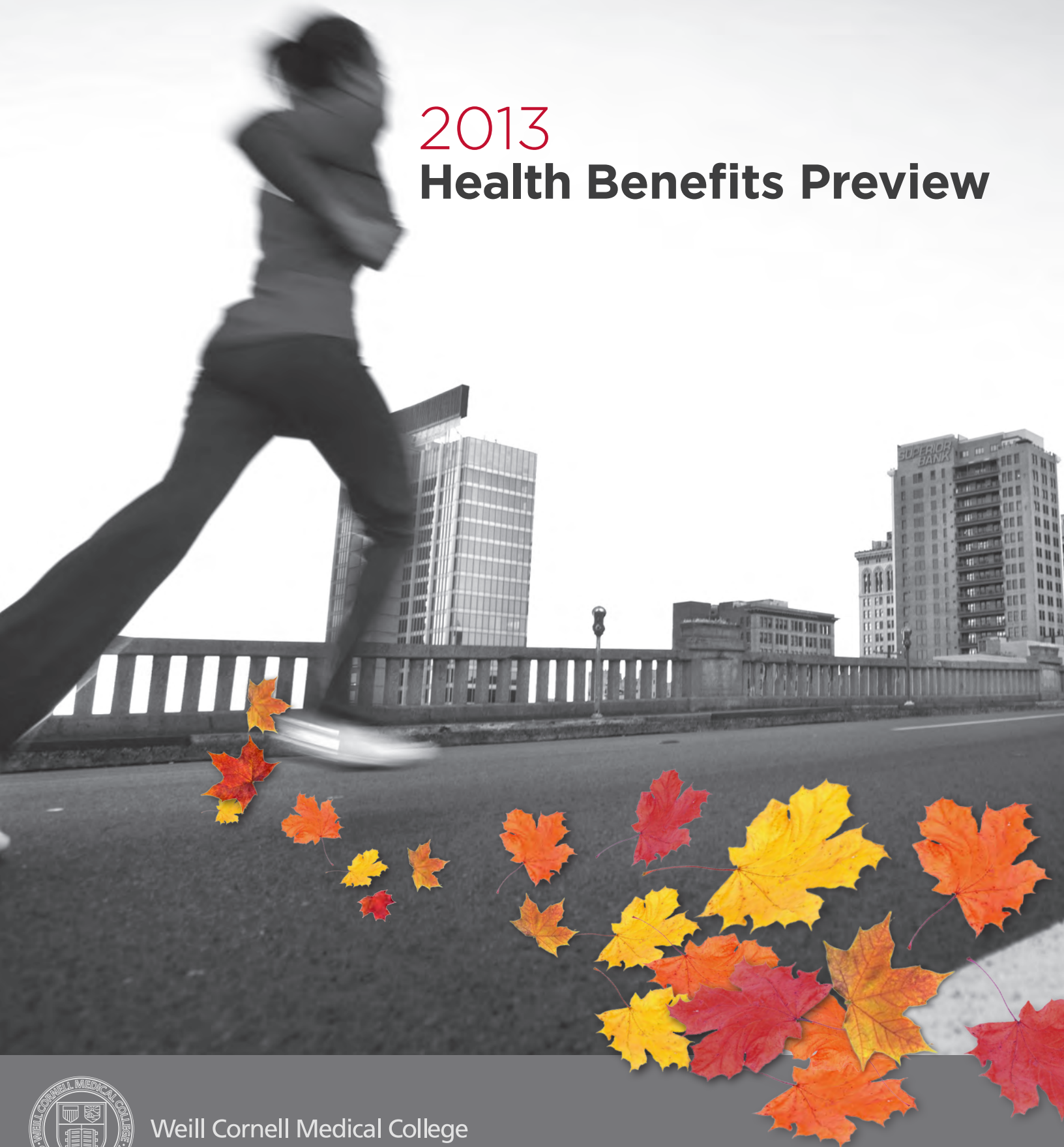


# 2013 Health Benefits Preview



## 2013 HEALTH BENEFITS PREVIEW

### Ready to learn more about benefit updates for 2013?

Open Enrollment is **November 7** through **November 30**. Here's a first look at the benefit changes for 2013:

- **New partnership with Aetna for all medical and prescription drug benefits**  
*What's in it for you?* Easy access to Aetna's broad national network of physicians, hospitals, pharmacies and other providers.
- **Free preventive care benefits**  
*What's in it for you?* All WCMC medical plans include 100% coverage for most preventive services when you use an in-network provider – no copays or deductibles. We've invested \$1 million in 2013 to provide this coverage at no cost to you.
- **New medical plan option for next year – the Health Savings Plan**  
*What's in it for you?* More choices for medical coverage, and new opportunities to save tax-free for qualified medical expenses.
- **New health improvement programs**  
*What's in it for you?* Easy ways to learn more about your health – and new support to help you make the most of your health care resources. It's all free to you.

These updates are part of our bigger commitment to helping you stay **Well@Weill** – our new way of thinking about all the WCMC programs, resources and support designed to promote your health and well-being at work and at home.

***There's a LOT in it for you.***




Read on for more details about benefit updates for 2013.





## WE'RE MOVING ALL OF OUR MEDICAL PLANS TO AETNA FOR 2013

No matter which medical plan you choose for 2013, you'll have new resources and support from Aetna. That means:

- **Convenient access to the national Aetna Choice® POS II network** of doctors, hospitals and other health care providers. If you choose the Weill PPO for 2013, you'll also have access to the special network of Weill Cornell health care providers.
  - **A broad network of pharmacies** – including Duane Reade, CVS, Rite Aid and Walgreens. Aetna will manage not just our medical benefits but prescription drug benefits too.
  - **Support whenever you need it.** Aetna has a broad range of powerful online tools and support to help you get to the health care information you need, when you need it. It's all just a few clicks away with Aetna Navigator, available at [www.aetna.com](http://www.aetna.com), your online gateway to managing your health and your care. You can also call Aetna member services toll-free at **1-800-838-7391**.
  - **Access to preventive care services and support through Aetna's network of health care providers.** All WCMC medical plans will offer **free** in-network preventive care, reflecting our investment in your good health.
- 

### “SOUNDS GOOD...BUT DOES THIS MEAN I NEED TO CHANGE DOCTORS?”

**If you're in the Weill PPO — no, you're all set.** This plan will still include the same Aetna network that's in place today. And of course, you'll still have the same access to Weill Cornell providers too.

**If you're in the UnitedHealthcare Choice Plus Plan, the move to Aetna could mean your health care provider is out-of-network.** But there's a good chance your current UnitedHealthcare providers are also in the Aetna network. Over 90% of the UnitedHealthcare providers our employees visited this year are also in the Aetna network.

With the move to Aetna, today's UnitedHealthcare Choice Plus Plan will be called the **Managed Care Plan** for 2013.

## PREVENTIVE CARE ENHANCEMENTS

### WCMC IS MAKING A \$1 MILLION INVESTMENT TOWARD YOUR GOOD HEALTH

Even if you're in the best shape of your life, it's a smart choice to stay up to date with regular preventive care. To help you make the most of this important benefit next year, all three medical plans will cover a wide range of preventive care at 100% when you use Aetna network providers. **No copays, deductible or coinsurance will apply.**

Plus, in compliance with recent federal health care legislation, we're expanding preventive care coverage for women, including:

- All FDA-approved generic and single-source brand-name contraception methods, sterilization procedures, and patient education and counseling for women with reproductive capacity
- Breastfeeding support, supplies, and counseling from trained providers, including costs for renting specified breastfeeding equipment
- Well-woman visits including preconception counseling and routine, low-risk prenatal care

This expanded coverage adds more services to Aetna's list of preventive care services for men, women and children. It's all covered at 100% in-network, with no out-of-pocket cost to you.

#### “ HOW DO I KNOW WHAT PREVENTIVE CARE IS RIGHT FOR ME? ”

- Preventive care is a wide category of services designed to help you stay healthy and to catch any potential health problems early.
- Some preventive care services — like annual check-ups with your doctor — are right for everyone. Other services may be right for you based on your age, gender or your family health history.
- You can find general guidelines about preventive care when you visit the U.S. Preventive Services Taskforce website at [www.uspreventiveservicestaskforce.org](http://www.uspreventiveservicestaskforce.org).
- It's always a good idea to talk with your doctor to confirm the preventive care services that are right for you and each of your covered family members.

**With the move to Aetna as our partner for all medical plans, there are a few important things to keep in mind as you think about your benefits for next year.**

*Read on for the specifics, based on the plan you're in today.*

## IF YOU'RE ENROLLED TODAY IN THE WEILL PPO...

### THE MOVE TO AETNA WILL MEAN MANY THINGS STAY THE SAME — BUT THERE ARE A FEW CHANGES.

- Continued access to the Weill Cornell network for just a \$10 office visit copay.
- Same access to the Aetna network of hospitals, physicians and other health care providers.
- The annual out-of-pocket maximum for out-of-network expenses is increasing to \$3,000 (individual) and \$6,000 (family).
- Some other changes to how certain benefits and services are covered.
- There is also an important update for prescription drug coverage.

### New Prescription Drug Benefit for 2013

Today, the Weill PPO offers benefits for generic and brand-name drugs. Almost all FDA-approved brand-name drugs are covered. Your copays are lower for generic drugs and higher for brand-name drugs. That won't change next year.

What's new is the addition of Aetna's Preferred Drug List (sometimes called a formulary) for some brand-name drugs. It offers you the opportunity to pay a lower cost if you use a brand-name drug that's on the preferred list.

Here's how it will work for 2013:

WEILL PPO PLAN PRESCRIPTION DRUG COPAYS FOR 2013		
YOUR COST WHEN YOU CHOOSE...	AT THE PHARMACY (for up to a 30-day supply)	THROUGH MAIL ORDER (for up to a 90-day supply)
A generic drug	\$10	\$20
A preferred brand-name drug	\$30	\$60
A non-preferred brand-name drug	\$45	\$90

### “WHAT'S A PREFERRED DRUG LIST OR FORMULARY?”

It's a list of generic and brand-name drugs that have a proven track record for effectiveness when it comes to cost, treatment or outcomes. Aetna's Preferred Drug List is big, so check it to see if your current prescriptions are there. If not, and you want to pay less, share the list with your health care professionals and talk with them about generic or preferred brand-name alternatives that might be right for you. You'll find the list at [www.aetna.com](http://www.aetna.com).



## IF YOU'RE ENROLLED TODAY IN THE UNITEDHEALTHCARE CHOICE PLUS PLAN...



### THE MOVE TO AETNA MAY MEAN YOU NEED TO TAKE ACTION.

- Aetna will replace UnitedHealthcare, giving you access to the Aetna network of hospitals, physicians and other health care providers. The copays available under the plan will remain the same — just with Aetna rather than UnitedHealthcare.
- If your current provider doesn't participate in the Aetna network, you may want to select a new provider who is in the Aetna network. You can find a list of participating providers at [www.aetna.com](http://www.aetna.com). If you use a Weill Cornell provider who accepts UnitedHealthcare but not Aetna, you may want to consider the Weill PPO, which offers access to the network of Weill Cornell providers.
- Continued availability of out-of-network benefits. If you think you may use out-of-network benefits next year, you may want to consider the Weill PPO, which has lower out-of-network deductibles.

### “BUT WAIT! WHAT ARE MY OPTIONS IF MY PROVIDER ISN'T IN THE AETNA NETWORK?”

**If you're in the UnitedHealthcare Choice Plus Plan today, the move to Aetna could mean that your provider will be out-of-network.**

Most providers in the UnitedHealthcare network also participate in the Aetna network. But if your current provider doesn't participate, you have a few choices:

- Talk with your provider about joining the Aetna network
- Continue to see your current provider and receive out-of-network benefits (although, your costs are higher out-of-network)
- Choose a provider who participates in the Aetna Choice® POS II network

***Remember, the name of this plan is changing to the Managed Care Plan for 2013.***



### Keep Transition of Care Benefits in Mind

If your health care provider is not in the Aetna network and you or a family member will be in the middle of a course of treatment (for example, a pregnancy or treatment of an ongoing condition) when the change to Aetna happens on January 1, special “transition of care” benefits may be available. With transition of care, you may be able to continue to receive care from your UnitedHealthcare provider and receive the in-network level of benefits for a limited period. If you think you may be eligible to receive transition of care benefits, call Aetna member services at **1-800-838-7391** before January 1, 2013.

### Prescription Drug Coverage under Aetna

When the move to Aetna happens, prescription drug benefits will be through Aetna too. Just like under today’s UnitedHealthcare Choice Plus Plan, there will be three different levels of prescription drug copays. The plan will include Aetna’s Preferred Drug List (or formulary) instead of UnitedHealthcare’s list.

Aetna maintains a long list of preferred drugs (meaning those included in the Aetna formulary). It’s similar but not identical to the current UnitedHealthcare formulary, so it’s a good idea to check Aetna’s Preferred Drug List to see if it includes your current prescriptions. You’ll find it at **[www.aetna.com](http://www.aetna.com)**.

MANAGED CARE PLAN PRESCRIPTION DRUG COPAYS FOR 2013		
YOUR COST WHEN YOU CHOOSE...	AT THE PHARMACY (for up to a 30-day supply)	THROUGH MAIL ORDER (for up to a 90-day supply)
A generic drug	\$10	\$20
A preferred brand-name drug	\$30	\$60
A non-preferred brand-name drug	\$45	\$90

### “WHAT HAPPENS TO MY MAIL ORDER PRESCRIPTIONS WHEN WE MAKE THE MOVE TO AETNA?”

If you have a **current** mail order prescription with remaining refills when the move to Aetna happens on January 1, your prescription will continue uninterrupted through Aetna’s pharmacy.

On and after January 1, when you have a **new** mail order prescription, you’ll be able to set it up and manage refills online using **Aetna Navigator**.

For prescriptions you pick up at a retail pharmacy on or after January 1, be sure to present your new Aetna ID card so that your pharmacist can update your information. You’ll receive your new Aetna medical and prescription drug ID card in the mail before January 1, 2013.



## INTRODUCING THE NEW HEALTH SAVINGS PLAN



**HIGH DEDUCTIBLE  
MEDICAL COVERAGE**



**TAX-FREE  
SAVING**

Aetna will be the administrator of this plan as well. The Health Savings Plan features:

- **Access to the national Aetna Choice® POS II network** of doctors, hospitals and pharmacies, just like the other medical plan options.
- **Flexibility to get your care in-or out-of-network** – though your costs will be higher if you don't get your care from Aetna network providers.
- **A Health Savings Account (HSA) to save tax-free for future health care expenses** – it gives you more control over how to spend your health care dollars. It's only available if you enroll in the Health Savings Plan.

This plan brings together two components: high deductible medical coverage and the opportunity to save tax-free through a Health Savings Account (HSA).

- **Preventive care** – 100% coverage in-network with no deductible. There's also coverage for preventive prescription drugs after a copay. For most oral contraceptives, coverage is 100% with no deductible and no copay.
- **Most other services, including non-preventive prescription drugs** – the high deductible applies. Once you meet it, there's 90% coverage in-network for eligible expenses, and you pay the remaining 10%. Out-of-network care is available too, but your costs will be higher if you don't get your care from Aetna network providers.



## How the Health Savings Plan Works

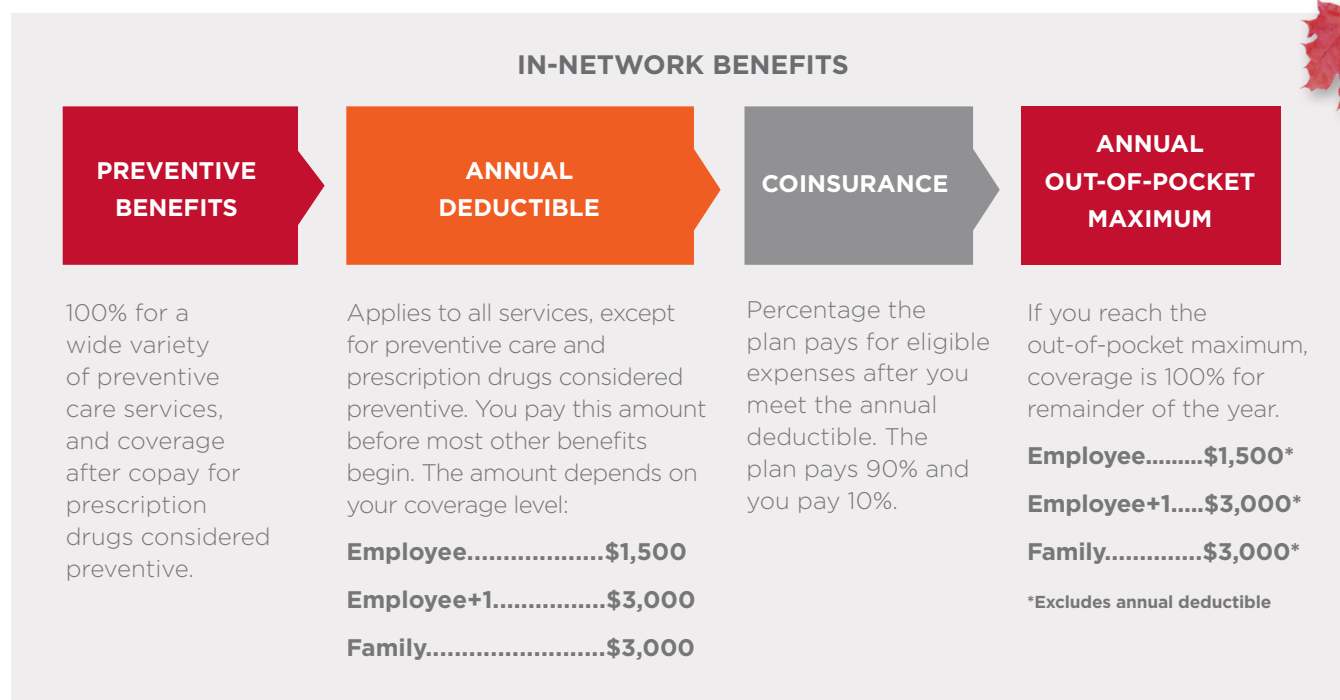
The Health Savings Plan is a high deductible health plan (sometimes called an HDHP) and includes a high deductible you'll need to pay before the plan provides benefits for most care.

For most non-preventive care, **including prescription drugs that aren't considered preventive**, you'll need to meet the plan's annual deductible before other benefits begin.

Once you meet the deductible, the plan pays 90% of covered in-network charges and you pay 10%.

If your out-of-pocket expenses for the year reach the out-of-pocket maximum, you're covered at 100% for the rest of the year.

When you have an out-of-pocket expense during the year – like the annual deductible or the coinsurance you pay after you meet the deductible – you can use your HSA to pay for it tax-free.



## Important Note

The Health Savings Plan is a qualified high deductible health plan that meets the federal government's requirements for allowing access to tax-free saving through an HSA.

There are details and rules about the plan and the HSA that you should know as you consider your medical plan choice for next year. Visit our benefits website, <http://intranet.med.cornell.edu/hr/benefits>, to review a Frequently Asked Questions document that includes more detailed information about the Health Savings Plan and the HSA.





## How the HSA Works

- **Three different ways to save tax-free.** First, the contributions you make to your HSA through payroll deductions are tax-free. Second, investment income on your HSA balance grows tax-free. Third, you don't pay tax on withdrawals you make to pay for qualified health care expenses. (Withdrawals for non-qualified health care expenses are taxed as income and there is a 20% tax penalty.)
- **You decide when to save and when to spend your HSA money.** There's no "use it or lose it" rule, so you can spend the money you save in 2013 or keep it for the future. You can even think of your HSA as a way to save for health care expenses in retirement. As long as you ultimately spend the money on qualified health care expenses, there's no tax to you.
- **If you ever decide to leave WCMC, your HSA money goes with you.** You won't lose your HSA balance and can continue to save it until you're ready to spend it on qualified expenses. You may also be able to roll your HSA balance over and make additional contributions if you enroll in another qualified high deductible health plan.
- **HSA Investment options can help you save faster.** Once your HSA balance reaches \$1,000, you can choose to invest it through a variety of investment options.

Each year, the IRS sets limits on tax-deductible HSA contributions. The amount you can contribute tax-free depends on the coverage level you select when you enroll in the Health Savings Plan.

IF YOU ENROLL IN THE HEALTH SAVINGS PLAN AT THIS LEVEL OF COVERAGE:	YOUR MAXIMUM TAX DEDUCTIBLE CONTRIBUTION TO YOUR HSA FOR 2013 IS:
Employee Only	\$3,250
Employee + 1 Dependent	\$6,450
Employee + 2 or More Dependents	\$6,450

If you're 55 or older, you can make an additional "catch-up" contribution of up to \$1,000 in 2013.

Keep in mind that the IRS adjusts contribution limits from time to time to reflect increases in the cost of living.

**You are not eligible to open an HSA if you're age 65 or older and enrolled in Medicare.**



## How the Health Savings Plan and the HSA Work Together

When you or a family member need care, you pay for health care services and prescription drugs (other than those considered preventive) out of your own pocket until you meet your annual deductible.

### At the Doctor's Office

Generally, you won't pay for services at your health care provider's office. Instead, the office will submit your claim to Aetna, and Aetna will process the claim. Then, your provider will bill you directly for your portion of expenses.

If you have money in your HSA, you can use it to pay for these expenses. **Keep in mind that it's your responsibility to pay for your share of the cost of services you receive.**

### At the Pharmacy

Your claim will be processed in real time. Depending on the drug, you may be responsible for the full cost or only have a copay. Either way, you can use HSA money for the expense, as long as there's enough money in your account to cover the cost.

## How to Access Your HSA Money

There are three easy ways to pay:

1. **Debit card.** Pay directly with the PayFlex debit card linked to your HSA.
2. **Online bill payment.** Pay for health care expenses on your computer, directly from your HSA.
3. **Online withdrawal.** Transfer funds from your HSA to your personal bank account and pay your providers from there.

### “WHAT EXPENSES CAN I PAY FOR WITH TAX-FREE HSA MONEY?”

The list of eligible expenses is big. It includes:

- Deductibles
- Copays and coinsurance
- Dental care and braces
- Hearing aids
- Contact lenses and LASIK surgery
- And much more

Visit the IRS website at **[www.irs.gov](http://www.irs.gov)** for a full list of qualified health care costs that are eligible for tax free reimbursement with an HSA.

## YOUR 2013 MEDICAL PLANS SIDE BY SIDE

The following table provides a summary of key **in-network** benefit features.

IN-NETWORK BENEFITS	WEILL PPO	MANAGED CARE PLAN	HEALTH SAVINGS PLAN
Provider Network	Aetna Choice POS II, <b>and</b> Weill Cornell providers	Aetna Choice POS II	Aetna Choice POS II
Doctor's office visit for preventive care	\$0, no copay	\$0, no copay	\$0, no deductible
Doctor's office visit for other care <ul style="list-style-type: none"> <li>• Weill Cornell physician</li> <li>• Aetna network physician</li> <li>• Aetna mental health provider</li> </ul>	\$10 copay \$25 copay \$10 copay	\$20 copay \$20 copay \$20 copay	90%, after deductible 90%, after deductible 90%, after deductible
Annual deductible	\$200 individual \$600 family	N/A N/A	\$1,500 individual \$3,000 family*
Urgent care facility visit	90% after deductible	\$35 copay	90% after deductible
Outpatient surgery	90% after deductible	\$100 copay	90% after deductible
Emergency room visit	90% after deductible	\$75 copay	90% after deductible
Hospital stay	90%, after deductible	\$250 copay	90% after deductible
Prescription drugs <i>For a 30-day supply at the pharmacy</i> <ul style="list-style-type: none"> <li>• Generic drug</li> <li>• Preferred brand-name drug</li> <li>• Non-preferred brand-name drug</li> </ul> <i>For a 90-day supply through mail order</i>	\$10 copay \$30 copay \$45 copay  2 times retail	\$10 copay \$30 copay \$45 copay  2 times retail	\$10 copay** \$30 copay** \$45 copay**  2 times retail
Annual out-of-pocket maximum (excludes the deductible)	\$1,500 individual \$3,000 family	N/A N/A	\$1,500 individual \$3,000 family*

\* Federal law requires that the family deductible and annual out-of-pocket limit are calculated in aggregate. If you enroll for Employee+1 or Family coverage, you must meet the entire family deductible before the plan pays benefits for any covered family member.

\*\* The Health Savings Plan classifies certain prescription drugs as preventive. For these drugs, the annual deductible doesn't apply, and your cost will be limited to the copays listed in the table above. For all other prescription drugs, you must first meet the annual deductible and then copays apply.

The following table provides a summary of key **out-of-network** benefit features.

OUT-OF-NETWORK BENEFITS	WEILL PPO	MANAGED CARE PLAN	HEALTH SAVINGS PLAN
Annual deductible	\$500 individual \$1,500 family	\$1,500 individual \$3,000 family	\$1,500 individual \$3,000 family*
What the plan pays for most services after the deductible	70%, after deductible	70%, after deductible	70%, after deductible
Annual out-of-pocket maximum (excludes the deductible)	\$3,000 individual \$6,000 family maximum	\$3,000 individual \$6,000 family maximum	\$1,500 individual \$3,000 family*

\* Federal law requires that the family deductible and annual out-of-pocket limit are calculated in aggregate. If you enroll for Employee+1 or Family coverage, you must meet the entire family deductible before the plan pays benefits for any covered family member.





## WHICH 2013 MEDICAL PLAN IS RIGHT FOR YOU?

All three medical plans for 2013 will offer comprehensive coverage, including the national Aetna Choice® POS II network of doctors, hospitals and other providers, as well as the flexibility to see in- or out-of-network providers.

But there are some important differences. So, as you're considering the options, take time to think about what's most important to you?

IF THIS IS MOST IMPORTANT TO YOU...	TAKE A CLOSE LOOK AT THIS PLAN...
Access to care from Weill Cornell providers	<b>Weill PPO</b> – only this plan gives you in-network access to Weill Cornell providers, with 100% coverage after a \$10 copay.
Predictable costs when you need care	<b>Managed Care Plan</b> – it includes 100% coverage in-network for most covered services after a copay. There are no deductibles or coinsurance in-network.
Out-of-network benefits	<b>Weill PPO</b> – this plan has the most generous out of network benefits.
Copays for prescription drugs	<b>Weill PPO or Managed Care Plan</b> – they both include copays for all covered prescription drugs with no deductible.
Tax-free savings for future health care expenses	<b>Health Savings Plan</b> – only this plan gives you the opportunity to establish an HSA to save tax-free for eligible health care expenses in 2013 and beyond.

These are just a few of the considerations you'll want to think about as you evaluate the options for 2013.

### 2013 Bi-Weekly Payroll Contributions for Medical Coverage

IF YOUR SALARY FALLS INTO THIS RANGE:	LESS THAN \$50,000	\$50,000 - \$99,999	\$100,000 - \$149,999	\$150,000 OR MORE
<b>WEILL PPO OR MANAGED CARE PLAN</b>				
Employee only	\$40	\$50	\$65	\$80
Employee + 1	\$80	\$100	\$130	\$160
Family	\$120	\$150	\$195	\$240
<b>HEALTH SAVINGS PLAN</b>				
Employee only	\$30	\$40	\$50	\$60
Employee + 1	\$60	\$80	\$100	\$120
Family	\$90	\$120	\$150	\$180

## FLEXIBLE SPENDING ACCOUNT UPDATE

Flexible spending accounts (FSAs) will continue to be available next year. However, federal law will limit Health Care FSA contributions to no more than \$2,500 in 2013.

Federal law also requires that if you enroll in the Health Savings Plan and establish an HSA, you may not enroll in the Health Care FSA for 2013. As you think about what pre-tax account might work best for you, consider the similarities and differences between the Health Care FSA and the HSA that's available with the Health Savings Plan:

FEATURE	HEALTH CARE FLEXIBLE SPENDING ACCOUNT (FSA)	HEALTH SAVINGS ACCOUNT (HSA)
Availability	Available If you enroll in the Weill PPO, the Managed Care Plan or choose no medical coverage for 2013	Available only if you enroll in the Health Savings Plan for 2013
Pre-tax contributions?	Yes	Yes
You can use it for expenses that happen when?	Expenses incurred by December 31, 2013 <b>only</b>	Expenses for 2013 and beyond
"Use it or lose it" rule?	Yes. You forfeit any remaining balance after March 31, 2014	No. You keep any remaining balance from year to year
The account offers investment opportunities	No	Yes. Once your balance grows to \$1,000, you can invest in a range of options available through PayFlex
Maximum tax-free contribution for 2013	\$2,500	Employee only.....\$3,250 Employee + 1.....\$6,450 Family.....\$6,450
Catch-up contributions?	No	Yes. You can contribute an additional \$1,000 annually if you are 55 or older

The \$5,000 (or \$2,500, if filing jointly) limit on contributions to the Dependent Care FSA will continue to apply for 2013.

## LONG TERM CARE INSURANCE UPDATE

We're pleased to announce a new partnership with CNA Insurance to provide group Long Term Care insurance to eligible employees. There will be a separate mailing, information sessions and an initial enrollment period with guaranteed acceptance (no health questions). Be on the lookout for information coming to your home address shortly.

## NEW HEALTH IMPROVEMENT PROGRAMS AVAILABLE FOR 2013

At WCMC, good health is our mission. We're committed to providing exceptional care to the patients in the communities we serve. So, we want to make sure you have easy and convenient access to a wide variety of programs designed to help you understand your health and how to improve it.

**Well@Weill**  
HEALTH

That's what **Well@Weill** is all about.

We all lead busy lives at work and at home, and our goal is to make it easier than ever to connect to healthier living. The services and programs offered here at WCMC, combined with the tools and resources available through our new partnership with Aetna, provide a great foundation to build a robust wellness program for the years ahead.

Knowing about your health and your family's health should be second nature, and feeling confident about your health decisions should be the norm. Living healthier should be easy, and Weill Cornell is committed to helping you get there.

In the months ahead, we'll be providing much more information about health improvement programs and initiatives planned for 2013 and beyond, including how they work and how to access them. It's just one aspect of our commitment to helping you be **Well@Weill**.



## WHAT'S NEXT

Later this month, you'll receive your **2013 Benefits Guide**, which includes details for each of the benefit plans available to you in 2013, and instruction for how to enroll during Open Enrollment.

Here's what's ahead as we look toward Open Enrollment and beyond.

	OCTOBER	NOVEMBER	DECEMBER	JANUARY
2013 Benefits Guide arrives at your home address	★			
Benefit meetings and health fairs	➡			
Open Enrollment: November 7-30		➡		
ID Cards and Welcome Kits arrive at your home address			➡	



## Benefits Information Sessions Coming Soon

To help you understand your 2013 benefit options and ask any questions you may have, we'll be holding a series of Benefits Information Sessions over the next several weeks. Here's the schedule of meetings.

MONDAY, OCTOBER 22, 2012		TUESDAY, OCTOBER 23, 2012	
8 AM – 9 AM	1300 York Avenue Griffis Faculty Club	8 AM – 9 AM	575 Lexington Avenue Hyperlink Room 3rd Floor
12 PM – 1 PM	1300 York Avenue Griffis Faculty Club	12 PM – 1 PM	575 Lexington Avenue Hyperlink Room 3rd Floor
		4 PM – 5 PM	1300 York Avenue Room A126
WEDNESDAY, OCTOBER 24, 2012		THURSDAY, OCTOBER 25, 2012	
8 AM – 9 AM	1300 York Avenue Griffis Faculty Club	8 AM – 9 AM	575 Lexington Avenue Hyperlink Room 3rd Floor
12 PM – 1 PM	1300 York Avenue Griffis Faculty Club	12 PM – 1 PM	575 Lexington Avenue Hyperlink Room 3rd Floor
4 PM – 5 PM	1300 York Avenue Room A950		
FRIDAY, OCTOBER 26, 2012		MONDAY, NOVEMBER 12, 2012	
8 AM – 9 AM	1300 York Avenue Room A126	8 AM – 9 AM	1300 York Avenue Griffis Faculty Club
10 AM – 11 AM	1300 York Avenue Room A126	12 PM – 1 PM	1300 York Avenue Griffis Faculty Club
2 PM – 3 PM	1300 York Avenue Room A126		
TUESDAY, NOVEMBER 13, 2012		WEDNESDAY, NOVEMBER 14, 2012	
8 AM – 10 AM	1300 York Avenue Room A126	4 PM – 5 PM	1305 York Avenue Weill Greenberg Center 2nd floor rooms A,B,C
12 PM – 1 PM	575 Lexington Avenue Hyperlink Room 3rd Floor		
4 PM – 5 PM	575 Lexington Avenue Hyperlink Room 3rd Floor		
THURSDAY, NOVEMBER 15, 2012		FRIDAY, NOVEMBER 16, 2012	
8 AM – 9 AM	575 Lexington Avenue Hyperlink Room 3rd Floor	8 AM – 9 AM	1300 York Avenue Room A126
12 PM – 1 PM	575 Lexington Avenue Hyperlink Room 3rd Floor	10 AM – 11 AM	1300 York Avenue Room A126
		2 PM – 3 PM	1300 York Avenue Room A126

The information in this document is a preview of your 2013 benefits, and it may not answer all the questions you have. More information is on the way in the weeks ahead. Meanwhile, whenever you have questions about your benefits, you can call the Benefits Office to get the answers you need. Call **1-646-962-9247**, then select option 2.

**2013 Health Benefits Preview**  
October 2012



**Weill Cornell Medical College**