SECTION NINE

Benefits¹

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INTRODUCTION

This section describes the benefits currently available to academic staff members of the Medical College. These benefits are frequently reviewed and are subject to review and amendment, as appropriate. Academic staff members are strongly urged to contact the Benefits Office (212-746-1035) for the most up-to-date details of all Medical College benefit plans. In addition, benefits may vary for employees who are age 65 and over or may change in case of leave of absence, sabbatical leave of absence, retirement, resignation or termination of employment.

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

I. Eligibility for Benefits

Eligibility for a particular benefit may be determined by certain factors like salary level, position held or time in rank. Academic staff members who are not salaried by the Medical College, such as Clinical Associates or Senior Clinical Associates on the payroll of The New York Presbyterian Hospital, are not covered by the benefit plans listed below. Academic staff members with Assistant level appointments (as defined in Section Five, I.A-D, at page 5.4) are considered students and are covered by policies available for students. Individuals with adjunct, visiting, courtesy or emeritus appointments are not entitled to all benefits discussed below; entitlement or lack of entitlement is so noted.

II. Departmental Policies

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

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

The Committee administers the following Medical College plans:

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

The Plan Administration Committee’s address is:

Weill Medical College of Cornell University  
Plan Administration Committee  
c/o Benefits Office  
Human Resources Department  
Weill Medical College of Cornell University  
445 East 69th Street  
New York, NY 10021

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

All salaried academic staff members (except individuals with Assistant-level appointments as noted in Section Five, page 5.4, I.A-D) are eligible for health benefits coverage by the Medical College under the Health Benefits Plan. Two programs are available: a Fee-for-Service Program or a Health Maintenance Organization Program. There is also an Opt-Out Provision available if an academic employee has health coverage elsewhere and wishes to waive the coverage at the Medical College. Academic staff members become eligible to enroll in either program on the first day of the month coincident with or next following the date of employment.

Detailed information about these Programs, continuation coverage and all forms are available from the Benefits Office (212-746-1035) or on-line via the Human Resources website (www.med.cornell.edu/hr).

II. Fee-for-Service Program

The Fee-for-Service Program is self-insured by the Medical College. Claims are processed by a third party administrator (TPA), currently 21st Century Health & Benefits, Inc.

The Fee-for-Service Program contains three parts: Point of Service (POS) arrangement for most physician services; Prescription Drug Card; Non-Physician and other covered services.

A. PART 1. Point of Service (POS) Arrangement for Most Physician Services.

Coverage for most physician services is provided through a Point of Service (POS) arrangement. Under the arrangement, participants may choose any physician at the time services are needed. However, benefits will be greater if specified networks are used. The POS contains the following three levels:
1. Level 1 – Physician services provided by members of the Weill Cornell Physician Organization (PO)
   a. 100% payment to physician of negotiated fee.
   b. $10 employee co-payment.
   c. No employee out-of-pocket requirement.
   d. No deductible.

2. Level 2 – Physician services - Multiplan
   a. 80% payment to physician of Multiplan fee schedule.
   b. 20% employee co-insurance to a maximum annual out-of-pocket of $2,500 per covered individual.
   c. No deductible.

3. Level 3 – Physician services - Out-of-Network
   a. Up to 70% of reasonable and customary amount paid by the Program.
   b. 30% participant co-insurance to a maximum annual out-of-pocket of $3,750 per covered individual.
   c. No deductible.

Coverage under the POS includes such services as office visits for a medical condition, well baby care, routine child visits, and surgical procedures. A maximum periodic benefit of $150 for physician services related to routine physical exams, including gynecological exams, is also covered subject to the following schedule:

- Age 18 through age 39 – 1 every three years.
- Age 40 through age 54 – 1 every two years.
- Age 55 and up – 1 every year.
Outpatient psychotherapy providers and providers of assisted reproductive services are subject to benefit provisions under the Non-Physician and Other Covered Services part of the Program (Part 3).

**B. PART 2. Prescription Drug Card**

A prescription drug card program currently administered by Express Scripts, Inc. (ESI) is used to fill medications at participating pharmacies. The co-payments for prescriptions paid for at a local pharmacy are $15.00 for each generic prescription filled and $35.00 per prescription for brand name drugs.

Prescriptions for up to a 90-day supply of maintenance drugs can be obtained via the mail order facilities of ESI. The co-payments for a 90-day supply of medications from mail are $20.00 per generic prescription and $60.00 for name brand prescription drugs.

An ESI membership card is issued to the participant shortly after enrollment (two cards are issued for family coverage). Cards are issued in the employee’s name.

**C. PART 3. Non-Physician and Other Covered Services**

All other covered services are subject to a $200 deductible per calendar year per covered individual (to a maximum of three deductibles per family), reimbursement up to 80% of reasonable and customary (R&C) to a maximum calendar year out-of-pocket per covered person of $500; 100% of R&C reimbursement thereafter for the remainder of the calendar year. Covered services (within certain limits noted) include:

1. Inpatient/outpatient hospitalization.
2. Laboratory tests.
3. X-rays.
4. Covered therapies.
5. Physician and other covered provider services for outpatient psychotherapy (20 visits per year reimbursed at up to $50 per visit).
6. Assisted reproductive technology—up to $5,000 per attempt for assisted reproductive services for a maximum of three attempts in a lifetime.
7. Coverage for routine nursery care for newborns in any hospital.
8. Immunizations for children under eighteen years of age.
9. Routine mammograms, PAP tests and Prostate Specific Antigen (PSA) tests.

Employees and eligible dependents are charged for the Fee-for-Service coverage. Required premiums for coverage will automatically be taken on a pre-tax basis, unless after-tax premiums are elected. Coverage for a domestic partner must be paid with after-tax dollars and the value of the domestic partner coverage is considered taxable to the employee.

III. Managed Care Program Coverage

Weill Medical College provides the option for employees to elect membership in a managed care program. The managed care program stresses preventative and early medical care and covers catastrophic medical problems. If medical care is obtained “in-network”, minimal co-payments generally will apply. If “out-of-network” medical care is accessed, deductibles and co-insurance will apply.

As of January 1, 2004 the available managed care option is United Healthcare Choice Plus, a Point of Service (POS) coverage. United Healthcare can be reached at:

   Web Site www.myuhc.com
   Telephone 1-866-633-2446

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

   Office Visits - $20.00 co-payment
   Prescriptions - $10 / $25 / $40
   Mail Order Rx - $25 / $62.50 / $100
   Individual Inpatient Hospitalization - $250
   co-payment per inpatient stay

   You may see physicians outside of the United Healthcare Network if you wish. Services performed outside the Network are subject to a $1,500 annual deductible, $3,000 family maximum per calendar year. After you have satisfied your deductible, UHC will reimburse allowable
charges at 70% of reasonable and customary (R&C), subject to certain maximums.

Employees and eligible dependents are charged for the UHC POS coverage. Required premiums for dependent coverage will automatically be taken on a pre-tax basis, unless after-tax premiums are elected. Coverage for a domestic partner must be paid with after-tax dollars and the value of the domestic partner coverage is considered taxable to the employee.

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

For more information, please refer to the Plan booklet or contact the Benefits Office.

IV. Opt-Out Provision

Academic employees who have health insurance coverage provided elsewhere (through a spouse’s plan, for example) may waive this coverage and receive $750 annually in additional taxable compensation for opting-out of the Health Benefits Plan in any given year. Re-enrollment in this option is required during open enrollment every fall, and proof of other coverage and a Flexible Benefits Plan enrollment form are also required to enroll in the Opt-Out Provision. If a qualifying event that affects an individual’s health coverage status during the year occurs, the individual may be eligible to enroll in the Fee-for-Service or HMO Program mid-year with appropriate proof of the loss of the other coverage.

V. Continuation of Group Health Coverage

As required by Federal legislation, continuation of health benefits coverage is available under COBRA (Consolidated Omnibus Budget Reconciliation Act). Employees covered by the Fee-for-Service or HMO Program of the Medical College may elect to continue group health benefits if coverage is lost due to an unpaid personal
leave of absence or termination of employment (for reasons other than gross misconduct on the employee’s part). COBRA continuation is generally available for up to 18 months (or up to 29 months in the case of a disabled employee receiving Social Security Disability benefits; however, longer periods of coverage may be afforded to eligible dependents who have lost coverage under certain circumstances. The employee pays the full monthly premium each month for COBRA continuation. The monthly COBRA premium amount is subject to change annually and is also subject to an administrative surcharge as permitted by law.

The eligible employee and/or family members have sixty (60) days from the date coverage would cease or the date they receive notice of their right to continue coverage, if later, to inform the Benefits Office that continuation coverage is desired. Terms of COBRA coverage are identical to the coverage provided under the Health Benefits Plan to similarly situated active employees or family members.

The employee or family member has the responsibility to inform the Benefits office of a divorce, legal separation or end of domestic partnership or a child’s loss of dependent status under the Fee-for-Service Program or the HMO Program of the Medical College. The academic department has the responsibility to notify the Human Resources Office of an employee’s death or termination of employment.

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

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

When COBRA health insurance coverage ceases, a HIPAA Certificate of Creditable Coverage will be issued to be used to offset any subsequent health plans’ pre-existing exclusion periods (whether individual or group). Such certificate should be presented to the subsequent employer or insurance company on a timely basis as defined on the
Certificate in order for it to be applied toward any waiting period.

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

All salaried academic staff members are eligible to elect dental assistance coverage under this Plan at a minimal cost for individual coverage. The individual becomes eligible for coverage on the first day of the month coincident with or next following three (3) months of employment. Dependent Coverage is available for a spouse, eligible children or a qualified domestic partner for a nominal additional charge. Premiums for dental coverage are deducted from the employee’s paycheck on a pre-tax basis, except for domestic partner coverage, which must be deducted on an after-tax basis and the value of the domestic partner’s coverage is assessed as an additional taxable value to the employee, since a domestic partner is not an IRS-approved dependent.

The Plan is self-insured. Claim forms are available from the Benefits Office or may be downloaded from the Human Resources website (www.med.cornell.edu/hr) for completion by the academic staff member and the dentist. The completed forms must be sent directly to the Third Party Administrator designated by the Medical College by either the employee or the dentist.

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

II. Coverage

The Dental Assistance Plan is self-insured by the Medical College. Claims are processed by a third party administrator (TPA), currently 21st Century Health & Benefits, Inc.

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

A. Preventive and Diagnostic Care

1. 100% of R&C
2. no deductible.

B. Minor Restoration
1. 80% of R&C
2. subject to deductible.

**C. Major Restoration**

1. 50% of R&C
2. subject to deductible.

**D. Orthodontics**

1. 50% of R&C
2. subject to deductible.

The maximum benefit under the Plan per person per calendar year is $1,500 for all covered services except Orthodontia. The maximum lifetime benefit for Orthodontia is $1,000.

There is a $100 calendar year deductible per person for all services except preventive and diagnostic.

Individual dental coverage is provided with a minimal employee contribution. Eligible dependents may also be enrolled in the Dental Assistance Plan for an additional charge. Required premiums for individual and dependent dental coverage will automatically be taken on a pre-tax basis, unless after-tax premiums are elected. Coverage for a domestic partner must be paid with after-tax dollars and the value of the domestic partner coverage is considered taxable to the employee.

**III. Continuation of Dental Assistance Plan Coverage**

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

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

The eligible employee and/or family member(s) have sixty (60) days from the date coverage would cease or the date they receive notice of their right to continue coverage, if later, to inform the Benefits Office that continuation coverage is desired. Continuation coverage is identical to the coverage provided under the plan to active employees and their family members. The employee and/or family member pay all premiums for the continued coverage.

The employee or family member has the responsibility to inform the Benefits Office of a divorce, legal separation or end of domestic partnership or a child’s loss of dependent status under the Dental Assistance Plan of the Medical College. The academic department has the responsibility to notify the Human Resources Office of an employee’s death or termination of employment.

COBRA continuation coverage, if elected, will terminate under the following circumstances:

- if an academic staff member fails to pay the required premium on a timely basis; or
- if the academic staff member is subsequently covered under another group plan.

There is no conversion option available for dental insurance at the end of the period of coverage under COBRA.

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

All salaried academic staff members (except individuals with Assistant-level appointments as noted in Section Five, page 5.4, I.A-D) may participate in the Flexible Benefits Plan. Through the Flexible Benefits Plan the employee can convert a portion of salary to pre-tax dollars to reimburse certain out-of-pocket health or dental-related expenses or dependent care expenses otherwise paid with after-tax monies. As a result, the amount of salary used to calculate Federal, New York State and New York City income taxes and Social Security (FICA) and Medicare tax withholdings is lower.

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

I. To pay for Health Benefits Plan and Dental Assistance Plan premiums (the pre-tax conversion of these premiums is automatic; if an individual wishes to pay plan premiums with after-tax dollars, an affirmative election to do so is required, and there is generally a greater benefit for paying premiums with pre-tax dollars).

II. To establish a reimbursement account to cover health and dental expenses for the employee and/or dependents.

III. To establish a reimbursement account to cover dependent care expenses.

IV. To select the “Opt-Out” provision under the Health Benefits Plan.

Detailed information about the Flexible Benefits Plan may be obtained from the Benefits Office.
I. Basic Retirement Plan

A. Eligibility. All salaried academic staff members who are expected to earn in a twelve month period an amount which would be sufficient to classify the individual as “exempt” under the Fair Labor Standards Act (FSLA) and the New York State Wage and Hours Law, except trainees (Postdoctoral Associates and Fellows) and visiting staff, are eligible to enroll in the Retirement Plan for Faculty and Exempt Employees on the first day of the month coincident with or next following the date of employment. Retroactive Medical College contributions will be made only if a completed enrollment application for one of the eligible investment companies is submitted to the Benefits Office during the first 90 days of employment or in the case of a promotion to an eligible class, within 90 days of the promotion. Teachers Insurance and Annuity Association-College Retirement Equities Fund (TIAA-CREF) and The Vanguard Group are the current investment companies available under the Plan.

B. Contribution. The Medical College pays the full cost of the contribution to the Plan, which is a percentage of the individual’s pensionable earnings each year. The maximum pensionable earnings taken into account under the Plan for purposes of calculating the Medical College’s contribution is $205,000 and includes base salary and supplemental compensation under the Weill Cornell Physician Organization. The percentage contributed is calculated as follows:

<table>
<thead>
<tr>
<th>Age as of January Or July 1st</th>
<th>Contribution as % of Pensionable Earnings</th>
</tr>
</thead>
<tbody>
<tr>
<td>Under Age 40</td>
<td>5% up to Social Security Wage Base plus 10% of the excess</td>
</tr>
<tr>
<td>Ages 40-49</td>
<td>10% up to Social Security Wage Base plus 15% of the excess</td>
</tr>
<tr>
<td>Ages 50 and over</td>
<td>15% up to Social Security Wage Base plus 20% of the excess Wage Base</td>
</tr>
</tbody>
</table>

Note: The Social Security Wage Base for 2005 is $90,000.
Each participant determines how the Medical College’s contributions will be invested: fixed income securities (TIAA) and/or common stock, money market and bond funds through CREF, TIAA and/or Vanguard. Vesting is full, immediate and portable.

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

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

II. Tax-Deferred Annuity Plan

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

B. Contribution. A participant’s salary is reduced by a predetermined amount and invested in an account with TIAA-CREF or the Vanguard Group. The reduced amounts, and interest and dividends earned on those funds will not be subject to Federal income taxes\(^1\) until they are received in the form of benefits or upon withdrawal. The maximum amount that may be contributed to the account is determined by formulas established under the Internal Revenue Code.

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

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

\(^1\) Some amounts may be subject to state and/or city taxation.
Employees who wish to obtain information on the loan provision of the Plan through a Group Supplemental Retirement Annuity should contact TIAA-CREF, 730 Third Avenue, New York, NY 10017 (Telephone 1-800-842-2776).
LIFE INSURANCE PLAN

I. Introduction

The Medical College provides Basic Group Life Insurance to its salaried academic staff members. In addition, individuals have the opportunity to purchase Supplemental Life Insurance. Detailed information on these plans is available from the Benefits Office.

II. Basic Group Life Insurance

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

Please note, as per the IRS, group life insurance values in excess of $50,000 will be subject to an imputed value calculation; therefore, individuals will be assessed a value on the W-2 for the value of employer-provided group life coverage.

III. Supplemental Life Insurance

Academic staff members whose taxable salaries are above the level set by the Fair Labor Standards Act or New York State Wage and Hour Law, whichever is higher, may purchase Supplemental Life Insurance. Coverage is available on the first day of the month coinciding with or next following the date of employment.

The cost of coverage is determined by the individual’s age and the level of coverage desired. The employee may request a maximum coverage of one, two or three times the total annual compensation up to a maximum of $500,000. The combined maximum level of Basic plus Supplemental Life Insurance cannot exceed $1,000,000. Prior year supplemental compensation derived from the Weill Cornell Physician Organization is included in calculating annual compensation unless otherwise requested.
Certain reductions in life insurance volume occur when an individual attains age 65 and age 70. Please contact the Benefits Office for further information about life insurance reductions due to age.
BUSINESS TRAVEL ACCIDENT INSURANCE PLAN

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

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

The maximum benefit is $200,000 if the loss occurred as a result of an accident that occurred while traveling by aircraft. Losses occurring from any other covered accident are covered to a maximum of $100,000.

Detailed information is available from the Benefits Office.
DISABILITY BENEFITS

I. Introduction

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

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

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

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

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

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

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

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

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

Since the logistics for obtaining disability leave may be confusing, individuals should contact the Human Resources Department’s Employee Relations Office for assistance. In order to receive benefits under the Disability Leave policy, the academic staff member must complete the appropriate forms obtained from the Employee Relations Office and submit them to the Human Resources Department for approval. Supplemental Disability forms must be submitted to the Human Resources Department at the end of four, eight and twelve weeks, should the disability continue. A Payroll Authorization indicating the salary continuance for the duration of the temporary disability must also be completed and submitted to the Human Resources Office by the employee’s department.

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

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

III. Long Term Disability Insurance

A. Eligibility. Academic staff members whose salaries are above the level set by the Fair Labor Standards Act or New York State Wage and Hour Law for exempt status, may purchase long-term disability insurance. Coverage commences on the first day of the month coincident with or next following the date of employment.

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

C. Coverage. Benefits become available after the individual has been continuously disabled for 180 days with a non-work related total disability. For individuals receiving only a base salary, the plan provides a monthly income equal to 60% of the monthly base salary up to the maximum monthly benefit of $15,000. For members of the PO, the plan provides a monthly income equal to 60% of total covered earnings up to a maximum monthly benefit of $25,000. The plan also provides all participants with a residual benefit in the event that a participant is partially disabled and unable to earn the level of compensation that existed prior to the disability. This monthly benefit will be offset or reduced by specified income benefits from certain other sources, such as Social Security.

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

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

I. **Eligibility**

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

II. **Coverage**

By policy, a totally disabled eligible academic staff member will receive salary continuance of full base salary for the first twenty-six (26) weeks of a compensable absence.

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

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

III. **Procedures**

**ALL ACCIDENTS MUST BE REPORTED TO THE DEPARTMENT ADMINISTRATOR.** The employee should immediately report to the Occupational Health Service during regular working hours or the Emergency Department of the New York-Presbyterian Hospital Weill Cornell Medical Center during other hours. Charges for treatment will be sent directly to the administrator for the Medical College Workers’ Compensation program by that facility. If an initial or follow-up visit is made to a doctor, or if other medical services are utilized, the bills may be sent to the Benefits Office, Human Resources Department, Olin Hall, Room 220, 445 East 69th Street, New York, NY 10021. The Benefits Office should also be informed immediately of the injury or illness through a “Supervisor’s Accident Report,” so that the appropriate claim forms can be filed. When appropriate, accidents should be reported immediately to the Life Safety Officer.
OPTIONAL INSURANCE PLANS

I. Voluntary Accident Insurance

Commencing on the first of the month coinciding with or next following the date of employment, academic staff members who earn at least $2,000 per annum may purchase voluntary accident insurance. Any amount from $10,000 to $100,000 in units of $10,000 may be selected. Additional limits up to a total maximum of $250,000 are available but limits in excess of $100,000 are subject to five times annual earnings. Coverage is available for disability, dismemberment or death due to an accident at work, at home or on vacation.

Detailed information may be obtained from the Benefits Office.

II. Automobile and Home Insurance

All salaried academic staff members are eligible to apply for automobile and/or homeowner/renter insurance coverage through the Automobile and Home Insurance Program insured by Metropolitan Property and Casualty Insurance Company. Participants can insure automobiles, homes and boats and obtain other excess liability coverage on personal property. Coverage is available to qualified participants on an individual basis and policy discounts may be available. Premiums are paid by payroll deduction.

Additional information may be obtained from the brokerage firm of Seabury and Smith at 1 (800) 553-8861.
VACATION

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

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

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

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

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

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

The Children’s Scholarship Tuition Plan provides a benefit towards the tuition costs for the children of full-time academic staff members who have been employed at the Medical College for at least two years. The child must be under twenty-six (26) years of age, be enrolled in a degree granting, accredited undergraduate institution, and be taking at least six (6) credits a semester.

The level of the benefit is reviewed each academic year. A maximum of eight (8) semesters will be provided for undergraduate education for any eligible child at an accredited educational institution.

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

I. Job-Related Education

All salaried academic staff members without a doctoral degree, who work 17½ hours or more per week and have completed six (6) months of employment, are eligible for tuition reimbursement for job-related courses.

The benefit provides a maximum of $5,000 per academic year, pro-rated for part-time service. Application for the benefit should be made in advance of attendance at the course.

II. Non-Job Related Tuition Benefits

All salaried academic staff members age 55 and over, who work 17½ hours or more per week and have completed six (6) months of employment, are eligible for the Career Life Planning Tuition Benefit. The employee may enroll in any course that would assist with planning for a second career.

The benefit provides a maximum of $5,000 per academic year, pro-rated for part-time service. Application for the benefit should be made in advance of attendance at the course. This is a taxable benefit.
EMPLOYEE ASSISTANCE PLAN

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

The Employee Assistance Program (EAP) has been established to provide a counseling and referral service for the employees of the Medical College, New York-Presbyterian Hospital Weill Cornell Medical Center, Memorial Sloan-Kettering Cancer Center, The Hospital for Special Surgery, and Rockefeller University who may need assistance with such problems. It is located at 449 East 68th Street on the main floor and can be reached by calling (212) 746-5890 twenty-four (24) hours a day, seven (7) days a week.

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

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

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

Employees have the right to accept or reject referral to the EAP and any subsequent treatment as well as the right to choose other treatment facilities, doctors, counselors or hospitals. However, continued employment of an employee with certain problems may be conditioned on the
employee’s participation in a treatment program recommended by the EAP and approved by the Medical College.

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

WEILL MEDICAL COLLEGE OF CORNELL UNIVERSITY FACULTY
BENEFITS SUMMARY FOR WEILL CORNELL PHYSICIAN ORGANIZATION (PO) MEMBERS

Weill Medical College Benefits Office
Olin Hall – Room 220 – Box 59
Telephone: 212-746-1035
Fax: 212-746-6997
Intranet: http://intranet.med.cornell.edu

This faculty benefits summary is subject to the more detailed descriptions of the plans contained in the booklets issued by the Medical College and the official documents governing each plan.

BASIC LIFE INSURANCE

Eligibility: The first day of the month coincident with or next following the date of employment.

Cost: Paid in full by Weill Medical College.

Coverage: Basic Life Insurance coverage equals annual base salary rounded up to the next higher $1,000 to a maximum of $500,000. Certain age-related reductions to coverage apply upon attaining age 65 and 70.

SUPPLEMENTAL LIFE INSURANCE

Eligibility: The first day of the month coincident with or next following the date of employment.

Cost: Employee paid based upon age and rate per $1,000 of coverage:

<table>
<thead>
<tr>
<th>Age Bracket</th>
<th>Rate per $1,000 of Insurance/Month</th>
</tr>
</thead>
<tbody>
<tr>
<td>Under 40</td>
<td>$.08</td>
</tr>
<tr>
<td>Under 50</td>
<td>.18</td>
</tr>
<tr>
<td>Under 60</td>
<td>.49</td>
</tr>
<tr>
<td>Under 70</td>
<td>1.01</td>
</tr>
<tr>
<td>Age 70 &amp; over</td>
<td>2.41</td>
</tr>
</tbody>
</table>
**Coverage:** Supplemental Life Insurance is voluntary coverage an employee may elect in volumes of 1, 2 or 3 times total annual compensation* to a maximum amount of $500,000. Basic plus Supplemental Life Insurance cannot exceed $1,000,000. Certain age-related reductions to coverage apply upon attaining age 65 and 70.

*Total annual compensation for purposes of this coverage is current annual base salary plus prior calendar year Weill Cornell Physician Organization (PO) supplemental compensation.

### BUSINESS TRAVEL ACCIDENT INSURANCE

**Eligibility:** The first day of employment.

**Cost:** Paid in full by Weill Medical College.

**Coverage:** Business Travel Accident Insurance provides accidental death insurance coverage while an employee is traveling on official Medical College business. Insurance equals $100,000 (or $200,000 if traveling on an aircraft). Commuting to and from work is not covered and travel requests must be approved with respective department supervisors, Chairperson and/or Deans.

### ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE

**Eligibility:** The first day of the month coincident with or next following the date of employment.

**Cost:** Paid in full by the employee and the pricing chart is listed in the Voluntary Accident Insurance booklet.

**Coverage:** AD&D insurance is for death, disability or dismemberment due to an accident. An employee may elect any amount from $10,000 to $250,000 in units of $10,000. Additional limits, up to a total maximum amount of $500,000 are available but limits in excess of $250,000 are subject to ten (10) times annual earnings. This insurance may be purchased as employee only, employee plus spouse, or family coverage.
HEALTH BENEFITS PLAN

The Weill Medical College Health Benefits Plan offers health coverage under either (1) a self-insured Fee-for-Service Program with eligible services paid by a third party administrator (21st Century Health & Benefits, Inc.), or (2) a Managed Care Program with benefits provided through United Healthcare.

Eligibility: The first day of the month coincident with or next following the date of employment.

➢ FEE-FOR-SERVICE PROGRAM

The Fee-for-Service Program is comprised of three (3) Parts as follows:

Part One  Point of Service (POS) Arrangement for Most Physician Services (consists of three “Levels” of coverage):

Level 1: Physician services provided by members of the Weill Cornell Physician Organization (PO)

- 100% payment to physician of negotiated fee.
- $10 employee co-payment, regardless of type of covered service.
- No employee co-insurance or out-of-pocket maximum.
- No deductible.

Level 2: Physician services provided by Multiplan Network providers

- 80% payment to physician of Multiplan rate for service provided.
- 20% employee co-insurance to a maximum out-of-pocket of $2,500 per covered individual per calendar year.
- No deductible.

Level 3: Out-of-Network Physician services

- 70% of eligible charges limited to the Program’s reasonable and customary (R&C) schedule.
• 30% employee co-insurance of eligible considered charges to a maximum out-of-pocket of $3,750 per covered individual per calendar year.
• No deductible.

Part Two  Prescription Drug Card Arrangement

Prescription drug coverage is provided through Express Scripts, Inc. (ESI) and each Fee-for-Service Program member is issued an Rx card to fill eligible prescriptions. There are over 50,000 participating pharmacies nationwide and the co-payments per prescription are:

Retail
$15.00 generic
$35.00 brand

A mail order program is available for those individuals who need to fill medications regularly for chronic conditions. A three-month supply of medication can generally be obtained for maintenance medications through this program and the corresponding co-payments are:

Mail
$20.00 generic
$60.00 brand

Part Three  Non-Physician and Other Covered Services

All other covered services are subject to a $200 calendar year per covered individual deductible (to a maximum of three deductibles per family) and 80% reimbursement of R&C up to a maximum out-of-pocket amount of $500 per person each calendar year.

Non-Physician covered services include inpatient/outpatient hospitalization, laboratory tests, covered therapies and diagnostic tests (x-rays, MRIs and CAT scans, for example). Outpatient psychotherapy and assisted reproductive technology benefits are also considered under Part Three of the Fee-for-Service Program, with limits as noted.
Part Three  Non-Physician and Other Covered Services (continued)

A sampling of Part Three Services includes:

- Routine nursery care for newborns in any hospital, subject to the deductible and co-insurance.
- Immunizations for children under 18 years of age, subject to the deductible and co-insurance.
- Routine mammograms, PAP tests and PSA tests, subject to the deductible and co-insurance.
- Coverage for outpatient mental health visits to a maximum of 20 visits per calendar year at $50 per visit, subject to the deductible.
- Assisted reproductive services to a maximum of $5,000 per attempt for a maximum of three (3) attempts in a couple’s lifetime, subject to the deductible and co-insurance.

Semi-Monthly Pre-Tax Employee Costs for Fee-for-Service Program Coverage

<table>
<thead>
<tr>
<th>Covered Members</th>
<th>Earnings Under $50K</th>
<th>Earnings $50K-$&lt;100K</th>
<th>Earnings $100K-$&lt;150K</th>
<th>Earnings $150K and up</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee Only</td>
<td>$29.00</td>
<td>$34.00</td>
<td>$38.50</td>
<td>$48.50</td>
</tr>
<tr>
<td>Employee + One Dependent</td>
<td>$69.50</td>
<td>$78.00</td>
<td>$87.50</td>
<td>$97.00</td>
</tr>
<tr>
<td>Employee + Two or More Dependents</td>
<td>$95.00</td>
<td>$111.00</td>
<td>$126.50</td>
<td>$158.50</td>
</tr>
</tbody>
</table>

➤ MANAGED CARE PROGRAM – UNITED HEALTHCARE

Weill Medical College provides an alternative to the Fee-for-Service Program through United Healthcare, a managed care point of service arrangement. United’s Choice Plus option is an open access coverage with no primary care physician required. Members can see any
physician in the United network without referral and coverage terms include:

- **Office Visits:** $20.00 employee co-payment
- **Prescriptions:** $10/$25/$40 (formulary generic/formulary brand/non-formulary)
- **Mail Order Rx:** $25/$62.50/$100
- **Ind. Inpatient Hospitalization:** $250 employee co-payment per Inpatient stay.

Members may see physicians outside of the United Healthcare (UHC) network, but those services are subject to a $1,500 ind./$3,000 family calendar year deductible. After meeting the deductible, UHC will reimburse up to 70% of its reasonable and customary reimbursement level for the covered service. These payments are subject to certain maximums and additional information and enrollment materials are available in the Benefits Office.

Information concerning the United Healthcare Choice Plus option may also be obtained on the company’s website (www.myuhc.com) or from the toll free United number (1-866-633-2446). The insurance contract number is 704954.

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**Semi-Monthly Pre-Tax Employee Costs for United Healthcare Choice Plus Option**

<table>
<thead>
<tr>
<th>Covered Members</th>
<th>Earnings Under $50K</th>
<th>Earnings $50K-$100K</th>
<th>Earnings $100K-$150K</th>
<th>Earnings $150K and up</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee Only</td>
<td>$26.00</td>
<td>$29.25</td>
<td>$32.50</td>
<td>$39.50</td>
</tr>
<tr>
<td>Employee + One Dependent</td>
<td>$57.00</td>
<td>$61.50</td>
<td>$68.50</td>
<td>$72.00</td>
</tr>
<tr>
<td>Employee + Two or More Dependents</td>
<td>$76.50</td>
<td>$89.00</td>
<td>$101.50</td>
<td>$119.50</td>
</tr>
</tbody>
</table>
Opt-Out Provision

Employees who are eligible for health coverage at the Medical College who have comparable health coverage elsewhere may be able to opt-out of the health benefits provided through Weill Medical College. Employees who provide proof of their other coverage may enroll in the Opt-Out Provision and receive additional taxable compensation ($750 for the full calendar year, in equal installments of $31.25 semi-monthly for the period of the calendar year during which the employee is eligible).

Re-enrollment in this option every calendar year is required as is a Flexible Benefits Enrollment application. There is no carryover of the Opt-Out Provision from one year to the next without re-enrollment.

DENTAL ASSISTANCE PLAN

Eligibility: The first day of the month coincident with or next following three (3) months of employment.

Cost:

<table>
<thead>
<tr>
<th>Dental Assistance Coverage Levels</th>
<th>Employee Pre-tax Semi-Monthly Costs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee Only</td>
<td>$2.50</td>
</tr>
<tr>
<td>Dependent Add-On Amount For those Employees Earning Less than the Social Security Wage Base</td>
<td>$9.00</td>
</tr>
<tr>
<td>Dependent Add-On Amount For those Employees Earning More than the Social Security Wage Base</td>
<td>$10.50</td>
</tr>
</tbody>
</table>

Note: 2005 Social Security Wage Base is $90,000.

Coverage: This plan provides dental assistance coverage to covered employees and their eligible enrolled dependents. Services are covered on a reasonable and customary basis as follows:

- Preventative & Diagnostic Care 100% R&C with no deductible
Minor Restoration 80% R&C, subject to deductible
Major Restoration 50% R&C, subject to deductible
Orthodontics 50% R&C, subject to deductible

The maximum benefit per covered member is $1,500 per calendar year. Preventative and diagnostic services are not subject to a deductible. Restorative services (minor and major) are subject to a $100 calendar year deductible per covered individual and Orthodontia is limited to a $1,000 lifetime benefit per covered individual, after satisfying the deductible.

**Note:** If an employee does not enroll his/her eligible dependents when first eligible to do so, written application must be made in the future and the enrollment effective date for dependent coverage will be one year from the date of written application.

**FLEXIBLE BENEFITS PLAN**

**Eligibility:** The first day of the month coincident with or next following the date of employment. Re-enrollment in the Flexible Benefits Plan is required every year during the open enrollment period.

**Cost:** Employee paid.

Through the Flexible Benefits Plan, an employee may convert an amount of his/her compensation to pre-tax dollars to pay for certain benefits-related expenses. The employee’s taxable compensation is reduced by the amount(s) contributed to the Plan resulting in savings on federal and New York State income taxes, and Social Security withholdings (FICA and Medi-Tax).

The following choices may be made under the Plan:

- **Health Reimbursement Account** - to fund non-reimbursed health and dental expenses for the employee and his/her eligible dependents.
- **Dependent Care Reimbursement Account** - to fund eligible child or other qualifying dependent expenses to allow you and your spouse, if applicable, to work.
• **Employee Premiums for Health & Dental Plans** – these amounts are automatically paid with before-tax dollars, unless you elect otherwise or cover a domestic partner. **There is a carryover from year to year of the pre-tax option for health and/or dental coverage.**

• **Opt-Out Provision** – if an employee has health coverage elsewhere (through a spouse’s plan, for example), he/she may “opt-out” of the WMC Health Benefits Plan for the current year and be paid up to $750 in additional taxable compensation for doing so.

**NOTE:** All FLEXIBLE BENEFITS PLAN OPTIONS (EXCEPT AS NOTED IN THIS SECTION) REQUIRE ANNUAL RE-ENROLLMENT.

Employees should read the Flexible Benefits Plan booklet carefully and understand the limitations prior to electing to join. A re-enrollment form is required every Plan Year (calendar year) for reimbursement accounts, conversion of premiums to after-tax dollars and the Opt-Out Provision. This enrollment form must be completed each open enrollment period. Mid-year qualifying elections are also eligible under the terms of the Plan, as detailed in the summary booklet.

**SALARY CONTINUANCE FOR TEMPORARY DISABILITY – LESS THEN ONE YEAR OF SERVICE**

Salaried academic staff members of the Weill Medical College who have less than one (1) year of service are eligible for salary continuance pay equal to 50% of base salary for a temporary disability period up to three (3) months in cases of illness, injury or other temporary disability, including conditions relating to pregnancy. In exceptional cases, and upon recommendation of the Dean and approval of the President, the salary continuation may be extended for an additional three (3) months.

**SALARY CONTINUANCE FOR TEMPORARY DISABILITY – MORE THAN ONE YEAR OF SERVICE**

Terms of coverage are identical to the Salary Continuance detailed above, except the level of disability pay is equal to 100% of base salary during such leave.
LONG TERM DISABILITY INCOME PLAN

Eligibility: The first day of the month coincident with or next following the date of employment.

Cost: $.0054 per $1.00 of monthly base salary to a maximum of $10,000 base salary per month. Base salary in excess of $10,000 per month and prior calendar year supplemental (PO) compensation is assessed $.0086 per $1.00 per month to a maximum monthly covered earnings amount of $41,667.

Coverage: LTD coverage provides income protection in the event of disability equal to 60% of monthly covered earnings after 180 days of continuous disability. Covered earnings include current base salary plus Weill Cornell Physician Organization (PO) supplemental compensation earned in the prior calendar year, limited to a maximum annual amount of $500,000, or $41,667 per month. The monthly benefit will be reduced (offset) by specified income benefits from certain other sources, such as Social Security. Most benefits will continue during a period of long-term disability if enrolled and eligible for LTD monthly income benefits from the insurance carrier, CIGNA.

During the initial year of Medical College employment, Physician Organization members will be enrolled in the non-PO LTD plan, since there are no prior year supplemental earnings to consider. During this period of time, employees will be charged the non-PO LTD rates ($.0032 per $1.00 of monthly base salary to a maximum of $10,000 per month; $.0064 of monthly base salary per month in excess of $10,000 per month). Effective immediately following the initial year of hire, such participants will be moved automatically to the LTD coverage for PO members, with coverage and premiums generally increasing as of January of that year.

WORKERS COMPENSATION

Eligibility: First day of employment.

Cost: Paid in full by the Weill Medical College.

Coverage: Lost pay protection and medical reimbursement is provided for any absence from work due to an on-the-job injury or an occupational illness. Charges
incurred as a result of the illness or incident, including physician and hospital bills are covered at 100%.

Note: All accidents must be reported to your Departmental/Division Administrator. Employees requiring treatment for an on-the-job injury, occupational illness, treatment for needle sticks or exposure to bodily fluids should report to Occupational Health Services (OHS) immediately for treatment.

A timely incident report must be filed to report the incident. The incident report will be completed when the employee reports to OHS and a copy will be forwarded to the Departmental Supervisor and the Benefits Office.

If a work-related injury occurs when OHS is closed, the employee should report to the New York Presbyterian Hospital Emergency Department for treatment. An incident report will be completed by the Emergency Department and a copy will be forwarded to the Departmental Supervisor, Benefits Office and OHS. OHS is located at SM-1A01 and is open Monday-Friday (8:00 am - 4:30 pm). OHS can be reached at extension 64377.

RETIREMENT PLAN FOR FACULTY AND EXEMPT EMPLOYEES
(BASIC 403(b) PLAN)

Eligibility: The first day of the month coincident with or next following the date of employment. An eligible employee has a maximum of 90 days to complete the enrollment materials for this plan. If all required paperwork is completed within 90 days of the employee’s hire date, retroactive Medical College contributions will be made to the eligibility date.

If an application for enrollment is not completed during the first 90 days of employment, the effective date for participation and contributions from the Medical College will commence prospectively; there will be no retroactive contributions due.

Cost: Paid in full by the Weill Medical College.
The Medical College will contribute a percentage of your pensionable earnings* each year to TIAA-CREF and/or Vanguard as follows:

<table>
<thead>
<tr>
<th>Age as of January or July 1st**</th>
<th>Contribution as a Percentage of Pensionable Earnings*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Under Age 40</td>
<td>5% up to Social Security Wage Base*** plus 10% of the excess</td>
</tr>
<tr>
<td>Ages 40-49</td>
<td>10% up to Social Security Wage Base*** plus 15% of the excess</td>
</tr>
<tr>
<td>Age 50 and over</td>
<td>15% up to the Social Security Wage Base*** plus 20% of the excess</td>
</tr>
</tbody>
</table>

*Pensionable Earnings are limited to $205,000 and include base annual salary plus Weill Cornell Physician Organization (PO) supplemental compensation.

** An employee who turns age 40 or 50 during the first six months of the calendar year will move to the higher contribution level as of July 1st following the attainment of age 40 or 50. An employee who turns age 40 or 50 during the last six months of the calendar year will move to the higher contribution level as of the January 1st following the attainment of age 40 or 50.

*** Social Security Wage Base for 2005 is $90,000.

**Note:** No employee contributions are required or permitted under this Plan.

Vesting is full, immediate and portable. If a participant terminates from the Weill Medical College, all contributions made on his/her behalf to TIAA-CREF and/or Vanguard are retained in the participant’s account(s). Each participant determines and directs how the Medical College contributions will be invested. Fund selections include annuity investments (TIAA) or mutual funds (CREF...
and Vanguard), and mutual fund types include stocks, bonds, money market and balanced funds.

**TAX DEFERRED ANNUITY PLAN (SUPPLEMENTAL 403(b) PLAN)**

**Eligibility:** Employees may join this Plan on a prospective basis at any time. The amount of salary reduction may be changed during the year, provided the amount selected will not result in an amount in excess of the maximum amount permitted.

This voluntary, supplemental 403(b) retirement plan provides a means of investing tax-deferred contributions with TIAA-CREF and/or Vanguard through annuity contracts and/or custodial accounts. Enrollment materials may be obtained in the Benefits Office.

The available investment companies include:

**TIAA-CREF** - Participation in the TIAA-CREF Supplemental Retirement Annuity (SRA) allows contributions to be invested in annuities (TIAA) and/or mutual funds (CREF). Further information is available directly from TIAA-CREF at 1-800-842-2776 or at the company website ([www.tiaa-cref.org](http://www.tiaa-cref.org)).

**The Vanguard Group** - Participation in a supplemental custodial account with Vanguard provides a wide variety of mutual funds from which to select. Further information is available directly from Vanguard at 1-800-523-1188 or at the company website ([www.vanguard.com](http://www.vanguard.com)).

Note: You must first complete the Faculty & Exempt Retirement Plan application materials and provide a statement of current calendar year contributions made on a pre-tax basis at your prior employer if you wish to start contributions to this Plan during your initial year of employment. As this Plan is voluntary, you may join at any time in the future if you do not wish to participate as a new employee.
CHILDREN’S TUITION SCHOLARSHIP PLAN (CTS)

**Eligibility:** Two years of full-time service. Employees must be full-time when applying for this benefit plan. Participating children must be enrolled in a degree-granting undergraduate program.

The annual benefit for the 2004-2005 academic year is:

<table>
<thead>
<tr>
<th>Institution</th>
<th>Benefit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cornell University</td>
<td>$9,000</td>
</tr>
<tr>
<td>Other Institutions</td>
<td>$9,000</td>
</tr>
</tbody>
</table>

**CAREER LIFE PLANNING TUITION BENEFIT**

**Eligibility:** Employees who have completed six (6) months of service who are age 55 or over may enroll in any course that would assist with planning for a second career or a hobby. The benefit is a maximum of $5,000 per academic year (pro-rated for part-time service) and is fully taxable to the employee. Application should be made in advance of attendance at the course and reimbursement will be made upon successful completion of the course.

**VACATION**

Full-time academic staff members accrue twenty-four (24) vacation days per fiscal year at the rate of 2 days per month (pro-rated for part-time service). After one month of employment, vacation may be taken as earned, subject to the approval of the Chairman and Division/Sub-Department Head.

Recordkeeping of vacation accruals rests solely within each academic department and vacation cannot extend salary payments beyond the end of an appointment; therefore, accrued vacation should be taken before the termination of service, as there is no payout of unused vacation time.

**AUTOMOBILE & HOME INSURANCE PROGRAM**
Eligibility: This voluntary program may be elected at any time while employed.

Cost: Paid in full by the employee via payroll deductions.

Coverage: Insurance policies may be obtained for automobiles and/or home and excess liability coverages through the Marsh at Work Solutions Program (formerly Seabury & Smith). Premiums are based upon coverage selected. For a quote, please call 1-800-553-4861.

EMPLOYEE ASSISTANCE PROGRAM (EAP)

The EAP is a voluntary and confidential resource available to all Medical College employees that provides short-term counseling and referral services related to personal, work-related or business difficulties, including problems related to substance abuse. The EAP is located at 445 East 68th Street, corner of York Avenue on the main floor. The Program’s staff can be reached directly at 212-746-5890.

COMMUTER TAX RELIEF (CTR) PROGRAM

Eligibility: The first day of the month coincident with or next following the date of employment.

The CTR Program allows Weill Medical College regular employees to claim various commuting costs to and from work on a pre-tax basis. Those employees who live on campus or within walking distance of their work location are not eligible to participate. There are two types of commuting expenses covered by CTR:

Mass Transit: Commuting via bus, subway, commuter rail, and ferry qualify for up to $105 per month.
**Parking Expenses:** Driving to and from work using either WMC or NYPH parking facilities qualify for a maximum of $200 per month.

There is no reimbursement process required under the CTR Program. The semi-monthly contributions are returned untaxed to the employee via the paycheck. A CTR Program Certification form needs to be completed and sent to the Payroll Office (100 Broadway - Box 76) to join.

**LONG TERM CARE INSURANCE**

**Eligibility:** Employees must enroll during the first 31 days of employment for automatic acceptance. Late applicants are subject to an evidence of good health, as are applications for spouses, parents and parents-in-law. John Hancock, as the long-term care insurer, sets the policy effective dates and premiums for this coverage.

**Cost:** Paid in full by the employee via payroll deduction for self and spouse coverage only. Cost is based upon near age at time of enrollment and level of coverage selected. All other payments are made directly to John Hancock by the insured.

**Coverage:** Long Term Care Insurance provides benefits for nursing home and other custodial care not covered by traditional health insurance. To request enrollment materials, please contact John Hancock at 1-800-482-0022 or visit the company’s website at [http://www.jhancock.com/longtermcare/wmc](http://www.jhancock.com/longtermcare/wmc) (username: wmc; password: mybenefit). John Hancock will inform you of the cost of the coverage you select and make arrangements with the Medical College to start deductions, if applicable.

##
APPENDIX II

WEILL MEDICAL COLLEGE OF CORNELL UNIVERSITY FACULTY
BENEFITS SUMMARY

Weill Medical College Benefits Office
Olin Hall - Room 220 - Box 59
Telephone: 212-746-1035
Fax: 212-746-6997
Intranet: http://intranet.med.cornell.edu

This faculty benefits summary is subject to the more detailed descriptions of the plans contained in the booklets issued by the Medical College and the official documents governing each plan.

BASIC LIFE INSURANCE

Eligibility: The first day of the month coincident with or next following the date of employment.

Cost: Paid in full by Weill Medical College.

Coverage: Basic Life Insurance coverage equals annual base salary rounded up to the next higher $1,000 to a maximum of $500,000. Certain age-related reductions to coverage apply upon attaining age 65 and 70.

SUPPLEMENTAL LIFE INSURANCE

Eligibility: The first day of the month coincident with or next following the date of employment.

Cost: Employee paid based upon age and rate per $1,000 of coverage:

<table>
<thead>
<tr>
<th>Age Bracket</th>
<th>Rate per $1,000 of Insurance/Month</th>
</tr>
</thead>
<tbody>
<tr>
<td>Under 40</td>
<td>$.08</td>
</tr>
<tr>
<td>Under 50</td>
<td>.18</td>
</tr>
<tr>
<td>Under 60</td>
<td>.49</td>
</tr>
<tr>
<td>Under 70</td>
<td>1.01</td>
</tr>
<tr>
<td>Age 70 &amp; over</td>
<td>2.41</td>
</tr>
</tbody>
</table>
SUPPLEMENTAL LIFE INSURANCE (continued)

Coverage: Supplemental Life Insurance is voluntary coverage an employee may elect in volumes of 1, 2 or 3 times total annual base salary to a maximum amount of $500,000. Basic plus Supplemental Life Insurance cannot exceed $1,000,000. Certain age-related reductions to coverage apply upon attaining age 65 and 70.

BUSINESS TRAVEL ACCIDENT INSURANCE

Eligibility: The first day of employment.

Cost: Paid in full by Weill Medical College.

Coverage: Business Travel Accident Insurance provides accidental death insurance coverage while an employee is traveling on official Medical College business. Insurance equals $100,000 (or $200,000 if traveling on an aircraft). Commuting to and from work is not covered and travel requests must be approved with respective department supervisors, Chairperson and/or Deans.

ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE

Eligibility: The first day of the month coincident with or next following the date of employment.

Cost: Paid in full by the employee and the pricing chart is listed in the Voluntary Accident Insurance booklet.

Coverage: AD&D insurance is for death, disability or dismemberment due to an accident. An employee may elect any amount from $10,000 to $250,000 in units of $10,000. Additional limits, up to a total maximum amount of $500,000 are available but limits in excess of $250,000 are subject to ten (10) times annual earnings. This insurance may be purchased as employee only, employee plus spouse, or family coverage.

HEALTH BENEFITS PLAN

The Weill Medical College Health Benefits Plan offers health coverage under either (1) a self-insured Fee-for-
Service Program with eligible services paid by a third party administrator (21st Century Health & Benefits, Inc.), or (2) a Managed Care Program with benefits provided through United Healthcare.

Eligibility: The first day of the month coincident with or next following the date of employment.

➢ FEE-FOR-SERVICE PROGRAM

The Fee-for-Service Program is comprised of three (3) Parts as follows:

Part One  Point of Service (POS) Arrangement for Most Physician Services  (consists of three “Levels” of coverage):

Level 1: Physician services provided by members of the Weill Cornell Physician Organization (PO)

- 100% payment to physician of negotiated fee.
- $10 employee co-payment, regardless of type of covered service.
- No employee co-insurance or out-of-pocket maximum.
- No deductible.

Level 2: Physician services provided by Multiplan Network providers

- 80% payment to physician of Multiplan rate for service provided.
- 20% employee co-insurance to a maximum out-of-pocket of $2,500 per covered individual per calendar year.
- No deductible.

Level 3: Out-of-Network Physician services

- 70% of eligible charges limited to the Program’s reasonable and customary (R&C) schedule.
- 30% employee co-insurance of eligible considered charges to a maximum out-of-pocket of $3,750 per covered individual per calendar year.
No deductible.

Part Two  Prescription Drug Card Arrangement

Prescription drug coverage is provided through Express Scripts, Inc. (ESI) and each Fee-for-Service Program member is issued an Rx card to fill eligible prescriptions. There are over 50,000 participating pharmacies nationwide and the co-payments per prescription are:

<table>
<thead>
<tr>
<th></th>
<th>Retail</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$15.00 generic</td>
<td>$35.00 brand</td>
</tr>
</tbody>
</table>

A mail order program is available for those individuals who need to fill medications regularly for chronic conditions. A three-month supply of medication can generally be obtained for maintenance medications through this program and the corresponding co-payments are:

<table>
<thead>
<tr>
<th></th>
<th>Mail</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$20.00 generic</td>
</tr>
</tbody>
</table>

Part Three  Non-Physician and Other Covered Services

All other covered services are subject to a $200 calendar year per covered individual deductible (to a maximum of three deductibles per family) and 80% reimbursement of R&C up to a maximum out-of-pocket amount of $500 per person each calendar year.

Non-Physician covered services include inpatient/outpatient hospitalization, laboratory tests, covered therapies and diagnostic tests (x-rays, MRIs and CAT scans, for example). Outpatient psychotherapy and assisted reproductive technology benefits are also considered under Part Three of the Fee-for-Service Program, with limits as noted.

A sampling of Part Three Services includes:
• Routine nursery care for newborns in any hospital, subject to the deductible and co-insurance.
• Immunizations for children under 18 years of age, subject to the deductible and co-insurance.
• Routine mammograms, PAP tests and PSA tests, subject to the deductible and co-insurance.
• Coverage for outpatient mental health visits to a maximum of 20 visits per calendar year at $50 per visit, subject to the deductible.
• Assisted reproductive services to a maximum of $5,000 per attempt for a maximum of three (3) attempts in a couple’s lifetime, subject to the deductible and co-insurance.

Semi-Monthly Pre-Tax Employee Costs for Fee-for-Service Program Coverage

<table>
<thead>
<tr>
<th>Covered Members</th>
<th>Earnings Under $50K</th>
<th>Earnings $50K-$100K</th>
<th>Earnings $100K-$150K</th>
<th>Earnings $150K and up</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee Only</td>
<td>$29.00</td>
<td>$34.00</td>
<td>$38.50</td>
<td>$48.50</td>
</tr>
<tr>
<td>Employee + One Dependent</td>
<td>$69.50</td>
<td>$78.00</td>
<td>$87.50</td>
<td>$97.00</td>
</tr>
<tr>
<td>Employee + Two or More Dependants</td>
<td>$95.00</td>
<td>$111.00</td>
<td>$126.50</td>
<td>$158.50</td>
</tr>
</tbody>
</table>

➤ MANAGED CARE PROGRAM – UNITED HEALTHCARE

Weill Medical College provides an alternative to the Fee-for-Service Program through United Healthcare, a managed care point of service arrangement. United’s Choice Plus option is an open access coverage with no primary care physician required. Members can see any physician in the United network without referral and coverage terms include:

  • Office Visits: $20.00 employee co-payment
• Prescriptions: $10/$25/$40 (formulary generic/formulary brand/non-formulary)
• Mail Order Rx: $25/$62.50/$100
• Ind. Inpatient Hospitalization: $250 employee co-payment per Inpatient stay.

Members may see physicians outside of the United Healthcare (UHC) network, but those services are subject to a $1,500 ind./$3,000 family calendar year deductible. After meeting the deductible, UHC will reimburse up to 70% of its reasonable and customary reimbursement level for the covered service. These payments are subject to certain maximums and additional information and enrollment materials are available in the Benefits Office.

Information concerning the United Healthcare Choice Plus option may also be obtained on the company’s website (www.myuhc.com) or from the toll free United number (1-866-633-2446). The insurance contract number is 704954.

**Semi-Monthly Pre-Tax Employee Costs for United Healthcare Choice Plus Option**

<table>
<thead>
<tr>
<th>Covered Members</th>
<th>Earnings Under $50K</th>
<th>Earnings $50K-$100K</th>
<th>Earnings $100K-$150K</th>
<th>Earnings $150K and up</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee Only</td>
<td>$26.00</td>
<td>$29.25</td>
<td>$32.50</td>
<td>$39.50</td>
</tr>
<tr>
<td>Employee + One Dependent</td>
<td>$57.00</td>
<td>$61.50</td>
<td>$68.50</td>
<td>$72.00</td>
</tr>
<tr>
<td>Employee + Two or More Dependents</td>
<td>$76.50</td>
<td>$89.00</td>
<td>$101.50</td>
<td>$119.50</td>
</tr>
</tbody>
</table>
Opt-Out Provision

Employees who are eligible for health coverage at the Medical College who have comparable health coverage elsewhere may be able to opt-out of the health benefits provided through Weill Medical College. Employees who provide proof of their other coverage may enroll in the Opt-Out Provision and receive additional taxable compensation ($750 for the full calendar year, in equal installments of $31.25 semi-monthly for the period of the calendar year during which the employee is eligible).

Re-enrollment in this option every calendar year is required as is a Flexible Benefits Enrollment application. There is no carryover of the Opt-Out Provision from one year to the next without re-enrollment.

DENTAL ASSISTANCE PLAN

Eligibility: The first day of the month coincident with or next following three (3) months of employment.

Cost:

<table>
<thead>
<tr>
<th>Dental Assistance Coverage Levels</th>
<th>Employee Pre-tax Semi-Monthly Costs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee Only</td>
<td>$2.50</td>
</tr>
<tr>
<td>Dependent Add-On Amount</td>
<td></td>
</tr>
<tr>
<td>For those Employees Earning Less</td>
<td></td>
</tr>
<tr>
<td>than the Social Security Wage</td>
<td></td>
</tr>
<tr>
<td>Base</td>
<td></td>
</tr>
<tr>
<td>Dependent Add-On Amount</td>
<td>$9.00</td>
</tr>
<tr>
<td>For those Employees Earning More</td>
<td></td>
</tr>
<tr>
<td>than the Social Security Wage</td>
<td></td>
</tr>
<tr>
<td>Base</td>
<td>$10.50</td>
</tr>
</tbody>
</table>

Note: 2005 Social Security Wage Base is $90,000.

Coverage: This plan provides dental assistance coverage to covered employees and their eligible enrolled...
dependents. Services are covered on a reasonable and customary basis as follows:

<table>
<thead>
<tr>
<th>Service</th>
<th>Coverage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preventative &amp; Diagnostic Care</td>
<td>100% R&amp;C with no deductible</td>
</tr>
<tr>
<td>Minor Restoration</td>
<td>80% R&amp;C, subject to deductible</td>
</tr>
<tr>
<td>Major Restoration</td>
<td>50% R&amp;C, subject to deductible</td>
</tr>
<tr>
<td>Orthodontics</td>
<td>50% R&amp;C, subject to deductible</td>
</tr>
</tbody>
</table>

The maximum benefit per covered member is $1,500 per calendar year. Preventative and diagnostic services are not subject to a deductible. Restorative services (minor and major) are subject to a $100 calendar year deductible per covered individual and Orthodontia is limited to a $1,000 lifetime benefit per covered individual, after satisfying the deductible.

**Note:** If an employee does not enroll his/her eligible dependents when first eligible to do so, written application must be made in the future and the enrollment effective date for dependent coverage will be one year from the date of written application.

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**FLEXIBLE BENEFITS PLAN**

**Eligibility:** The first day of the month coincident with or next following the date of employment. Re-enrollment in the Flexible Benefits Plan is required every year during the open enrollment period.

**Cost:** Employee paid

Through the Flexible Benefits Plan, an employee may convert an amount of his/her compensation to pre-tax dollars to pay for certain benefits-related expenses. The employee’s taxable compensation is reduced by the amount(s) contributed to the Plan resulting in savings on federal and New York State income taxes, and Social Security withholdings (FICA and Medi-Tax).

The following choices may be made under the Plan:

- **Health Reimbursement Account** - to fund non-reimbursed health and dental expenses for the employee and his/her eligible dependents.
• **Dependent Care Reimbursement Account** – to fund eligible child or other qualifying dependent expenses to allow you and your spouse, if applicable, to work.

• **Employee Premiums for Health & Dental Plans** – these amounts are automatically paid with before-tax dollars, unless you elect otherwise or cover a domestic partner. **There is a carryover from year to year of the pre-tax option for health and/or dental coverage.**

• **Opt-Out Provision** – if an employee has health coverage elsewhere (through a spouse’s plan, for example), he/she may “opt-out” of the WMC Health Benefits Plan for the current year and be paid up to $750 in additional taxable compensation for doing so.

**NOTE:** **ALL FLEXIBLE BENEFITS PLAN OPTIONS (EXCEPT AS NOTED IN THIS SECTION) REQUIRE ANNUAL RE-ENROLLMENT.**

Employees should read the Flexible Benefits Plan booklet carefully and understand the limitations prior to electing to join. A re-enrollment form is required every Plan Year (calendar year) for reimbursement accounts, conversion of premiums to after-tax dollars and the Opt-Out Provision. This enrollment form must be completed each open enrollment period. Mid-year qualifying elections are also eligible under the terms of the Plan, as detailed in the summary booklet.

**SALARY CONTINUANCE FOR TEMPORARY DISABILITY – LESS THAN ONE YEAR OF SERVICE**

Salaried academic staff members of the Weill Medical College who have less than one (1) year of service are eligible for salary continuity pay equal to 50% of base salary for a temporary disability period up to three (3) months in cases of illness, injury or other temporary disability, including conditions relating to pregnancy. In exceptional cases, and upon recommendation of the Dean and approval of the President, the salary continuation may be extended for an additional three (3) months.
SALARY CONTINUANCE FOR TEMPORARY DISABILITY – MORE THAN ONE YEAR OF SERVICE

Terms of coverage are identical to the Salary Continuance detailed above, except the level of disability pay is equal to 100% of base salary during such leave.

LONG TERM DISABILITY INCOME PLAN

Eligibility: The first day of the month coincident with or next following the date of employment.

Cost: $.0032 per $1.00 of monthly base salary to a maximum of $10,000 base salary per month. Base salary in excess of $10,000 per month is assessed $.0064 per $1.00 per month to a maximum monthly covered earnings amount of $25,000.

Coverage: LTD coverage provides income protection in the event of disability equal to 60% of monthly covered earnings after 180 days of continuous disability. Covered earnings include current base salary limited to a maximum annual amount of $300,000, or $25,000 per month. The monthly benefit will be reduced (offset) by specified income benefits from certain other sources, such as Social Security. Most benefits will continue during a period of long-term disability if enrolled and eligible for LTD monthly income benefits from the insurance carrier, CIGNA.

WORKERS COMPENSATION

Eligibility: First day of employment.

Cost: Paid in full by the Weill Medical College.

Coverage: Lost pay protection and medical reimbursement is provided for any absence from work due to an on-the-job injury or an occupational illness. Charges incurred as a result of the illness or incident, including physician and hospital bills are covered at 100%.

Note: All accidents must be reported to your Departmental/Division Administrator. Employees requiring treatment for an on-the-job injury, occupational illness, treatment for needle sticks or exposure to bodily
fluids should report to Occupational Health Services (OHS) immediately for treatment.

A timely incident report must be filed to report the incident. The incident report will be completed when the employee reports to OHS and a copy will be forwarded to the Departmental Supervisor and the Benefits Office.

If a work-related injury occurs when OHS is closed, the employee should report to the New York Presbyterian Hospital Emergency Department for treatment. An incident report will be completed by the Emergency Department and a copy will be forwarded to the Departmental Supervisor, Benefits Office and OHS. OHS is located at SM-1A01 and is open Monday-Friday (8:00 am – 4:30 pm). OHS can be reached at extension 64377.

RETIREMENT PLAN FOR FACULTY AND EXEMPT EMPLOYEES

(BASIC 403(b) PLAN)

**Eligibility:** The first day of the month coincident with or next following the date of employment. An eligible employee has a maximum of 90 days to complete the enrollment materials for this plan. If all required paperwork is completed within 90 days of the employee’s hire date, retroactive Medical College contributions will be made to the eligibility date.

*If an application for enrollment is not completed during the first 90 days of employment, the effective date for participation and contributions from the Medical College will commence prospectively; there will be no retroactive contributions due.*

**Cost:** Paid in full by the Weill Medical College.
The Medical College will contribute a percentage of your pensionable earnings* each year to TIAA-CREF and/or Vanguard as follows:

<table>
<thead>
<tr>
<th>Age as of January or July 1st**</th>
<th>Contribution as a Percentage of Pensionable Earnings*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Under Age 40</td>
<td>5% up to Social Security Wage Base*** plus 10% of the excess</td>
</tr>
<tr>
<td>Ages 40-49</td>
<td>10% up to Social Security Wage Base*** plus 15% of the excess</td>
</tr>
<tr>
<td>Age 50 and over</td>
<td>15% up to the Social Security Wage Base*** plus 20% of the excess</td>
</tr>
</tbody>
</table>

* Pensionable Earnings are limited to $205,000.

** An employee who turns age 40 or 50 during the first six months of the calendar year will move to the higher contribution level as of July 1st following the attainment of age 40 or 50. An employee who turns age 40 or 50 during the last six months of the calendar year will move to the higher contribution level as of the January 1st following the attainment of age 40 or 50.

*** Social Security Wage Base for 2005 is $90,000.

Note: No employee contributions are required or permitted under this Plan.

Vesting is full, immediate and portable. If a participant terminates from the Weill Medical College, all contributions made on his/her behalf to TIAA-CREF and/or Vanguard are retained in the participant’s account(s). Each participant determines and directs how the Medical College contributions will be invested. Fund selections include annuity investments (TIAA) or mutual funds (CREF and Vanguard), and mutual fund types include stocks, bonds, money market and balanced funds.

7/1/2005 9.60
TAX DEFERRED ANNUITY PLAN (SUPPLEMENTAL 403(b) PLAN)

Eligibility: Employees may join this Plan on a prospective basis at any time. The amount of salary reduction may be changed during the year, provided the amount selected will not result in an amount in excess of the maximum amount permitted.

This voluntary, supplemental 403(b) retirement plan provides a means of investing tax-deferred contributions with TIAA-CREF and/or Vanguard through annuity contracts and/or custodial accounts. Enrollment materials may be obtained in the Benefits Office.

The available investment companies include:

TIAA-CREF - Participation in the TIAA-CREF Supplemental Retirement Annuity (SRA) allows contributions to be invested in annuities (TIAA) and/or mutual funds (CREF). Further information is available directly from TIAA-CREF at 1-800-842-2776 or at the company website (www.tiaa-cref.org).

The Vanguard Group - Participation in a supplemental custodial account with Vanguard provides a wide variety of mutual funds from which to select. Further information is available directly from Vanguard at 1-800-523-1188 or at the company website (www.vanguard.com).

Note: You must first complete the Faculty & Exempt Retirement Plan application materials and provide a statement of current calendar year contributions made on a pre-tax basis at your prior employer if you wish to start contributions to this Plan during your initial year of employment. As this Plan is voluntary, you may join at any time in the future if you do not wish to participate as a new employee.
CHILDREN’S TUITION SCHOLARSHIP PLAN (CTS)

Eligibility: Two years of full-time service. Employees must be full-time when applying for this benefit plan. Participating children must be enrolled in a degree-granting undergraduate program.

The annual benefit for the 2004-2005 academic year is:

<table>
<thead>
<tr>
<th>Institution</th>
<th>Benefit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cornell University</td>
<td>$9,000</td>
</tr>
<tr>
<td>Other Institutions</td>
<td>$9,000</td>
</tr>
</tbody>
</table>

CAREER LIFE PLANNING TUITION BENEFIT

Eligibility: Employees who have completed six (6) months of service who are age 55 or over may enroll in any course that would assist with planning for a second career or a hobby. The benefit is a maximum of $5,000 per academic year (pro-rated for part-time service) and is fully taxable to the employee. Application should be made in advance of attendance at the course and reimbursement will be made upon successful completion of the course.

VACATION

Full-time academic staff members accrue twenty-four (24) vacation days per fiscal year at the rate of 2 days per month (pro-rated for part-time service). After one month of employment, vacation may be taken as earned, subject to the approval of the Chairman and Division/Sub-Department Head.

Recordkeeping of vacation accruals rests solely within each academic department and vacation cannot extend salary payments beyond the end of an appointment; therefore, accrued vacation should be taken before termination of service, as there is no payout of unused vacation time.
AUTOMOBILE & HOME INSURANCE PROGRAM

Eligibility: This voluntary program may be elected at any time while employed.

Cost: Paid in full by the employee via payroll deductions.

Coverage: Insurance policies may be obtained for automobiles and/or home and excess liability coverages through the Marsh at Work Solutions Program (formerly Seabury & Smith). Premiums are based upon coverage selected. For a quote, please call 1-800-553-4861.

EMPLOYEE ASSISTANCE PROGRAM (EAP)

The EAP is a voluntary and confidential resource available to all Medical College employees that provides short-term counseling and referral services related to personal, work-related or business difficulties, including problems related to substance abuse. The EAP is located at 445 East 68th Street, corner of York Avenue on the main floor. The Program’s staff can be reached directly at 212-746-5890.

COMMUTER TAX RELIEF (CTR) PROGRAM

Eligibility: The first day of the month coincident with or next following the date of employment.

The CTR Program allows Weill Medical College regular employees to claim various commuting costs to and from work on a pre-tax basis. Those employees who live on campus or within walking distance of their work location are not eligible to participate. There are two types of commuting expenses covered by CTR:

Mass Transit: Commuting via bus, subway, commuter rail, and ferry qualify for up to $105 per month.
Parking Expenses: Driving to and from work using either WMC or NYPH parking facilities qualify for a maximum of $200 per month.

There is no reimbursement process required under the CTR Program. The semi-monthly contributions are returned untaxed to the employee via the paycheck. A CTR Program Certification form needs to be completed and sent to the Payroll Office (100 Broadway - Box 76) to join.

LONG TERM CARE INSURANCE

Eligibility: Employees must enroll during the first 31 days of employment for automatic acceptance. Late applicants are subject to an evidence of good health, as are applications for spouses, parents and parents-in-law. John Hancock, as the long-term care insurer, sets the policy effective dates and premiums for this coverage.

Cost: Paid in full by the employee via payroll deduction for self and spouse coverage only. Cost is based upon near age at time of enrollment and level of coverage selected. All other payments are made directly to John Hancock by the insured.

Coverage: Long Term Care Insurance provides benefits for nursing home and other custodial care not covered by traditional health insurance. To request enrollment materials, please contact John Hancock at 1-800-482-0022 or visit the company’s website at http://www.jhancock.com/longtermcare/wmc (username: wmc; password: mybenefit). John Hancock will inform you of the cost of the coverage you select and make arrangements with the Medical College to start deductions, if applicable.

##
APPENDIX III

WEILL MEDICAL COLLEGE OF CORNELL UNIVERSITY FELLOW & POST DOCTORAL ASSOCIATE BENEFITS SUMMARY (EARNINGS < $23,660)

Weill Medical College Benefits Office
Olin Hall - Room 220 - Box 59
Telephone: 212-746-1035
Fax: 212-746-6997
Intranet: http://intranet.med.cornell.edu

This benefits summary for fellows and post doctoral associates is subject to the more detailed descriptions of the plans contained in the booklets issued by the Medical College and the official documents governing each plan.

BASIC LIFE INSURANCE

**Eligibility:** The first day of the month coincident with or next following the date of employment.

**Cost:** Paid in full by Weill Medical College.

**Coverage:** Basic Life Insurance coverage equals annual base salary rounded up to the next higher $1,000 to a maximum of $500,000. Certain age-related reductions to coverage apply upon attaining age 65 and 70.

BUSINESS TRAVEL ACCIDENT INSURANCE

**Eligibility:** The first day of employment.

**Cost:** Paid in full by Weill Medical College.

**Coverage:** Business Travel Accident Insurance provides accidental death insurance coverage while an employee is traveling on official Medical College business. Insurance equals $100,000 (or $200,000 if traveling on an aircraft). Commuting to and from work is not covered and travel requests must be approved with respective department supervisors, Chairperson and/or Deans.
ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE

**Eligibility:** The first day of the month coincident with or next following the date of employment.

**Cost:** Paid in full by the employee and the pricing chart is listed in the Voluntary Accident Insurance booklet.

**Coverage:** AD&D insurance is for death, disability or dismemberment due to an accident. An employee may elect any amount from $10,000 to $250,000 in units of $10,000. Additional limits, up to a total maximum amount of $500,000 are available but limits in excess of $250,000 are subject to ten (10) times annual earnings. This insurance may be purchased as employee only, employee plus spouse, or family coverage.

HEALTH BENEFITS PLAN

The Weill Medical College Health Benefits Plan offers health coverage under either (1) a self-insured Fee-for-Service Program with eligible services paid by a third party administrator (21st Century Health & Benefits, Inc.), or (2) a Managed Care Program with benefits provided through United Healthcare.

**Eligibility:** The first day of the month coincident with or next following the date of employment.

➢ **FEE-FOR-SERVICE PROGRAM**

The Fee-for-Service Program is comprised of three (3) Parts as follows:

**Part One** Point of Service (POS) Arrangement for Most Physician Services (consists of three “Levels” of coverage):

**Level 1:** Physician services provided by members of the Weill Cornell Physician Organization (PO)

- 100% payment to physician of negotiated fee.
- $10 employee co-payment, regardless of type of covered service.
- No employee co-insurance or out-of-pocket maximum.
- No deductible.

**Level 2**: Physician services provided by Multiplan Network providers

- 80% payment to physician of Multiplan rate for service provided.
- 20% employee co-insurance to a maximum out-of-pocket of $2,500 per covered individual per calendar year.
- No deductible.

**Level 3**: Out-of-Network Physician services

- 70% of eligible charges limited to the Program’s reasonable and customary (R&C) schedule.
- 30% employee co-insurance of eligible considered charges to a maximum out-of-pocket of $3,750 per covered individual per calendar year.
- No deductible.

**Part Two  Prescription Drug Card Arrangement**

Prescription drug coverage is provided through Express Scripts, Inc. (ESI) and each Fee-for-Service Program member is issued an Rx card to fill eligible prescriptions. There are over 50,000 participating pharmacies nationwide and the co-payments per prescription are:

**Retail**
- $15.00 generic
- $35.00 brand

A mail order program is available for those individuals who need to fill medications regularly for chronic conditions. A three-month supply of medication can generally be obtained for maintenance medications through this program and the corresponding co-payments are:

**Mail**
- $20.00 generic
- $60.00 brand
Part Three  Non-Physician and Other Covered Services

All other covered services are subject to a $200 calendar year per covered individual deductible (to a maximum of three deductibles per family) and 80% reimbursement of R&C up to a maximum out-of-pocket amount of $500 per person each calendar year.

Non-Physician covered services include inpatient/outpatient hospitalization, laboratory tests, covered therapies and diagnostic tests (x-rays, MRIs and CAT scans, for example). Outpatient psychotherapy and assisted reproductive technology benefits are also considered under Part Three of the Fee-for-Service Program, with limits as noted.

A sampling of Part Three Services includes:

- Routine nursery care for newborns in any hospital, subject to the deductible and co-insurance.
- Immunizations for children under 18 years of age, subject to the deductible and co-insurance.
- Routine mammograms, PAP tests and PSA tests, subject to the deductible and co-insurance.
- Coverage for outpatient mental health visits to a maximum of 20 visits per calendar year at $50 per visit, subject to the deductible.
- Assisted reproductive services to a maximum of $5,000 per attempt for a maximum of three (3) attempts in a couple’s lifetime, subject to the deductible and co-insurance.
Semi-Monthly Pre-Tax Employee Costs for Fee-for-Service Program Coverage

<table>
<thead>
<tr>
<th>Covered Members</th>
<th>Earnings Under $50K</th>
<th>Earnings $50K-$100K</th>
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- **MANAGED CARE PROGRAM – UNITED HEALTHCARE**

Weill Medical College provides an alternative to the Fee-for-Service Program through United Healthcare, a managed care point of service arrangement. United’s Choice Plus option is an open access coverage with no primary care physician required. Members can see any physician in the United network without referral and coverage terms include:

- Office Visits: $20.00 employee co-payment
- Prescriptions: $10/$25/$40 (formulary generic/formulary brand/non-formulary)
- Mail Order Rx: $25/$62.50/$100
- Ind. Inpatient Hospitalization: $250 employee co-payment per Inpatient stay.

Members may see physicians outside of the United Healthcare (UHC) network, but those services are subject to a $1,500 ind./$3,000 family calendar year deductible. After meeting the deductible, UHC will reimburse up to 70% of its reasonable and customary reimbursement level for the covered service. These payments are subject to certain maximums and
additional information and enrollment materials are available in the Benefits Office.

Information concerning the United Healthcare Choice Plus option may also be obtained on the company’s website (www.myuhc.com) or from the toll free United number (1-866-633-2446). The insurance contract number is 704954.

**Semi-Monthly Pre-Tax Employee Costs for United Healthcare Choice Plus Option**

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<tr>
<th>Covered Members</th>
<th>Earnings Under $50K</th>
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**Opt-Out Provision**

Employees who are eligible for health coverage at the Medical College who have comparable health coverage elsewhere may be able to opt-out of the health benefits provided through Weill Medical College. Employees who provide proof of their other coverage may enroll in the Opt-Out Provision and receive additional taxable compensation ($750 for the full calendar year, in equal installments of $31.25 semi-monthly for the period of the calendar year during which the employee is eligible).

Re-enrollment in this option every calendar year is required as is a Flexible Benefits Enrollment application. There is no carryover of the Opt-Out Provision from one year to the next without re-enrollment.
DENTAL ASSISTANCE PLAN

Eligibility: The first day of the month coincident with or next following three (3) months of employment.

Cost:

<table>
<thead>
<tr>
<th>Dental Assistance Coverage Levels</th>
<th>Employee Pre-tax Semi-Monthly Costs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee Only</td>
<td>$2.50</td>
</tr>
<tr>
<td>Dependent Add-On Amount</td>
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<td></td>
</tr>
<tr>
<td>More than the Social Security Wage Base</td>
<td></td>
</tr>
</tbody>
</table>

Note: 2005 Social Security Wage Base is $90,000.

Coverage: This plan provides dental assistance coverage to covered employees and their eligible enrolled dependents. Services are covered on a reasonable and customary basis as follows:

- Preventative & Diagnostic Care: 100% R&C with no deductible
- Minor Restoration: 80% R&C, subject to deductible
- Major Restoration: 50% R&C, subject to deductible
- Orthodontics: 50% R&C, subject to deductible

The maximum benefit per covered member is $1,500 per calendar year. Preventative and diagnostic services are not subject to a deductible. Restorative services (minor and major) are subject to a $100 calendar year deductible per covered individual and Orthodontia is limited to a $1,000 lifetime benefit per covered individual, after satisfying the deductible.

Note: If an employee does not enroll his/her eligible dependents when first eligible to do so, written
application must be made in the future and the enrollment effective date for dependent coverage will be one year from the date of written application.

FLEXIBLE BENEFITS PLAN

Eligibility: The first day of the month coincident with or next following the date of employment. Re-enrollment in the Flexible Benefits Plan is required every year during the open enrollment period.

Cost: Employee paid.

Through the Flexible Benefits Plan, an employee may convert an amount of his/her compensation to pre-tax dollars to pay for certain benefits-related expenses. The employee’s taxable compensation is reduced by the amount(s) contributed to the Plan resulting in savings on federal and New York State income taxes, and Social Security withholdings (FICA and Medi-Tax).

The following choices may be made under the Plan:

- **Health Reimbursement Account** - to fund non-reimbursed health and dental expenses for the employee and his/her eligible dependents.

- **Dependent Care Reimbursement Account** - to fund eligible child or other qualifying dependent expenses to allow you and your spouse, if applicable, to work.

- **Employee Premiums for Health & Dental Plans** - these amounts are automatically paid with before-tax dollars, unless you elect otherwise or cover a domestic partner. **There is a carryover from year to year of the pre-tax option for health and/or dental coverage.**

- **Opt-Out Provision** - if an employee has health coverage elsewhere (through a spouse’s plan, for example), he/she may “opt-out” of the WMC Health Benefits Plan for the current year and be paid up to $750 in additional taxable compensation for doing so.

**NOTE:** ALL FLEXIBLE BENEFITS PLAN OPTIONS (EXCEPT AS NOTED IN THIS SECTION) REQUIRE ANNUAL RE-ENROLLMENT.

Employees should read the Flexible Benefits Plan booklet carefully and understand the limitations prior to
electing to join. A re-enrollment form is required every Plan Year (calendar year) for reimbursement accounts, conversion of premiums to after-tax dollars and the Opt-Out Provision. This enrollment form must be completed each open enrollment period. Mid-year qualifying elections are also eligible under the terms of the Plan, as detailed in the summary booklet.

**SALARY CONTINUANCE FOR TEMPORARY DISABILITY**

Fellows and Post Doctoral Associates of the Medical College are eligible for salary continuance pay equal to 50% of base salary for a temporary disability period up to three (3) months in cases of illness, injury or other temporary disability, including conditions related to pregnancy. In exceptional cases and upon recommendation of the Dean and approval of the President, the salary continuance may be extended for an additional three months.

**WORKERS COMPENSATION**

**Eligibility:** First day of employment.

**Cost:** Paid in full by the Weill Medical College.

**Coverage:** Lost pay protection and medical reimbursement is provided for any absence from work due to an on-the-job injury or an occupational illness. Charges incurred as a result of the illness or incident, including physician and hospital bills are covered at 100%.

**Note:** All accidents must be reported to your Departmental/Division Administrator. Employees requiring treatment for an on-the-job injury, occupational illness, treatment for needle sticks or exposure to bodily fluids should report to Occupational Health Services (OHS) immediately for treatment.

A timely incident report must be filed to report the incident. The incident report will be completed when the employee reports to OHS and a copy will be forwarded to the Departmental Supervisor and the Benefits Office.
If a work-related injury occurs when OHS is closed, the employee should report to the New York Presbyterian Hospital Emergency Department for treatment. An incident report will be completed by the Emergency Department and a copy will be forwarded to the Departmental Supervisor, Benefits Office and OHS. OHS is located at SM-1A01 and is open Monday–Friday (8:00 am – 4:30 pm). OHS can be reached at extension 64377.

**TAX DEFERRED ANNUITY PLAN (SUPPLEMENTAL 403(b) PLAN)**

**Eligibility:** Employees may join this Plan on a prospective basis at any time. The amount of salary reduction may be changed during the year, provided the amount selected will not result in an amount in excess of the maximum amount permitted.

This voluntary, supplemental 403(b) retirement plan provides a means of investing tax-deferred contributions with TIAA-CREF and/or Vanguard through annuity contracts and/or custodial accounts. Enrollment materials may be obtained in the Benefits Office.

The available investment companies include:

**TIAA-CREF** - Participation in the TIAA-CREF Supplemental Retirement Annuity (SRA) allows contributions to be invested in annuities (TIAA) and/or mutual funds (CREF). Further information is available directly from TIAA-CREF at 1-800-842-2776 or at the company website (www.tiaa-cref.org).

**The Vanguard Group** - Participation in a supplemental custodial account with Vanguard provides a wide variety of mutual funds from which to select. Further information is available directly from Vanguard at 1-800-523-1188 or at the company website (www.vanguard.com).
Note: If you wish to participate during your initial year of employment, please supply a statement of current calendar year contributions you made on a pre-tax basis at your prior employer to assure you do not exceed maximum permitted amounts between the two employers. As this Plan is voluntary, you may join at any time in the future if you do not wish to participate as a new employee.

**VACATION**

Full-time Fellows and Post Doctoral Associates of the Medical College accrue one (1) vacation day per month to a maximum of twelve (12) days per fiscal year (pro-rated for part-time Fellows and Post Doctoral Associates). After one month of employment, vacation may be taken as earned, subject to the approval of the Chairman and Division/Sub Department Head.

Recordkeeping of vacation accruals rests solely within the academic department and vacation cannot extend salary payments beyond the end of an appointment; therefore, accrued vacation should be taken before termination of service, as there is no payout of unused vacation time.

**AUTOMOBILE & HOME INSURANCE PROGRAM**

**Eligibility:** This voluntary program may be elected at any time while employed.

**Cost:** Paid in full by the employee via payroll deductions.

**Coverage:** Insurance policies may be obtained for automobiles and/or home and excess liability coverages through this Marsh at Work Solutions Program (formerly Seabury & Smith). Premiums are based upon coverage selected. For a quote, please call 1-800-553-4861.
EMPLOYEE ASSISTANCE PROGRAM (EAP)

The EAP is a voluntary and confidential resource available to all Medical College employees that provides short-term counseling and referral services related to personal, work-related or business difficulties, including problems related to substance abuse. The EAP is located at 445 East 68th Street, corner of York Avenue on the main floor. The Program’s staff can be reached directly at 212-746-5890.

COMMUTER TAX RELIEF (CTR) PROGRAM

Eligibility: The first day of the month coincident with or next following the date of employment.

The CTR Program allows Weill Medical College regular employees to claim various commuting costs to and from work on a pre-tax basis. Those employees who live on campus or within walking distance of their work location are not eligible to participate. There are two types of commuting expenses covered by CTR:

Mass Transit: Commuting via bus, subway, commuter rail, and ferry qualify for up to $105 per month.

Parking Expenses: Driving to and from work using either WMC or NYPH parking facilities qualify for a maximum of $200 per month.

There is no reimbursement process required under the CTR Program. The semi-monthly contributions are returned untaxed to the employee via the paycheck. A CTR Program Certification form needs to be completed and sent to the Payroll Office (100 Broadway – Box 76) to join.

LONG TERM CARE INSURANCE

Eligibility: Employees must enroll during the first 31 days of employment for automatic acceptance. Late
applicants are subject to an evidence of good health, as are applications for spouses, parents and parents-in-law. John Hancock, as the long-term care insurer, sets the policy effective dates and premiums for this coverage.

**Cost:** Paid in full by the employee via payroll deduction for self and spouse coverage only. Cost is based upon near age at time of enrollment and level of coverage selected. All other payments are made directly to John Hancock by the insured.

**Coverage:** Long Term Care Insurance provides benefits for nursing home and other custodial care not covered by traditional health insurance. To request enrollment materials, please contact John Hancock at 1-800-482-0022 or visit the company’s website at http://www.jhancock.com/longtermcare/wmc (username: wmc; password: mybenefit). John Hancock will inform you of the cost of the coverage you select and make arrangements with the Medical College to start deductions, if applicable.

##
BASIC LIFE INSURANCE

**Eligibility:** The first day of the month coincident with or next following the date of employment.

**Cost:** Paid in full by Weill Medical College.

**Coverage:** Basic Life Insurance coverage equals annual base salary rounded up to the next higher $1,000 to a maximum of $500,000. Certain age-related reductions to coverage apply upon attaining age 65 and 70.

SUPPLEMENTAL LIFE INSURANCE

**Eligibility:** The first day of the month coincident with or next following the date of employment.

**Cost:** Employee paid based upon age and rate per $1,000 of coverage:

<table>
<thead>
<tr>
<th>Age Bracket</th>
<th>Rate per $1,000 of Insurance/Month</th>
</tr>
</thead>
<tbody>
<tr>
<td>Under 40</td>
<td>$.08</td>
</tr>
<tr>
<td>Under 50</td>
<td>.18</td>
</tr>
<tr>
<td>Under 60</td>
<td>.49</td>
</tr>
<tr>
<td>Under 70</td>
<td>1.01</td>
</tr>
<tr>
<td>Age 70 &amp; over</td>
<td>2.41</td>
</tr>
</tbody>
</table>
SUPPLEMENTAL LIFE INSURANCE (continued)

Coverage: Supplemental Life Insurance is voluntary coverage an employee may elect in volumes of 1, 2 or 3 times total annual base salary to a maximum amount of $500,000. Basic plus Supplemental Life Insurance cannot exceed $1,000,000. Certain age-related reductions to coverage apply upon attaining age 65 and 70.

BUSINESS TRAVEL ACCIDENT INSURANCE

Eligibility: The first day of employment.

Cost: Paid in full by Weill Medical College.

Coverage: Business Travel Accident Insurance provides accidental death insurance coverage while an employee is traveling on official Medical College business. Insurance equals $100,000 (or $200,000 if traveling on an aircraft). Commuting to and from work is not covered and travel requests must be approved with respective department supervisors, Chairperson and/or Deans.

ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE

Eligibility: The first day of the month coincident with or next following the date of employment.

Cost: Paid in full by the employee and the pricing chart is listed in the Voluntary Accident Insurance booklet.

Coverage: AD&D insurance is for death, disability or dismemberment due to an accident. An employee may elect any amount from $10,000 to $250,000 in units of $10,000. Additional limits, up to a total maximum amount of $500,000 are available but limits in excess of $250,000 are subject to ten (10) times annual earnings. This insurance may be purchased as employee only, employee plus spouse, or family coverage.
HEALTH BENEFITS PLAN

The Weill Medical College Health Benefits Plan offers health coverage under either (1) a self-insured Fee-for-Service Program with eligible services paid by a third party administrator (21st Century Health & Benefits, Inc.), or (2) a Managed Care Program with benefits provided through United Healthcare.

**Eligibility:** The first day of the month coincident with or next following the date of employment.

➢ **FEE-FOR-SERVICE PROGRAM**

The Fee-for-Service Program is comprised of three (3) Parts as follows:

**Part One**  
Point of Service (POS) Arrangement for Most Physician Services (consists of three “Levels” of coverage):

**Level 1:** Physician services provided by members of the Weill Cornell Physician Organization (PO)

- 100% payment to physician of negotiated fee.
- $10 employee co-payment, regardless of type of covered service.
- No employee co-insurance or out-of-pocket maximum.
- No deductible.

**Level 2:** Physician services provided by Multiplan Network providers

- 80% payment to physician of Multiplan rate for service provided.
- 20% employee co-insurance to a maximum out-of-pocket of $2,500 per covered individual per calendar year.
- No deductible.

**Level 3:** Out-of-Network Physician services

- 70% of eligible charges limited to the Program’s reasonable and customary (R&C) schedule.
• 30% employee co-insurance of eligible charges to a maximum out-of-pocket of $3,750 per covered individual per calendar year.
• No deductible.

Part Two  Prescription Drug Card Arrangement

Prescription drug coverage is provided through Express Scripts, Inc. (ESI) and each Fee-for-Service Program member is issued an Rx card to fill eligible prescriptions. There are over 50,000 participating pharmacies nationwide and the co-payments per prescription are:

**Retail**
- $15.00 generic
- $35.00 brand

A mail order program is available for those individuals who need to fill medications regularly for chronic conditions. A three-month supply of medication can generally be obtained for maintenance medications through this program and the corresponding co-payments are:

**Mail**
- $20.00 generic
- $60.00 brand

Part Three  Non-Physician and Other Covered Services

All other covered services are subject to a $200 calendar year per covered individual deductible (to a maximum of three deductibles per family) and 80% reimbursement of R&C up to a maximum out-of-pocket amount of $500 per person each calendar year.

Non-Physician covered services include inpatient/outpatient hospitalization, laboratory tests, covered therapies and diagnostic tests (x-rays, MRIs and CAT scans, for example). Outpatient psychotherapy and assisted reproductive technology benefits are also considered under Part Three of the Fee-for-Service Program, with limits as noted.
A sampling of Part Three Services includes:

- Routine nursery care for newborns in any hospital, subject to the deductible and co-insurance.
- Immunizations for children under 18 years of age, subject to the deductible and co-insurance.
- Routine mammograms, PAP tests and PSA tests, subject to the deductible and co-insurance.
- Coverage for outpatient mental health visits to a maximum of 20 visits per calendar year at $50 per visit, subject to the deductible.
- Assisted reproductive services to a maximum of $5,000 per attempt for a maximum of three (3) attempts in a couple’s lifetime, subject to the deductible and co-insurance.

**Semi-Monthly Pre-Tax Employee Costs for Fee-for-Service Program Coverage**

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<th>Covered Members</th>
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<tr>
<td>Dependent</td>
<td></td>
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<td></td>
</tr>
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<td>Employee + Two</td>
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<td>More Dependents</td>
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<td></td>
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<td></td>
</tr>
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**MANAGED CARE PROGRAM – UNITED HEALTHCARE**

Weill Medical College provides an alternative to the Fee-for-Service Program through United Healthcare, a managed care point of service arrangement. United’s Choice Plus option is an open access coverage with no primary care physician required. Members can see any physician in the United network without referral and coverage terms include:

- Office Visits: $20.00 employee co-payment
- Prescriptions: $10/$25/$40 (formulary generic/formulary brand/non-formulary)
- Mail Order Rx: $25/$62.50/$100
- Ind. Inpatient Hospitalization: $250 employee co-payment per Inpatient stay.

Members may see physicians outside of the United Healthcare (UHC) network, but those services are subject to a $1,500 ind./$3,000 family calendar year deductible. After meeting the deductible, UHC will reimburse up to 70% of its reasonable and customary reimbursement level for the covered service. These payments are subject to certain maximums and additional information and enrollment materials are available in the Benefits Office.

Information concerning the United Healthcare Choice Plus option may also be obtained on the company’s website (www.myuhc.com) or from the toll free United number (1-866-633-2446). The insurance contract number is 704954.

**Semi-Monthly Pre-Tax Employee Costs for United Healthcare Choice Plus Option**

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Employees who are eligible for health coverage at the Medical College who have comparable health coverage elsewhere may be able to opt-out of the health benefits provided through Weill Medical College. Employees who provide proof of their other coverage may enroll in the Opt-Out Provision and receive additional taxable compensation ($750 for the full calendar year, in equal installments of $31.25 semi-monthly for the period of the calendar year during which the employee is eligible).

Re-enrollment in this option every calendar year is required as is a Flexible Benefits Enrollment application. There is no carryover of the Opt-Out Provision from one year to the next without re-enrollment.

DENTAL ASSISTANCE PLAN

Eligibility: The first day of the month coincident with or next following three (3) months of employment.

Cost:

<table>
<thead>
<tr>
<th>Dental Assistance Coverage Levels</th>
<th>Employee Pre-tax Semi-Monthly Costs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee Only</td>
<td>$2.50</td>
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</tbody>
</table>

Note: 2005 Social Security Wage Base is $90,000.

Coverage: This plan provides dental assistance coverage to covered employees and their eligible enrolled
dependents. Services are covered on a reasonable and customary basis as follows:

<table>
<thead>
<tr>
<th>Service</th>
<th>Coverage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preventative &amp; Diagnostic Care</td>
<td>100% R&amp;C with no deductible</td>
</tr>
<tr>
<td>Minor Restoration</td>
<td>80% R&amp;C, subject to deductible</td>
</tr>
<tr>
<td>Major Restoration</td>
<td>50% R&amp;C, subject to deductible</td>
</tr>
<tr>
<td>Orthodontics</td>
<td>50% R&amp;C, subject to deductible</td>
</tr>
</tbody>
</table>

The maximum benefit per covered member is $1,500 per calendar year. Preventative and diagnostic services are not subject to a deductible. Restorative services (minor and major) are subject to a $100 calendar year deductible per covered individual and Orthodontics is limited to a $1,000 lifetime benefit per covered individual, after satisfying the deductible.

**Note:** If an employee does not enroll his/her eligible dependents when first eligible to do so, written application must be made in the future and the enrollment effective date for dependent coverage will be one year from the date of written application.

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**FLEXIBLE BENEFITS PLAN**

**Eligibility:** The first day of the month coincident with or next following the date of employment. Re-enrollment in the Flexible Benefits Plan is required every year during the open enrollment period.

**Cost:** Employee paid.

Through the Flexible Benefits Plan, an employee may convert an amount of his/her compensation to pre-tax dollars to pay for certain benefits-related expenses. The employee’s taxable compensation is reduced by the amount(s) contributed to the Plan resulting in savings on federal and New York State income taxes, and Social Security withholdings (FICA and Medi-Tax).

The following choices may be made under the Plan:

- **Health Reimbursement Account** - to fund non-reimbursed health and dental expenses for the employee and his/her eligible dependents.
• **Dependent Care Reimbursement Account** – to fund eligible child or other qualifying dependent expenses to allow you and your spouse, if applicable, to work.

• **Employee Premiums for Health & Dental Plans** – these amounts are automatically paid with before-tax dollars, unless you elect otherwise or cover a domestic partner. **There is a carryover from year to year of the pre-tax option for health and/or dental coverage.**

• **Opt-Out Provision** – if an employee has health coverage elsewhere (through a spouse’s plan, for example), he/she may “opt-out” of the WMC Health Benefits Plan for the current year and be paid up to $750 in additional taxable compensation for doing so.

**NOTE:** **ALL FLEXIBLE BENEFITS PLAN OPTIONS (EXCEPT AS NOTED IN THIS SECTION) REQUIRE ANNUAL RE-ENROLLMENT.**

Employees should read the Flexible Benefits Plan booklet carefully and understand the limitations prior to electing to join. A re-enrollment form is required every Plan Year (calendar year) for reimbursement accounts, conversion of premiums to after-tax dollars and the Opt-Out Provision. This enrollment form must be completed each open enrollment period. Mid-year qualifying elections are also eligible under the terms of the Plan, as detailed in the summary booklet.

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**SALARY CONTINUANCE FOR TEMPORARY DISABILITY**

Fellows and Post Doctoral Associates of the Medical College are eligible for salary continuance pay equal to 50% of base salary for a temporary disability period up to three (3) months in cases of illness, injury or other temporary disability, including conditions related to pregnancy. In exceptional cases and upon recommendation of the Dean and approval of the President, the salary continuance may be extended for an additional three months.
LONG TERM DISABILITY INCOME PLAN

Eligibility: The first day of the month coincident with or next following the date of employment.

Cost: $.0032 per $1.00 of monthly base salary to a maximum of $10,000 base salary per month. Base salary in excess of $10,000 per month is assessed $.0064 per $1.00 per month to a maximum monthly covered earnings amount of $25,000.

Coverage: LTD coverage provides income protection in the event of disability equal to 60% of monthly covered earnings after 180 days of continuous disability. Covered earnings include current base salary limited to a maximum annual amount of $300,000, or $25,000 per month. The monthly benefit will be reduced (offset) by specified income benefits from certain other sources, such as Social Security. Most benefits will continue during a period of long-term disability if enrolled and eligible for LTD monthly income benefits from the insurance carrier, CIGNA.

WORKERS COMPENSATION

Eligibility: First day of employment.

Cost: Paid in full by the Weill Medical College.

Coverage: Lost pay protection and medical reimbursement is provided for any absence from work due to an on-the-job injury or an occupational illness. Charges incurred as a result of the illness or incident, including physician and hospital bills are covered at 100%.

Note: All accidents must be reported to your Departmental/Division Administrator. Employees requiring treatment for an on-the-job injury, occupational illness, treatment for needle sticks or exposure to bodily fluids should report to Occupational Health Services (OHS) immediately for treatment.

A timely incident report must be filed to report the incident. The incident report will be completed when the employee reports to OHS and a copy will be forwarded to the Departmental Supervisor and the Benefits Office.
If a work-related injury occurs when OHS is closed, the employee should report to the New York Presbyterian Hospital Emergency Department for treatment. An incident report will be completed by the Emergency Department and a copy will be forwarded to the Departmental Supervisor, Benefits Office and OHS. OHS is located at SM-1A01 and is open Monday-Friday (8:00 am – 4:30 pm). OHS can be reached at extension 64377.

**TAX DEFERRED ANNUITY PLAN (SUPPLEMENTAL 403(b) PLAN)**

**Eligibility:** Employees may join this Plan on a prospective basis at any time. The amount of salary reduction may be changed during the year, provided the amount selected will not result in an amount in excess of the maximum amount permitted.

This voluntary, supplemental 403(b) retirement plan provides a means of investing tax-deferred contributions with TIAA-CREF and/or Vanguard through annuity contracts and/or custodial accounts. Enrollment materials may be obtained in the Benefits Office.

The available investment companies include:

**TIAA-CREF -** Participation in the TIAA-CREF Supplemental Retirement Annuity (SRA) allows contributions to be invested in annuities (TIAA) and/or mutual funds (CREF). Further information is available directly from TIAA-CREF at 1-800-842-2776 or at the company website (www.tiaa-cref.org).

**The Vanguard Group -** Participation in a supplemental custodial account with Vanguard provides a wide variety of mutual funds from which to select. Further information is available directly from Vanguard at 1-800-523-1188 or at the company website (www.vanguard.com).
Note: If you wish to participate during your initial year of employment, please supply a statement of current calendar year contributions you made on a pre-tax basis at your prior employer to assure you do not exceed maximum permitted amounts between the two employers. As this Plan is voluntary, you may join at any time in the future if you do not wish to participate as a new employee.

**VACATION**

Full-time Fellows and Post Doctoral Associates of the Medical College accrue one (1) vacation day per month to a maximum of twelve (12) days per fiscal year (pro-rated for part-time Fellows and Post Doctoral Associates). After one month of employment, vacation may be taken as earned, subject to the approval of the Chairman and Division/Sub Department Head.

Recordkeeping of vacation accruals rests solely within the academic department and vacation cannot extend salary payments beyond the end of an appointment; therefore, accrued vacation should be taken before termination of service, as there is no payout of unused vacation time.

**AUTOMOBILE & HOME INSURANCE PROGRAM**

**Eligibility:** This voluntary program may be elected at any time while employed.

**Cost:** Paid in full by the employee via payroll deductions.

**Coverage:** Insurance policies may be obtained for automobiles and/or home and excess liability coverages through this Marsh at Work Solutions Program (formerly Seabury & Smith). Premiums are based upon coverage selected. For a quote, please call 1-800-553-4861.
EMPLOYEE ASSISTANCE PROGRAM (EAP)

The EAP is a voluntary and confidential resource available to all Medical College employees that provides short-term counseling and referral services related to personal, work-related or business difficulties, including problems related to substance abuse. The EAP is located at 445 East 68th Street, corner of York Avenue on the main floor. The Program’s staff can be reached directly at 212-746-5890.

COMMUTER TAX RELIEF (CTR) PROGRAM

Eligibility: The first day of the month coincident with or next following the date of employment.

The CTR Program allows Weill Medical College regular employees to claim various commuting costs to and from work on a pre-tax basis. Those employees who live on campus or within walking distance of their work location are not eligible to participate. There are two types of commuting expenses covered by CTR:

Mass Transit: Commuting via bus, subway, commuter rail, and ferry qualify for up to $105 per month.

Parking Expenses: Driving to and from work using either WMC or NYPH parking facilities qualify for a maximum of $200 per month.

There is no reimbursement process required under the CTR Program. The semi-monthly contributions are returned untaxed to the employee via the paycheck. A CTR Program Certification form needs to be completed and sent to the Payroll Office (100 Broadway – Box 76) to join.
LONG TERM CARE INSURANCE

Eligibility: Employees must enroll during the first 31 days of employment for automatic acceptance. Late applicants are subject to an evidence of good health, as are applications for spouses, parents and parents-in-law. John Hancock, as the long-term care insurer, sets the policy effective dates and premiums for this coverage.

Cost: Paid in full by the employee via payroll deduction for self and spouse coverage only. Cost is based upon near age at time of enrollment and level of coverage selected. All other payments are made directly to John Hancock by the insured.

Coverage: Long Term Care Insurance provides benefits for nursing home and other custodial care not covered by traditional health insurance. To request enrollment materials, please contact John Hancock at 1-800-482-0022 or visit the company’s website at http://www.jhancock.com/longtermcare/wmc (username: wmc; password: mybenefit). John Hancock will inform you of the cost of the coverage you select and make arrangements with the Medical College to start deductions, if applicable.