



2012

# Benefits Highlights

## Officers

Effective January 1, 2012

## About This Communication

*Benefits Highlights* summarizes the benefits programs that are available to Columbia University full-time Officers of instruction, research, administration and the libraries.

This communication is intended to be a Summary of Material Modifications (SMM) to the Medical and Life Insurance Plans and other benefit programs. It explains the changes being made to these plans effective January 1, 2012. Full details regarding coverage, eligibility and limitations can be found in the official Plan documents. If there are any discrepancies between the information in this publication, verbal representations and the Plan documents, the Plan documents will always govern. Columbia University reserves the right to change or terminate these Plans at any time. This publication is in no way intended to imply a contract of employment.

You are entitled to receive this SMM under the Employee Retirement Income Security Act of 1974 (ERISA). You also have other important rights and protections under ERISA. These are explained in more detail in the Summary Plan Descriptions. You can find them online at [www.hr.columbia.edu/benefits/spds](http://www.hr.columbia.edu/benefits/spds).

# Introducing Your Benefits for 2012

*Benefits Highlights* is designed to help you during annual Benefits Open Enrollment, and as a reference for newly hired colleagues. It summarizes the following:

What's New for 2012 . . . . .	2
Important Reminders . . . . .	6
Who is Eligible for Benefits . . . . .	7
Making Changes to Your Benefits During the Year . . . . .	12
Medical Coverage . . . . .	13
Prescription Drug Coverage . . . . .	24
Vision Care . . . . .	26
Employee Assistance Program . . . . .	27
Aetna Columbia Dental Plan . . . . .	30
Flexible Spending Accounts (FSAs) . . . . .	32
Child Care Benefit . . . . .	35
Disability Insurance . . . . .	36
Term Life Insurance . . . . .	39
Dependent Life Insurance . . . . .	42
Long-Term Care (LTC) Insurance . . . . .	43
Transit/Parking Reimbursement Program (T/PRP) . . . . .	44
Retirement Plans . . . . .	47
Administrative Legal Notices . . . . .	55
Contact Information . . . . .	Inside Back Cover

*Benefits Highlights* is also posted online at [www.hr.columbia.edu/benefits](http://www.hr.columbia.edu/benefits). In addition, you can find benefits-related information about:

- Your current benefits enrollment (in the CU Benefits Enrollment System)
- Frequently Asked Questions
- Links to health plan websites and network doctors
- If you leave CU (including COBRA continuation coverage)
- University holidays, vacation and personal days
- Tuition programs
- Adoption Assistance Program
- Back-Up Care and Work/Life Programs
- Post-65 Benefits – Active Employees
- Forms, including medical claim forms
- Summary Plan Descriptions (SPDs)

Important policy information is at [www.hr.columbia.edu/policies](http://www.hr.columbia.edu/policies). For information about other services and University programs, consult the *Working at Columbia* guide at [www.hr.columbia.edu/wac](http://www.hr.columbia.edu/wac).

# What's New for 2012

## Healthcare Plan Changes

In the spring of 2011, the Task Force on Fringe Benefits released its preliminary recommendations regarding benefits programs for Officers. Among its objectives, the Task Force was charged with finding ways to continue to provide competitive, high-quality and affordable healthcare plans. As a result, the University is making a significant change with the addition of a High Deductible Health Plan (HDHP). The HDHP is a special type of health plan that allows you—as the consumer of healthcare services—to have greater involvement in your healthcare decisions.

With the HDHP, you have the opportunity to contribute to a Health Savings Account (HSA). The HSA allows you to save money on a pre-tax basis for current or future healthcare expenses. It is a tax-favored savings vehicle that is yours—even after you leave Columbia. You also can think of the HSA as an account that can be used to pay for healthcare expenses in retirement.

With increasing healthcare costs, the longer-term affordability of health insurance is a concern—for the University and you. A survey by the Task Force on Fringe Benefits found that Officers ranked monthly contributions—your pre-tax payroll deductions for coverage—as the most important factor for choosing a healthcare option. The new HDHP will have the lowest monthly contributions of your 2012 healthcare choices. In exchange for the lowest contributions, the HDHP has the highest cost sharing, including the highest deductible. The University is also addressing the affordability issue by adding another option for 2012 with lower monthly contributions than the current plans: a new POS 80 plan. The POS 80 plan also has lower monthly contributions and higher cost sharing.

Choose your plans for 2012 carefully. Take advantage not only of the information in this booklet, but of the CU Benefits Enrollment System, where you will find a plan comparison tool to help you pick the plan that suits you and your family.

### **Below is a summary of key changes to the healthcare plans:**

- **New High Deductible Health Plan (HDHP)** that can be paired with a tax-favored Health Savings Account (HSA)
  - This option offers the lowest monthly contributions of your 2012 healthcare plan choices—while providing certain tax advantages when you use an HSA.
  - In exchange for lower contributions, the HDHP has the highest deductibles and highest out-of-pocket maximums.
  - Preventive care is always covered at 100%.
  - Prescription drugs are integrated under the HDHP. This means you must meet the deductible before you start to receive reimbursement for prescription drugs. However, prescriptions that are designated “preventive” under federal guidelines are not subject to the deductible.
  - Aetna is the insurance carrier for the HDHP. The network of doctors and hospitals is the same as for the other Aetna POS plans.
- **New Health Savings Account (HSA)**
  - If you elect the HDHP and are under 65, you can elect the HSA.
  - The HSA offers “triple tax-free” savings: First, you deposit pre-tax dollars to the HSA. Second, interest earnings accumulate tax-free. Third, your withdrawals from the HSA are tax-free, provided you use them for qualified medical expenses.

- The HSA is portable—you can take it with you if you leave Columbia.
  - It can be used for current or future qualified healthcare expenses, including when you are retired.
  - Any money you have not used at the end of the calendar year rolls over to the next year.
- **New Point-of-Service (POS) 80 plans:**
    - These new options have lower monthly contributions than the POS 90 plans.
    - The POS 80 plans work much like the POS 90 plans, but coinsurance is 80% instead of 90%; also the deductible and out-of-pocket maximum are higher.
    - Preventive care is always covered at 100%.
    - Prescription drug benefits are separate—coverage is automatically provided by Medco.
    - Insurance carriers Aetna, CIGNA and UHC each offer a POS 80 option.
    - For additional POS 80 information, see the “Medical Plan Comparison” chart on pages 22 and 23.
- **POS 90 Plan Changes:**
    - Routine office visit copay is increasing to \$30.
    - The deductible is increasing to \$200 for each family member. This is an important change from 2011.
    - Preventive care remains covered at 100%.
    - Emergency Room copay is increasing to \$150; it is waived if you are admitted to the hospital.
    - Out-of-network reimbursement will be significantly lower than in 2011. These changes are described later in this section and on page 15.
    - For additional POS 90 information, see the “Medical Plan Comparison” chart on pages 22 and 23.
- **POS 100 Plan Changes:**
    - Routine office visit copay is increasing to \$30.
    - Inpatient hospital copay is increasing to \$500 for each admission.
    - New outpatient hospital copay of \$150 for outpatient surgery and other outpatient hospital services, including radiology and lab work.
    - Emergency Room copay is increasing to \$150; it is waived if you are admitted to hospital.
    - Out-of-network reimbursement will be significantly lower than in 2011. These changes are described in the next section and on page 15.
    - For additional POS 100 information, see the “Medical Plan Comparison” chart on pages 22 and 23.
- **Out-of-Network Coverage:**
    - There are significant changes to out-of-network benefits for the POS 90 and POS 100 plans, which also apply to the POS 80 plans and the HDHP.
    - Coinsurance is decreasing to 60%. This means the amount you pay toward covered services will increase to 40%.

- The deductible for the POS options is increasing to \$600 for each family member.
- Reimbursement for out-of-network services will not be more than 150% of Medicare's maximum allowable charge. This will mean significantly lower reimbursement for out-of-network services than in 2011.
- See page 15 for more information.
- **Aetna and HIP HMO Changes:**
  - Routine office visits copays are increasing to \$30.
  - Inpatient hospital copays are increasing to \$500 for each admission.
  - Emergency Room copays are increasing to \$150; this copay is waived if you are admitted to the hospital.
  - The Aetna HMO will no longer be offered to new participants; if you were enrolled in the Aetna HMO in 2011, you may stay in this plan for 2012.
  - The HIP HMO will be changing its name to the EmblemHealth HMO.
- **CIGNA Indemnity plan will no longer be offered for 2012:** If you were in this option for 2011, be sure to choose a new medical plan during Benefits Open Enrollment—otherwise you will be assigned to the CIGNA POS 100 plan.
- **Salary ranges** used to establish monthly contributions have been adjusted for 2012:
  - The salary range for the lowest monthly pre-tax contributions for medical coverage will change from “Below \$35,000” to “Below \$45,000.” One of the middle salary ranges will be divided into two: “\$80,000 to \$134,999” and “\$135,000 to 174,999.” The highest salary range will also be divided: “\$175,000 to \$224,999” and “\$225,000 and above.”
- **Same-sex domestic partners** enrolled in a Columbia healthcare plan will receive \$1,000 additional pay per year to assist with the tax burden for their coverage. See “Who is Eligible for Benefits” on page 7 for more about same-sex domestic partnerships.

## Expanded Online Tools to Help You Compare

- In the Medical section of the CU Benefits Enrollment System, you will find a new online tool called “Estimate My Medical Costs” that will help you compare the different medical plans based on your personal situation and health.
- This tool can be especially helpful to those considering the HDHP.

## New Child Care Benefit

Full-time benefits-eligible Officers earning an Annual Benefits Salary of less than \$80,000 can make an election during Benefits Open Enrollment to receive a contribution from Columbia of \$1,000 to their Dependent Care Flexible Spending Account (FSA). The money is designated to help pay for care for eligible dependent children, from birth up to the age of 5. For more information, see the Dependent Care FSA section on page 35.

## Retirement Plan Changes

- For the Voluntary Retirement Savings Plan (VRSP), starting January 1, 2012, you must make your contributions in whole percentages of your salary, such as 1% or 2%, instead of flat dollar amounts.
- Through the end of 2011, however, your elections will still be made in dollar amounts. In January, whole dollar amounts you have elected will be automatically converted to a whole percentage of your salary. You will receive additional information before January 2012.
- As always, you will be able to adjust your VRSP contributions at any time during the year.

## Retiree Medical Changes

- If you retire before January 1, 2012, the monthly subsidy—i.e., the University contribution—for retiree medical insurance is:

\$248 for a retiree under age 65	\$144 for a retiree over age 65
\$124 for a spouse or eligible dependent under age 65	\$72 for a spouse or eligible dependent over age 65
- If you retire January 1, 2012 or later, the monthly subsidy—i.e., the University contribution—for retiree medical insurance is:

\$72 for a retiree—both under and over age 65
\$36 for a spouse or eligible dependent—both under and over age 65

## Are You Throwing Money Away?

Not using the Healthcare Flexible Spending Account (FSA) or the new Health Savings Account (HSA)? Consider contributing to one of these accounts. They allow you to make pre-tax contributions from your paycheck. You can then use the money in your HSA or FSA to pay for healthcare expenses, such as copays and vision care.

Think about how much you have to earn to pay for a \$300 expense. Most people lose at least one third of their pay to federal, state and Social Security taxes. Here's an example of the math:

You need to earn:	\$450
Then subtract $\frac{1}{3}$ for taxes:	<u>- \$150</u>
You have left for expenses:	\$300

**Note:** If you choose the HSA, you cannot elect the Healthcare FSA.

# Important Reminders

**To continue participating in the following benefits in 2012, you must re-enroll:**

- Healthcare FSA
- Dependent Care FSA
- Transit Reimbursement Program
- Parking Reimbursement Program



**If you are enrolled in any of the above benefits in 2011, and you do not re-enroll for 2012, your contributions to these plans will be \$0 on January 1, 2012, and you will not be covered in any of these programs.**

**Newly hired?** You must enroll for benefits within 31 days of your date of hire. Otherwise neither you nor your dependents will have medical coverage or other important benefits. (See the next section for details.)

## Medical and Dental ID Cards

If you make any changes to your medical and/or dental coverage during Benefits Open Enrollment, you will receive an ID card. These cards are mailed to your home and you can expect them by mid-January.

If you need your ID card immediately, go to the insurance carrier website, where you may download and print a temporary card. These are available January 1, 2012.

**Newly hired?** After you enroll in medical or dental benefits, you will receive an ID card directly from the insurance carrier. It takes approximately four weeks for new hires to receive an ID card. If you need an ID card sooner, go to your selected carrier's website two weeks after you complete your benefits enrollment to download and print your temporary card.

# Who is Eligible for Benefits

The online CU Benefits Enrollment System will show you the benefits you are eligible for and your options, plus their monthly cost, based on your personal situation. If you are a:

- **Full-Time Officer**

As a regular full-time, active Columbia University Officer, you and your family are eligible for various benefits programs described in this booklet. You and your eligible dependents—your spouse or same-sex domestic partner and your eligible children—are eligible for benefits on your date of hire.

- **Part-Time Officer of Administration**

As a regular part-time Officer of Administration, you are eligible to participate in the Columbia University Medical Plan, provided you meet the following requirements:

- You are a regular salaried Officer of Administration;
- Your scheduled work week is at least 20 hours per week, but less than 35 hours per week;
- You are either a Grade 10 position or higher at Morningside, Lamont, or Nevis; or
- You are a Grade 103 or higher at Columbia University Medical Center.

- **Temporary Officer**

“Temporary” positions are those approved for a temporary period of time and have an end date. Temporary full-time Officers are eligible for benefits upon date of hire as long as the position is for four months or longer. Temporary part-time Officers are not eligible for benefits.

## Ineligible Officers

Officers whose appointments are incidental to their educational program at the University, Officers who are classified as non-benefited or casual employees in accordance with University HR policies and procedures, and Officers whose terms of employment are subject to a collective bargaining agreement, unless the agreement specifically provides for their participation in the Benefit Plan, are not eligible for medical coverage under the Columbia University Benefits.

## Newly Hired? You Must Enroll Within 31 Days.



You must enroll for benefits **within 31 days of your date of hire**. Your first enrollment is very important because:

- As a new hire you have a one-time opportunity to elect Optional Life Insurance or Optional Long-Term Disability without providing evidence of insurability.
- Most of the elections you make now will be in effect for the rest of the calendar year. Read the next section about “Making Changes” for the rules and exceptions.
- You will have an opportunity to change your benefits elections during annual Benefits Open Enrollment, held each fall. Changes you make during annual Benefits Open Enrollment take effect the following January.

- **If you do not enroll within 31 days**, you and any eligible dependents will not receive Medical, Prescription, Dental, Optional Long-Term Disability Insurance, Flexible Spending Accounts, Transit/Parking Reimbursement, Optional Term Life Insurance, Dependent Term Life Insurance or Long-Term Care Insurance coverage from Columbia University for the remainder of the calendar year. If you have questions, please contact the **Columbia Benefits Service Center at 212-851-7000**.

## Eligible Dependents

For most Columbia benefits, including medical and dental, your dependents—your spouse or same-sex domestic partner and your eligible children—can be covered if you verify that they meet the following requirements:

- Legal spouse
  - Note: Because the federal government does not recognize same-sex marriages, Columbia must treat all same-sex spouses as same-sex domestic partners, in order to comply with Internal Revenue Service rules. See the list below for eligibility requirements.
- Same-sex domestic or civil union partner, provided your partner is:
  - At least 18 years old;
  - Not related to you by blood;
  - Not legally married to another person;
  - In the case of a civil union partnership, is entered into a certified civil union under applicable state law that recognizes a relationship between people of the same gender or treats a relationship between people of the same gender as a marriage.

**And meets two or more of the following requirements—unless you are married or in a civil union partnership, in one of the states that recognizes same-sex marriage or civil unions:**

- Shares the same principal residence with you full-time and has done so continuously for the past 12 months;
  - Shares financial responsibilities with you, such as co-ownership of property, joint financial accounts, etc.;
  - Has power of attorney for medical purposes.
- Legally dependent children, including adopted children, foster children and stepchildren of your spouse or same-sex domestic partner. Dependent children are covered:
    - Until the end of the month in which they turn age 26;
    - At any age if they have a physical or mental disability, provided that when they were diagnosed, they were covered dependents and it was prior to the end of the month in which they turned 26;
    - If a court has appointed you legal guardian for any child from birth to age 26.

**Please note that eligible children are defined differently for the FSAs, HSA and Dependent Life Insurance. Also, dependent medical and dental coverage will be pended until eligibility is verified by the Columbia Benefits Service Center.**

## Reporting Changes to Dependent Eligibility

There are two ways to report a change in dependent eligibility:

1. Go to the CU Benefits Enrollment System at [www.hr.columbia.edu/benefits](http://www.hr.columbia.edu/benefits) and update any changes in the status of your dependents online, or
2. Call the Columbia Benefits Service Center at **212-851-7000**.

**Dependent no longer eligible, e.g., divorce:** It is your responsibility to report this change to the Columbia Benefits Service Center **within 31 days of the change**.

## Proof of Dependent Eligibility

Columbia University has a responsibility to ensure that only eligible expenses are paid from its plans. This requirement is consistent with Internal Revenue Service (IRS) regulations that govern the operation of a qualified benefits plan.

You must be prepared to provide satisfactory proof that each of your covered dependents meets the eligibility requirements. Audits are conducted periodically each year to ensure that all dependents continue to meet the eligibility requirements of the benefit plans. If you are selected for one of these audits, you will receive a letter detailing the audit process and you will be asked to provide the documentation listed in the chart on the next page.

If you are not able to provide proof that your dependent is eligible for coverage, your dependent will not have coverage. If you previously provided satisfactory proof of dependent eligibility, you will not be selected for this audit.

Submit copies of your documents, plus the “Verification Request Form” from your online benefits enrollment session, to the Columbia Benefits Service Center. To submit documentation, you may either:

- Scan and email to [hrbenefits@columbia.edu](mailto:hrbenefits@columbia.edu), or
- Fax to **212-851-7025**; this is a secure fax.

Or, if you do not have access to scan documents and send them via email or fax, call the Columbia Benefits Service Center at 212-851-7000.

For questions about how to obtain duplicate documents, such as a marriage or birth certificate, please contact the appropriate entity or government office.

**Important:** Send copies only. Omit all Social Security Numbers from paperwork—you should enter Social Security Numbers directly into the CU Benefits Enrollment System.

## Verifying Dependent Eligibility

Having a baby? Covering a dependent under your medical or dental coverage? If you are adding a dependent (spouse, same-sex domestic partner or child) to your coverage, you are required to provide documentation before the dependent's coverage is effective. You will be guided through this process on the CU Benefits Enrollment System. If you do not have easy access to a computer, feel free to call the Columbia Benefits Service Center at 212-851-7000.

- **New hires:** To add your dependent at the time you enroll in your own benefits:
  1. Follow the instructions on the CU Benefits Enrollment System (or call the Columbia Benefits Service Center at 212-851-7000). The system will take you to the "Dependent Required Documentation" page.
  2. On that page, print the "Verification Request Form." Submit it as instructed within 31 days, along with the valid documentation for approval. (See the list of documentation in the chart below.)
  3. Once proper verification is received, coverage for your dependent will be retroactive to the date of your own election.
- **Qualified life status change, e.g., birth, marriage:** To add your dependent **within 31 days** of the qualified life status event:
  1. Follow the instructions on the CU Benefits Enrollment System, or call the Columbia Benefits Service Center at 212-851-7000. The online enrollment system will take you to the "Dependent Required Documentation" page.
  2. On that page, print the "Verification Request Form." Submit it as instructed within 31 days, along with the valid documentation for approval. (See the list of documentation in the chart below.)
  3. Once proper verification is received, coverage for your dependent is effective on the date of the qualified event, e.g., date of birth or marriage, etc.

Dependent	Documentation
Spouse	Copy of marriage certificate
Same-Sex Domestic Partner	Marriage license/civil union from state/country (e.g., CT, NH, MA, NY, Canada, etc.), <b>or</b> <b>Two</b> of any of the following: <ul style="list-style-type: none"> <li>• Joint Lease or Mortgage</li> <li>• Joint ownership of property</li> <li>• Joint bank account statement</li> <li>• Designation of the partner as primary beneficiary in your will or designation of the partner as beneficiary for your life insurance or retirement benefits</li> <li>• Assignment of power of attorney to your partner</li> <li>• Registration in the New York City's Domestic Partnership Registration Program</li> </ul>
Child	<b>One</b> of the following: <ul style="list-style-type: none"> <li>• Child's birth certificate</li> <li>• Hospital record of birth (temporary, until birth certificate is received)</li> <li>• Adoption certificate/court records</li> </ul>

## Who You Can Cover for Medical and Dental

You do not have to cover the same people for both the medical and dental plans. For each plan, you have the choice of covering:

- Yourself only;
- Yourself and your spouse, or yourself and your same-sex domestic partner;
- Yourself and a child or children; or
- Family: you, your spouse or same-sex domestic partner, plus children.

As you will see in the CU Benefits Enrollment System, Social Security Numbers are required for all dependents to be covered by our medical plan.

## Both Work for the University?

**If you and your spouse both work for the University** and are eligible for coverage, you may choose your coverage in either of the following ways:

- One spouse makes the choice for the entire family, including eligible dependent children, if any. In this case, the other spouse must select "No Coverage."
- Each spouse can make his or her own choice. In this case, all eligible dependent children must be covered by one spouse or the other.

# Making Changes to Your Benefits

## Limited Changes During the Year

The Internal Revenue Service (IRS) limits when you can add coverage for a dependent or make changes to your healthcare benefits and FSA elections during the year.

After new hire initial enrollment, or after annual Benefits Open Enrollment, you will only be able to change most benefits for the remainder of the calendar year if you experience a “qualified life status change.”

Examples of a qualified life status change include:

- Marriage, divorce or the beginning or end of a same-sex domestic partnership;
- Birth, adoption or placement for adoption;
- Death of a dependent (spouse, same-sex domestic partner, child);
- A dependent losing eligibility for coverage, such as a child reaching maximum age; or losing coverage under another plan, such as a spouse/partner losing coverage from his or her employer;
- A change in home address that makes you ineligible for your current plan option;
- Spouse or eligible dependent being called to military duty in the U.S. Armed Forces;
- Job promotions and/or transfers that change the benefit offerings.



**If you experience a qualified life status change, you must go to [www.hr.columbia.edu/benefits](http://www.hr.columbia.edu/benefits) and make your changes within 31 days of the event.** If you need assistance, please contact the Columbia Benefits Service Center at 212-851-7000 and a representative will help you with your changes. Please remember that because these benefits must comply with IRS regulations, you must provide proper documentation for your change, such as a birth certificate or divorce decree. Your benefit changes must be consistent with the nature of your qualified life status change.

## Changes Permitted

### Transit/Parking Reimbursement Plans

You can make changes to your account at any time during the year. You can change your deposit amount if:

- You change your work location or residence;
- You change the way you commute;
- There is a fare increase for bus, subway or rail service; or
- There is an increase in the amount you pay for parking.

### Long-Term Care Insurance and Voluntary Retirement Savings Plan

As explained later in this booklet, you can enroll in or change your elections for Long-Term Care Insurance or the Voluntary Retirement Savings Plan (VRSP) at any time during the year.

## Overview of Medical Coverage

Columbia University offers several medical plan options for you to choose from, through various insurance carriers, including these new options:

- High Deductible Health Plan (HDHP) – through Aetna; it can be paired with the tax-advantaged Health Savings Account (HSA)
- POS 80 plans – through Aetna, CIGNA and UHC.

As summarized earlier in “What’s New” on pages 2 to 6 of this Benefits Highlights, there will be several adjustments made to the healthcare plans being offered by the University in 2012. These include increasing the amounts you pay for copays, deductibles and out-of-network expenses.

The CU Benefits Enrollment System will show the difference among your options’ monthly contributions—your pre-tax payroll deductions for coverage. You can also view monthly contributions on pages 28 and 29 of this booklet. The new HDHP and POS 80 plans have the lowest monthly contributions.

The Medical Plan Comparison Chart on pages 22 and 23 summarizes the key differences in the level of coverage our options provide. There is a more detailed version online called the “Compare CU Medical Plans” tool in the CU Benefits Enrollment System. **Please review the Medical Plan Comparison Chart and/or the online tool carefully before enrolling in your healthcare benefits.**

## Evaluate Which Healthcare Option Might be Right for You

To get a better idea of which healthcare option might be best for you, try the new online tool called “Estimate My Medical Costs.”

1. Go to the Medical section of the CU Benefits Enrollment System at [www.hr.columbia.edu/benefits](http://www.hr.columbia.edu/benefits).
2. Answer a few questions to personalize the results.
3. See which options are most valuable to you—your personal bottom line. It calculates:

**+** Your **monthly contributions** for the year  
What you can expect to spend during the year on **copays, deductibles, coinsurance and similar expenses**

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**=** Your **total estimated cost for the year**

All medical options cover the same comprehensive set of services—from lab work to transplants. Most of them offer preventive care, such as annual physicals, immunizations and well-baby visits, at little or no cost to you. All options enable you to receive prescription drug coverage.

Our medical carriers all use information technology to facilitate quality of care and patient safety. For some serious health situations, a nurse or case manager may contact you to help you receive best practice care.

All University options cover only **medically necessary** services and supplies for the purpose of preventing, diagnosing or treating an acute sickness, injury, mental illness, substance abuse or symptoms. For more about the definition of “medically necessary,” see the Summary Plan Description on the HR website.

## Learn the Lingo

To make the right choice, and understand the Medical Plan Comparison Chart, it is helpful to know the following benefits terms:

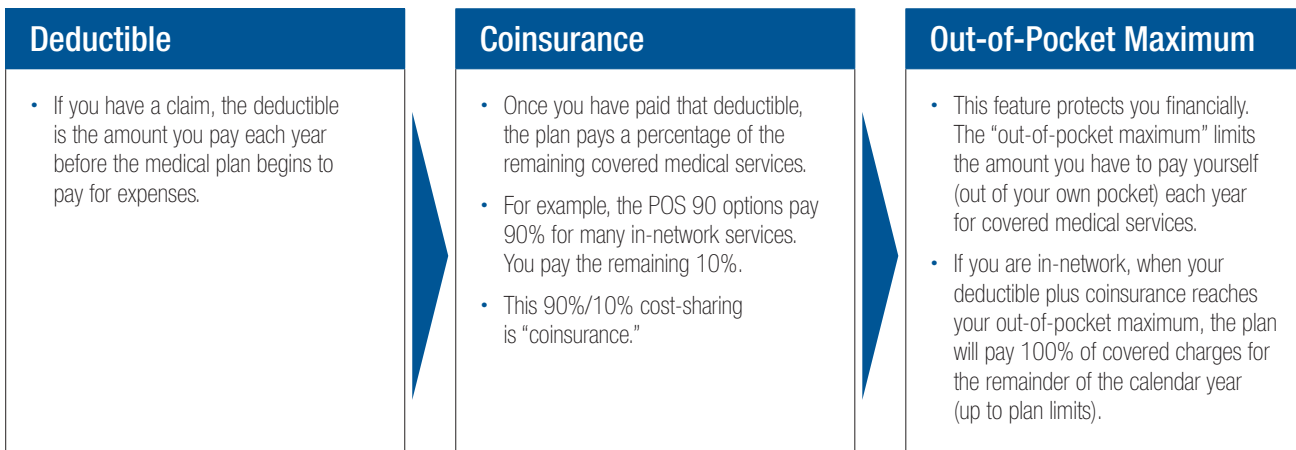
**Network** is short for “network of participating providers.” It is the group of physicians, hospitals and other providers who agree to offer services to a medical plan at lower-priced, “negotiated rates.”

- **In-network:** When care is given by a participating provider, it is considered “in-network.” Staying in the network for care means you will be given the lower negotiated fees for services. Reimbursement for in-network services is significantly greater than for out-of-network services.
- **Out-of-network:** When care is given by a provider who is outside the plan option network, it is considered “out-of-network.” You will not receive the network negotiated rate and reimbursement is indexed to 150% of the Medicare maximum allowable charge. Therefore your share of the cost for out-of-network services will be much higher than for in-network services.

With all the POS options and the HDHP, you have the flexibility to use either in-network or out-of-network providers each time you seek care. You receive much greater benefits coverage when you choose in-network providers.

**Copay** is the fixed amount you pay directly to the provider when you receive some in-network services—for example, the \$30 you pay for a physician’s office visit. That flat fee of \$30 is all you pay—Columbia University pays the rest of the cost.

For services that do not have a copay, the following three terms are used. The most important thing to remember is **how these three work together** when you study the Medical Plan Comparison Chart on pages 22 and 23.



**Out-of-Network Reimbursement:** For 2012, if you decide to go out-of-network, the amount you are reimbursed will be significantly lower than in 2011. No matter which Columbia University healthcare plan you select, out-of-network expenses are always handled the same way, as outlined below:

- Before the plan starts to pay anything, you must pay your deductible;
- Then the plan pays coinsurance of 60% on remaining covered charges. **That does not mean, however, that the plan will pay 60% no matter how much you were charged.** Columbia's plans will not pay more for out-of-network services than 150% of Medicare's maximum allowable charge;
- ***Providers can bill you for any unpaid balance for amounts above these limits, and you are solely responsible for these payments;***
- Any charges exceeding plan limits do not count toward the out-of-pocket maximum;
- If you have medical services out-of-network, ask your physician about their costs before you proceed.



**Precertification:** On the Medical Plan Comparison chart, you will see the phrase "*Precertification required.*" That means those services require you to obtain authorization from your selected medical plan before you receive them. If you are receiving services from an in-network provider, your physician will obtain this authorization on your behalf. ***If you go out-of-network, however, it is your responsibility to obtain precertification.***

Health Maintenance Organizations (HMOs) do not require precertification because it is already built in to the way they deliver care. HMOs are closed systems—no out-of-network services are covered—and a Primary Care Physician (PCP) coordinates all of your care. The PCP obtains any necessary authorization and clinical review, within the HMO.

## Key Differences Among Your Medical Options

### Their Network

Different insurance carriers have different networks. If you have a strong preference for certain physicians or a certain hospital, you should take time to determine if that care provider is in the network for your option. To do this, you will want to check with the medical carriers listed at the end of this booklet under “Contact Information.”

The High Deductible Health Plan, Aetna POS 80 or 90, and the UHC POS 80, 90 or 100 have the least restricted networks—they are national networks. The CIGNA POS network applies only to the tri-state area (New York, New Jersey and Connecticut); if you received medical treatment outside of the tri-state area, those services would be reimbursed at the lower, out-of-network level. The HMO options have the most restricted networks.



**For all plans:** During the year, you must keep this in-network issue in mind if a physician refers you for lab tests, X-rays or other services. **It is your responsibility to check that a provider is in the network.** Otherwise, you will pay the higher deductible and coinsurance of the out-of-network benefits.

### Is a “PCP” Required?

Another key difference among the plan options is whether or not a Primary Care Physician (PCP) is required. A PCP is your first point of contact when you need care. Family practitioners, internists, pediatricians and OB/GYNs can all be PCPs. Your PCP also coordinates other care—for example, if you need a specialist.

- **High Deductible Health Plan or the Aetna POS or UHC POS options:** No PCP is required.
- **All CIGNA POS options:** Require you and each covered dependent to have a PCP. If you want one of the CIGNA POS options, you will need to visit the CIGNA website to determine the code for the PCPs for you and each covered dependent and have them handy when you begin using the CU Benefits Enrollment System. Those codes are required in order to complete your online enrollment. On the CIGNA website, under “Provider Directory,” our POS options are called “Seamless Network (Tristate).”
- **HIP HMO:** Requires a PCP to manage your care and keep your services in-network. No out-of-network services are covered by the HMO.

## When You Need a Patient Advocate

If you are facing a healthcare issue and you are running into obstacles with the insurance carrier that you have not been able to resolve, consider a patient advocate. Has your appeal of a claim been denied? A patient advocate from the Columbia Benefits Service Center can review your appeal to see if the carrier has properly handled your situation. If not, the patient advocate will contact the insurance carrier on your behalf.

We can help you understand the appeals process and how best to navigate it. You can reach our patient advocates through the Columbia Benefits Service Center at **212-851-7000** or email [hrbenefits@columbia.edu](mailto:hrbenefits@columbia.edu).

## The High Deductible Health Plan

The new High Deductible Health Plan (HDHP) provides comprehensive coverage with the lowest monthly contributions—so you can have the coverage you need and pay less for it. Plus, it has a Health Savings Account (HSA) feature that gives you the opportunity to save pre-tax dollars to pay for qualified medical expenses now or in the future. In exchange for lower contributions, the HDHP deductible and out-of-pocket maximum are higher. Here's how the HDHP plan works if you stay “in-network”:

### What You Need to Know About the HDHP

- Aetna will be the administrator of the HDHP—this means you'll have access to Aetna's network of providers for your care.
- Preventive medical care is covered at 100%.
- For non-preventive care—and non-preventive drugs—you pay for your expenses until you reach your deductible: \$1,250 for individual coverage or \$2,500 for family coverage. If one or more family members are covered in addition to yourself, you reach the family deductible when total expenses reach \$2,500, no matter how the expenses are spread out across the family. The entire \$2,500 family deductible must be met, even if only one family member has claims.
- After you reach the deductible for that covered person, any additional medical expenses are shared between the University and you as “coinsurance.” The University's coinsurance is 90%—Columbia pays 90% of the additional in-network services. Your coinsurance is 10%.
- When your coinsurance plus deductible(s) reach the out-of-pocket maximum, the Plan pays 100% of your remaining covered medical services for the rest of the calendar year—this limits the financial impact on you. The “out-of-pocket maximum” for in-network expenses is \$2,750 for individual coverage or \$5,500 for family coverage. For family coverage, the entire \$5,500 out-of-pocket maximum must be met, even if only one family member has claims.

### Prescription Drug Coverage

Prescription drug coverage is integrated into the HDHP. This means you must pay for your prescription drugs until you meet your deductible.

If you use a Medco participating pharmacy, you will receive a discount on the cost of your prescription drugs. Note: The cost of your non-preventive drugs does not reflect applicable manufacturer rebates. These rebates are used to reduce overall administrative costs.

**Drugs that bypass deductible:** Prescription drugs that are categorized as “preventive” under federal guidelines are not subject to the deductible, but those categorized as “non-preventive” are.

Drugs in certain categories will be covered as if you had already met your deductible, so you are only responsible for paying the appropriate copay. This list provides the therapeutic classes of prescription drugs, and the conditions for which drugs may be prescribed, that are considered “preventive” under federal guidelines. This list is subject to change:

- Anticoagulants
- Antihypertensive Agents (High Blood Pressure)
- Asthma/COPD
- Cholesterol Lowering Agents
- Diabetes
- Heart Disease
- Hepatitis C
- Immunosuppressant Agents
- Mental Health Agents
- Prenatal Vitamins
- Thyroid Disease
- Osteoporosis
- Contraceptives

The chart below summarizes prescription drug coverage under the HDHP:

	Certain Preventive Drugs	Non-Preventive Drugs
<b>Retail pharmacy</b> (up to 30-day supply)	<ul style="list-style-type: none"> <li>• \$10 generic</li> <li>• \$25 single-source brand</li> <li>• \$45 multi-source brand</li> </ul>	Subject to deductible; then Rx copays apply
<b>Home delivery: mail-order</b> (up to 90-day supply)	<ul style="list-style-type: none"> <li>• \$15 generic</li> <li>• \$50 single-source brand</li> <li>• \$90 multi-source brand</li> </ul>	Subject to deductible; then Rx copays apply
<b>Infertility coverage</b> (oral and injectable medication)	N/A	Subject to deductible; then Rx copays apply; up to \$15,000 lifetime maximum

Note: Prescription drug copays and the deductible accumulate to the out-of-pocket maximum.

## What You Need to Know About the Health Savings Account (HSA)

- JPMorgan Chase will be the administrator of the HSA.
- Each year, you can contribute up to \$3,100 for Yourself Only coverage and \$6,250 for Yourself and Spouse/Same-Sex Domestic Partner/Child or Family coverage. Any unused balance accumulates year over year and the cumulative balance can exceed the annual contribution maximum.
- Important for Domestic Partners: Internal Revenue Service rules do not allow you to use your HSA to reimburse yourself for the expenses of your domestic partner or his/her children.
- You can contribute money to your account on a pre-tax basis through payroll deductions.
- You must be enrolled in the HDHP to be eligible for an HSA. (For example, if you are enrolled in one of the POS Plans or an HMO, you are not eligible for the HSA.)

- Once you are eligible for Medicare, you are no longer eligible to make pre-tax contributions to your HSA through the University.
- Under Internal Revenue Service (IRS) regulations, if you enroll in the HSA, you cannot participate in any healthcare flexible spending account (FSA) because you can use your HSA to pay for eligible healthcare expenses.
- Qualified medical expenses that may be paid through your HSA on a tax-free basis include most medical care and services; dental and vision care; prescription drugs; and premiums paid for COBRA, long-term care and post-retirement Medicare coverage. You can see a complete list of eligible expenses at [www.irs.gov](http://www.irs.gov) (Publications 969 and 502).
- You will not be eligible to establish or contribute to an HSA if you are covered by another medical plan that is not an HSA-qualified HDHP (e.g., a spouse's employer's non-HDHP coverage). In addition, if your spouse participates in a healthcare FSA that permits reimbursement of your unreimbursed medical expenses, then you will not be eligible to establish or contribute to an HSA until you are no longer covered by your spouse's healthcare FSA.
- If you withdraw money from your HSA to pay for non-qualified expenses, you'll pay taxes on that distribution and an additional 20% penalty if you're under age 65.
- You should keep careful records of your healthcare expenses and the corresponding withdrawals from your HSA, in case you need to provide proof to the IRS of your account distributions.
- If you have an account balance of at least \$2,000, you can choose to invest among nine investment options. Any earnings you invest through your HSA are automatically reinvested and grow tax-free.
- There is no tax on investment earnings in the HSA.
- You do not pay taxes on the money you withdraw to pay for current and/or future qualified healthcare expenses, including deductibles and coinsurance.

## Use Aetna Navigator™ to Manage Your HDHP and HSA

After you enroll in the HDHP, be sure to register on Aetna Navigator, which provides tools and resources to help you manage your HDHP. On the site, you can:

- View your HSA balance, check eligibility, review the status of your claims and download claims history.
- Compare estimated costs for healthcare services in your area.
- Compare area hospitals based on what is most important to you.
- Calculate how much you can put into your HSA, in a month or year.
- See how your HSA balance can grow over time and compare those savings to other options.
- Get trusted health and wellness information.
- Find participating doctors using Aetna's DocFind® online directory.
- To use Aetna Navigator and find doctors, sign up at [www.aetna.com/docfind/custom/columbia](http://www.aetna.com/docfind/custom/columbia).

- You can carry your unused HSA balance over from year to year.
- The HSA is yours to keep if you change health plans, leave Columbia or retire.
- You can use an HSA debit card to pay providers directly from your account. You can also pay bills online or have money automatically withdrawn from your HSA to pay for qualified medical expenses.

## Funding Your HSA

Here's how you can build the value of your HSA:

- **Pre-tax contributions.** You can elect automatic payroll deductions on a pre-tax basis to fund your account. You can change the amount of your contributions at any time. Keep in mind that for 2012, the total amount of your contributions cannot exceed \$3,100 for Yourself Only coverage and \$6,250 for Yourself and Spouse/Domestic Partner/Child or Family coverage.
- **Catch-up contributions.** If you are at least age 55 and are not enrolled in Medicare, you can make "catch-up" contributions to your HSA. The maximum catch-up contribution is \$1,000 in 2012.
- **After-tax contributions.** You can make after-tax contributions to your HSA with a personal check. If you are considering after-tax HSA contributions, you may want to consult with a tax advisor or financial professional.

## Determine if HDHP/HSA is Right For You

You may want to consider electing the new HDHP/HSA option if:

- You prefer to make lower payroll contributions for coverage and are willing to pay a higher deductible.
- You want to use pre-tax dollars to pay for qualified medical expenses.
- You want to save and invest pre-tax money to pay for future qualified medical expenses, including in retirement.

### Health Savings Account (HSA) vs. Healthcare Flexible Spending Account (FSA)

- If you enroll in the HDHP, and are under age 65, you're eligible to enroll in the HSA.
- If you enroll in the HDHP, and you are age 65 or older, you can enroll in the Healthcare FSA.
- If you do not enroll in the HDHP, you can enroll in the Healthcare FSA.

Both the HSA and Healthcare FSA allow you to save money in taxes by contributing pre-tax earnings to a healthcare account. The difference is that with an HSA, you can roll over your account from year to year and earn interest, while with the FSA, you must use the money in your account by December 31 each year, or you'll lose it.

## How to Access Your HSA Funds

You can choose to pay your bills out of your own pocket or through your HSA. If you choose to pay through your HSA, you can use:

- Your HSA debit card;
- Online Bill Payment Service available on the Aetna Navigator™ site; or
- AutoDebit<sup>SM</sup> to have the money withdrawn from your account, also available on Aetna Navigator.

For example, you could use your HSA debit card to pay for prescription drugs at the pharmacy. After your claim is processed, you may receive a bill from your healthcare provider, which will show the amount, if any, you owe. You can then submit the claim to your HSA for reimbursement.

**Important:** *You cannot access funds in your HSA until you have contributed them. You need to build up your HSA contributions—made through your payroll deductions—**before** taking money out of your HSA for qualified expenses. Your HSA funds will be available as soon as administratively possible after Columbia has sent your semi-monthly payroll deductions to JPMorganChase.*

*You should always check your balance on the Aetna Navigator website before you use your account. A small service charge will apply if you check your balance at any ATM machine, but checking it on **Aetna Navigator is free**. You will also incur a fee if your card is declined for insufficient balance, so checking before you use your HSA debit card is important.*

# Medical Plan Comparison Chart\*

	AETNA HDHP (New)		POS 80 AETNA/CIGNA/UHC (New)		Aetna POS 90		CIGNA
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network
Network	National	N/A	Aetna & UHC: National; CIGNA: Tri-State	N/A	National	N/A	Tri-State Only
Primary Care Physician (PCP)	PCP not required	N/A	Aetna & UHC: PCP not required; CIGNA: PCP required	N/A	PCP not required	N/A	PCP required
Preventive Care	100%	Not covered	100%	Not covered	100%	Not covered	100%
Physician Office Visits	90% after deductible	60% after deductible	\$30 copay	60% after deductible	\$30 copay	60% after deductible	\$30 copay
<b>Annual Deductible and Coinsurance</b>							
Annual Deductible	\$1,250 individual; \$2,500 family	\$2,500 per person	\$400 per person	\$600 per person	\$200 per person	\$600 per person	\$200 per person
Coinsurance (% paid by CU)	90% after deductible	60% after deductible	80% after deductible	60% after deductible	90% after deductible	60% after deductible	90% after deductible
<b>Out-of-Pocket Maximum</b>							
Individual	\$2,750	\$6,000	\$2,000	\$3,500	\$1,500	\$3,500	\$1,500
Family	\$5,500	\$12,000	\$4,000	\$7,000	\$3,000	\$7,000	\$3,000
<b>Out-of-Network Reimbursement</b>							
Precertification required for most services	N/A	60% after deductible; reimbursement based on 150% of Medicare maximum allowable charge	N/A	60% after deductible; reimbursement based on 150% of Medicare maximum allowable charge	N/A	60% after deductible; reimbursement based on 150% of Medicare maximum allowable charge	N/A
<b>Hospital Services</b>							
Inpatient Care	90% after deductible <i>Precertification required</i>	60% after deductible <i>Precertification required</i>	80% after deductible <i>Precertification required</i>	60% after deductible <i>Precertification required</i>	90% after deductible <i>Precertification required</i>	60% after deductible <i>Precertification required</i>	90% after deductible <i>Precertification required</i>
Outpatient Care	90% after deductible <i>Precertification required</i>	60% after deductible <i>Precertification required</i>	80% after deductible <i>Precertification required</i>	60% after deductible <i>Precertification required</i>	90% after deductible <i>Precertification required</i>	60% after deductible <i>Precertification required</i>	90% after deductible <i>Precertification required</i>
Emergency Room	90% after in-network deductible		\$150 copay	\$150 copay	\$150 copay	\$150 copay	\$150 copay
<b>Mental Health &amp; Substance Abuse</b>							
Inpatient Care	90% after deductible <i>Precertification required</i>	60% after deductible <i>Precertification required</i>	80% after deductible <i>Precertification required</i>	60% after deductible <i>Precertification required</i>	90% after deductible <i>Precertification required</i>	60% after deductible <i>Precertification required</i>	90% after deductible <i>Precertification required</i>
Outpatient Care	90% after deductible Annual maximum of 60 visits <i>Precertification required</i>	60% after deductible Combined annual maximum of 60 visits <i>Precertification required</i>	\$30 copay Annual maximum of 60 visits <i>Precertification required</i>	60% after deductible Combined annual maximum of 60 visits <i>Precertification required</i>	\$30 copay Annual maximum of 60 visits <i>Precertification required</i>	60% after deductible Combined annual maximum of 60 visits <i>Precertification required</i>	\$30 copay Annual maximum of 60 visits <i>Precertification required</i>
<b>Infertility Treatment</b>							
ART, IVF, GIFT, ZIFT	Annual benefit limit: \$5,000		Annual benefit limit: \$5,000		Annual benefit limit: \$5,000		Annual benefit limit:
<b>HDHP Prescription Drugs: Copays and the deductible accumulate to the out-of-pocket maximum. See important coverage details, pages 17 and 18.</b>							
Non-Preventive Drugs	Subject to deductible; then copays apply.						
Preventive Drugs	Not subject to deductible; copays apply.						
Prescription Drugs for Infertility	Subject to deductible; then copays apply; up to \$15,000 lifetime maximum; (includes oral and injectable medication).						

POS 90	CIGNA POS 100		UHC POS 90		UHC POS 100		HIP HMO
Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network Only
N/A	Tri-State Only	N/A	National	N/A	National	N/A	Local NY Area Only
N/A	PCP required	N/A	PCP not required	N/A	PCP not required	N/A	PCP required
Not covered	100%	Not covered	100%	Not covered	100%	Not Covered	100%
60% after deductible	\$30 copay	60% after deductible	\$30 copay	60% after deductible	\$30 copay	60% after deductible	\$30 copay
\$600 per person	None	\$600 per person	\$200 per person	\$600 per person	None	\$600 per person	None
60% after deductible	100%	60% after deductible	90% after deductible	60% after deductible	100%	60% after deductible	100%
\$3,500	N/A	\$3,500	\$1,500	\$3,500	N/A	\$3,500	N/A
\$7,000	N/A	\$7,000	\$3,000	\$7,000	N/A	\$7,000	N/A
60% after deductible; reimbursement based on 150% of Medicare maximum allowable charge	N/A	60% after deductible; reimbursement based on 150% of Medicare maximum allowable charge	N/A	60% after deductible; reimbursement based on 150% of Medicare maximum allowable charge	N/A	60% after deductible; reimbursement based on 150% of Medicare maximum allowable charge	None
60% after deductible <i>Precertification required</i>	\$500 copay per admission <i>Precertification required</i>	60% after deductible <i>Precertification required</i>	90% after deductible <i>Precertification required</i>	60% after deductible <i>Precertification required</i>	\$500 copay per admission <i>Precertification required</i>	60% after deductible <i>Precertification required</i>	\$500 copay per admission
60% after deductible <i>Precertification required</i>	\$150 copay (including lab and radiology) <i>Precertification required</i>	60% after deductible <i>Precertification required</i>	90% after deductible <i>Precertification required</i>	60% after deductible <i>Precertification required</i>	\$150 copay (including lab and radiology) <i>Precertification required</i>	60% after deductible <i>Precertification required</i>	\$30 copay
\$150 copay	\$150 copay	\$150 copay	\$150 copay	\$150 copay	\$150 copay	\$150 copay	\$150 copay
60% after deductible <i>Precertification required</i>	\$500 copay per admission <i>Precertification required</i>	60% after deductible <i>Precertification required</i>	90% after deductible <i>Precertification required</i>	60% after deductible <i>Precertification required</i>	\$500 copay per admission <i>Precertification required</i>	60% after deductible <i>Precertification required</i>	\$500 copay per admission
60% after deductible Combined annual maximum of 60 visits <i>Precertification required</i>	\$30 copay Annual maximum of 60 visits <i>Precertification required</i>	60% after deductible Combined annual maximum of 60 visits <i>Precertification required</i>	\$30 copay Annual maximum of 60 visits <i>Precertification required</i>	60% after deductible Combined annual maximum of 60 visits <i>Precertification required</i>	\$30 copay Annual maximum of 60 visits <i>Precertification required</i>	60% after deductible Combined annual maximum of 60 visits <i>Precertification required</i>	\$30 copay Unlimited visits
\$5,000	Annual benefit limit: \$5,000		Annual benefit limit: \$5,000		Annual benefit limit: \$5,000		\$1,000 copay per IVF cycle; lifetime limit: 2 IVF cycles

Prescription drugs for the POS and HMO healthcare options are covered under the Prescription Drug Plan administered by Medco. See pages 24 and 25 for details.

# Prescription Drug Coverage

When you enroll in any University medical plan, except the High Deductible Health Plan, you are automatically enrolled in the following Medco Prescription Drug Plan. If you enroll in the HDHP, be sure to read “Prescription Drug Coverage” on pages 17 and 18.

Prescription Drug Copays	
Retail pharmacy (up to 30-day supply)	<ul style="list-style-type: none"> <li>• <b>\$10 generic</b></li> <li>• <b>\$25 single-source brand</b> (product not available in generic)</li> <li>• <b>\$45 multi-source brand</b> (generic and brand both available)</li> </ul>
Home delivery: mail-order (up to 90-day supply)	<ul style="list-style-type: none"> <li>• <b>\$15 generic</b></li> <li>• <b>\$50 single-source brand</b> (product not available in generic)</li> <li>• <b>\$90 multi-source brand</b> (generic and brand both available)</li> </ul>
Infertility coverage (oral and injectable medication)	Same as above, up to \$15,000 lifetime maximum

## Using Your Prescription Drug Benefit

Medco administers the prescription drug benefit plan. You will receive a prescription drug ID card about the same time you receive your medical card.

**Retail** – Here is a summary of how it works in a pharmacy:

- You will need to present your Medco ID card at the pharmacy the first time you fill a prescription.
- If both generic and brand-name are available for your prescription, you have a multi-source drug.
  - In New York, New Jersey and certain other states, the pharmacy is required by law to substitute a generic for a brand name drug, so if a generic is available, you will have the lowest copay: \$10.
  - If your physician prescribes the brand-name drug instead of the generic, then you will pay the highest copay: \$45. Your physician must request the pharmacist “Dispense as Written.”
- If no generic is available for your prescription, then your drug is a single-source prescription. Your copay will be: \$25.

You can have up to a 30-day supply of your prescription when filled at a retail pharmacy.

You may find participating pharmacies at [www.medcohealth.com](http://www.medcohealth.com) or by calling 800-230-0508.

**Mail-Order Pharmacy** – Mail-order copays are for up to a 90-day supply. So if you take medication on a regular basis for conditions such as high blood pressure or asthma, the mail-order option will be more affordable than the retail option. To use mail-order, follow these steps:

- Your first step is to enroll in the mail-order program. Go to [www.medcohealth.com](http://www.medcohealth.com) or call 800-230-0508.
- Once you have enrolled in Medco's mail-order program, you can refill prescriptions easily, either online or over the phone.
- If both generic and brand-name are available for your prescription, you have a multi-source drug.
  - If a generic is available, you will have the lowest copay: \$15.
  - If your physician prescribes the brand-name drug instead of the generic, then you will pay the highest copay: \$90. Your physician must request the pharmacist "Dispense as Written."
- If no generic is available for your prescription, then your drug is a single-source prescription. Your copay will be: \$50.

## Appeals Process

If you have a medical condition that prevents you from taking the generic form of a brand name drug (a multi-source brand drug), you and your physician may complete a Medco Appeals Form to request having it covered at the lower copay level. This form is available online at [www.hr.columbia.edu/benefits](http://www.hr.columbia.edu/benefits) under "Forms." Submit your completed "Benefits Coverage Request Form" directly to Medco at the address listed on the bottom of the form. If you do not have easy access to a computer, call and ask Medco for the Appeals Form at 800-230-0508 and they will send it to you.

## How to Find Out if a Drug is "Single-Source" or "Multi-Source"

First, your pharmacist can tell you. Second, you can go to [www.medcohealth.com](http://www.medcohealth.com) or call Medco at 800-230-0508. Keep in mind that your prescription may move from "single-source" to "multi-source" during the year if the Federal Drug Administration approves a generic equivalent drug.

## The Columbia Benefits Service Center is Here to Help

Have you called your selected insurance carrier several times about a claim problem and not received a satisfactory response? Did you know the Columbia Benefits Service Center is available to help you with medical, prescription drug or dental claims problems?

You can reach us at **212-851-7000** or email [hrbenefits@columbia.edu](mailto:hrbenefits@columbia.edu) and describe your issue.

The Benefits Service Center can also help you resolve billing problems with providers. For example, your medical coinsurance is a percentage of the negotiated rates when you stay in the network. Once the amounts you've paid reach the out-of-pocket maximum, your selected medical plan pays 100% of covered charges for the remainder of the calendar year. Your network providers should not bill you for any balances.

# Vision Care

All employees and their covered dependents who participate in the High Deductible Health Plan, and the POS 80, 90 and 100 plans from Aetna or CIGNA, are also covered by a vision benefit. Vision care is **not covered under the UHC plans**.

Hardware (Lenses and Frames) and Contact Lenses	CIGNA POS (VSP Network)*	Aetna POS
Single lenses	\$20 for single lenses; once every 24 months	\$100 allowance for all hardware and contact lenses once every 12 months.
Bifocal lenses	\$30 for bifocal lenses; once every 24 months	
Trifocal lenses	\$40 for trifocal lenses; once every 24 months	Additional discounts off retail hardware (e.g., 40% off eyeglass frames) at participating providers.
Lenticular lenses	\$75 for lenticular lenses; once every 24 months	
Frames	\$30 frames allowance; once every 24 months	
Contact lenses: cosmetic	Cosmetic contact lenses not covered	Call Aetna for details using the number on the back of your member ID medical card.
Contact lenses: medically necessary	\$75 for medically necessary contacts; once every 24 months	

\* To receive the vision benefit from the CIGNA POS plan, you must select a CIGNA provider from the directory who is specifically designated "VSP."

# Employee Assistance Program (EAP)

The Employee Assistance Program (EAP) is a network of services, including short-term counseling, to help you and your household members cope with issues that you experience in everyday life. You do not have to be covered by our medical plan to take advantage of the EAP. You, or a member of your household, can receive assistance with a wide variety of issues and concerns including:

- Stress, anxiety
- Depression
- Alcoholism and drug abuse
- Sleeping difficulties
- Eating disorders
- Elder care
- Adult day care and assisted living facilities
- Loss of a loved one
- Pet care, e.g., finding a dog walker
- Concierge services: from theatre tickets to travel planning

**Free to you:** Columbia University assumes all costs for initial assessment and counseling sessions through the EAP, for up to three counseling sessions **per subject**. If additional assistance is necessary, the counselor will give you referrals, taking into account your preferences, medical plan and financial circumstances.

**Licensed professionals:** Harris, Rothenberg International (HRI) provides confidential short-term counseling 24 hours a day, 7 days a week. Phones are answered by licensed Master's or Ph.D.-level mental health professionals and, if needed, refer you to a network of more than 20,000 counselors available nationwide.

## Stressed Out? Financial Worries? Elder Care Issues?

These are just a few of the reasons to call the Employee Assistance Program (EAP). Free, confidential help and support is available 24 hours, 7 days a week.

Call (888) 673-1153; TTY: (800) 256-1604

Or log on to: [www.harrisrothenberg.com](http://www.harrisrothenberg.com)

Username: **Columbia**; Password: **eap**

# Your Cost for Medical Coverage (Contributions)

Contributions are the amount you pay toward the cost of your medical and prescription coverage through payroll deductions. Your healthcare contributions are deducted from your pay **before any taxes are taken out**.

Your personal pre-tax contribution for medical and prescription coverage is based on:

- Which plan you select; and
- Who you cover—Yourself Only versus Family, etc.; and
- Your Annual Benefits Salary. This is calculated as of July 1 each year and is the greater of (a) your base salary or (b) your prior 12 months' compensation from the University as of June 30 each year, including certain approved additional and private practice compensation.

## Your Cost for Same-Sex Domestic Partner

Federal income tax rules require that your contributions toward the coverage of a same-sex domestic partner, same-sex spouse or civil union partner be deducted from your pay on an **after-tax** basis. In addition, University contributions toward the total cost of coverage for your same-sex domestic partner are taxable to you. **New: To assist with this tax burden, if you elect same-sex domestic partner medical coverage, Columbia will provide \$1,000 additional pay per year—\$41.67 each pay period.**

## 2012 Monthly Pre-Tax Contributions for Medical & Rx Coverage

Annual Benefits Salary	Yourself Only	Yourself & Spouse or Same-Sex Domestic Partner	Yourself & Child or Children	Family
<b>Below \$45,000</b>				
Aetna HDHP	\$3	\$24	\$4	\$28
Aetna POS 80	\$13	\$46	\$24	\$59
Aetna POS 90	\$16	\$52	\$30	\$69
CIGNA POS 80	\$13	\$46	\$24	\$59
CIGNA POS 90	\$29	\$94	\$53	\$124
CIGNA POS 100	\$58	\$153	\$109	\$209
UHC POS 80	\$13	\$46	\$24	\$59
UHC POS 90	\$53	\$159	\$95	\$212
UHC POS 100	\$96	\$262	\$178	\$356
HIP HMO	\$34	\$103	\$62	\$137
<b>\$45,000 to \$79,999</b>				
Aetna HDHP	\$10	\$84	\$14	\$100
Aetna POS 80	\$48	\$160	\$87	\$210
Aetna POS 90	\$60	\$184	\$110	\$244
CIGNA POS 80	\$48	\$160	\$87	\$210
CIGNA POS 90	\$94	\$303	\$169	\$397
CIGNA POS 100	\$140	\$397	\$255	\$533
UHC POS 80	\$48	\$160	\$87	\$210
UHC POS 90	\$127	\$383	\$230	\$511
UHC POS 100	\$187	\$535	\$342	\$719
HIP HMO	\$110	\$331	\$199	\$441

## 2012 Monthly Pre-Tax Contributions for Medical & Rx Coverage

Annual Benefits Salary	Yourself Only	Yourself & Spouse or Same-Sex Domestic Partner	Yourself & Child or Children	Family
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### \$80,000 to \$134,999

Aetna HDHP	\$11	\$95	\$15	\$113
Aetna POS 80	\$52	\$182	\$94	\$237
Aetna POS 90	\$65	\$210	\$119	\$276
CIGNA POS 80	\$52	\$182	\$94	\$237
CIGNA POS 90	\$117	\$377	\$210	\$494
CIGNA POS 100	\$168	\$487	\$305	\$653
UHC POS 80	\$52	\$182	\$94	\$237
UHC POS 90	\$157	\$472	\$283	\$630
UHC POS 100	\$225	\$643	\$408	\$864
HIP HMO	\$137	\$412	\$247	\$548

### \$135,000 to \$174,999

Aetna HDHP	\$11	\$100	\$16	\$119
Aetna POS 80	\$55	\$191	\$99	\$249
Aetna POS 90	\$69	\$220	\$125	\$290
CIGNA POS 80	\$55	\$191	\$99	\$249
CIGNA POS 90	\$123	\$384	\$221	\$503
CIGNA POS 100	\$176	\$512	\$320	\$685
UHC POS 80	\$55	\$191	\$99	\$249
UHC POS 90	\$165	\$496	\$298	\$661
UHC POS 100	\$236	\$675	\$428	\$907
HIP HMO	\$144	\$433	\$259	\$576

### \$175,000 to \$224,999

Aetna HDHP	\$16	\$130	\$22	\$156
Aetna POS 80	\$77	\$248	\$136	\$327
Aetna POS 90	\$96	\$285	\$172	\$381
CIGNA POS 80	\$77	\$248	\$136	\$327
CIGNA POS 90	\$127	\$391	\$226	\$512
CIGNA POS 100	\$217	\$622	\$391	\$834
UHC POS 80	\$77	\$248	\$136	\$327
UHC POS 90	\$167	\$502	\$300	\$668
UHC POS 100	\$286	\$825	\$519	\$1,106
HIP HMO	\$160	\$479	\$287	\$637

### \$225,000 and above

Aetna HDHP	\$17	\$135	\$23	\$163
Aetna POS 80	\$80	\$258	\$141	\$341
Aetna POS 90	\$100	\$297	\$179	\$397
CIGNA POS 80	\$80	\$258	\$141	\$341
CIGNA POS 90	\$134	\$434	\$242	\$568
CIGNA POS 100	\$225	\$647	\$407	\$868
UHC POS 80	\$80	\$258	\$141	\$341
UHC POS 90	\$181	\$544	\$326	\$725
UHC POS 100	\$297	\$859	\$540	\$1,151
HIP HMO	\$169	\$507	\$304	\$675

# Aetna Columbia Dental Plan

The Aetna Columbia Dental Plan provides you with the flexibility to see Columbia University College of Dental Medicine faculty and alumni, called Columbia Preferred Dental Network, along with the national Aetna PPO network of dentists, all under one comprehensive program. You may also see a dentist outside of the network, although your cost will be significantly higher whenever you use out-of-network dentists.

The University contributes toward the cost of dental coverage.

## Aetna Columbia Dental Plan Overview

Benefit	Columbia Preferred Dental Network	Aetna Dental Network	Out-of-Network*
<b>Preventive Care</b> Includes routine cleanings, routine exams and X-rays	100%	100%	100%
<b>Basic Restorative Care</b> Includes fillings and extractions	100%	80%	80%
<b>Major Restorative Care</b> Includes crowns, root canals, bridges and dentures	60%	50%	50%
<b>Orthodontia for Adults &amp; Children</b>	50%	50%	50%
<b>Annual Deductible</b> (per person)	none	\$25	\$25
<b>Annual Maximum Benefit</b> (per person)	\$1,500	\$1,250	\$1,250
<b>Orthodontic Lifetime Maximum</b> (per person)	\$1,500	\$1,250	\$1,250



\*The percentage paid by Aetna Dental will be limited to the network-negotiated fees. This means if you use an out-of-network dentist, your reimbursement will be based on the network fees for the services provided. For example, if your dentist bills you \$800 for a crown but the network-negotiated fee is \$400, you will be reimbursed for 50% of the \$400 (the network-negotiated fee) totaling \$200. You are responsible for paying the balance of \$600 to your out-of-network dentist.

Your Monthly Cost (Contributions) for Dental	
Yourself	\$ 19
You Plus One	\$ 62
Family	\$ 105

## Using the Columbia Preferred Dental Network

When you use a dentist who participates in the Columbia University network, you receive a greater benefit for services. To locate a Columbia Preferred dentist, go to [www.aetna.com/docfind/custom/columbia](http://www.aetna.com/docfind/custom/columbia). Columbia Preferred dentists are located throughout the Tri-State area.

Columbia Preferred dentists accept reimbursement for services covered at 100% as payment in full. You are not responsible for paying any fees that exceed the network-negotiated fees. You also **do not have to submit any claim forms** when you use a network participating dentist.

### Columbia Preferred Dental Plan Facilities

[cudentalassociates.columbia.edu](http://cudentalassociates.columbia.edu)

#### **Columbia Dental Associates Morningside Associates**

1244 Amsterdam Avenue (near 121st Street)  
New York, NY 10027  
212-961-1266

and

430 West 116th Street  
New York, NY 10027  
212-662-4887

#### **Columbia Dental Associates Medical Center Practice**

100 Haven Avenue  
New York, NY 10032  
212-342-0107

#### **Columbia-Presbyterian Eastside Dental Faculty Practice**

16 East 60th Street  
New York, NY 10021  
212-326-8520

#### **Columbia Oral & Maxillofacial Surgery**

630 West 168th Street  
Vanderbilt Clinic, 7th Floor  
New York, NY 10032  
212-305-4552

## Using the Aetna Dental Network

If you see an Aetna participating dentist, the amount you pay is applied toward fees that have been negotiated by Aetna. Dentists who participate in Aetna's network will not bill you for any fees that exceed the negotiated amount. To locate an Aetna participating dentist, go to [www.aetna.com/docfind/custom/columbia](http://www.aetna.com/docfind/custom/columbia).

# Flexible Spending Accounts (FSAs)



Flexible Spending Accounts (FSAs) allow you to save money on a wide variety of healthcare and dependent day care expenses. **You must re-enroll during Benefits Open Enrollment each year to take advantage of FSAs.** Columbia University offers two types of FSAs:

**Healthcare FSA** for eligible healthcare expenses, including medical, prescription drug or dental copayments and deductibles, as well as vision or hearing services.

**Dependent Care FSA** for eligible child or adult care expenses for your dependents, such as licensed day care centers and nursery schools, before-school or after-school programs and home attendants. (Note: For dependents' health-related expenses, use the Healthcare FSA.)

If you work full-time or part-time for the University, you may participate, with one exception: if you elect the Health Savings Account (HSA), available if you elect the High Deductible Health Plan, you cannot also elect the Healthcare FSA.

## How FSAs Work

FSAs allow you to set aside pre-tax money to reimburse yourself for eligible expenses. Since your FSA contributions reduce your gross taxable income, **you pay lower taxes and take home more money.**

If you elect an FSA, you contribute to it in equal installments each pay period throughout the year.

You cannot change your deposit amount during the calendar year unless you have a qualifying life status change.

When you have eligible expenses, you submit a claim form to receive money from your FSA to repay yourself. For forms, go to [www.hr.columbia.edu/forms-docs](http://www.hr.columbia.edu/forms-docs). You will not owe taxes on the money you take from your account.

When you submit a claim, you will receive a check in the mail at your home—or you can sign up for direct deposit of your FSA claims, by visiting [www.hr.columbia.edu/forms-docs/forms#fsa](http://www.hr.columbia.edu/forms-docs/forms#fsa) and submitting the “FSA Direct Deposit Form” to plan administrator EBPA.



**Forfeiture Rule:** The IRS has strict rules regarding FSAs. Any money left in your FSA account(s) must be forfeited the following year. So, it is important to estimate your expenses carefully, and make sure that your claims are received by the FSA administrator (EBPA) no later than March 31 of the following year. We recommend using the tool “Estimate HSA or FSA Tax Savings” in the CU Benefits Enrollment System at [www.hr.columbia.edu/benefits](http://www.hr.columbia.edu/benefits) to plan.

## Don't Lose Out on Tax Savings in 2012

Using either the Healthcare FSA or the new Health Savings Account (HSA) could save you hundreds or thousands of dollars on uncovered healthcare expenses, such as deductibles and orthodontia. Use the tool “Estimate HSA or FSA Tax Savings” in the CU Benefits Enrollment System at [www.hr.columbia.edu/benefits](http://www.hr.columbia.edu/benefits) to see this on a personal basis.

**Important:** Keep in mind, however, that the IRS does not permit you to elect both a Healthcare FSA and a Health Savings Account (HSA). You will have to decide which one is a better way for you to pay for on healthcare expenses. Additionally, if your opposite-sex spouse has one of the two—through another employer—you cannot elect the other type of tax-advantaged account. This rule does not apply to same-sex couples because the IRS does not allow use of an HSA for expenses of a same-sex domestic partner.

Here is a summary of the key similarities and differences between the two accounts:

Feature	Healthcare FSA	HSA (available with HDHP)
Pre-tax contributions	Yes	Yes
Unused funds roll over from year to year	No	Yes
Investment options with tax-free earnings	No	Yes
Tax-free withdrawal—for eligible expenses	Yes	Yes
Can use for medical, mental health, Rx, vision, dental, orthodontia and hearing expenses	Yes	Yes
Portable—can take with you when leave Columbia	No	Yes
Helps you save for retirement	No	Yes
Annual elected amount available at beginning of year	Yes	No*
Must be a participant in HDHP	No	Yes

\* You cannot access funds in the HSA until you have contributed them. Only your funded balance (this means your year-to-date pre-tax contributions) can be used to pay eligible medical expenses.

**If your medical expenses exceed 7.5%** of your adjusted gross income and you itemize deductions, you may be better off deducting your expenses from your income tax rather than using either the Healthcare FSA or the new HSA. You may want to consult with a tax advisor or financial professional to determine which works best for you.

## Healthcare FSA

You can deposit between \$120 and \$10,000 in this account to cover out-of-pocket healthcare expenses for yourself and your spouse and children, even if you elected not to cover them under Columbia University benefits plans.

Children must be your dependents for income tax purposes. Same-sex domestic partners, and their children, are not eligible for this plan due to IRS rules, unless they qualify under Section 152.

### You can use your Healthcare FSA for many of your healthcare expenses, such as:

- |  |   |
|--|---|
| <ul style="list-style-type: none"><li>• Medical and dental plan deductibles</li><li>• Contact lenses and solutions</li><li>• Acupuncture and chiropractor visits</li><li>• Copayments for prescription drugs, office visits, hospital stays and other medical services</li></ul> | <ul style="list-style-type: none"><li>• Weight-loss programs to treat obesity</li><li>• Prescription eyeglasses, sunglasses and LASIK surgery</li><li>• Medical and dental expenses that exceed benefit plan limits</li></ul> |
|--|---|

For more complete information on eligible expenses go to: [www.ebpabenefits.com/members/reimbursement-accounts.aspx](http://www.ebpabenefits.com/members/reimbursement-accounts.aspx).

## Dependent Care FSA

The Dependent Care FSA helps you pay the cost of dependent day care services for an adult or child because you work or attend school. If you are married, your spouse must also work or go to school while you are at work in order to qualify for this coverage.

You can be reimbursed for the cost of services provided for:

- Dependent children under age 13. (If your child will turn 13 during the coming year, you can submit claims only for expenses incurred up to the child's birthday.)
- Other dependents, including a parent, spouse or spouse's child who is physically or mentally unable to care for him or herself

Your reimbursement for dependent care cannot exceed the balance in your account at the time of your claim. If the money in your account is insufficient to pay your claim, the balance will be paid later as your pre-tax payroll contributions accumulate in your account.

Same-sex couples: IRS regulations do not allow you to use money from this account for expenses incurred by or on behalf of same-sex domestic partners or same-sex spouses, or their children unless they qualify as your legal tax dependents. Please refer to IRS Publication 503 for further guidance.

### Covered dependent care providers include:

- |  |   |
|--|---|
| <ul style="list-style-type: none"><li>• Qualified child or adult day care centers, including senior centers</li><li>• Summer day camps</li><li>• Babysitters</li></ul> | <ul style="list-style-type: none"><li>• Nursery schools, pre-schools, before-school and after-school programs</li><li>• Person who cares for an elderly or disabled person that you claim as a dependent on your tax return</li></ul> |
|--|---|

## How Much You Can Deposit

You can deposit between \$120 and \$5,000 a year. However, if you are married, the IRS has several guidelines that might affect how much you can deposit. For example, if your spouse also has a Dependent Care FSA at work and you file a joint tax return, your combined deposits cannot exceed \$5,000. If you are married and file separate income tax returns, the most you can contribute is \$2,500.

You must be able to identify the name, address and Social Security number of the person who provides the dependent care. If you use a child or adult care center, you simply provide the Taxpayer Identification Number.

## New Child Care Benefit

Eligible Officers can make an election during Benefits Open Enrollment to receive a \$1,000 contribution from Columbia to a Dependent Care FSA. The \$1,000 is not taxable to you. This benefit is earmarked to help pay for care for eligible children from birth up to the age of 5. The benefit can be used to pay for nannies, babysitters, child care centers, nursery schools and preschools.

- To be eligible for this benefit, you must meet **all** of the eligibility criteria below:
  - Be a full-time, benefits-eligible Officer with an Annual Benefits Salary of less than \$80,000 in 2012; **and**
  - Have a dependent child under the age of 5 and not yet attending kindergarten; **and**
  - Have a dependent child who meets the IRS definition of a tax dependent; **and**
  - Elect to participate in the Dependent Care Flexible Spending Account (FSA) effective for January 1, 2012 during Benefits Open Enrollment.
- There is a limit of a single benefit per family, regardless of the number of eligible children, and regardless of whether both parents are eligible Officers.

Officers who receive the \$1,000 contribution can also contribute up to \$4,000 in personal pre-tax payroll contributions to their Dependent Care FSA. Aside from the earmarked \$1,000 Child Care Benefit contribution from Columbia, Officers can use remaining funds in their Dependent Care FSA to pay for other eligible Dependent Care FSA expenses.

### Keep in Mind

- You can use the Dependent Care FSA for day care expenses only. Do not deposit money in this account for your dependents' healthcare expenses.
- You may use the Dependent Care FSA, the federal tax credit or a combination of both for your eligible expenses. Your choice will depend on your family income and the number of dependents you have in eligible day care programs. Generally, if your family's adjusted gross income exceeds \$40,000, you may save more in taxes using the Dependent Care FSA. You can also go to [www.irs.gov/taxtopics/tc602.html](http://www.irs.gov/taxtopics/tc602.html) or consult your tax advisor or financial professional.



# Disability Insurance

Columbia's Salary Continuation Plan and Long-Term Disability (LTD) Insurance Plan can replace all or some of your income if you become ill or injured and cannot work. You are automatically covered under the Salary Continuation Plan and the Basic LTD Insurance Plan at no cost to you. You may elect to buy additional coverage under the Optional LTD Plan, and the University recommends you seriously consider it. All of the LTD Plans are insured and administered by MetLife.

Disability Option	Coverage	Your Cost of Coverage
<b>Salary Continuation Plan*</b> <i>For first six months</i>	Full-time Officers receive 100% of Annual Base Salary and benefits for up to six months of disability during any rolling 12-month period. To receive disability benefits, you must be able to provide proof of your disability and must be under a doctor's care consistent with your medical condition.	\$0
<b>Basic Long-Term Disability</b> <i>After six months</i>	LTD benefits begin after six months of disability. The first six months of payments are 66⅔% of the first \$50,000 of your Benefits Base Salary**; then benefit level reduced to 60%; \$2,500 maximum monthly benefit.  Contributions to the University Retirement Plan commence when you reach Total & Permanent disability—for any occupation.	\$0
<b>Optional Long-Term Disability</b> <i>Also after six months</i>	Same benefit level as basic LTD, but based on the first \$300,000 of your benefits base salary and certain approved additional income.  \$15,000 maximum monthly benefit.  Annual 3% cost-of-living adjustment.  Contributions to the University Retirement Plan commence when you reach Total & Permanent disability—for any occupation.	\$0.167 per \$100 of your monthly covered earnings.

\* Faculty should review their appointment letters for specific information relative to salary continuation payments.

\*\* Benefits Base Salary is annually calculated for the first of each calendar year. It is the greater of your gross earnings of the prior fiscal year ending June 30, or your annual base rate as of July 1 of the prior year. Beginning in 2012, Benefits Base Salary excludes any Housing Allowance.

The LTD benefits are reduced by other disability income you receive, such as Social Security or Workers' Compensation. Any payments made to your dependents because of your disability will also reduce your LTD benefit amount.

## LTD Insurance

There are two levels of LTD coverage available—basic and optional. The University provides basic coverage at no cost to you. If you are still disabled after six months, and your Salary Continuation Plan benefits have been exhausted, you may be eligible to receive LTD benefits. See the Summary Plan Description at [www.hr.columbia.edu/benefits/spds](http://www.hr.columbia.edu/benefits/spds) for more specifics.

As you can see on the following chart, the Plan will make up to a set number of payments based on the age when disability began. Benefits continue as long as you remain totally disabled throughout the Maximum Benefit Period as defined by MetLife. These benefits are taxable.

Age on Date of Disability	Maximum Benefit Period for Basic LTD	Age on Date of Disability	Maximum Benefit Period for Basic LTD
Less than 60	To age 65	65	24 months
60	60 months	66	21 months
61	48 months	67	18 months
62	42 months	68	15 months
63	36 months	69 or older	12 months
64	30 months		

## Optional LTD Insurance Plan

Statistically, your chance of becoming disabled is greater than your chance of dying for most of your working years. The University recommends colleagues elect Optional LTD coverage to provide additional income protection in the event of disability.

This coverage supplements your Basic LTD coverage. Like the Basic LTD Plan, the Optional LTD Plan pays 66⅔% of your monthly Benefits Base Salary for the first six months, and 60% thereafter, up to \$15,000 per month under the Optional Plan.

There are important additional benefits from Optional LTD, including:

- Contributions to the University Retirement Plan commence when you reach Total and Permanent disability (for any occupation); and
- A 3% annual cost-of-living increase in the benefit amount.

You pay the full cost of this coverage with after-tax dollars and make this election when you are hired or during annual Benefits Open Enrollment. You pay for this coverage after taxes so that your **Optional LTD benefits are not taxed if you become disabled.**

## For Your Information

**Medical and Dental:** For the first six months you are on a paid or unpaid leave of absence, you will be charged the same medical and dental insurance contributions as you were charged when you were an active Officer.

Should your leave of absence extend beyond six months, your rates for medical and dental insurance will be subject to change. If you are approved for Long-Term Disability Leave of Absence, you also will have the opportunity to continue medical and dental coverage. For information, contact the Columbia Benefits Service Center at 212-851-7000.

**Life Insurance:** If you become disabled before age 60, you may apply for a waiver of life insurance premium. To apply for a waiver of premium, please contact the Columbia Benefits Service Center at 212-851-7000. You may not have to pay for your life insurance coverage if you qualify under the Plan's definition of long-term disability.

### Keep in Mind

- **If you did not select Optional LTD coverage when you first became eligible**, you'll need to be approved by MetLife after submitting proof of insurability. Your coverage, as well as your payroll deductions, will not begin until MetLife has approved your application.
- **Newly hired?** Please note that this is your opportunity to easily elect this valuable coverage—without proof of insurability.



# Term Life Insurance

Life insurance can provide valuable financial protection and Columbia University offers you the choice of different levels of coverage to help meet your needs. Columbia University offers two Term Life Insurance Plans: the Basic Term Life Insurance Plan and the Optional Term Life Insurance Plan. The Life Insurance Plans are insured and administered by The Standard Life Insurance Company (The Standard).

## Basic Term Life Insurance Plan

The Basic Term Life Insurance Plan is provided automatically by Columbia University at no cost to you when you are hired and without you providing evidence of insurability. You'll automatically receive Basic Term Life Insurance of one times your Benefits Base Salary, up to \$50,000. For more information, visit [www.hr.columbia.edu/benefits/spds](http://www.hr.columbia.edu/benefits/spds).

The Life Insurance Plan pays a lump sum benefit to your beneficiary in the event of your death while actively employed by Columbia University. The Plan also can pay a living benefit. If you become terminally ill, you may elect to have the Plan pay out a benefit while you are still living. Any amount you receive will reduce the benefit paid to your beneficiary.

## Optional Term Life Insurance Plan

You may elect additional amounts of coverage of one, two, three, four or five times your annual Benefits Base Salary up to a maximum of \$1,000,000. The benefit will be determined using your pay as of July 1 each year, rounded to the next highest \$1,000. You will see your personal monthly premiums on the CU Benefits Enrollment System based on your age as of January 1. There you can also add or update beneficiaries.

If you are interested in general planning, you might try the tool called "Determine My Life Insurance Needs" in the CU Benefits Enrollment System at [www.hr.columbia.edu/benefits](http://www.hr.columbia.edu/benefits).

## Monthly Cost of Coverage

Age	Monthly cost per \$1,000
Less than 25	0.032
25 to 29	0.043
30 to 34	0.054
35 to 39	0.065
40 to 44	0.075
45 to 49	0.097

Age	Monthly cost per \$1,000
50 to 54	0.151
55 to 59	0.258
60 to 64	0.43
65 to 69	0.689
70 to 74	0.915
75 or older	1.184

You pay a monthly premium for each \$1,000 of coverage. Your premium is based on your age as of January 1.

## How to Calculate Your Optional Term Life Monthly Premium Cost

Example: An employee, age 41, with an annual base salary of \$40,000, elects Optional Term Life Insurance of three times salary (\$120,000).

Amount of Optional Term Life insurance	\$120,000
Divide by 1,000	120
Rate @ age 41, from table (above)	x 0.075
Your total monthly premium cost	= \$ 9.00

## Evidence of Insurability

You must provide Evidence of Insurability and be approved by The Standard if:

- You are **newly hired** and elect Optional Term Life Insurance coverage in excess of three times pay or \$500,000, including Columbia University's Basic Life insurance coverage and your own additional Optional Life insurance coverage;
- You did not elect Optional Term Life previously and want to elect this coverage during Benefits Open Enrollment; or
- You wish to increase the level of your coverage during Benefits Open Enrollment.

If Evidence of Insurability applies to you, the CU Benefits Enrollment System will guide you through what to do next.

## Waiver of Premium

If you become disabled before age 60, you may apply for a waiver of life insurance premium. To apply for a waiver of premium, please contact the Columbia Benefits Service Center at 212-851-7000. You may not have to pay for your life insurance coverage if you qualify under the Plan's definition of long-term disability.

## If You Leave the University

If you leave the University, you may be able to continue some life insurance coverage by applying to The Standard Life Insurance Company for a conversion policy. Contact the Columbia Benefits Service Center at 212-851-7000 for an application and eligibility criteria.

## Travel Emergency Assistance

When you are covered under our Basic Term Life Insurance Plan (from The Standard), you and your dependent children are also covered for emergency travel assistance. This assistance can be for situations as serious as needing to be evacuated from a foreign country to things as simple as information on visas.

This program is called MEDEX Travel Assist. It can help you with travel emergencies both in the U.S. and internationally. In an emergency, you may call:

North America: 800-527-0218

Worldwide, call collect: 410-453-6330

Or use the Contact section of the MEDEX website: [www.frontiermedex.com/contactus.html](http://www.frontiermedex.com/contactus.html).

Or write an email to MEDEX directly at: [operations@frontiermedex.com](mailto:operations@frontiermedex.com).

Here is a summary of the range of services MEDEX offers:

- Pre-trip assistance
- Medical and prescription drug assistance
  - Locating medical care
  - Translation/interpreter
  - Medical insurance coordination and payment guarantee
- Emergency transportation
  - Emergency evacuation when adequate medical facilities are not available locally
  - Family or friend travel arrangements
- Travel assistance
  - Emergency credit card and ticket replacement
  - Emergency passport replacement
  - Locating legal services
- Personal security
  - Latest information on social or political unrest
  - Weather or health hazards
  - Security evacuation services

# Dependent Life Insurance

Dependent Life Insurance provides a benefit to you in the case of death of your spouse, your same-sex domestic partner or your dependent children. You pay the full cost of this benefit.

Coverage choices:

- Spouse/Same-Sex Domestic Partner Life Insurance – \$10,000, \$30,000 or \$50,000 of coverage.
- You must provide evidence of insurability if you elect spouse/same-sex domestic partner coverage of \$30,000 or \$50,000.
- Child Life Insurance – \$10,000 for each dependent child; you pay one premium rate, regardless of the number of children in your family. For the definition of “child” for this benefit, see [www.hr.columbia.edu/benefits](http://www.hr.columbia.edu/benefits).

Coverage	\$10,000	\$30,000	\$50,000
Spouse/Same-Sex Domestic Partner Life Insurance	\$1.50 per month	\$4.50 per month	\$7.50 per month
Child Life Insurance	\$0.50 per month	N/A	N/A

# Long-Term Care (LTC) Insurance

Long-Term Care (LTC) insurance can help you and your family pay some of the costs associated with long-term nursing home or home healthcare services that are not covered by traditional medical insurance or Medicare. Once you or a family member elects the LTC benefit, coverage is guaranteed as long as the premiums are paid.

LTC insurance is available to you, your spouse, your same-sex domestic partner, your parents or your parents-in-law. You do not need to be enrolled in LTC in order for a family member to apply for this coverage.

## How LTC Insurance Works

LTC pays part of the daily cost of services designed to help a person perform certain activities of daily living such as bathing, eating and dressing. The covered person will receive a percentage of the daily maximum benefit, depending on the type of care he or she receives.

For example:

- Nursing home or alternative care facility—100% of daily maximum benefit.
- Home healthcare or adult care services—60% of daily maximum benefit.
- Informal care such as light housekeeping or shopping—25% of daily maximum benefit, up to 30-day annual maximum.

You can elect a daily maximum benefit of \$115, \$230, \$345, or \$465.

## Proof of Insurability

You do not need to provide proof of insurability if you elect LTC insurance coverage within 60 days after you become eligible. If you decide to elect coverage at a later date, you'll need to provide proof that the insurance company must approve.

Similarly, if your spouse or same-sex domestic partner enrolls within 60 days after you become eligible, he or she may complete a shortened enrollment form. Parents and in-laws, and anyone who enrolls after the 60-day period, must provide proof of insurability and be approved by the insurance company.

**Newly hired?** Please note the 60-day rule above and consider your unique opportunity to elect LTC.

## Contact John Hancock for Premium Costs and How to Enroll

The cost of LTC coverage depends on the Plan you choose and your age when you first enroll. The younger you are when you enroll, the lower your premium cost. The cost of coverage for you and your spouse or same-sex domestic partner is deducted from your paycheck. Parents or in-laws who enroll can have John Hancock deduct the payment from their bank account or bill them directly.

To enroll in the LTC Insurance Plan, you will need to work directly with John Hancock. For more information, call John Hancock at **800-964-3039** or go to its website at **[columbia.jhancock.com](http://columbia.jhancock.com)**.

Username: **columbia**; Password: **mybenefit**

# Transit/Parking Reimbursement Program

## Transit/Parking Reimbursement Program (T/PRP)

The Transit/Parking Reimbursement Program (T/PRP) is a convenient way to pay commuting expenses using pre-tax dollars. If you work full-time or part-time for the University, you may participate in T/PRP. Remember, each year during Benefits Open Enrollment you must make your election for T/PRP. This benefit, however, is easy to change during the year.



**Newly hired?** Your election goes into effect the month following your enrollment.

## Transit Reimbursement Program

You may elect a monthly deposit amount from \$10 to \$230. The amount will be deducted from your paycheck before taxes are taken out.

### What's Covered/Not Covered—Transit

Under IRS regulations, you can use the money in your transit account for commuting expenses on any public transit commuter system, including:

- Amtrak
- Long Island Railroad (LIRR)
- New Jersey Transit (NJT)
- Staten Island Rapid Transit (SIRT)
- Port Authority Trans-Hudson Corp. (PATH)
- Metro North Commuter Railroad
- Commuter and suburban express bus services
- Certain ferry and registered van pool services
- New York City Transit Authority buses and subways

The following commuting expenses are not eligible:

- Airfare
- Taxi and limo services
- Amounts that exceed the monthly limit
- Transit expenses of your family members
- Bridge, tunnel, and highway tolls, including E-Z Pass

## Parking Reimbursement Program

You may elect a monthly deposit amount from \$10 to \$230. The amount will be deducted from your paycheck before taxes are taken out.



**If you commute and park in a University-owned lot or at New York-Presbyterian Hospital**, you are already paying for parking through a pre-tax deduction. Therefore, you should not sign up for a Parking account unless you also commute to a lot that the University does not own. In that case, your Parking deduction plus your monthly University parking bill cannot exceed the \$230 monthly parking limit.

## What's Covered/Not Covered—Parking

Under IRS regulations, you can use the money in your parking account for the cost of parking at any:

- Commercial parking lot near your work location
- Parking at a train station where you board mass transit

If you pay to park at locations where you board mass transit, you can participate in both transit and parking accounts, up to the maximum of each account.

The following parking expenses are not covered:

- Parking expenses of your family members
- Parking at or near your residence
- Amounts exceeding the maximum allowable monthly limit

## How the Program Works

You may participate in either the Transit or Parking Reimbursement Program—or both. The T/PRP allows you to set aside pre-tax dollars each paycheck to pay for commuting expenses. You can use the program's debit card for eligible transit expenses—or you can file claims for reimbursement.

Under IRS regulations, you must use the entire amount of each monthly deposit. The unused amount from one month will not be available to you in the next month. So, for example, if you take a vacation during August, the unused August balance does not get added to the amount you have available for September. However, any unused balance left in a T/PRP account at the end of the year will roll over to the next year. The rollover takes place after the annual claim period ends (March 31 each year). If you leave the University, you can only be reimbursed for expenses incurred prior to your termination date.

## You Can Make Changes During the Year

If there is an increase or decrease in the amount you pay for transit or parking expenses, you can make changes to your account anytime during the year. You can also change your deposit amount if you:

- Change your work location or residence.
- Change the way you commute (for example, you stop driving and begin to take public transit).

Just go online to [www.hr.columbia.edu/benefits](http://www.hr.columbia.edu/benefits) and log in with your UNI and password to the CU Benefits Enrollment System. Click on **Update 2012 Transit and Parking Elections**.

**When will my changes take effect?** This depends if the change to your benefit election is before or after the 20th of the month. To illustrate:

- **A change made January 10:** Because this is before the 20th of the month, your change will be effective February 1.
- **A change made January 21:** Because this falls after the 20th of the month, your change will be effective March 1.

## **The EBPA Debit Card for Transit and Parking**

If you participate in T/PRP, you will receive a debit card from EBPA. The EBPA debit card can be used for both Transit and Parking accounts.

This card allows you to pay for your transit or parking expenses through any vendor that sells commuter tickets or Metro-Cards and accepts MasterCard. When you use the card to pay for your monthly commute, please be sure to select “credit.”

### **If You Do Not Use the EBPA Debit Card**

You may also submit your Transit and/or Parking benefit expenses with a paper claim form. To obtain a claim form, go to [www.hr.columbia.edu/forms-docs/forms](http://www.hr.columbia.edu/forms-docs/forms).

Then you can arrange to have your reimbursements deposited directly into the bank account of your choice. If you would like to authorize this, the form also is available at [www.hr.columbia.edu/forms-docs/forms](http://www.hr.columbia.edu/forms-docs/forms). Please contact EBPA if you have any questions regarding direct deposit service.

#### **EBPA**

P.O. Box 1140

Exeter, NH 03833-1140

888-456-4576

Monday – Friday, 8:00 a.m. – 7:00 p.m.

[www.ebpabenefits.com](http://www.ebpabenefits.com)

# Retirement Plans

Columbia University offers two retirement plans to help provide you with retirement income:

- The **Voluntary Retirement Savings Plan (“VRSP”)**—You may contribute pre-tax money from your paycheck to the VRSP. You are responsible for choosing your deferral amount and your investment funds from those offered under the VRSP.
- The **Retirement Plan for Officers of Columbia University (the “Plan”)**—The University makes contributions to the Plan for you as soon as you are eligible. You are responsible for choosing your investment funds from those offered under the Plan.

Please keep in mind: **If you do not select your investment fund option** for these plans, your contributions will be invested in the appropriate Qualified Default Investment fund ***within each investment carrier***. You may change your investment fund options at any time.

Each retirement plan is described in complete detail in a separate Summary Plan Description (SPD). We encourage you to read each SPD and become familiar with how the retirement plans work; SPDs are online at [www.hr.columbia.edu/benefits/spds](http://www.hr.columbia.edu/benefits/spds).

## Lessons Learned About VRSP

You and other Columbia University colleagues are encouraged to take advantage of pre-tax savings with the Voluntary Retirement Savings Plan. In fact, most tell us: “I just wish I’d started saving earlier.”

Take this opportunity to learn more about the VRSP. It is one of the most important benefits the University offers. Contributing to the VRSP is to your advantage, so take the advice of your colleagues: “Save early and save more.”

## Voluntary Retirement Savings Plan (VRSP)

### Eligibility and Participation

You are eligible to participate in the VRSP as long as you are employed by and receive W-2 income from the University. Eligibility begins on your date of hire, **but you must enroll if you wish to contribute to the VRSP**. You fully own your VRSP benefit and can take it with you after leaving the University. You may enroll and designate an investment carrier of your choice at any time during the year by logging on to the CU Benefits Enrollment System at [www.hr.columbia.edu/benefits](http://www.hr.columbia.edu/benefits).

### Pre-Tax Contributions

**Standard Contributions:** During annual Benefits Open Enrollment as well as at any time during the year, you may elect either a flat dollar amount per paycheck or the annual maximum contribution allowed under the IRS regulations. If you elect the annual maximum, the CU Benefits Enrollment System will calculate the amount for you and divide it equally among your paychecks.

You can reach the annual maximum contribution—\$16,500 in 2011—as early in the year as you choose by electing a flat dollar amount. Deductions will automatically stop being made from your pay when you reach the IRS limits which are subject to change annually.

**Catch-Up Contributions:** If you are age 50 or older, you may contribute an **additional** amount—up to \$5,500 in 2011—on a pre-tax basis to your VRSP. You become eligible for catch-up contributions on January 1 of the year you turn 50. Log on to the CU Benefits Enrollment System at [www.hr.columbia.edu/benefits](http://www.hr.columbia.edu/benefits) to make this additional election.

**Starting January 1, 2012,** contributions will be made in whole percentages of your salary, such as 1% or 2%, instead of flat dollar amounts. Through the end of 2011, however, your contributions will continue to be made in whole dollar amounts. In January 2012, the dollar amounts will be automatically converted to whole percentages of your salary. You will receive additional information about this change before January 2012.

The IRS maximum contribution limits, apply regardless of this change. To get a better idea of how the retirement plans will work overall, look at the graphic on the following page.

**Newly Hired?** It is your responsibility to ensure that your annual contributions do not exceed the IRS limit for the calendar year. If you have already contributed to another qualified pre-tax retirement plan this year, please be sure to review those contributions so you can elect the appropriate per-paycheck amount.

## Investing Your VRSP Account

There are three investment carriers for VRSP accounts at Columbia. You may direct the investment of your retirement contributions into one, two or all of them. Please contact the carriers directly to review the investment choices available to you.

Columbia University Retirement Plan Carriers		
Calvert	<a href="http://www.calvert.com/investor-workplace-columbia.html">www.calvert.com/investor-workplace-columbia.html</a>	800-368-2745
The Vanguard Group	<a href="http://www.vanguard.com">www.vanguard.com</a>	800-523-1188
TIAA-CREF	<a href="http://www.tiaa-cref.org">www.tiaa-cref.org</a>	800-842-2776

You can select how your contributions are invested at the investment carrier website, which you can also find listed at [www.hr.columbia.edu/benefits](http://www.hr.columbia.edu/benefits).

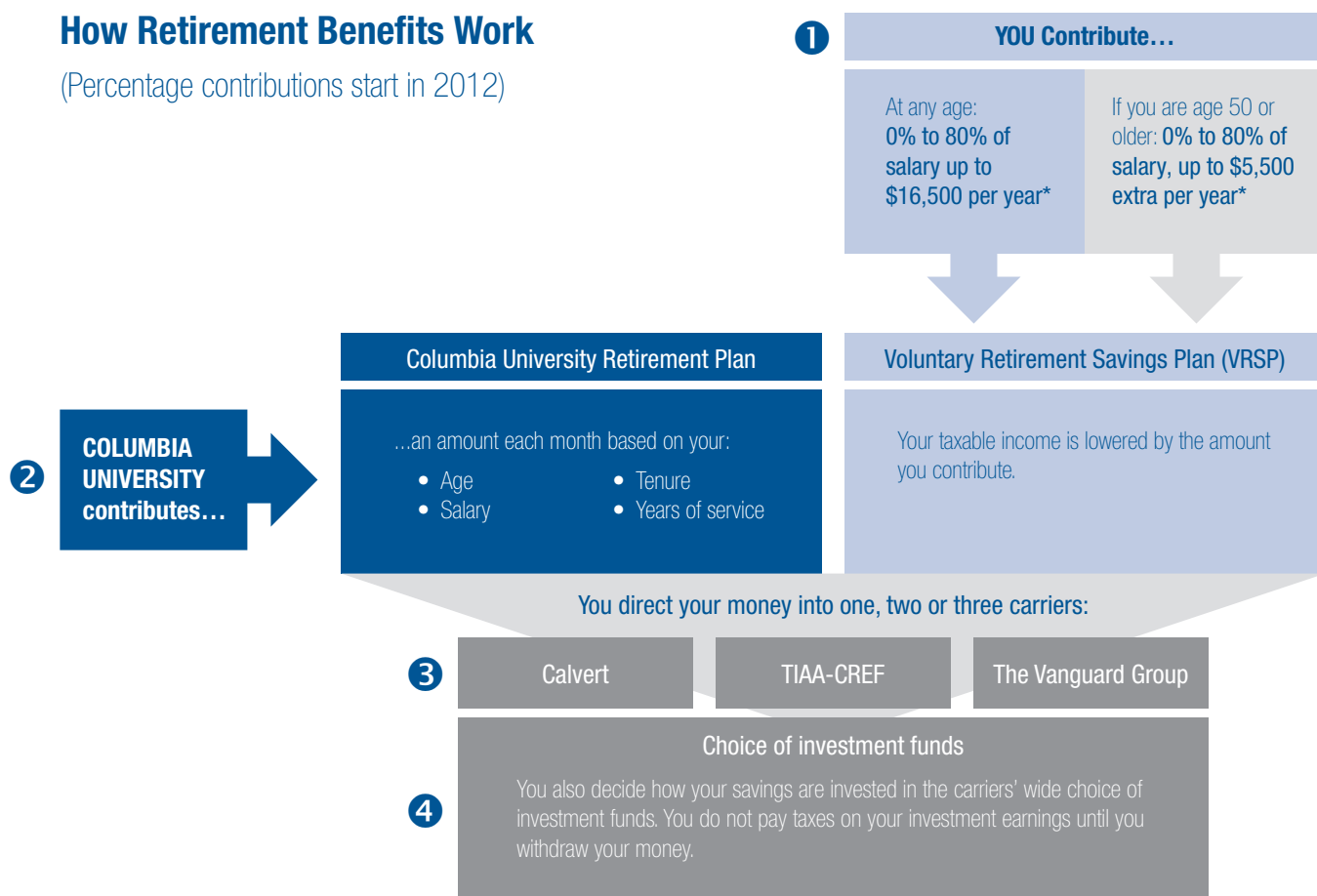


### Default Investment

If you designate an investment carrier online **but do not enroll in specific funds** with the carrier, your contributions will be directed to the appropriate Qualified Default Investment fund—**the “default” fund—within the investment carrier**. These funds aim to match the diversification of investments appropriate to each stage of your life by actively managing a portfolio of investments that change over time. To do so, these funds assume your retirement will be at age 65. If you would like details about these funds or wish to change your fund selection, contact the investment carrier directly by phone or through their website.

## How Retirement Benefits Work

(Percentage contributions start in 2012)



\* Note: The IRS limits are subject to change annually.

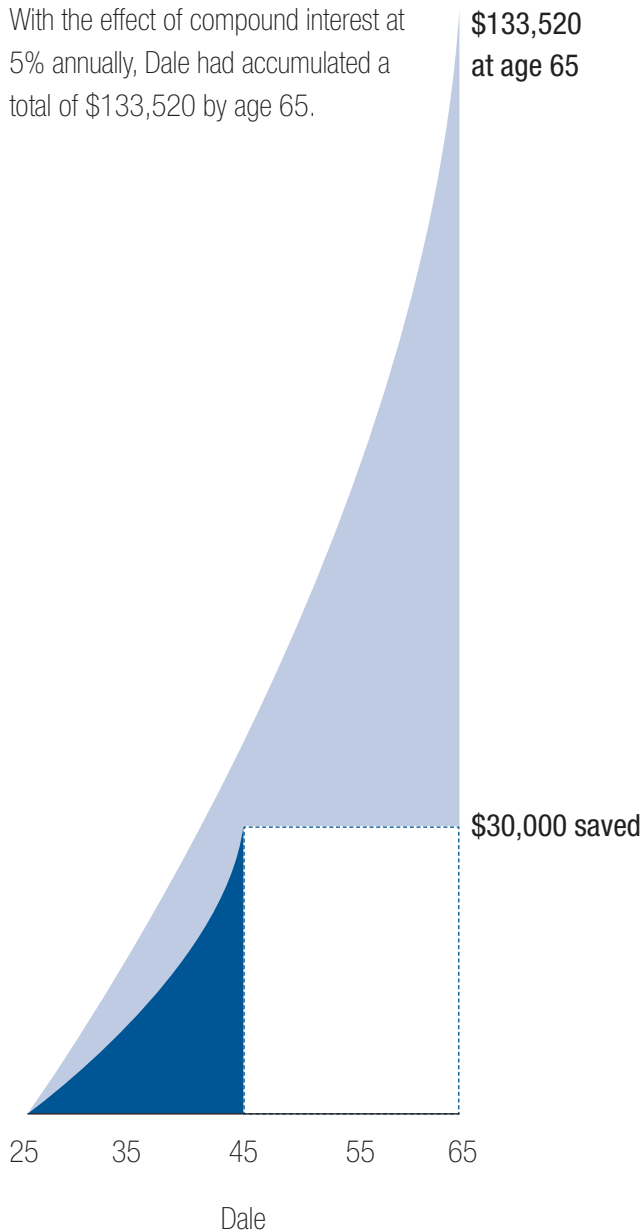
There are **two** plans under the umbrella of retirement benefits at Columbia. Match the circled numbers from the graphic above with the text below to learn more.

- 1** To get the most retirement benefits, it is up to you to contribute to the Voluntary Retirement Savings Plan (VRSP). At any age, you can contribute up to \$16,500 (in 2011) on a pre-tax basis. If you are age 50 or older, you can contribute an *additional \$5,500 (in 2011)*.
- 2** Columbia contributes to the Columbia University Retirement Plan based on your age, salary, tenure and years of service, even if you do not contribute to the VRSP.
- 3** For both plans, it is up to **you** to choose an investment carrier.
- 4** You then can choose among the carriers' wide range of funds the investment choices that are right for you. For assistance in choosing your investment funds, please contact the carrier.

**Want to participate but not sure how to invest your money?** If you do not elect an investment fund, contributions will be invested in a "default" fund that is based on your expected retirement date, at age 65.

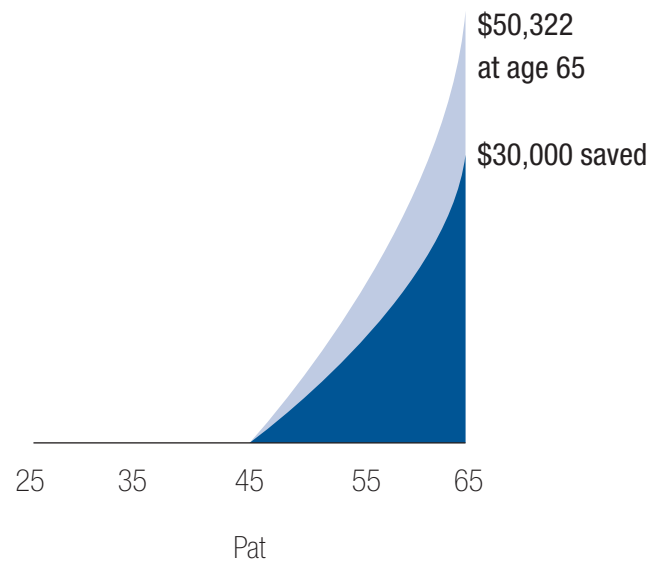
## Time is Money

Dale started making annual contributions of \$1,500 at age 25. By age 44, Dale had contributed a total of \$30,000. With the effect of compound interest at 5% annually, Dale had accumulated a total of \$133,520 by age 65.



Pat started saving at age 45 by making annual contributions of \$1,500. By age 64, Pat had contributed \$30,000. With the effect of 5% compound interest annually, Pat had accumulated \$50,322 by age 65.

For Pat to have the same amount at age 65 as Dale (i.e., \$133,520), Pat would need to have contributed almost \$6,000 each year from age 45 to age 54.



Save early and save more.

## Withdrawing Money from Your VRSP Account Early

You may request a loan or a hardship withdrawal—subject to specific IRS requirements—from your VRSP account.

**Note:** TIAA-CREF administers all requests for loans and hardship withdrawals. If you want to access funds invested with Calvert or Vanguard, you must transfer assets to TIAA-CREF before you can apply for a loan or hardship withdrawal. Please be advised that it may take three to six weeks for this transfer to occur.

For more information about loans and hardship withdrawals, please see the *Columbia University Summary Plan Description—Voluntary Retirement Savings Plan (VRSP) Benefits for Officers of Columbia University* at [www.hr.columbia.edu/benefits/spds](http://www.hr.columbia.edu/benefits/spds) for details.

## Columbia University Retirement Plan (the Plan)

### Eligibility and Participation

All regular full-time, U.S.-based Officers of the University are eligible to participate. Participation is automatic and starts as follows, if you are a:

- Faculty member in a professorial rank, a professional Officer of Research, a Senior Staff Associate, an Officer of the Libraries at Rank II or above, or an Officer of Administration at the University (Morningside grades 14 and above, Health Sciences grades 106 and above): *participation begins on your date of hire.*
- Faculty member in a non-professorial rank, a Staff Associate, a post-doctoral Officer of Research, an Officer of the Libraries at Rank I, or an Officer of Administration (Morningside grades 10-13, Health Sciences grades 103-105): *participation begins the first of the month coincident with or following your two-year service anniversary with the University.*

Regular part-time Officers are eligible to participate if they meet specific criteria. Please email [hr-retirement@columbia.edu](mailto:hr-retirement@columbia.edu) for more information.

### Make Sure You are Signed Up

Not sure if you are participating in the VRSP today? The simplest way to check is to look at your payroll statement.

## University Contributions

Once you are eligible to participate in the Plan, Columbia University makes monthly contributions to an account on your behalf. **You do not have to enroll in or contribute to the Plan to receive the University contributions.** The amount of the contribution is determined by a formula based on your age, salary, tenure and years of eligible service, as shown below.

Years of Service	Age	University Contributions
Less than 5 years and untenured	Any age	5% of your salary up to the Social Security wage base.* Plus 10% of your salary above the wage base.
5+ years or tenured	Less than 40	5% of your salary up to the Social Security wage base.* Plus 10% of your salary above the wage base.
5+ years or tenured	40+	7.5% of your salary up to the Social Security wage base.* Plus 12.5% of your salary above the wage base.
15+ years	55+	12.5% of your salary up to the Social Security wage base.* Plus 17.5% of your salary above the wage base.

\* If you were hired on or before June 30, 1993, other contribution formulas may have applied. The Social Security wage base changes annually. It is \$106,800 for 2011.

Federal law limits the amount of your annual salary that the University can use to determine contributions to your Plan account. The annual limit was \$245,000 in 2011. Federal law also limits the total dollars that may be deposited into an account on your behalf. This limit was \$49,000 in 2011 for the aggregate of University contributions to the Plan and your personal contributions to the VRSP. This does not include the age 50 or older catch-up contributions. Note that these limits may change annually.

## Investing Your Account

Using the online CU Benefits Enrollment System, you may direct the investment of the University's contribution to your account to one of three investment carriers:

Columbia University Retirement Plan Carriers		
Calvert	<a href="http://www.calvert.com/investor-workplace-columbia.html">www.calvert.com/investor-workplace-columbia.html</a>	800-368-2745
The Vanguard Group	<a href="http://www.vanguard.com">www.vanguard.com</a>	800-523-1188
TIAA-CREF	<a href="http://www.tiaa-cref.org">www.tiaa-cref.org</a>	800-842-2776

Please review the investment choices by contacting the carriers directly.

## Default Investment

If you do not designate an investment carrier using the online CU Benefits Enrollment System, your contributions will be defaulted to a Vanguard Target Date Retirement Fund.

If you designate an investment carrier online but **do not enroll in specific funds** with the carrier, your contributions will be directed to the appropriate Qualified Default Investment fund **within the investment carrier**. These funds aim to match the diversification of investment appropriate to each stage of your life by actively managing a portfolio of investments that change over time. To do so, they assume your retirement will be at age 65. If you would like details about these funds or wish to change your fund selection, contact the investment carrier directly by phone or website.

## Withdrawing Money from Your Columbia University Retirement Plan Account

This Plan is designed to help you save for retirement; you cannot withdraw money from your account until you leave the University or retire. Loans and hardship distributions are not available from the Columbia University Retirement Plan account.

When you are no longer employed by the University you will have several options for receiving payment. If you would like to transfer your assets directly to a different investment carrier, please contact the new investment carrier for help arranging the transfer. See the *Retirement Plan for Officers of Columbia University Summary Plan Description* at [www.hr.columbia.edu/benefits/spds](http://www.hr.columbia.edu/benefits/spds) for detailed information.

## Financial Planning and Retirement Education Resources

Representatives from Calvert, TIAA-CREF and Vanguard visit the University throughout the year to discuss personal financial planning, investment strategies, portfolio reviews and retirement education at no cost to you. These individual counseling sessions are personalized to meet your goals and objectives. Your spouse or partner is welcome to attend. The dates and locations for all sessions are posted on the carrier websites, so you can select the date and time that works best for you. Please note: You need to register for these sessions by contacting the carriers directly.

Retirement Information		
Calvert	<a href="http://www.calvert.com/investor-workplace-columbia.html">www.calvert.com/investor-workplace-columbia.html</a>	Online registration only
The Vanguard Group	<a href="http://www.meetvanguard.com">www.meetvanguard.com</a>	800-662-0106, ext. 14500
TIAA-CREF	<a href="http://www.tiaa-cref.org/moc">www.tiaa-cref.org/moc</a>	800-732-8353

## Retiree Medical Insurance

You are eligible for this coverage if you leave the University on or after age 55 and you complete at least 10 years of benefits-eligible service with the University after age 45.

The University provides a fixed-dollar subsidy to help retirees pay for the cost of retiree medical insurance. Retirees pay the balance of the cost.

- **If you retire before January 1, 2012**, the monthly subsidy—i.e., the University contribution—for retiree medical insurance is:
  - \$248 for a retiree under age 65
  - \$144 for a retiree over age 65
  - \$124 for a spouse or eligible dependents under age 65
  - \$72 for a spouse or eligible dependents over age 65
- **If you retire January 1, 2012 or later**, the monthly subsidy—i.e., the University contribution—for retiree medical insurance is:
  - \$72 for a retiree—both under and over age 65
  - \$36 for a spouse or eligible dependents—both under and over age 65

# Administrative Legal Notices

## Notices Required Under the Patient Protection and Affordable Care Act of 2010

CIGNA POS plans require the designation of a primary care provider. You have the right to designate any primary care provider who participates in our network and who is available to accept you or your family members. Until you make this designation, CIGNA POS designates one for you. For information on how to select a primary care provider, and for a list of the participating primary care providers, contact CIGNA Member Services at 800-244-6224. For children, you may designate a pediatrician as the primary care provider.

You do not need prior authorization from CIGNA POS or from any other person (including a primary care provider) in order to obtain access to obstetrical or gynecological care from a healthcare professional in our network who specializes in obstetrics or gynecology. The healthcare professional, however, may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre-approved treatment plan, or procedures for making referrals. For a list of participating healthcare professionals who specialize in obstetrics or gynecology, contact CIGNA Member Services at 800-244-6224.

## Termination of Coverage for Cause, Including Fraud or Intentional Misrepresentation

The University reserves the right to terminate coverage for you and/or your Dependent(s) prospectively without notice for cause or if you and/or your Dependent(s) are otherwise determined to be ineligible for coverage under the Plan. In addition, if you or your covered Dependent(s) commits fraud or intentional misrepresentation in an application for coverage under the Plan, in a claim or appeal for benefits, or in response to any request for information by the Plan Administrator, a Claims Administrator, an Appeals Administrator, or Columbia University, the Plan Administrator may terminate your coverage retroactively to the date of the fraud or misrepresentation upon 30 days notice. Failure to inform the Plan Administrator, a Claims Administrator, an Appeals Administrator, or Columbia University, as applicable, that you or your Dependent is covered under another plan constitutes fraud under the Plan. Failure to inform the Plan Administrator, a Claims Administrator, an Appeals Administrator, or Columbia University, as applicable, that your Dependent child is eligible for coverage under another employer sponsored plan (other than coverage through the other parent's employer) constitutes fraud under the Plan.

## General Notice of COBRA Continuation Coverage Rights

### Continuation Coverage Rights Under COBRA

#### Introduction

You are receiving this notice because you have recently become covered under the Columbia University Group Benefits Plan (the Plan). This notice contains important information about your right to COBRA continuation coverage, which is a temporary extension of coverage under the Plan. **This notice generally explains COBRA continuation coverage, when it may become available to you and your family, and what you need to do to protect the right to receive it.**

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

## What is COBRA Continuation Coverage?

COBRA continuation coverage is a continuation of Plan coverage when coverage would otherwise end because of a life event known as a “qualifying event.” Specific qualifying events are listed later in this notice. After a qualifying event, COBRA continuation coverage must be offered to each person who is a “qualified beneficiary.” You, your spouse or same-sex domestic partner, and your dependent children could become qualified beneficiaries if coverage under the Plan is lost because of the qualifying event. Under the Plan, qualified beneficiaries who elect COBRA continuation coverage must pay for COBRA continuation coverage.

If you are an employee, you will become a qualified beneficiary if you lose your coverage under the Plan because either one of the following qualifying events happens:

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

If you are the spouse or same-sex domestic partner of an employee, you will become a qualified beneficiary if you lose your coverage under the Plan because any of the following qualifying events happens:

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

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

- The parent-employee dies;
- The parent-employee's hours of employment are reduced;
- The parent-employee's employment ends for any reason other than his or her gross misconduct;
- The parent-employee becomes entitled to Medicare benefits (Part A, Part B, or both);
- The parents become divorced or legally separated; or
- The child stops being eligible for coverage under the plan as a “dependent child.”

## When is COBRA Coverage Available?

The Plan will offer COBRA continuation coverage to qualified beneficiaries only after the Plan Administrator has been notified that a qualifying event has occurred. When the qualifying event is the end of employment or reduction of hours of employment, death of the employee, commencement of a proceeding in bankruptcy with respect to the employer, or the employee's becoming entitled to Medicare benefits (under Part A, Part B, or both), the employer must notify the Plan Administrator of the qualifying event.

## You Must Give Notice of Some Qualifying Events

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

### Employee Benefit Plan Administration

Attn: COBRA Department

P.O. Box 1140

Exeter, NH 03833-1140

888-456-4576

[www.ebpabenefits.com](http://www.ebpabenefits.com)

## How is COBRA Coverage Provided?

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

COBRA continuation coverage is a temporary continuation of coverage. When the qualifying event is the death of the employee, the employee's becoming entitled to Medicare benefits (under Part A, Part B, or both), your divorce or legal separation, or a dependent child's losing eligibility as a dependent child, COBRA continuation coverage lasts for up to a total of 36 months. When the qualifying event is the end of employment or reduction of the employee's hours of employment, and the employee became entitled to Medicare benefits less than 18 months before the qualifying event, COBRA continuation coverage for qualified beneficiaries other than the employee lasts until 36 months after the date of Medicare entitlement. For example, if a covered employee becomes entitled to Medicare 8 months before the date on which his employment terminates, COBRA continuation coverage for his spouse and children can last up to 36 months after the date of Medicare entitlement, which is equal to 28 months after the date of the qualifying event (36 months minus 8 months). Otherwise, when the qualifying event is the end of employment or reduction of the employee's hours of employment, COBRA continuation coverage generally lasts for only up to a total of 18 months. There are two ways in which this 18-month period of COBRA continuation coverage can be extended.

Sometimes, filing a proceeding in bankruptcy under title 11 of the United States Code can be a qualifying event. If a proceeding in bankruptcy is filed with respect to Columbia University, and that bankruptcy results in the loss of coverage of any retired employee covered under the Plan, the retired employee will become a qualified beneficiary with respect to the bankruptcy. The retired employee's spouse, surviving spouse, and dependent children will also become qualified beneficiaries if bankruptcy results in the loss of their coverage under the Plan.

## **Disability Extension of 18-Month Period of Continuation Coverage**

If you or anyone in your family covered under the Plan is determined by the Social Security Administration to be disabled and you notify the Plan Administrator in a timely fashion, you and your entire family may be entitled to receive up to an additional 11 months of COBRA continuation coverage, for a total maximum of 29 months. The disability would have to have started at some time before the 60th day of COBRA continuation coverage and must last at least until the end of the 18-month period of continuation coverage. You must provide written proof of the disability to Employee Benefit Plan Administration at P.O. Box 1140, Exeter, NH 03833-1140 within 60 days of receiving a Social Security disability determination and before the end of the 18-month period of continuation coverage.

## **Second Qualifying Event Extension of 18-month Period of Continuation Coverage**

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

## **If You Have Questions**

Questions concerning your Plan or your COBRA continuation coverage rights should be addressed to the contact or contacts identified below. For more information about your rights under ERISA, including COBRA, the Health Insurance Portability and Accountability Act (HIPAA), and other laws affecting group health plans, contact the nearest Regional or District Office of the U.S. Department of Labor's Employee Benefits Security Administration (EBSA) in your area or visit the EBSA website at [www.dol.gov/ebsa](http://www.dol.gov/ebsa). (Addresses and phone numbers of Regional and District EBSA Offices are available through EBSA's website.)

## **Keep Your Plan Informed of Address Changes**

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

## Plan Contact Information

Contact the Plan's COBRA Administrator using the below contact information if you have any questions regarding COBRA continuation coverage.

### Employee Benefit Plan Administration

Attn: COBRA Department

P.O. Box 1140

Exeter, NH 03833-1140

888-456-4576

[www.ebpabenefits.com](http://www.ebpabenefits.com)

## Health Insurance Portability & Accountability Act (HIPAA)

With the growth of information technology, the protection of private medical information has become a national concern. Congress addressed these concerns with the Health Insurance Portability and Accountability Act of 1996 (HIPAA), whose privacy provisions, applicable to all health plan providers, went into effect on April 14, 2003.

### Disclosure Limitations

The Columbia University Health Plan—which includes Aetna HDHP and its HSA, Aetna POS, CIGNA POS, UHC POS, CIGNA International, Medco Rx, the Aetna Columbia Dental Plan, Aetna HMO, HIP HMO and the Healthcare Flexible Spending Account—has always maintained the strictest privacy and confidentiality standards in the use and handling of your health insurance information.

Under HIPAA, health plan providers and designated Columbia University Human Resources employees can only disclose your protected health information for a limited number of purposes:

- To make or obtain payments
- To conduct healthcare operations
- To recommend treatment alternatives
- To provide information about health related benefits and services
- To communicate with an individual—that is, a friend or family member—involved in your care or the payment for your care (if authorized by you)
- To comply with a federal, state, or local legal requirement
- To comply with a court order or administrative proceeding
- To conduct health oversight activities
- To counter serious threats to your health or safety

- For law-enforcement purposes
- For specified government functions
- For worker's compensation

Otherwise, neither the health plan providers nor Columbia University Human Resources can disclose information about your or your dependents' health insurance, dental insurance, prescription drug coverage, healthcare FSA, HSA or medical plan enrollment with anyone other than the covered individual. This includes:

- Other offices of the University, as well as employees in Columbia Human Resources not involved in health plan administration
- Spouses or other family members not directly involved in your care or the payment for your care (unless authorized by you)

Your rights regarding your health information include:

- The right to request restrictions beyond those outlined above
- The right to receive confidential communications (for example) at only a specified phone number or email address
- The right to inspect and copy your private health information
- The right to amend your private health information
- The right to an accounting of instances when your private health information has been disclosed

The right to a paper copy of the Notice of Columbia University Health Plan's Privacy Practices, sent to all Columbia employees on April 14, 2003, distributed to all subsequent new hires, and available on the web at [www.hr.columbia.edu/benefits](http://www.hr.columbia.edu/benefits).

## Privacy Officer

To exercise your HIPAA rights under Columbia health plans, please contact Columbia's designated Privacy Officer at:

### Privacy Officer

Columbia University HR Benefits  
Studebaker 4th Floor, MC 8705  
615 West 131st Street  
New York, NY 10027  
Email: [hrprivoff@columbia.edu](mailto:hrprivoff@columbia.edu)  
Secure Fax: **212-851-7025**

## Authorization Forms

For HIPAA authorization forms, please visit the HR website at [www.hr.columbia.edu/forms-docs/forms](http://www.hr.columbia.edu/forms-docs/forms).

## The Children's Health Insurance Program (CHIP) Reauthorization Act of 2009 Special Enrollment Extension and Expansion Rule for CHIP under HIPAA

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

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

If you or your dependents are not currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, you can contact your State Medicaid or CHIP office or dial **877-KIDS-NOW** or **www.insurekidsnow.gov** to find out how to apply. If you qualify, you can ask the State if it has a program that might help you pay the premiums for an employer-sponsored plan.

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

If you live in one of the following States, you may be eligible for assistance paying your employer health plan premiums. The following list of States is current as of September 1, 2011. You should contact your State for further information on eligibility.

### Alabama – Medicaid

Website: [www.medicaid.alabama.gov](http://www.medicaid.alabama.gov)  
Phone: 800-362-1504

### Alaska – Medicaid

Website: [health.hss.state.ak.us/dpa/programs/medicaid](http://health.hss.state.ak.us/dpa/programs/medicaid)  
Phone (Outside of Anchorage): 1-888-318-8890  
Phone (Anchorage): 907-269-6529

### Arizona – CHIP

Website: [www.azahcccs.gov/applicants/default.aspx](http://www.azahcccs.gov/applicants/default.aspx)  
Phone: 877-764-5437

### Arkansas – CHIP

Website: [www.arkidsfirst.com](http://www.arkidsfirst.com)  
Phone: 888-474-8275

### California – Medicaid

Website: [www.dhcs.ca.gov/services/pages/tplrd\\_cau\\_cont.aspx](http://www.dhcs.ca.gov/services/pages/tplrd_cau_cont.aspx)  
Phone: 866-298-8443

### Colorado – Medicaid and CHIP

Medicaid Website: [www.colorado.gov](http://www.colorado.gov)  
Medicaid Phone: 800-866-3513  
CHIP Website: [www.chpplus.org](http://www.chpplus.org)  
CHIP Phone: 303-866-3243

### Florida – Medicaid

Website: [www.dcf.state.fl.us/programs/access/medicaid.shtml](http://www.dcf.state.fl.us/programs/access/medicaid.shtml)  
Phone: 866-762-2237

### Georgia – Medicaid

Website: [dch.georgia.gov](http://dch.georgia.gov)  
*Click on Programs, then Medicaid*  
Phone: 800-869-1150

### Idaho – Medicaid and CHIP

Medicaid Website: [healthandwelfare.idaho.gov/default.aspx?TabId=123](http://healthandwelfare.idaho.gov/default.aspx?TabId=123)  
Medicaid Phone: 800-926-2588  
CHIP Website: [www.medicaid.idaho.gov](http://www.medicaid.idaho.gov)  
CHIP Phone: 800-926-2588

### Indiana – Medicaid

Website: [www.in.gov/fssa/2408.htm](http://www.in.gov/fssa/2408.htm)  
Phone: 877-438-4479

### Iowa – Medicaid

Website: [www.dhs.state.ia.us/hipp](http://www.dhs.state.ia.us/hipp)  
Phone: 888-346-9562

### Kansas – Medicaid

Website: <https://www.khpa.ks.gov>  
Phone: 800-766-9012

### **Kentucky – Medicaid**

Website: [chfs.ky.gov/dms/default.htm](http://chfs.ky.gov/dms/default.htm)  
Phone: 800-635-2570

### **Louisiana – Medicaid**

Website: [www.lahipp.dhh.louisiana.gov](http://www.lahipp.dhh.louisiana.gov)  
Phone: 888-342-6207

### **Maine – Medicaid**

Website: [www.maine.gov/dhhs/oms](http://www.maine.gov/dhhs/oms)  
Phone: 800-321-5557

### **Massachusetts – Medicaid and CHIP**

Medicaid & CHIP Website: [www.mass.gov/masshealth](http://www.mass.gov/masshealth)  
Medicaid & CHIP Phone: 800-462-1120

### **Minnesota – Medicaid**

Website: [www.dhs.state.mn.us](http://www.dhs.state.mn.us)  
*Click on Healthcare, then Medical Assistance*  
Phone (Outside of Twin City area):  
800-657-3739  
Phone (Twin City area): 651-431-2670

### **Missouri – Medicaid**

Website: [www.dss.mo.gov/mhd/](http://www.dss.mo.gov/mhd/)  
Phone: 573-751-6944

### **Montana – Medicaid**

Website: [medicaidprovider.hhs.mt.gov/clientpages/clientindex.shtml](http://medicaidprovider.hhs.mt.gov/clientpages/clientindex.shtml)  
Phone: 800-694-3084

### **Nebraska – Medicaid**

Website: [www.dhhs.ne.gov/med/medindex.htm](http://www.dhhs.ne.gov/med/medindex.htm)  
Phone: 877-255-3092

### **Nevada – Medicaid and CHIP**

Medicaid Website: [dwss.nv.gov](http://dwss.nv.gov)  
Medicaid Phone: 800-992-0900  
CHIP Website: [www.nevadacheckup.nv.org](http://www.nevadacheckup.nv.org)  
CHIP Phone: 877-543-7669

### **New Hampshire – Medicaid**

Website: [www.dhs.state.nh.us/ombp/medicaid/index.htm](http://www.dhs.state.nh.us/ombp/medicaid/index.htm)  
Phone: 800-852-3345 x 5254

### **New Jersey – Medicaid and CHIP**

Medicaid Website: [www.state.nj.us/humanservices/dmahs/clients/medicaid](http://www.state.nj.us/humanservices/dmahs/clients/medicaid)  
Medicaid Phone: 800-356-1561

CHIP Website: [www.njfamilycare.org/](http://www.njfamilycare.org/)  
CHIP Phone: 800-701-0710

### **New Mexico – Medicaid and CHIP**

Medicaid Website: [www.hsd.state.nm.us/mad/](http://www.hsd.state.nm.us/mad/)  
Medicaid Phone: 888-997-2583

CHIP Website: [www.hsd.state.nm.us/mad/](http://www.hsd.state.nm.us/mad/)  
*Click on Insure New Mexico*  
CHIP Phone: 888-997-2583

### **New York – Medicaid**

Website: [www.nyhealth.gov/health\\_care/medicaid](http://www.nyhealth.gov/health_care/medicaid)  
Phone: 800-541-2831

### **North Carolina – Medicaid**

Website: [www.nc.gov](http://www.nc.gov)  
Phone: 919-855-4100

### **North Dakota – Medicaid**

Website: [www.nd.gov/dhs/services/medicalserv/medicaid](http://www.nd.gov/dhs/services/medicalserv/medicaid)  
Phone: 800-755-2604

### **Oklahoma – Medicaid**

Website: [www.insureoklahoma.org](http://www.insureoklahoma.org)  
Phone: 888-365-3742

### **Oregon – Medicaid and CHIP**

Medicaid & CHIP Website:  
[www.oregonhealthykids.gov](http://www.oregonhealthykids.gov)  
Medicaid & CHIP Phone: 877-314-5678

### **Pennsylvania – Medicaid**

Website: [www.dpw.state.pa.us](http://www.dpw.state.pa.us)  
Phone: 800-644-7730

### **Rhode Island – Medicaid**

Website: [www.dhs.ri.gov](http://www.dhs.ri.gov)  
Phone: 401-462-5300

### **South Carolina – Medicaid**

Website: [www.scdhhs.gov](http://www.scdhhs.gov)  
Phone: 888-549-0820

### **Texas – Medicaid**

Website: [www.gethipptexas.com](http://www.gethipptexas.com)  
Phone: 800-440-0493

### **Utah – Medicaid**

Website: [health.utah.gov/medicaid](http://health.utah.gov/medicaid)  
Phone: 866-435-7414

### **Vermont – Medicaid**

Website: [ovha.vermont.gov](http://ovha.vermont.gov)  
Phone: 800-250-8427

### **Virginia – Medicaid and CHIP**

Medicaid Website: [www.dmas.virginia.gov/rcp-HIPP.htm](http://www.dmas.virginia.gov/rcp-HIPP.htm)  
Medicaid Phone: 800-432-5924

CHIP Website: [www.famis.org](http://www.famis.org)  
CHIP Phone: 866-873-2647

### **Washington – Medicaid**

Website: [hrsa.dshs.wa.gov/premiumpymt/apply.shtml](http://hrsa.dshs.wa.gov/premiumpymt/apply.shtml)  
Phone: 877-543-7669

### **West Virginia – Medicaid**

Website: [www.wvdhhr.org/bcf/family\\_assistance/medicaid.asp](http://www.wvdhhr.org/bcf/family_assistance/medicaid.asp)  
Phone: 304-342-1604

### **Wisconsin – Medicaid**

Website: [dhs.wisconsin.gov/medicaid](http://dhs.wisconsin.gov/medicaid)  
Phone: 800-362-3002

### **Wyoming – Medicaid**

Website: [www.health.wyo.gov/healthcarefin](http://www.health.wyo.gov/healthcarefin)  
Phone: 307-777-7531

## **Medicare Prescription Drug Coverage for Medicare-Eligible Retirees (Or Covered Medicare-Eligible Dependents) of Columbia University**

### **Creditable Coverage Disclosure Notice for Retirees of Columbia University as of April 1, 2011**

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

### **What This Means to You as a Retiree of Columbia University**

As a retiree of Columbia University (or covered dependent) eligible for Medicare, you should keep the following points in mind as you consider whether to enroll in a Medicare Prescription Drug Plan:

Medicare prescription drug coverage was designed primarily for those who do not have access to employer-sponsored prescription drug coverage.

Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.

If you are enrolled in a Columbia University Medical Plan, you are already covered by prescription drug coverage that is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare Prescription Drug Plan.

### **Should You Have Columbia University Prescription Drug Coverage and Medicare Prescription Drug Coverage?**

In most circumstances, there is no advantage to "doubling up" on coverage. If you join a Medicare Prescription Drug Plan, you will continue to receive your medical and prescription benefits through Columbia University. However, the amount you pay for your Columbia University coverage, where applicable, will not be reduced, and you may pay a separate premium for Medicare prescription drug coverage. Your benefits under the Columbia University retiree medical plan will be secondary to Medicare, and your Columbia University Medical Plan prescription drug benefits will be reduced by benefits paid under the Medicare Prescription Drug Plan.

## When Can You Join a Medicare Prescription Drug Coverage Plan?

You can join a Medicare Prescription Drug Plan when you first become eligible for Medicare and each year from October 15-December 7. You may also enroll when you first become Medicare eligible or after separating employment with the University if you are age 65 or older.

However, if you lose your current creditable prescription drug coverage through no fault of your own, you also will be eligible for a two-month Special Enrollment Period (SEP) to join a Medicare drug plan.

## What Happens If You Terminate Your Columbia University Health Coverage or Employment

If you drop or lose your Columbia University health coverage (for example, you do not pay a required premium) and you do not join a Medicare Prescription Drug Plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare prescription drug plan in the future.

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

If you choose to drop your University-sponsored health coverage in order to enroll in a Medicare prescription drug plan, you will not be able to re-enroll in a Columbia University Medical Plan until the next Open Enrollment period unless you have a qualified life status change.

For More Information about Medicare's Prescription Drug Coverage:

- Visit [www.medicare.gov](http://www.medicare.gov) for personalized help
- Call **800-MEDICARE** (800-633-4227; TTY users should call 877-486-2048)

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

## About This Notice

This notice, as required by Law, contains important details about how your prescription drug coverage through the Columbia University Retiree Medical and Life Insurance Benefits Plan compares to Medicare prescription drug coverage available in 2011. Please read this notice carefully and keep it for future reference.

You may need to refer to this information in the future. If you enrolled in a Medicare Prescription Drug Plan after May 15, 2006, you may need to provide a copy of this notice to show that you do not have to pay a higher premium for Medicare prescription drug coverage. You are not required to pay more since you have had Creditable Coverage (or coverage that is at least as good as the standard Medicare prescription drug benefit) through a Columbia University Medical Plan.

You may receive information about creditable coverage through Columbia University at other times in the future, such as the next period you can enroll in Medicare prescription drug coverage and/or if your Columbia University prescription drug coverage changes. You may also request another copy of this information by calling the Columbia Benefits Service Center at **212-851-7000** or via email at [hr-retirement@columbia.edu](mailto:hr-retirement@columbia.edu).

Columbia University reserves the right to change, amend, or terminate any benefit plan as it deems appropriate. This notice in no way guarantees or implies that Columbia University's retiree medical plans will continue into the future nor does it guarantee or imply that the coverage and/or costs will remain the same in the future.

## Workers' Compensation

All Officers are covered by the provisions of the New York State Workers' Compensation Law. Benefits are provided under this law for job-related illnesses or accidents. For additional information please review the website: [www.hr.columbia.edu/wac/workplace/workers-comp](http://www.hr.columbia.edu/wac/workplace/workers-comp).

## Medical Leave of Absence for Disability

The University has established medical leave of absence policies for its employees to use as needed and when appropriate and in compliance with applicable law. Please review information on the HR website at [www.hr.columbia.edu/policies](http://www.hr.columbia.edu/policies).

## Summary Annual Reports for the Columbia University Group Benefits Plan

Financial information regarding the CU Group Benefit Plan is posted on the HR website: [www.hr.columbia.edu/benefits/sars/group](http://www.hr.columbia.edu/benefits/sars/group).

There you will find your Summary Annual Report (SAR) regarding the financial status of the CU Group Benefit Plan. In accordance with the Employee Retirement Income Security Act (ERISA), Columbia University publishes a SAR for all participants covered under each employee benefit plan.

The benefits described in this SAR apply to medical, dental, long-term disability, life and long-term care insurance claims. This includes claims and premium information that are included with the Form 5500 filing.

If you have any questions, please contact the Columbia Benefits Service Center at **212-851-7000**.

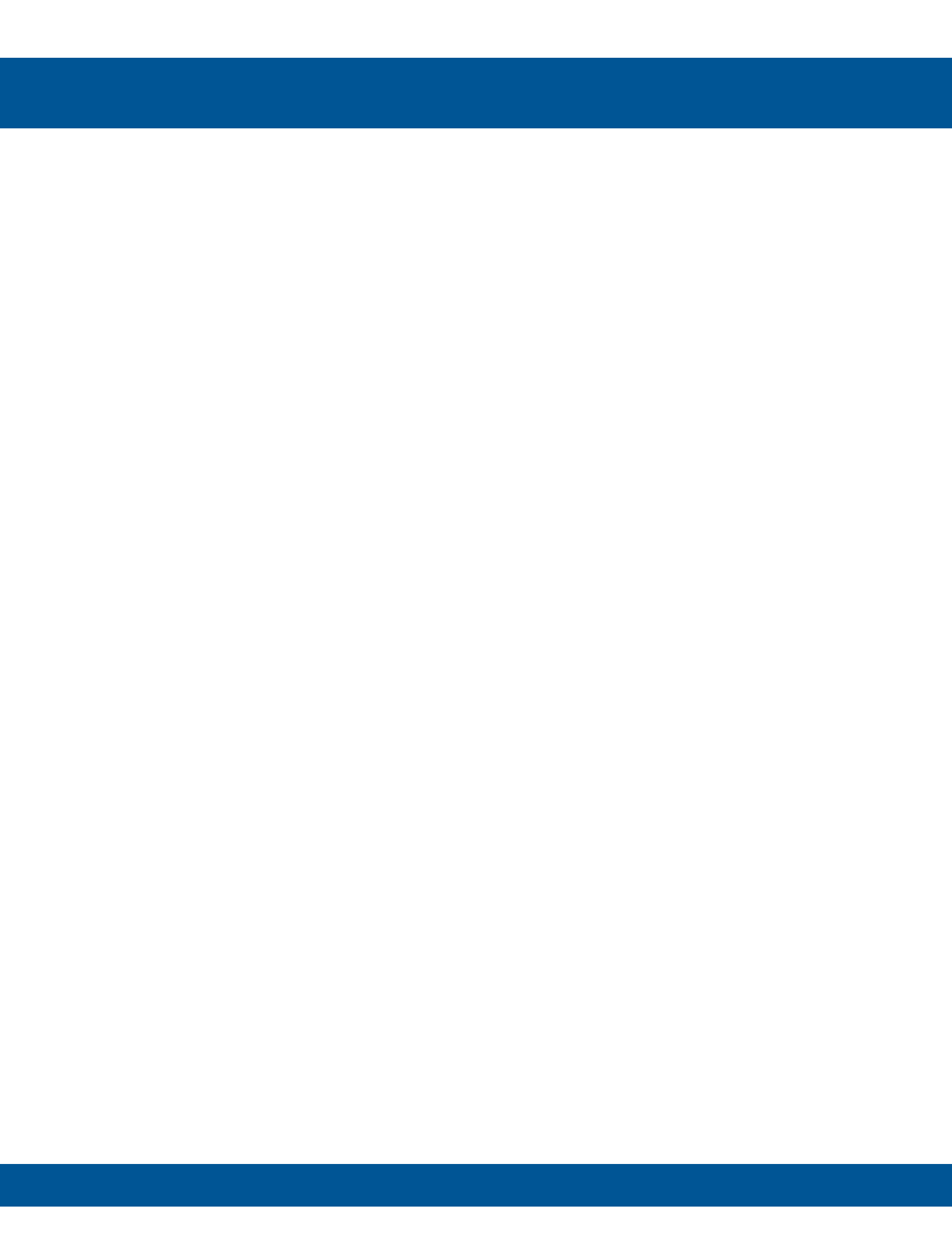
## Summary Annual Reports for the Columbia University Retirement Plans

Financial information regarding the CU Retirement Plans is posted on the HR website: [www.hr.columbia.edu/benefits/sars/retirement](http://www.hr.columbia.edu/benefits/sars/retirement).

There you will find your Summary Annual Reports (SARs) that describe financial information regarding the CU Retirement Plans. This includes plan assets, earnings and distributions that are included with the Form 5500 filing. In accordance with the Employee Retirement Income Security Act (ERISA), Columbia University publishes a SAR for all participants covered under each employee benefit plan.

If you have any questions, please contact the Columbia Benefits Service Center at **212-851-7000** and select the option for "Retirement."





# Contact Information

	Website	Phone
Employee Assistance Program (EAP)	<a href="http://www.harrisrothenberg.com">www.harrisrothenberg.com</a>	888-673-1153
Travel Emergencies (including international) MEDEX	<a href="http://www.frontiermedex.com/solutions/industry/corporate.html">www.frontiermedex.com/solutions/industry/corporate.html</a> or write email to: <a href="mailto:operations@medexassist.com">operations@medexassist.com</a>	North America: 800-527-0218 Worldwide, call collect: 410-453-6330
<b>Medical</b>		
Aetna	<a href="http://www.aetna.com/docfind/custom/columbia">www.aetna.com/docfind/custom/columbia</a>	888-444-3368
UHC Medical UHC Behavioral Health	<a href="http://www.myuhc.com/groups/columbiauniversity">www.myuhc.com/groups/columbiauniversity</a>	800-232-9357 888-265-9945
CIGNA	<a href="http://www.cigna.com">www.cigna.com</a>	800-244-6224
HIP	<a href="http://www.hipusa.com">www.hipusa.com</a>	800-447-8255
<b>Dental</b>		
Aetna Columbia Dental Plan	<a href="http://www.aetna.com/docfind/custom/columbia">www.aetna.com/docfind/custom/columbia</a>	800-773-9326
<b>Prescriptions</b>		
Medco Rx	<a href="http://www.medcohealth.com">www.medcohealth.com</a>	800-230-0508
<b>Long-Term Disability</b>		
MetLife	<a href="http://www.metlife.com/mybenefits">www.metlife.com/mybenefits</a>	800-858-6515
<b>Life Insurance</b>		
The Standard Life Insurance	<a href="http://www.standard.com">www.standard.com</a>	888-264-3057
<b>FSA's, Transit/Parking</b>		
EBPA	<a href="http://www.ebpabenefits.com">www.ebpabenefits.com</a>	888-456-4576
<b>Long-Term Care</b>		
John Hancock	<a href="http://columbia.jhancock.com">columbia.jhancock.com</a>	800-964-3039
<b>Retirement Plans</b>		
Calvert	<a href="http://www.calvert.com/investor-workplace-columbia.html">www.calvert.com/investor-workplace-columbia.html</a>	800-368-2745
The Vanguard Group	<a href="http://www.vanguard.com">www.vanguard.com</a>	800-523-1188
TIAA-CREF	<a href="http://www.tiaa-cref.org">www.tiaa-cref.org</a>	800-842-2776

## Columbia Benefits Contacts

For all benefits-related questions, contact:

### Columbia Benefits Service Center

Stuebaker 4th Floor, MC 8703

615 West 131st Street

New York, NY 10027

Phone: (212) 851-7000

Secure fax: (212) 851-7025

Email: [hrbenefits@columbia.edu](mailto:hrbenefits@columbia.edu) or [hr-retirement@columbia.edu](mailto:hr-retirement@columbia.edu)

For updates, forms, tuition exemption and information about other HR programs:

[www.hr.columbia.edu](http://www.hr.columbia.edu)

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