit the Savi website at weill.bysavi.com or contact Savi at partners+tiaa@bysavi.com or 1-833-604-1226.

Family Building Benefits

Adoption Assistance Program

Weill Cornell Medicine offers an Adoption Assistance Program to help employees with the costs associated with adopting a child or your spouse or domestic partner's child.

- **Eligibility:** Regular employees working at least 17.5 hours per week, or academic employees on a continuing paid appointment, are eligible to be reimbursed for qualified adoption expenses. You must be employed by WCM at the time the adoption is finalized or the adoption process is terminated.
- **Benefit:** The Adoption Assistance Program reimburses up to \$10,000 per child adopted for expenses incurred on or after January 1, 2019, or your first day of employment with WCM, whichever is later. There is a lifetime maximum of three adoptions per employee. If you and your spouse/domestic partner are both employees of WCM, the maximum reimbursement is \$10,000 per adoption, up to a lifetime maximum of three adoptions.
- **How to Apply:** Complete an Adoption Assistance Form, and submit it to the HR Solution Center within six months of the adoption finalization or termination date, along with documentation of your expenses. (You will not be reimbursed during the adoption process.) Expense documentation must consist of original itemized invoices accompanied by receipts or cancelled checks, along with the paperwork that demonstrates that a legal adoption has been finalized or terminated. The application form and details about eligible expenses are available on the HR website at hr.weill.cornell.edu.

Surrogacy Assistance Program

Weill Cornell Medicine offers a Surrogacy Assistance Program to help employees with the costs associated with an arrangement, supported by a legal agreement, whereby an individual agrees to become pregnant and deliver a child for a contracted party who is, or will ultimately become the parent(s) of the newborn child or children.

- **Eligibility:** Regular employees working at least 17.5 hours per week, or academic employees on a continuing paid appointment, are eligible to be reimbursed for qualified surrogacy expenses. You must be employed by WCM at the time the surrogacy process or the surrogacy process is terminated.
- **Benefit:** The Surrogacy Assistance Program reimburses up to \$10,000 per child for expenses incurred on or after January 1, 2024, or your first day of employment with WCM, whichever is later. There is a lifetime maximum of \$30,000 per employee. If you and your spouse/domestic partner are both employees of WCM, the maximum reimbursement is \$10,000 per child, up to a lifetime maximum of \$30,000.
- **How to Apply:** Complete a Surrogacy Assistance Form and submit it to the HR Solution Center within six months of completing the surrogacy process or termination date, along with documentation of your expenses. (You will not be reimbursed during the surrogacy process.) Expense documentation must consist of original itemized invoices accompanied by receipts or canceled checks, along with the paperwork that demonstrates that a legal surrogacy process has been finalized or terminated. The application form and details about eligible expenses are available on the HR website at hr.weill.cornell.edu.

Dependent and Child Care Benefits

A big part of our commitment to helping you stay well is to support your ability to care for your family. In addition to our dependent health and life insurance benefits, we provide access to on-campus day care, subsidized back-up care, and a Dependent Care Flexible Spending Account to help meet your child, adult, and elder care needs.

Weill Cornell Children's Centers

Created exclusively for the children of Weill Cornell Medicine faculty, staff, and students, Weill Cornell Children's Centers offer full-service day care for infants through pre-schoolers. The centers are located just a short walk from our main campus: at East 60th Street between 1st Avenue and York Avenue, and at East 62nd Street between 1st and 2nd Avenues. Tuition rates are based on the age of your child and your family's annual household income.

To learn more or schedule a tour, contact Bright Horizons, the administrator of Weill Cornell Children's Centers:

- **Weill Cornell Children's Center at East 60th Street:** weillcornell@brighthorizons.com or 212-750-4534
- **Weill Cornell Children's Center at East 62nd Street:** weillcornell62@brighthorizons.com or 646-582-2966



Back-Up Child, Adult, and Elder Care Services

Weill Cornell Medicine provides back-up child, adult, and elder care services through Bright Horizons® Family Solutions. You can use this service whenever you need to be at work and your regular arrangements for dependent care are temporarily unavailable, whether your dependent is a child, a spouse recovering from major surgery, or an elderly parent who needs assistance. You can also access this benefit if you need assistance recovering from a surgery or illness.

You must register with Bright Horizons in advance to use this service. You can register by phone or online, 24 hours a day, 7 days a week. Call **1-877-242-2737**, or visit the Bright Horizons website at www.backup.brighthouse.com.

When you visit the website, you'll need this information:

Username: WeillCornell

Password: 4backup

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

Back-up care is available for up to 25 days per employee per calendar year.

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

Bright Horizons Enhanced Family Supports

Weill Cornell Medicine provides resources for child care, academic support, and more through Bright Horizons® Enhanced Family Supports.

- **Discount at Bright Horizons Community Day Care Centers:** Receive a 20% discount on tuition at any Bright Horizons daycare center throughout the U.S.
- **Primary Child Care Solutions:** Access tuition discounts at Bright Horizons child care partner centers; waived membership fees (\$150 value) for Sittercity's premium database of sitters and virtual sitting; and discounts on College Nannies, a local, high-touch nanny placement service for trained, screened nannies.
- **Academic Support and Tutoring:** Get exclusive discounts on tutoring, test prep, and enrichment classes from Bright Horizons education partners, including Varsity Tutors, Revolution Prep, MarcoPolo Learning, and more.
- **Additional Benefits:** Resources to help you find local elder care, pet care, housekeeping services, and more.

For more information or to access these services, visit the Bright Horizons website at clients.brighthouse.com/weillcornell.

Dependent Care Flexible Spending Account

This account allows you to use pre-tax money for eligible dependent care expenses, including day care and day camps for children up to 13 years of age, as well as care for a dependent spouse, parent, or child. You can learn more about this account on page 15.

Tuition and Education Benefits for Your Children

Children's Tuition Scholarship Plan

- **Eligibility:**
 - You need to be a full-time employee, and
 - You need to have completed three years of full-time service or the part-time equivalent to be eligible.
 - If both parents are Weill Cornell Medicine employees who qualify for this benefit, only one benefit will be paid.
- **Benefit:** Weill Cornell Medicine offers college tuition benefits for each of your children. The benefit is available for a maximum of four years in an undergraduate degree program and is paid directly to your child's school.
- **Students Attending Cornell University:** The annual maximum benefit for those attending Cornell University is 50% of Cornell University's Endowed College Tuition.
- **Student Attending Schools Other Than Cornell University:** The annual maximum for those attending schools other than Cornell University is 30% of Cornell University's Endowed College Tuition.
- **How to Apply:** Complete the application by logging onto the Children's Tuition Scholarship tile on the Weill Business Gateway (WBG) and providing information about your child and their academic institution. Download the school certification form and the student release form, and submit both to the child's college Bursar. Once the Bursar completes the form, please upload it, together with your tuition bill, to the Children's Tuition Scholarship Tile on the WBG.

Application details are available on the **HR website: hr.weillcornell.edu**.





Voluntary Benefits

Commuter Benefit Program

The Commuter Benefit Program allows you to set up a pre-tax benefit account to pay for public transit — including train, subway, bus, ferry, and eligible vanpool — and qualified parking as part of your daily commute to work. Simply look up your transit/parking providers, and elect your preferred payment methods with HealthEquity/WageWorks, our program provider. Funds are then automatically deducted pre-tax from your paycheck and deposited into your account. If your total commuting expenses exceed IRS pre-tax limits, you can also make post-tax deductions. Current contribution limits are available on the HealthEquity/WageWorks website at www.healthequity.com.

Beginning in 2026

- **Employees can use up to \$340 of pre-tax earnings monthly to pay for transportation in a commuter highway vehicle and any transit pass.**
- **Employees can use up to \$340 of pre-tax earnings monthly to pay for qualified parking expenses.**

To enroll, register for a HealthEquity/WageWorks account at www.healthequity.com using your employee ID number, which is available on your pay statement. Click on Log in and choose EZ Receipts option. Note that you can enroll anytime during the year, but there is a monthly deadline: **You must enroll by the 4th of the month to join the program for the following month.** For example, if you would like to enroll for May, you must enroll by April 4.

If you have any questions, contact HealthEquity/WageWorks at **1-877-924-3967**.

Auto and Homeowners Insurance

As an employee of Weill Cornell Medicine, you have access to the Choice Auto and Home Program through Mercer Voluntary Benefits. Coverages include renters, condo, boat, personal excess liability, motorcycle, rental property, motor home, personal articles, and seasonal property.

- **Cost and Enrollment:** Contact Mercer Voluntary Benefits for a quote at **1-800-553-4861**. Once you enroll, your premium is automatically deducted from your paycheck on an after-tax basis.

Legal Insurance

The legal plan through Mercer Voluntary Benefits provides affordable, flexible legal coverage for services like powers of attorney, IRS audit and defense, will preparation, identity theft, tenant matters, home sales, trusts, adoption, divorce, custody matters, and more. Attorney fees for covered services are paid in full when you use a network attorney. If you have a legal matter that's not covered, you still receive at least 25% off the normal hourly rate.

- **Cost:** The cost is \$23.25 per month, which is automatically deducted from your paycheck on an after-tax basis.
- **Enrollment:**
 - **New employees:** You can enroll online at www.cornellvoluntarybenefits.com or by phone at **1-800-553-4861** within 31 days of your hire date.
 - **Current employees:** You can add this coverage during the fall Open Enrollment period or within 31 days after a qualifying life event.

Coverage continues from year to year unless you contact Mercer Voluntary Benefits to terminate your coverage during the Open Enrollment period. Coverage cannot be terminated mid-year without a qualifying event.

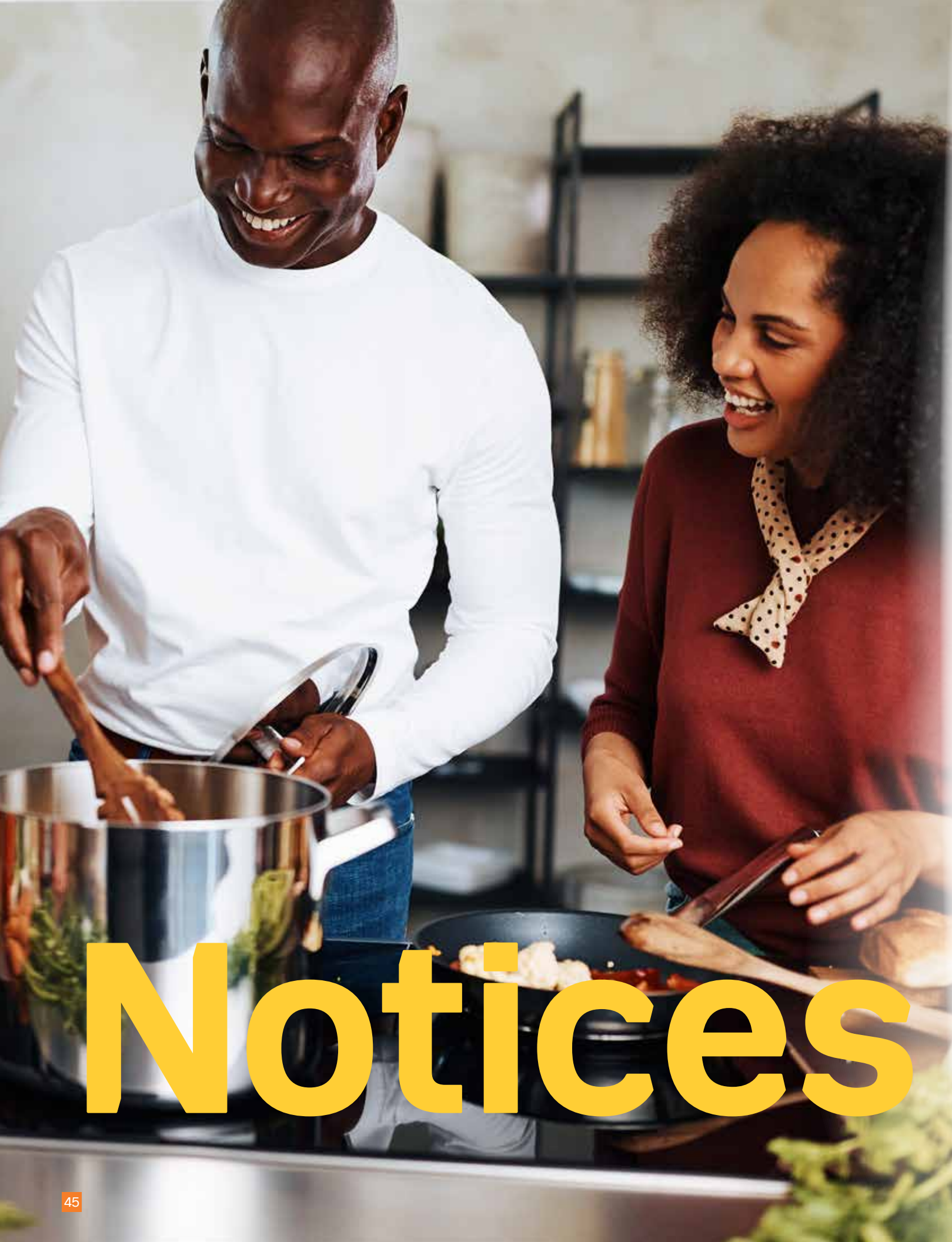
Pet Insurance

Mercer Voluntary Benefits offers affordable pet health insurance coverage for eligible injuries, illnesses, and more. Plans are available for dogs, cats, birds, and exotic pets, and our members are free to use any veterinarian -- even specialists and emergency care providers. New Pet Wellness program option that offers reimbursement for preventive care, including eligible exams, vaccinations, flea prevention, spay/neuter, teeth cleaning, and more, available at an additional cost to new enrollees and as an upgrade upon policy renewal for returning customers. You are eligible for preferred pricing through Weill Cornell Medicine and can enroll anytime. To obtain a quote, visit www.cornellvoluntarybenefits.com or call **1-800-553-4861**.

Discounts

WCM employees have access to an array of discounts for retail stores, gyms, wireless carriers, hotels, car rental services, and more. To learn more about WCM employee discounts, visit the HR website at hr.weill.cornell.edu/benefits/discounts.





Notices



Notices & Disclosures

Important notices include (but are not limited to) Medicare Creditable Coverage, CHIP, HIPAA Privacy, and Notice of Exchange (Marketplace Notice). If you have any questions, or would like a printed copy, please reach out to hpsc@med.cornell.edu. If you (and/or your dependents) have Medicare or will become eligible for Medicare in the next 12 months, a Federal law gives you more choices about your prescription drug coverage. Please read further for more details.

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

Women's Health Rights Under the Women's Health and Cancer Rights Act of 1998

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). The Women's Health and Cancer Rights Act requires group health plans and their insurance companies and HMOs to provide certain benefits for mastectomy patients who elect breast reconstruction. For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for: All stages of reconstruction of the breast on which the mastectomy was performed; Surgery and reconstruction of the other breast to produce a symmetrical appearance; Prostheses; and Treatment of physical complications of the mastectomy, including lymphedema. Breast reconstruction benefits are subject to deductibles and co-insurance limitations that are consistent with those established for other benefits under the plan. If you would like more information on WHCRA benefits, contact your plan administrator (see cover page for contact information).

Women's Health Rights Under the Newborns' and Mothers' Health Protection Act of 1996 (NMHPA)

Group health plans and health insurance issuers generally may not, under federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section.

However, federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and health care issuers may not, under federal law, require that a provider obtain authorization from the plan or the issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

Patient Protections Disclosure

Weill Cornell Medicine generally allows the designation of a primary care provider. You have the right to designate any primary care provider who participates in our network and who is available to accept you or your family members. For information on how to select a primary care provider, and for a list of the participating primary care providers, contact the plan administrator. For children, you may designate a pediatrician as the primary care provider.



Notices

Premium Assistance Under Medicaid and the Children’s Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you’re eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren’t eligible for Medicaid or CHIP, you won’t be eligible for these premium assistance programs, but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit www.healthcare.gov.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a state listed below, 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, contact your state Medicaid or CHIP office, call **1-877-KIDS NOW (1-877-543-7669)** or visit www.insurekidsnow.gov to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren’t already enrolled. This is called a “special enrollment” opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance**. If you have questions about enrolling in your employer plan, contact the Department of Labor at www.askebsa.dol.gov or call **1-866-444-EBSA (3272)**.

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2025. Contact your state for more information on eligibility.

ALABAMA — Medicaid

Website: <http://myalhipp.com/>
Phone: 1-855-692-5447

ALASKA — Medicaid

The AK Health Insurance Premium Payment Program
Website: <http://myakhipp.com/>
Phone: 1-866-251-4861
Email: CustomerService@MyAKHIPP.com
Medicaid Eligibility: <https://health.alaska.gov/dpa/Pages/default.aspx>

ARKANSAS — Medicaid

Website: <http://myarhipp.com/>
Phone: 1-855-MyARHIPP (855-692-7447)

CALIFORNIA — Medicaid

Website: Health Insurance Premium Payment (HIPP) Program: <http://dhcs.ca.gov/hipp>
Phone: 916-445-8322
Fax: 916-440-5676
Email: hipp@dhcs.ca.gov

COLORADO — Health First Colorado (Colorado’s Medicaid Program) & Child Health Plan Plus (CHP+)

Health First Colorado Website: <https://www.healthfirstcolorado.com/>
Health First Colorado Member Contact Center: 1-800-221-3943/State Relay 711
CHP+: <https://hcpf.colorado.gov/child-health-plan-plus>
CHP+ Customer Service: 1-800-359-1991/State Relay 711
Health Insurance Buy-In Program (HIBI): <https://www.mycohibi.com>
HIBI Customer Service: 1-855-692-6442

FLORIDA — Medicaid

Website: <https://www.flmedicaidprecovery.com/>
[flmedicaidprecovery.com/hipp/index.html](https://www.flmedicaidprecovery.com/hipp/index.html)
Phone: 1-877-357-3268

GEORGIA — Medicaid

GA HIPP Website: <https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp>
Phone: 678-564-1162, Press 1
GA CHIPRA Website: <https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra>
Phone: (678) 564-1162, Press 2

INDIANA — Medicaid

Health Insurance Premium Payment Program
Website: <http://www.in.gov/medicaid/>
Phone: 1-877-438-4479
Family and Social Services Administration
Phone: 1-800-403-0864
Member Services Phone: 1-800-457-4584

IOWA — Medicaid and CHIP (Hawki)

Medicaid Website: <https://hhs.iowa.gov/medicaid>
Medicaid Phone: 1-800-338-8366
Hawki Website: <http://dhs.iowa.gov/Hawki>
Hawki Phone: 1-800-257-8563
HIPP Website: <https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp>
HIPP Phone: 1-888-346-9562

KANSAS — Medicaid

Website: <https://www.kancare.ks.gov/>
Phone: 1-800-792-4884
HIPP Phone: 1-800-967-4660

KENTUCKY — Medicaid

Kentucky Integrated Health Insurance Premium Payment Program (KI_HIPP) website: <https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx>
Phone: 1-855-459-6328
Email: KIHIPPPROGRAM@ky.gov
KCHIP Website: <https://kynect.ky.gov>
Phone: 1-877-524-4718
Kentucky Medicaid Website: <https://chfs.ky.gov/agencies/dms>

LOUISIANA — Medicaid

Website: www.medicaid.la.gov or www.ldh.la.gov/lahipp
Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)

MAINE — Medicaid

Enrollment Website: https://www.mymaineconnection.gov/benefits/s/?language=en_US
Phone: 1-800-442-6003
TTY: Maine relay 711
Private Health Insurance Premium Webpage: <https://www.maine.gov/dhhs/ofa/applications-forms>
Phone: 1-800-977-6740
TTY: Maine relay 711

MASSACHUSETTS — Medicaid and CHIP

Website: <https://www.mass.gov/masshealth/pa>
Phone: 1-800-862-4840
Email: mass
TTY: 711

MINNESOTA — Medicaid

Website: <https://mn.gov/dhs/health-care-coverage/>
Phone: 1-800-657-3672

MISSOURI — Medicaid

Website: <http://www.dss.mo.gov/mhd/participants/pages/hipp.htm>
Phone: 573-751-2005

MONTANA — Medicaid

Website: <http://dphhs.mt.gov/MontanaHealthcarePrograms/HIIPP>
Phone: 1-800-694-3084
Email: HSHIPPProgram@mt.gov

NEBRASKA — Medicaid

Website: <http://www.ACCESSNebraska.ne.gov>
Phone: 1-855-632-7633
Lincoln: 402-473-7000; Omaha: 402-595-1178

NEVADA — Medicaid

Medicaid Website: <http://dhcnp.nv.gov>
Medicaid Phone: 1-800-992-0900

NEW HAMPSHIRE — Medicaid

Website: <https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program>
Phone: 603-271-5218
Toll-free number for the HIPP program: 1-800-852-3345, ext 5218
Email: DHHS.ThirdPartyLiabi@dhhs.nh.gov

NEW JERSEY — Medicaid and CHIP

Medicaid Website: <http://www.state.nj.us/humanservices/dmahs/clients/medicaid/>
Phone: 1-800-356-1561
CHIP Website: <http://www.njfamilycare.org/index.html>
CHIP Phone: 1-800-701-0710 (TTY: 711 or 609-631-2392)

NEW YORK — Medicaid

Website: https://www.health.ny.gov/health_care/medicaid/
Phone: 1-800-541-2831

NORTH CAROLINA — Medicaid

Website: <https://medicaid.ncdhhs.gov/>
Phone: 919-855-4100

NORTH DAKOTA — Medicaid

Website: <https://www.hhs.nd.gov/healthcare>
Phone: 1-844-854-4825

OKLAHOMA — Medicaid and CHIP

Website: <http://www.insureoklahoma.org>
Phone: 1-888-365-3742

OREGON — Medicaid and CHIP

Website: <http://healthcare.oregon.gov/Pages/index.aspx>
Phone: 1-800-699-9075

PENNSYLVANIA — Medicaid and CHIP

Website: <https://www.pa.gov/en/services/dhs/apply-for-medicaid-health-insurance-premium-payment-program-hipp.html>
Phone: 1-800-692-7462
CHIP Website: Children’s Health Insurance Program (CHIP) (pa.gov)
CHIP Phone: 1-800-986-KIDS (5437)



Notices

RHODE ISLAND – Medicaid and CHIP
Website: http://www.eohhs.ri.gov/ Phone: 1-855-697-4347, or 401-462-0311 (Direct Rite Share Line)
SOUTH CAROLINA – Medicaid
Website: https://www.scdhhs.gov Phone: 1-888-549-0820
SOUTH DAKOTA - Medicaid
Website: http://dss.sd.gov Phone: 1-888-828-0059
TEXAS — Medicaid
Website: https://dvha.vermont.gov/members/medicaid/hipp-program Phone: 1-800-440-0493
UTAH — Medicaid and CHIP
Utah's Premium Partnership for Health Insurance (UPP) Website: https://medicaid.utah.gov/upp/ Email: upp@utah.gov Phone: 1-888-222-2542 Adult Expansion Website: https://medicaid.utah.gov/expansion/ Utah Medicaid Buyout Program Website: https://medicaid.utah.gov/buyout-program/ CHIP Website: https://chip.utah.gov/
VERMONT — Medicaid
Website: https://dvha.vermont.gov/members/medicaid/hipp-program Phone: 1-800-250-8427

VIRGINIA— Medicaid and CHIP
Website: https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select Medicaid/CHIP Phone: 1-800-432-5924
WASHINGTON — Medicaid
Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022
WEST VIRGINIA — Medicaid and CHIP
Website: https://dhhr.wv.gov/bms/ http://mywvhipp.com/ Medicaid Phone: 304-558-1700 CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
WISCONSIN — Medicaid and CHIP
Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm Phone: 1-800-362-3002
WYOMING — Medicaid
Website: https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/ Phone: 1-800-251-1269

To see if any other states have added a premium assistance program since July 31, 2025, or for more information on special enrollment rights, contact either the Department of Labor or Department of Health and Human Services:

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/agencies/ebsa
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
www.cms.hhs.gov
1-877-267-2323, Option 4, Ext. 61565

Paperwork Reduction Act Statement

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email ebsa.opr@dol.gov and reference the OMB Control Number 1210-0137.

OMB Control Number 1210-0137 (expires 1/31/2026)

Genetic Information Nondiscrimination Act (GINA)

The Genetic Information Nondiscrimination Act of 2008 protects employees against discrimination based on their genetic information. Unless otherwise permitted, your employer may not request or require any genetic information from you or your family members.

GINA prohibits employers and other entities covered by GINA Title II from requesting or requiring genetic information of an individual or family member of the individual, except as specifically allowed by this law.

To comply with this law, we are asking that you not provide any genetic information when responding to this request for medical information. "Genetic Information" as defined by GINA, includes an individual's family medical history, the results of genetic tests, the fact that a member sought or received genetic services, and genetic information of a fetus carried by a member or an embryo lawfully held by a member receive assistive reproductive services.

Mental Health Parity & Addiction Act

The Mental Health Parity and Addiction Act of 2008 generally requires group health plans and health insurance issuers to ensure that financial requirements (such as co-pays and deductibles) and treatment limitations (such as annual visit limits) applicable to mental health or substance use disorder benefits are no more restrictive than the predominant requirements or limitations applied to substantially all medical/surgical benefits. For more information regarding the criteria for medical necessity determinations made under your employer's plan with respect to mental health or substance use disorder benefits, please contact your plan administrator.

Michelle's Law

When a dependent child loses student status for purposes of the group health plan coverage as a result of a medically necessary leave of absence from a post-secondary educational institution, the group health plan will continue to provide coverage during the leave of absence for up to one year, or until coverage would otherwise terminate under the group health plan, whichever is earlier.

For additional information, contact your plan administrator (see cover page for contact information).

Uniformed Services Employment and Re-Employment Rights Act of 1994 (USERRA)

The Uniformed and Services Employment and Re-Employment rights Act of 1994 (USERRA) sets requirements for continuation of health coverage and re-employment in regard to an Employee's military leave of absence. These requirements apply to medical and dental coverage for you and your Dependents. They do not apply to any Life, Short Term or Long Term Disability or Accidental Death & Dismemberment coverage you may have. A full explanation of USERRA and your rights is beyond the scope of this document. If you want to know more, please see the Summary Plan Description (SPD) for any of our group insurance coverage or go to this site: <http://www.dol.gov/vets/programs/userra/main.htm>

An alternative source is VETS. You can contact them at 1-866-4-USA-DOL or visit this site: <http://www.dol.gov/vets>.

An interactive online USERRA Advisor can be viewed at <http://www.dol.gov/elaws/userra.htm>.

HIPAA Notice of Special Enrollment Rights

This notice is being provided to help you understand your right to apply for group health coverage. You should read this notice even if you plan to waive health coverage at this time.



Notices

Loss of Other Coverage

If you are declining coverage for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this Plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment within 30 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

Marriage, Birth or Adoption

If you have a new dependent as a result of a marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 30 days after the marriage, birth, or placement for adoption.

Medicaid or CHIP

If you or your dependents lose eligibility for coverage under Medicaid or the Children's Health Insurance Program (CHIP) or become eligible for a premium assistance subsidy under Medicaid or CHIP, you may be able to enroll yourself and your dependents. You must request enrollment within 60 days of the loss of Medicaid or CHIP coverage or the determination of eligibility for a premium assistance subsidy.

To request special enrollment or obtain more information, please contact the plan administrator (see cover page for contact information).

Medicare Creditable Coverage Disclosure Notice

This notice only applies to employees and/or their covered dependent(s) enrolled in a Weill Cornell Medical College medical plan who are or who will become eligible for Medicare in 2025. Please disregard this notice if it does not apply to you.

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Weill Cornell Medical College and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

- Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
- Weill Cornell Medical College has determined that the prescription drug coverage offered by the Weill Cornell Medical College medical plans is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

Where Can You Join a Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th through December 7th. However, if you lose your current creditable prescription drug coverage, through

no fault of your own, you will also be eligible for a two-month Special Enrollment Period (SEP) to join a Medicare drug plan.

What Happens to Your Current Coverage if You Decide to Join a Medicare Drug Plan?

If you decide to join a Medicare drug plan, your current Weill Cornell Medical College coverage will not be affected. If you decide to join a Medicare drug plan and drop your current Weill Cornell Medical College coverage, be aware that you and your dependents will not be able to get this coverage back until the following plan year.

When Will You Pay a Higher Premium (Penalty) to Join a Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with Weill Cornell Medical College and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go 19 months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

For More Information About This Notice or Your Current Prescription Drug Coverage

NOTE: You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through Weill Cornell Medical College changes. You also may request a copy of this notice at any time.

For More Information About Your Options Under Medicare Prescription Drug Coverage

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

- Visit www.medicare.gov
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help.
- Call **1-800-MEDICARE (1-800-633-4227)**. TTY users should call **1-877-486-2048**.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security online at www.socialsecurity.gov, or call them at **1-800-772-1213 (TTY: 1-800-325-0778)**.

Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage, and, therefore, whether or not you are required to pay a higher premium (a penalty).

Domestic partners over 65 years of age must enroll in Medicare to avoid penalties.



Notices

Health Care Reform Notice on Health Insurance Marketplace Coverage

The federal government requires employers to provide their employees with the following Health Insurance Marketplace Coverage notice about key features of the Affordable Care Act (ACA) that went into effect January 1, 2014.

As of 2014, most U.S. citizens and legal residents are required to have qualified health care coverage or pay a tax penalty. Weill Cornell's coverage meets or exceeds all of the federal requirements.

Also as of January 2014, all U.S. citizens and legal residents have access to individual health insurance policies through the Health Insurance Marketplace — often referred to as the "public exchange." Some people who do not have access to affordable, minimum value health care coverage through their employer may also be eligible for a federal subsidy in order to make buying insurance through the Marketplace more affordable. Because Weill Cornell's health plans meet the government's standards for minimum value and affordability, you will not qualify for a federal subsidy if you are eligible for our health benefits. As a reminder, Non-Academic employees who work at least 17.5 hours per week and Academic employees on a continuing paid appointment are eligible for our health benefits.

If you are not eligible for Weill Cornell's health plans, you should consider other options available to you, such as coverage through your spouse's employer plan, your parent's employer plan (if you are under age 26), Medicaid, Medicare, or your state's Health Insurance Marketplace. You can learn more about coverage options and enrollment through the Marketplace at www.healthcare.gov. If you decide to enroll through the Marketplace, you may need to provide the following information:

Employer name: Weill Cornell Medical College

Employer Identification Number (EIN): 15-0532082

Employer address: 575 Lexington Avenue, Suite 600, NY, NY 10022

Name of contact for employee health coverage: Benefits Department

Phone number of contact: 646-962-9247

Email address of contact: hpsc@med.cornell.edu

Health Insurance Marketplace Coverage Options and Your Health Coverage

Even if you are offered health coverage through your employment, you may have other coverage options through the Health Insurance Marketplace ("Marketplace"). To assist you as you evaluate options for you and your family, this notice provides some basic information about the Health Insurance Marketplace and health coverage offered through your employment.

What Is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options in your geographic area.

Can I Save Money on My Health Insurance Premiums in the Marketplace?

You may qualify to save money and lower your monthly premium and other out-of-pocket costs, but only if your employer does not offer coverage, or offers coverage that is not considered affordable and doesn't

meet certain minimum value standards (discussed below). The savings that you're eligible for depends on your household income. You may also be eligible for a tax credit that lowers your costs.

Does Employer Health Coverage Affect Eligibility for Premium Savings Through the Marketplace?

Yes. If you have an offer of health coverage from your employer that is considered affordable for you and meets certain minimum value standards, you will not be eligible for a tax credit, or advance payment of the tax credit, for your Marketplace coverage and may wish to enroll in your employment-based health plan. However, you may be eligible for a tax credit, and advance payments of the credit that lowers your monthly premium, or a reduction in certain cost-sharing, if your employer does not offer coverage to you at all or does not offer coverage that is considered affordable for you or meet minimum value standards. If your share of the premium cost of all plans offered to you through your employment is more than 9.02% of your annual household income, or if the coverage through your employment does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit, and advance payment of the credit, if you do not enroll in the employment-based health coverage. For family members of the employee, coverage is considered affordable if the employee's cost of premiums for the lowest-cost plan that would cover all family members does not exceed 9.02% of the employee's household income.

Note: If you purchase a health plan through the Marketplace instead of accepting health coverage offered through your employment, then you may lose access to whatever the employer contributes to the employment-based coverage. Also, this employer contribution -as well as your employee contribution to employment-based coverage- is generally excluded from income for federal and state income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis. In addition, note that if the health coverage offered through your employment does not meet the affordability or minimum value standards, but you accept that coverage anyway, you will not be eligible for a tax credit. You should consider all of these factors in determining whether to purchase a health plan through the Marketplace.

How Can I Get More Information?

For more information about your coverage offered through your employment, please check your health plan's summary plan description or contact. For more information about your coverage offered by your employer, please check your summary plan description or contact the HR Solution Center at 646-962-9247

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit HealthCare.gov for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

When Can I Enroll in Health Insurance Coverage through the Marketplace?

You can enroll in a Marketplace health insurance plan during the annual Marketplace Open Enrollment Period. Open Enrollment varies by state but generally starts November 1 and continues through at least December 15.

Outside the annual Open Enrollment Period, you can sign up for health insurance if you qualify for a Special Enrollment Period. In general, you qualify for a Special Enrollment Period if you've had certain qualifying life events, such as getting married, having a baby, adopting a child, or losing eligibility for other health coverage. Depending on your Special Enrollment Period type, you may have 60 days before or 60 days following the qualifying life event to enroll in a Marketplace plan. If you or your family members are enrolled in Medicaid or CHIP coverage, it is important to make sure that your contact information is up to date to make sure you get any information about changes to your eligibility. To learn more, visit HealthCare.gov or call the Marketplace Center at 1-800-318-2596. TTY users can call 1-855-889-4325.



What about Alternatives to Marketplace Health Insurance Coverage?

If you or your family are eligible for coverage in an employment-based health plan (such as an employer-sponsored health plan), you or your family may also be eligible for a Special Enrollment Period to enroll in that health plan in certain circumstances, including if you or your dependents were enrolled in Medicaid or CHIP coverage and lost that coverage. Generally, you have 60 days after the loss of Medicaid or CHIP coverage to enroll in an employment-based health plan. Confirm the deadline with your employer or your employment-based health plan.

Alternatively, you can enroll in Medicaid or CHIP coverage at any time by filling out an application through the Marketplace or applying directly through your state Medicaid agency. Visit <https://www.healthcare.gov/medicaid-chip/getting-medicaid-chip/> for more details.

Indexed annually. 2025 = 9.02%; 2026 = 9.96%, see <https://www.irs.gov/pub/irs-drop/rp-25-25.pdf> for 2026.

An employer-sponsored or other employment-based health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs. For purposes of eligibility for the premium tax credit, to meet the "minimum value standard," the health plan must also provide substantial coverage of both inpatient hospital services and physician services.

Discrimination Is Against the Law

Weill Cornell Medical College complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Weill Cornell Medical College does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Weill Cornell Medical College:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact Helen Borshchenko, Civil Rights Coordinator.

If you believe that Weill Cornell Medical College has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: Helen Borshchenko, Civil Rights Coordinator, 575 Lexington Ave, Suite 690, **646-962-3661**, **heb2026@med.cornell.edu**. You can file a grievance in person, by mail, or by email. If you need help filing a grievance, Helen Borshchenko, Civil Rights Coordinator, is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 1-800-537-7697

(TDD) Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

Language Assistance Services

ATTENTION: If you speak in any language other than English, language assistance services, free of charge, are available to you. Call **646-962-9247**.





Notices

Notice of Privacy Practices

THIS NOTICE OF PRIVACY PRACTICES DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

This Notice of Privacy Practices (the "Notice") describes the legal obligations of Weill Cornell Medical College Health and Welfare Plan (the "Health Plan") and your legal rights regarding your protected health information held by the Health Plan under the Health Insurance Portability and Accountability Act of 1996 and the Health Information Technology for Economic and Clinical Health Act. In this Notice, we refer to these two laws together as HIPAA. Among other things, this Notice describes how your protected health information may be used or disclosed to carry out treatment, payment, or health care operations, or for any other purposes that are permitted or required by law.

The HIPAA Privacy Rule applies to certain medical information known as "protected health information." Protected health information means information that is created or received by the Health Plan and relates to the past, present, or future physical or mental health or condition of a participant; the provision of health care to a participant; or the past, present, or future payment for health care provided to a participant. The information must either identify the participant directly or be the type of information that can be used to identify the participant (such as a home address).

If you have any questions about this Notice or about our privacy practices, please contact HR Solution Center at **646-962-9247**.

Effective Date

This Notice is effective January 1, 2023.

Our Responsibilities

HIPAA requires us to:

- Maintain the privacy of your protected health information;
- Provide you with certain rights with respect to your protected health information;
- Provide you with a copy of this Notice of our legal duties and privacy practices with respect to your protected health information; and
- Follow the terms of the Notice that is currently in effect.

We reserve the right to change the terms of this Notice and to make new provisions regarding your protected health information that we maintain, as allowed or required by law. If we make any significant changes to this Notice, we will provide you with a copy of our revised Notice of Privacy Practices by posting the notice of privacy practices on our website at hr.weill.cornell.edu.

How We May Use and Disclose Your Protected Health Information

Under HIPAA, we may use or disclose your protected health information under certain circumstances without your permission. The following categories describe the different ways that we may use and disclose your protected health information. For each category of uses or disclosures we will explain what we mean and present some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

For Payment. We may use or disclose your protected health information to determine your eligibility for Health Plan benefits, to facilitate payment for the treatment and services you receive from health care providers, to determine benefit responsibility under the Health Plan, or to coordinate Health Plan coverage. For example, we may tell your health care provider about your medical history to determine whether a particular treatment

is experimental, investigational, or medically necessary, or to determine whether the Health Plan will cover the treatment. We may also share your protected health information with a utilization review or precertification service provider. Likewise, we may share your protected health information with another entity to assist with the adjudication or subrogation of health claims or to another health plan to coordinate benefit payments.

For Health Care Operations. We may use and disclose your protected health information for other Health Plan operations. These uses and disclosures are necessary to run the Health Plan. For example, we may use medical information in connection with conducting quality assessment and improvement activities; underwriting, premium rating, and other activities relating to Health Plan coverage; submitting claims for stop-loss (or excess-loss) coverage; conducting or arranging for medical review, legal services, audit services, and fraud and abuse detection programs; business planning and development such as cost management; and business management and general Health Plan administrative activities. However, we will not use your genetic information for underwriting purposes.

Treatment Alternatives or Health-Related Benefits and Services. We may use and disclose your protected health information to send you information about treatment alternatives or other health-related benefits and services that might be of interest to you.

To Business Associates. We may contract with individuals or entities known as Business Associates to perform various functions on our behalf or to provide certain types of services. In order to perform these functions or to provide these services, Business Associates will receive, create, maintain, transmit, use, and/or disclose your protected health information, but only after they agree in writing with us to implement appropriate safeguards regarding your protected health information. For example, we may disclose your protected health information to a Business Associate to process your claims for Health Plan benefits or to provide support services, such as utilization management, pharmacy benefit management, or subrogation, but only after the Business Associate enters into a Business Associate contract with us.

As Required by Law. We will disclose your protected health information when required to do so by federal, state, or local law. For example, we may disclose your protected health information when required by national security laws or public health disclosure laws.

To Avert a Serious Threat to Health or Safety. We may use and disclose your protected health information when necessary to prevent a serious threat to your health and safety, or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat. For example, we may disclose your protected health information in a proceeding regarding the licensure of a physician.

To Health Plan Sponsors. For the purpose of administering the plan, we may disclose your protected health information to certain employees of the Employer. However, those employees are permitted to use or disclose your information only as necessary to perform plan administration functions or as otherwise required by HIPAA, unless you have authorized further disclosures. Your protected health information cannot be used for employment purposes without your specific authorization.

Special Situations

In addition to the above, the following categories describe other possible ways that we may use and disclose your protected health information without your specific authorization. For each category of uses or disclosures, we will explain what we mean and present some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

Military. If you are a member of the armed forces, we may release your protected health information as required by military command authorities. We may also release protected health information about foreign military personnel to the appropriate foreign military authority.



Notices

Workers' Compensation. We may release your protected health information for workers' compensation or similar programs, but only as authorized by, and to the extent necessary to comply with, laws relating to workers' compensation and similar programs that provide benefits for work-related injuries or illness.

Public Health Risks. We may disclose your protected health information for public health activities. These activities generally include the following:

- To prevent or control disease, injury, or disability;
- To report births and deaths;
- To report child abuse or neglect;
- To report reactions to medications or problems with products;
- To notify people of recalls of products they may be using;
- To notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition;
- To notify the appropriate government authority if we believe that a patient has been the victim of abuse, neglect, or domestic violence. We will only make this disclosure if you agree, or when required or authorized by law.

Health Oversight Activities. We may disclose your protected health information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

Lawsuits and Disputes. If you are involved in a lawsuit or a dispute, we may disclose your protected health information in response to a court or administrative order. We may also disclose your protected health information in response to a subpoena, discovery request, or other lawful process by someone involved in a legal dispute, but only if efforts have been made to tell you about the request or to obtain a court or administrative order protecting the information requested.

Law Enforcement. We may disclose your protected health information if asked to do so by a law-enforcement official:

- In response to a court order, subpoena, warrant, summons, or similar process;
- To identify or locate a suspect, fugitive, material witness, or missing person;
- About the victim of a crime if, under certain limited circumstances, we are unable to obtain the victim's agreement;
- About a death that we believe may be the result of criminal conduct; and
- About criminal conduct.

Coroners, Medical Examiners, and Funeral Directors. We may release protected health information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release medical information about patients to funeral directors, as necessary to carry out their duties.

National Security and Intelligence Activities. We may release your protected health information to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

Inmates. If you are an inmate of a correctional institution or are in the custody of a law-enforcement official, we may disclose your protected health information to the correctional institution or law-enforcement official if necessary (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.

Research. We may disclose your protected health information to researchers when:

- 1 the individual identifiers have been removed; or
- 2 when an institutional review board or privacy board has reviewed the research proposal and established protocols to ensure the privacy of the requested information, and approves the research.

Required Disclosures

The following is a description of disclosures of your protected health information we are required to make.

Government Audits. We are required to disclose your protected health information to the Secretary of the United States Department of Health and Human Services when the Secretary is investigating or determining our compliance with the HIPAA privacy rule.

Disclosures to You. When you request, we are required to disclose to you the portion of your protected health information that contains medical records, billing records, and any other records used to make decisions regarding your health care benefits. We are also required, when requested, to provide you with an accounting of most disclosures of your protected health information if the disclosure was for reasons other than for payment, treatment, or health care operations, and if the protected health information was not disclosed pursuant to your individual authorization.

Other Disclosures

Personal Representatives. We will disclose your protected health information to individuals authorized by you, or to an individual designated as your personal representative, attorney-in-fact, etc., so long as you provide us with a written notice/authorization and any supporting documents (i.e., power of attorney). Note: Under the HIPAA privacy rule, we do not have to disclose information to a personal representative if we have a reasonable belief that:

- 1 You have been, or may be, subjected to domestic violence, abuse, or neglect by such person; or
- 2 Treating such person as your personal representative could endanger you; and
- 3 In the exercise of professional judgment, it is not in your best interest to treat the person as your personal representative.

Spouses and Other Family Members. With only limited exceptions, we will send all mail to the employee. This includes mail relating to the employee's spouse and other family members who are covered under the Health Plan, and includes mail with information on the use of Health Plan benefits by the employee's spouse and other family members and information on the denial of any Health Plan benefits to the employee's spouse and other family members. If a person covered under the Health Plan has requested Restrictions or Confidential Communications (see below under "Your Rights"), and if we have agreed to the request, we will send mail as provided by the request for Restrictions or Confidential Communications.

Authorizations. Other uses or disclosures of your protected health information not described above will only be made with your written authorization. For example, in general and subject to specific conditions, we will not use or disclose psychiatric notes about you; we will not use or disclose your protected health information for marketing; and we will not sell your protected health information. You may revoke written authorizations at any time, so long as the revocation is in writing. Once we receive your written revocation, it will only be effective for future uses and disclosures. It will not be effective for any information that may have been used or disclosed in reliance upon the written authorization and prior to receiving your written revocation.



Notices

Your Rights

You have the following rights with respect to your protected health information:

Right to Inspect and Copy. You have the right to inspect and copy certain protected health information that may be used to make decisions about your Health Plan benefits. If the information you request is maintained electronically, and you request an electronic copy, we will provide a copy in the electronic form and format you request, if the information can be readily produced in that form and format; if the information cannot be readily produced in that form and format, we will work with you to come to an agreement on form and format. If we cannot agree on an electronic form and format, we will provide you with a paper copy.

To inspect and copy your protected health information, you must submit your request in writing to Weill Cornell Medicine, Human Resources Department, 575 Lexington Ave, 6th floor, NY NY 10022. If you request a copy of the information, we may charge a reasonable fee for the costs of copying, mailing, or other supplies associated with your request. You can also ask us to send your protected health information to a third party. Your request must be in writing and signed, and clearly identify the third party who will receive the information.

Generally, we will respond to your request within 30 days after we receive it; if we need more time, we will notify you within the original 30-day period. We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to your medical information, you may request that the denial be reviewed by submitting a written request to Weill Cornell Medicine Human Resources Department, 575 Lexington Ave, 6th floor, NY, NY 10022 .

Right to Amend. If you believe that the protected health information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for the Health Plan.

To request an amendment, your request must be made in writing and submitted to Weill Cornell Medicine, Human Resources Department, 575 Lexington Ave, 6th floor, NY, NY 10022. In addition, you must provide a reason that supports your request.

Generally, we will respond to your request within 60 days. We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- Is not part of the medical information kept by or for the Health Plan;
- Was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
- Is not part of the information that you would be permitted to inspect and copy; or
- Is already accurate and complete.

If we deny your request, you have the right to file a statement of disagreement with us, and any future disclosures of the disputed information will include your statement.

Right to an Accounting of Disclosures. You have the right to request a list (an "accounting") of the times we have shared your protected health information with others. The accounting will not include (1) disclosures for purposes of treatment, payment, or health care operations; (2) disclosures made to you; (3) disclosures made pursuant to your authorization; (4) disclosures made to friends or family in your presence or because of an emergency; (5) disclosures for national security purposes; and (6) disclosures incidental to otherwise permissible disclosures.

To request this list or accounting of disclosures, you must submit your request in writing to Weill Cornell Medicine, Human Resources Department, 575 Lexington Ave, 6th floor, NY, NY 10022. Your request must state the time period you want the accounting to cover, which may not be longer than six years before the date of the request. Your request should indicate in what form you want the list (for example, paper or electronic).

Generally, we will respond to your request within 60 days. The first list you request within a 12-month period will be provided free of charge. For additional lists, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

Right to Request Restrictions. You have the right to request a restriction or limitation on your protected health information that we use or disclose for treatment, payment, or health care operations. You also have the right to request a limit on your protected health information that we disclose to someone who is involved in your care or the payment for your care, such as a family member or friend. For example, you could ask that we not use or disclose information about a surgery that you had.

Except as provided in the next paragraph, we are not required to agree to your request. However, if we do agree to the request, we will honor the restriction until you revoke it or we notify you.

We will comply with any restriction request if (1) except as otherwise required by law, the disclosure is to a health plan for purposes of carrying out payment or health care operations (and is not for purposes of carrying out treatment); and (2) the protected health information pertains solely to a health care item or service for which the health care provider involved has been paid in full by you or another person.

To request restrictions, you must make your request in writing to Weill Cornell Medicine, Human Resources Department, 575 Lexington Ave, 6th floor, NY, NY 10022. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure, or both; and (3) to whom you want the limits to apply—for example, disclosures to your spouse.

Right to Request Confidential Communications. You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail.

To request confidential communications, you must make your request in writing to Weill Cornell Medicine, Human Resources Department, 575 Lexington Ave, 6th floor, NY, NY 10022. We will not ask you the reason for your request. Your request must specify how or where you wish to be contacted. We will accommodate all reasonable requests.

Right to Be Notified of a Breach. You have the right to be notified in the event that we (or a Business Associate) discover a breach of unsecured protected health information.

Right to a Paper Copy of This Notice. You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice.

You may obtain a copy of this notice at our website, hr.weill.cornell.edu

To obtain a paper copy of this notice, contact Weill Cornell Medicine, Human Resources Department, 575 Lexington Ave, 6th floor, NY, NY 10022.

Complaints

If you believe that your privacy rights have been violated, you may file a complaint with the Health Plan or with the Office for Civil Rights of the United States Department of Health and Human Services. To file a complaint with the Health Plan, contact Weill Cornell Medicine, Human Resources Department, 575 Lexington Ave, 6th floor, NY, NY 10022. All complaints must be submitted in writing. You will not be penalized, or in any other way retaliated against, for filing a complaint with the Office for Civil Rights or with us.



General Notice of COBRA Continuation Coverage Rights

CONTINUATION COVERAGE RIGHTS UNDER COBRA

Introduction

You're getting this notice because you recently gained coverage under a group health plan (the Plan). This notice has important information about your right to COBRA continuation coverage, which is a temporary extension of coverage under the Plan. This notice explains COBRA continuation coverage, when it may become available to you and your family, and what you need to do to protect your right to get it. When you become eligible for COBRA, you may also become eligible for other coverage options that may cost less than COBRA continuation coverage.

The right to COBRA continuation coverage was created by a federal law, the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). COBRA continuation coverage can become available to you and other members of your family when group health coverage would otherwise end. For more information about your rights and obligations under the Plan and under federal law, you should review the Plan's Summary Plan Description or contact the Plan Administrator.

You may have other options available to you when you lose group health coverage. For example, you may be eligible to buy an individual plan through the Health Insurance Marketplace. By enrolling in coverage through the Marketplace, you may qualify for lower costs on your monthly premiums and lower out-of-pocket costs. Additionally, you may qualify for a 30-day special enrollment period for another group health plan for which you are eligible (such as a spouse's plan), even if that plan generally doesn't accept late enrollees.

What is COBRA continuation coverage?

COBRA continuation coverage is a continuation of Plan coverage when it would otherwise end because of a life event. This is also called a "qualifying event." Specific qualifying events are listed later in this notice. After a qualifying event, COBRA continuation coverage must be offered to each person who is a "qualified beneficiary." You, your spouse, and your dependent children could become qualified beneficiaries if coverage under the Plan is lost because of the qualifying event. Under the Plan, qualified beneficiaries who elect COBRA continuation coverage must pay for COBRA continuation coverage.

If you're an employee, you'll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:

- Your hours of employment are reduced, or
- Your employment ends for any reason other than your gross misconduct.

If you're the spouse of an employee, you'll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:

- Your spouse dies;
- Your spouse's hours of employment are reduced;
- Your spouse's employment ends for any reason other than their gross misconduct;
- Your spouse becomes entitled to Medicare benefits (under Part A, Part B, or both); or
- You become divorced or legally separated from your spouse.

Your dependent children will become qualified beneficiaries if they lose coverage under the Plan because of the following qualifying events:

- The parent-employee dies;
- The parent-employee's hours of employment are reduced;
- The parent-employee's employment ends for any reason other than their gross misconduct;
- The parent-employee becomes entitled to Medicare benefits (Part A, Part B, or both);
- The parents become divorced or legally separated; or
- The child stops being eligible for coverage under the Plan as a "dependent child."
- Sometimes, filing a proceeding in bankruptcy under title 11 of the United States Code can be a qualifying event. If a proceeding in bankruptcy is filed with respect to Weill Cornell Medicine, and that bankruptcy results in the loss of coverage of any retired employee covered under the Plan, the retired employee will become a qualified beneficiary. The retired employee's spouse, surviving spouse, and dependent children will also become qualified beneficiaries if bankruptcy results in the loss of their coverage under the Plan.

When is COBRA continuation coverage available?

The Plan will offer COBRA continuation coverage to qualified beneficiaries only after the Plan Administrator has been notified that a qualifying event has occurred. The employer must notify the Plan Administrator of the following qualifying events:

- The end of employment or reduction of hours of employment;
- Death of the employee;
- Commencement of a proceeding in bankruptcy with respect to the employer; or
- The employee's becoming entitled to Medicare benefits (under Part A, Part B, or both).

For all other qualifying events (divorce or legal separation of the employee and spouse or a dependent child's losing eligibility for coverage as a dependent child), you must notify the Plan Administrator within 60 days after the qualifying event occurs. You must provide this notice to the HR Solution Center at hr.weill.cornell.edu.



Notices

How is COBRA continuation coverage provided?

Once the Plan Administrator receives notice that a qualifying event has occurred, COBRA continuation coverage will be offered to each of the qualified beneficiaries. Each qualified beneficiary will have an independent right to elect COBRA continuation coverage. Covered employees may elect COBRA continuation coverage on behalf of their spouses, and parents may elect COBRA continuation coverage on behalf of their children.

COBRA continuation coverage is a temporary continuation of coverage that generally lasts for 18 months due to employment termination or reduction of hours of work. Certain qualifying events, or a second qualifying event during the initial period of coverage, may permit a beneficiary to receive a maximum of 36 months of coverage.

There are also ways in which this 18-month period of COBRA continuation coverage can be extended:

Disability extension of 18-month period of COBRA continuation coverage

- If you or anyone in your family covered under the Plan is determined by Social Security to be disabled and you notify the Plan Administrator in a timely fashion, you and your entire family may be entitled to get up to an additional 11 months of COBRA continuation coverage, for a maximum of 29 months. The disability would have to have started at some time before the 60th day of COBRA continuation coverage and must last at least until the end of the 18-month period of COBRA continuation coverage. Please reach out to HealthEquity/WageWorks, our third-party administrator, at **888-678-4881**.

Second qualifying event extension of 18-month period of continuation coverage

- If your family experiences another qualifying event during the 18 months of COBRA continuation coverage, the spouse and dependent children in your family can get up to 18 additional months of COBRA continuation coverage, for a maximum of 36 months, if the Plan is properly notified about the second qualifying event. This extension may be available to the spouse and any dependent children getting COBRA continuation coverage if the employee or former employee dies; becomes entitled to Medicare benefits (under Part A, Part B, or both); gets divorced or legally separated; or if the dependent child stops being eligible under the Plan as a dependent child. This extension is only available if the second qualifying event would have caused the spouse or dependent child to lose coverage under the Plan had the first qualifying event not occurred.

Are there other coverage options besides COBRA continuation coverage?

Yes. Instead of enrolling in COBRA continuation coverage, there may be other coverage options for you and your family through the Health Insurance Marketplace, Medicaid, or other group health plan coverage options (such as a spouse's plan) through what is called a "special enrollment period." Some of these options may cost less than COBRA continuation coverage. You can learn more about many of these options at www.healthcare.gov.

If you have questions

Questions concerning your Plan or your COBRA continuation coverage rights should be addressed to the contact or contacts identified below. For more information about your rights under the Employee Retirement Income Security Act (ERISA), including COBRA, the Patient Protection and Affordable Care Act, and other laws affecting group health plans, contact the nearest Regional or District Office of the U.S. Department of Labor's Employee Benefits Security Administration (EBSA) in your area or visit www.dol.gov/ebsa. (Addresses and phone numbers of Regional and District EBSA Offices are available through EBSA's website.) For more information about the Marketplace, visit www.healthcare.gov.

Keep your Plan informed of address changes

To protect your family's rights, let the Plan Administrator know about any changes in the addresses of family members. You should also keep a copy, for your records, of any notices you send to the Plan Administrator.

Plan contact information

Weill Cornell Medicine
Human Resources Department
HR Solution Center
646-962-9247 or hr.weill.cornell.edu





Contact List

The following table provides phone numbers and website addresses for organizations that support your Weill Cornell Medicine benefits.

Plan	Vendor	Phone/Email	Website
Health			
Medical/Prescription Drug Plan	Aetna	1-800-838-7391 (TTY: 711) (medical) 1-888-792-3862 (TTY: 711) (prescription drugs)	www.aetna.com Weill PPO Plan ID: 818982 Managed Care Plan ID: 476570 Health Savings Plan ID: 476570 Rx Bin #: 610502
Dental Assistance Plan	Cigna	1-800-244-6224	www.cigna.com Plan ID: 3332214
Vision Plan	EyeMed	1-866-299-1358	www.eyemedvisioncare.com Plan ID: 9923541
Flexible Spending Accounts (FSAs)	Health Equity/Wageworks	1-877-924-3967	www.healthequitywageworks.com/wageworks Employer ID: CBA10735
Health Savings Account	PayFlex	1-888-678-8242	www.aetna.com
Long-Term Care	RetirementGuard	1-888-793-6111 helpme@retirementguard.com	www.myltcexchange.com/cornell
Fitness Reimbursement Plan	Global Fit/Aetna	1-800-585-9990 support@globalfit.com	aetna.globalfitrewards.com
IPC Copay Assistance Program	PillarRX	631-614-3126	www.pillarrx.com/services/ipc-copay-assistance-program/
Healthy Lifestyle Tobacco Free	Aetna	1-866-213-0153 (TTY: 711)	www.aetna.com
Employee Assistance Program Consortium (EAPC)	EAPC	212-746-5890	www.youreapc.us
Aetna Back and Joint Care Program/Hinge Health	Hinge Health	855-902-2777	www.hingehealth.com/find/aetna
Business Travelers' Insurance	Aetna WorldTraveler	1-877-301-5042 (TTY: 711)	www.aetnainternational.com
Surrogacy Assistance Program	HR Solution Center	646-962-9247 hrsc@med.cornell.edu	hrsc.weill.cornell.edu
OnCall International	OnCall International	646-962-7682 (Risk Management Office)	riskmanagement.weill.cornell.edu
Retirement			
Retirement Plan: Faculty/Exempt	TIAA	1-800-842-2252	www.tiaa.org/weill
Retirement Plan: Non-Exempt/Frozen	HR Solution Center	646-962-9247	hr.weill.cornell.edu
Voluntary Employee Retirement Plan	TIAA	1-800-842-2252	www.tiaa.org/weill
457(b) Deferred Compensation Plan	TIAA	1-800-842-2252	www.tiaa.org/weill
Medicare Marketplace (Retirees Age 65+)	Via Benefits	1-866-451-4628	myviabenefits.com/WCM

Plan	Vendor	Phone/Email	Website
Disability & Income Protection			
Short-Term Disability/FMLA Leave	WCM Leave Administration	646-962-9247	hr.weill.cornell.edu
Long-Term Disability	WCM Leave Administration	646-962-9247	hr.weill.cornell.edu
Individual Disability Insurance	Covala Group	1-800-235-3551 WCMidi@covalagroup.com	hr.weill.cornell.edu
Workers' Compensation	Treatment: Workforce Health & Safety Questions: HR Solution Center Claims Processing: Gallagher Bassett	212-746-4370 Option 2 646-962-9247 585-641-2562 Claims Mailed to: PO Box 23812 Tucson, AZ 85734	hr.weill.cornell.edu
Life Insurance	The Hartford	1-888-563-1124	hr.weill.cornell.edu
Work and Life Benefits			
Auto/Homeowners/Pet/Legal Plans	Mercer Voluntary Benefits	1-800-553-4861	www.cornellvoluntarybenefits.com
Back-Up Child & Elder Care	Bright Horizons	1-877-242-2737	www.backup.brighthorizons.com username: WeillCornell password: 4backup
Adoption Assistance Benefit	HR Solution Center	646-962-9247	hr.weill.cornell.edu
Commuter Benefits	HealthEquity/WageWorks	1-877-924-3967	www.healthequity.com
Education Benefits	HR Solution Center	646-962-9247	hr.weill.cornell.edu
COBRA Direct Billing	HealthEquity COBRA DBAr	1-888-678-4881	https://mybenefits.wageworks.com/
Student Loan Solutions	Savi & TIAA	1-833-604-1226 partners+tiaa@bysavi.com	weill.bysavi.com
Weill Cornell Children's Center at East 60th Street	Bright Horizons	212-750-4534 weillcornell@brighthorizons.com	http://child-care-preschool.brighthorizons.com/NY/NewYork/weillcornell/Our-Center
Weill Cornell Children's Center at East 62nd Street	Bright Horizons	646-582-2966 weillcornell62@brighthorizons.com	http://child-care-preschool.brighthorizons.com/NY/NewYork/weillcornell/Our-Center
Employment Verification	HR Solution Center	646-962-9247	hr.weill.cornell.edu



Weill Cornell Medicine

This Benefits Guide highlights benefits for 2026. If there are any differences between this information and the official plan documents, the plan documents will govern. Weill Cornell Medicine reserves the right to amend, modify, suspend, or terminate in whole or in part any or all the plans at any time. This guide constitutes a summary of material modifications (SMM).

OCTOBER 2025