



BENEFITS IN BRIEF

2007

FACULTY & OFFICERS

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Benefits in Brief highlights your benefits for calendar year 2007. 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 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 document 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, 2007. It is important information, so keep it with your other benefits information.

This Benefits in Brief brochure provides information about the benefit programs that are available to Columbia University full-time Officers of instruction, research, administration and the libraries. Your benefits provide valuable protection for you and your family, so take the time to learn more about them.

Keep this Benefits in Brief brochure for reference throughout the year. You can also find valuable information at www.hr.columbia.edu/hr/, including:

- Your own current benefits enrollment
- Links to health plan web sites and participating provider lists
- Benefits in Brief
- General information about Columbia benefits, including the following topics:
 - Tuition Exemption for Officers
 - College Tuition Scholarship Program (CTS)
 - Primary Tuition Scholarship Program (PTS)
 - Child Care Assistance at Columbia
 - Health Care Coverage Through COBRA and Conversion
- Summary Plan Descriptions
- Forms, including many medical claim forms
- Information about other facilities and services, in the Working at Columbia guide

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.

WHO'S ELIGIBLE FOR BENEFITS

As a full-time, active Columbia University Officer, you and your family are eligible for various benefit programs described in this brochure. You and your eligible dependents are eligible for benefits on your date of hire. **You must enroll for benefits within 31 days of your date of hire.** *If you do not make selections during this period, you and any eligible dependents will not receive Medical, Prescription, Dental, Optional Long-Term Disability Insurance, Flexible Spending Account, Transit/Parking Reimbursement, Optional or Dependent 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 University HR Benefits department at 212-870-2286.*

Choose Your Coverage Carefully

The elections you make within 31 days of your hire date will be in effect for the rest of the calendar year. You will have an opportunity to change your benefit coverage selection during annual Benefits Open Enrollment, held each Fall. Changes you make during annual Open Enrollment take effect the following January.

Whom You Can Cover

You decide whom you will cover under your medical and dental plans. You can cover:

- yourself only
- yourself and spouse or yourself and same-sex domestic partner
- yourself and a child or children
- family (including your unmarried legally dependent children, your legal spouse/same-sex domestic partner, and your spouse's or same-sex domestic partner's unmarried dependent children).

Eligible Dependents

Your eligible dependents include:

- Legal spouse
- Same-sex domestic partner
- Unmarried legally dependent children, including adopted children, foster children and stepchildren of your spouse or same-sex domestic partner. For medical and dental coverage, dependent children are eligible:
 - until the end of the calendar year in which they turn 19
 - over the age of 19 as long as they remain full-time students – coverage ends at the end of the month in which they cease to be a full-time student (e.g. graduate) or the end of the calendar year in which they turn age 26, whichever is earlier

- 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 calendar year in which they turned 19.

Proof of Eligibility

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

You must be prepared to provide satisfactory proof that your enrolled dependents meet the eligibility requirements. Random audits will be conducted periodically each year to ensure that all dependents continue to meet the eligibility requirements of the benefit plans. If you are selected for this audit, you will receive a separate letter detailing the time frames and specifics of the audit process. If you are not able to provide proof that your dependent is eligible for coverage your dependent's coverage will be terminated. Examples of proof include, but are not limited to, birth certificates for each covered child, a marriage license or two pieces of documentation that show shared financial responsibilities for same-sex domestic partners.

Report Changes in Dependent Eligibility

When a dependent is no longer eligible, it is your responsibility to notify the Columbia University HR Benefits department **within 31 days of the change** (examples include, but are not limited to, divorce, child no longer a student, etc.). **Contact Columbia University HR Benefits at 212-870-2286 to report any changes in the status of your dependents within 31 days.**

Making Changes to Your Benefits During the Year

After your initial enrollment, or after annual Open Enrollment, you will **only** be able to change your benefits for the remainder of the calendar year **if** you experience a qualified life status change. **If you have a qualified life status change, you must contact HR Benefits within 31 days of the event in order to make changes to your benefits.** Qualified life status changes are determined by the Internal Revenue Service, Section 125. Examples include:

- marriage, divorce, or the beginning or end of a same-sex domestic partnership
- birth, adoption, placement for adoption, death of a dependent
- a dependent losing eligibility for coverage (child reaches maximum age, spouse/partner loses non-University coverage)
- change in home address that makes you ineligible for your current plan option
- a permanent change in the way you commute to work (applies to the Transit/Parking Reimbursement Program)

If you experience a life status change, please contact **HR Benefits at 212-870-2286 within 31 days of the event.** You may be required to provide authentication in order to make changes to your benefit selections (for example, marriage certificate). Please note that your benefit changes must be consistent with the nature of your life status change.

MEDICAL COVERAGE

This section provides more information about your medical options. You can also refer to the Medical Comparison Chart on pages 8 & 9, which provides more details about the plans and the coverages they offer.

Your Medical Plan Options

Point of Service (POS) Plans - Aetna, Oxford and CIGNA POS

Columbia offers three different POS coverage plans, so that you can choose the one that best suits your needs. Each POS plan is different, so please carefully review the coverage levels.

If you have any questions about your individual medical needs, please contact the health plan directly using the information on page 5.

With any of the POS plans, you have the flexibility to use in-network or out-of-network providers each time you seek care, although you receive greater benefit coverage when you use in-network providers.

When you use POS network providers, you pay a \$15 copay for routine and specialist office visits. Preventive care is covered at 100% for in-network services. Network providers have agreed to accept negotiated fees, so for covered preventive care you will not pay any balance.

When you use out-of-network providers, you must meet the plan's annual deductible before it will pay for your out-of-network care. Once the deductible is met, the plan pays a percentage of the covered cost. **The plans do not cover preventive care out of network.**

Aetna Choice POS II (Open Access)

The Aetna Choice POS II plan gives you access to a seamless national network of physicians and hospitals. You do not need a Primary Care Physician (PCP) to manage your medical care or provide referrals to specialists. Because this plan has a deductible and coinsurance (the 10% you pay), your pre-tax premiums are lower than the other POS options.

When your deductible and coinsurance (10%) reach the out-of-pocket maximum of \$1,000 for an individual and \$2,000 for a family, the Aetna plan pays 100% of covered medical expenses.

Oxford and CIGNA POS plans

In the Oxford and CIGNA POS plans, you must choose a Primary Care Physician (PCP) for yourself and each covered family member. The PCP manages your care and referrals to specialists. Both plans have provider networks that cover the tri-state area. The Oxford POS has in-network services in the tri-state area only.

Health Maintenance Organizations (HMO) – Aetna and HIP

When you join an HMO, you will receive benefits only if you receive your care from the HMO's network of providers, hospitals and facilities. The HMOs also require you to choose an HMO physician as a Primary Care Physician (PCP). The PCP will coordinate your care and refer you to other providers in the network as needed. The HMO does not cover the cost of care you receive from a non-HMO provider, except for emergencies.

Modified Indemnity Plan – CIGNA

In this plan, you can use any healthcare provider or facility, and the plan will pay the same level of benefit. Keep in mind, however, that the plan has very high deductibles - \$3,000 for individual and \$6,000 for family coverage. You may not receive plan benefits unless your medical expenses are also quite high.

International Plan – CIGNA

If you re-locate outside the U.S. or to Puerto Rico, you may be eligible to choose the CIGNA International Plan. Please contact the Columbia University HR Benefits department at 212-870-2286 to discuss your international assignment and how it might affect your medical benefits.

To learn more about the health plans:

Aetna	Oxford	CIGNA	HIP
1-888-444-3368 www.aetna.com	1-800-760-4566 www.oxhp.com	1-800-244-6224 www.cigna.com	1-800-447-8255 www.hipusa.com

MEDICAL PREMIUMS

Your pre-tax premium for medical coverage is based on three factors:

1. The plan you select
2. The coverage level you elect, and
3. Your Annual Benefits Salary*

2007 Monthly Pre-Tax Premiums for Medical Coverage				
Annual Benefits Salary	Yourself Only	Yourself & Spouse or Same-Sex Domestic Partner	Yourself & Child or Children	Family
Below \$35,000				
CIGNA POS and CIGNA International	\$18.00	\$164.00	\$56.00	\$208.00
Oxford POS Plan	\$36.00	\$205.00	\$97.00	\$270.00
Aetna Choice POS II	\$14.00	\$131.00	\$45.00	\$166.00
CIGNA Modified Indemnity Plan	\$64.00	\$260.00	\$144.00	\$346.00
Aetna Select HMO	\$30.00	\$206.00	\$85.00	\$266.00
HIP HMO	\$22.00	\$202.00	\$68.00	\$249.00
\$35,000 to \$39,999				
CIGNA POS and CIGNA International	\$32.00	\$199.00	\$74.00	\$243.00
Oxford POS Plan	\$53.00	\$240.00	\$114.00	\$302.00
Aetna Choice POS II	\$26.00	\$159.00	\$59.00	\$194.00
CIGNA Modified Indemnity Plan	\$78.00	\$295.00	\$161.00	\$382.00
Aetna Select HMO	\$46.00	\$238.00	\$102.00	\$300.00
HIP HMO	\$39.00	\$237.00	\$85.00	\$284.00
\$40,000 to \$44,999				
CIGNA POS and CIGNA International	\$48.00	\$230.00	\$90.00	\$274.00
Oxford POS Plan	\$67.00	\$261.00	\$125.00	\$322.00
Aetna Choice POS II	\$39.00	\$184.00	\$72.00	\$219.00
CIGNA Modified Indemnity Plan	\$94.00	\$327.00	\$177.00	\$412.00
Aetna Select HMO	\$62.00	\$271.00	\$118.00	\$333.00
HIP HMO	\$56.00	\$271.00	\$103.00	\$319.00

* Your Annual Benefits Salary is calculated as of July 1 (or on your hire date if you are new), and is the greater of (a) your benefits-eligible salary or (b) your year-to-date Columbia income, including certain approved additional and private practice compensation.

2007 Monthly Pre-Tax Premiums for Medical Coverage				
Annual Benefits Salary	Yourself Only	Yourself & Spouse or Same-Sex Domestic Partner	Yourself & Child or Children	Family
\$45,000 to \$59,999				
CIGNA POS and CIGNA International	\$66.00	\$265.00	\$124.00	\$308.00
Oxford POS Plan	\$83.00	\$294.00	\$158.00	\$354.00
Aetna Choice POS II	\$43.00	\$209.00	\$82.00	\$241.00
CIGNA Modified Indemnity Plan	\$112.00	\$361.00	\$212.00	\$446.00
Aetna Select HMO	\$79.00	\$301.00	\$151.00	\$360.00
HIP HMO	\$73.00	\$306.00	\$137.00	\$352.00
\$60,000 to \$99,999				
CIGNA POS and CIGNA International	\$74.00	\$297.00	\$140.00	\$346.00
Oxford POS Plan	\$93.00	\$329.00	\$177.00	\$397.00
Aetna Choice POS II	\$48.00	\$235.00	\$92.00	\$263.00
CIGNA Modified Indemnity Plan	\$122.00	\$399.00	\$232.00	\$492.00
Aetna Select HMO	\$96.00	\$326.00	\$183.00	\$398.00
HIP HMO	\$85.00	\$310.00	\$161.00	\$371.00
\$100,000 to \$174,999				
CIGNA POS and CIGNA International	\$76.00	\$306.00	\$144.00	\$357.00
Oxford POS Plan	\$95.00	\$338.00	\$180.00	\$406.00
Aetna Choice POS II	\$51.00	\$245.00	\$96.00	\$272.00
CIGNA Modified Indemnity Plan	\$124.00	\$408.00	\$237.00	\$504.00
Aetna Select HMO	\$98.00	\$336.00	\$189.00	\$408.00
HIP HMO	\$87.00	\$320.00	\$167.00	\$382.00
\$175,000 and Above				
CIGNA POS and CIGNA International	\$77.00	\$314.00	\$147.00	\$366.00
Oxford POS Plan	\$97.00	\$346.00	\$185.00	\$416.00
Aetna Choice POS II	\$53.00	\$251.00	\$101.00	\$282.00
CIGNA Modified Indemnity Plan	\$127.00	\$417.00	\$242.00	\$515.00
Aetna Select HMO	\$100.00	\$346.00	\$195.00	\$418.00

MEDICAL COMPARISON CHART

	CIGNA POS		Oxford POS	
	In-network	Out-of-network	In-network	Out-of-network
Physician Office Visits	\$15 copay	80% after deductible	\$15 copay	80% after deductible*
Preventive Care	100% no copay	Not covered	100% no copay	Not covered
Annual Deductible:	None		None	
Individual		\$300		\$300
Family		\$900		\$900
Co-insurance/Plan Pays	100% after copay	80% after deductible	100% after copay	80% after deductible
Out-of-Pocket Maximum:				
Individual	N/A	\$1,200	N/A	\$1,200
Family		\$2,400		\$2,400
Hospital Services				
Inpatient Care	\$150 copay per admission	80% after deductible <i>Precertification required</i>	\$50 daily copay, up to \$250 per admission	80% after deductible <i>Precertification required</i>
Outpatient Care (non-surgical)	100%	80% after deductible <i>Precertification required</i>	100%	80% after deductible <i>Precertification required</i>
Emergency Room	\$50 copay; waived if admitted		\$50 copay; waived if admitted	
Mental Health & Substance Abuse				
Inpatient Care	\$150 copay per admission Combined annual limit: 60 days <i>Precertification required</i>	80% after deductible Combined annual limit: 60 days <i>Precertification required</i>	\$50 daily copay, up to \$250 per admission Combined annual limit: 60 days <i>Precertification required</i>	80% after deductible Combined annual limit: 60 days <i>Precertification required</i>
Outpatient Care	First 10 visits: \$15 copay Next 50 visits: \$25 copay Annual maximum 60 visits <i>Precertification required</i> Group: \$15 copay; no limit	50% after deductible Annual maximum: 20 visits for individual & group	First 10 visits: \$15 copay Next 50 visits: \$25 copay Annual maximum 60 visits <i>Precertification required</i>	Not covered
Infertility Treatment				
ART, IVF, GIFT, ZIFT	Annual benefit limit: \$5,000		Annual benefit limit: \$5,000	
Child Dental (for children under 12)				
Prophylaxis	Not covered		100%; limit one per year	Not covered

* Oxford out-of-network reimbursement for covered services applies only to medical services rendered in the domestic United States.

Aetna Choice POS II		CIGNA Modified Indemnity	HIP HMO	Aetna HMO
In-network	Out-of-network			
\$15 copay	70% after deductible	100% after deductible	\$15 copay	\$15 copay
100% no copay	Not covered	Not covered	\$15 copay	\$15 copay
\$150	\$300	\$3,000	None	None
\$300	\$900	\$6,000		
90% after deductible	70% after deductible	100% of covered cost after deductible	100% after copay	100% after copay
\$1,000	\$2,000	\$3,000	N/A	N/A
\$2,000	\$4,000	\$6,000		
90% after deductible	70% after deductible	100% after deductible	\$200 per admission	\$240 per admission
90% after deductible	70% after deductible	100% after deductible	\$15 copay	\$15 copay for non-surgical; \$75 for surgery (\$100 outside NY)
\$50 copay; waived if admitted		100% after deductible	\$50 copay	\$35 copay
90% after deductible	70% after deductible	100% after deductible	\$200 copay	Mental health: \$240 copay
Combined annual limit: 60 days	Combined annual limit: 60 days	Annual limit: 60 days	Lifetime limit: 30 days Detox limit of 7 days lifetime	Lifetime limit: 35 days
<i>Precertification required</i>	<i>Precertification required</i>			
First 10 visits: \$15 copay	50% after deductible	100% after deductible	Mental health: 100% for up to 60 visits a year	Mental health: \$25 copay for up to 20 visits a year
Next 50 visits: \$25 copay	Annual maximum: 20 visits for individual & group	Annual limit: 60 days	Substance abuse: \$15 copay for up to 60 visits a year	Substance abuse: \$15 copay; annual rehab limit 60 visits
Annual maximum 60 visits		Mental health only: Must follow 15 days of inpatient care		
<i>Precertification required</i>				
Group: \$15 copay; no limit				
Annual benefit limit: \$5,000		Annual benefit limit: \$5,000	Lifetime limit: 2 IVF cycles	100% with plan limits
Not covered		\$5 copay for oral exam every six months \$10 copay for cleaning every six months		Not covered

PRESCRIPTION DRUG COVERAGE

Columbia University offers a comprehensive prescription drug program with features that provide convenience and savings. When you enroll in a University medical plan, you are automatically enrolled in the Prescription Drug plan.

Prescription Drug Benefit	
Copayments	
retail pharmacy (up to 30-day supply)	\$10 generic; \$20 brand name
home delivery: mail-order (up to 90-day supply)	\$15 generic; \$40 brand name
Infertility Coverage	
oral and injectible medication	Same as above, up to \$15,000 lifetime cap

Using Your Prescription Drug Benefit

Medco provides the prescription drug benefit plan and you will receive a prescription drug ID card for 2007 when you choose a University medical plan. You will need to present your Medco prescription drug ID card the first time you fill a prescription at a participating pharmacy. You will pay the appropriate copay for up to a 30 day supply. Remember, you can save money by asking your doctor to prescribe generic drugs.

Retail Pharmacies

Medco has over 59,000 participating pharmacies, so filling prescriptions is easy and convenient. When you use a participating pharmacy, you'll save money and avoid filing a claim form since reimbursement is processed electronically.

Mail-Order Pharmacy

You also have the option of filling prescriptions via mail-order for your maintenance medication. If you take medication on a regular basis for conditions such as high blood pressure, asthma, etc, the mail-order program is an affordable and convenient way to fill and refill prescriptions.

Once you have enrolled in Medco's mail-order program, you can refill prescriptions easily either on-line or over the phone. Go to www.medcohealth.com and register to learn more information on prescription drugs, pharmacies, etc.

DENTAL COVERAGE

Columbia University offers dental benefits through our own providers and facilities. You choose your dental coverage during annual Open Enrollment or when you are hired.

- Columbia Dental Plan offers coverage for preventive care with discounts available for other services
- Columbia Dental Plan Plus offers expanded coverage.

Both plans provide orthodontia benefits. The Dental Plan Plus has a separate lifetime maximum of \$1,250 per person for orthodontia.

2007 Monthly Pre-Tax Dental Premiums		
	Columbia Dental Plan	Columbia Dental Plan Plus
Yourself	\$15	\$43
You plus one	\$30	\$79
Family	\$37	\$109

How the Columbia Dental Plans Work

The Columbia Dental Plan and Columbia Dental Plan Plus offer services provided by a network of faculty and alumni from the Columbia University College of Dental Medicine who have agreed to charge discounted rates and fees. Both plans have network offices throughout the metropolitan area.

When you need dental care, go to a participating network dentist for treatment. You will need to use dentists who are part of the network to take advantage of the benefit. If you see a dentist outside of the network, you will not be covered and will be responsible for all expenses.

Keep in Mind

- **You can save money for many dental and orthodontia expenses by using pre-tax dollars** through the Healthcare FSA. Take a moment to determine how much you spent out-of-pocket last year on dental and orthodontia expenses and consider how much you may spend this year. You can put aside that money in your Healthcare FSA for 2007 and make your dollars go further.

Columbia Dental Plan

Under this plan, you receive:

- One preventive care visit per year for each individual covered, at no cost
- Free fluoride treatment once per year for children age 12 and under

25 percent off the discounted fees for all other services, including:

general dental care	oral surgery (extractions)	pediatric dentistry
orthodontics	endodontics (root canal)	emergency dental care
prosthodontics	periodontics (gum treatment)	

Columbia Dental Plan Plus

When you receive care from a Dental Plan Plus provider or facility, preventive and some restorative procedures are covered at 100 percent. All other procedures are covered at 50 percent.

There is a \$1,250 annual maximum benefit per person, which applies to all preventive, restorative and other procedures received. After you reach the annual maximum, you pay 75 percent of the cost for additional covered services.

The services covered at 100% are:

Prophylaxis (cleaning)	Nonsurgical periodontal therapy
Nonsurgical extractions	Injection of antibiotic drugs
Oral cancer examination	Consultation
Fluoride treatments	Study models
Composites (white fillings)	All X-rays
Amalgams (silver fillings)	Repair or recementing of crowns, inlays, bridgework, or dentures
Installation of space maintainer(s)	Relining dentures

You must receive care from a Columbia Dental Plan Plus dentist in order to receive the higher level of coverage. If you see a Columbia dentist who is not a Plus participant, you receive the discounted fee benefits offered in the basic Columbia Dental Plan.

Designated Dental Plan Facilities

Columbia Dental Associates

Morningside Associates

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

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

Columbia Dental North

128 Fort Washington Avenue, Suite 1J
(near 165th Street)
New York, NY 10032
(212) 928-1000

Columbia-Presbyterian

Eastside Practice

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

Columbia Oral and Maxillofacial Surgery

630 West 168th Street
New York, NY 10032
(212) 305-4552

For a list of participating dentists and facilities, call **(212) 305-0763** to request a directory, or go to: www.columbiadentalplan.com/cdp_search.html.

FLEXIBLE SPENDING ACCOUNTS (FSAs)

Flexible Spending Accounts (FSAs) allow you to save money on a wide variety of health-care and dependent care expenses. To take advantage of Flexible Spending Accounts, you must elect a contribution amount during Open Enrollment or when you are hired.

Columbia University offers two types of Flexible Spending Accounts (FSAs):

Healthcare FSA for eligible healthcare expenses such as medical and dental deductibles and copayments, vision or hearing services, and many over-the-counter healthcare products.

Dependent Care FSA for eligible child or dependent care expenses such as a babysitter, licensed day care centers and nursery schools, and before-school or after-school programs.

How the Flexible Spending Accounts 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.**

To participate in an FSA, you elect to deposit a set amount of money in the account during the year. You can deposit between \$120 and \$5,000 in one or both accounts. You cannot change your deposit amount during the calendar year unless you have a qualifying life status change.

When you have eligible healthcare and/or dependent care expenses, you submit claims to receive money from your FSA to repay yourself. You will not owe taxes on the money you take from your account.

Healthcare Flexible Spending Account

You can set aside money in this account to cover expenses for yourself and your spouse and children even if you elected not to cover them under the Columbia medical plans. (Note: same-sex domestic partners and their children are not eligible for this plan due to IRS rules.)

How Much to Deposit

When planning how much to deposit in your Healthcare FSA, review the out-of-pocket expenses for medical, dental, vision, and prescription drugs that you had this year. You can use that as a guide when estimating your 2007 expenses. Also remember to include your costs for over-the-counter medications.

Also consider that the 2007 changes to the medical plans may affect how much you decide to deposit. For example, if you use the FSA to pay for prescription drugs, you may want to deposit more than you have in the past. Or, if you choose the new Aetna option, consider putting some or all of the money you save with its lower premiums into the FSA.

Eligible Healthcare Expenses

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

- Medical and dental plan deductibles
- Contact lenses and solutions
- Acupuncture and chiropractor visits
- Copayments for prescription drugs, office visits, hospital stays and other medical services
- Weight-loss programs to treat obesity
- Prescription eyeglasses, sunglasses and Lasik surgery
- Over-the-counter drugs for a medical condition
- Medical and dental expenses that exceed benefit plan limits

For more complete information on eligible expenses go to: www.irs.gov/publications/p502/index.html.

Keep in Mind

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 the Healthcare FSA. You may want to consult with a tax or financial professional to determine which works best for you.

Getting reimbursed is easy, submit your expenses with a completed claim form for at least \$25. Go to www.hr.columbia.edu/hr/ for forms.

Healthcare Spending Account Worksheet

Estimate your out-of-pocket costs for healthcare for 2007

Consider how much you spent out-of-pocket for healthcare expenses in 2006. Determine which medical option you'll choose for 2007 and the out-of-pocket expenses you may incur such as deductibles, copays, orthodontia, etc. The worksheet can help you plan your deposit for the Healthcare FSA.

Expected Medical Expenses

Deductibles

Copayments/co-insurance

Prescription drug copays

Over-the-counter drugs including allergy medicine, pain killers, antacids, etc.

Total Medical \$ _____

Expected Dental Expenses

Payments above the discounted rates

Payments above the dental annual maximums

Orthodontia

Total Dental \$ _____

Vision

Exams

Eyeglasses

Prescription eyeglasses

Contact lenses

Saline solution

Total Vision \$ _____

Hearing Expenses

Exams

Hearing Aids

Total Hearing \$ _____

Total expected healthcare expenses for 2007. \$ _____

Use this total to help determine your contribution for the 2007 Healthcare FSA. You can contribute from \$120 - \$5,000 per year in the account.

Dependent Care Flexible Spending Account

The Dependent Care FSA helps you pay the cost of dependent care services for an adult or child because you work or attend school full time. If you are married, your spouse must also work or go to school while you are at work. You can be reimbursed for the cost of services provided for:

- Dependent children under age 13
- Other dependents including a parent, spouse or spouse's child who is physically or mentally unable to care for him or herself.

Federal regulations do not allow you to use money from this account for expenses incurred by or on behalf of same-sex domestic partners and their children unless they are your legal tax dependents.

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. Columbia University does not monitor these limits. If you and your spouse both elect and receive more than \$2,500, you will pay income taxes on the excess amount when you file your tax return.

Covered dependent care providers include:

- Qualified child or adult day care centers
- Summer day camps
- Babysitters
- Licensed nursery schools, pre-schools, before-school and after-school programs
- Person who cares for an elderly or disabled person that you claim as a dependent on your tax return.

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 day care center, you simply provide the Taxpayer Identification Number. For more complete information on eligible expenses go to: www.irs.gov/publications/p503/index.html.

Dependent Care Account Worksheet

Estimate your out-of-pocket costs for dependent care expenses for 2007

Consider how much you spent out of pocket for dependent care in 2006. This worksheet can help you plan your deposit for the Dependent Care FSA. You can deposit between \$120 and \$5,000 a year.

Eligible expenses:

Day care provider for child or adult day care	\$ _____
Home care of your child or other dependent	\$ _____
Pre-school tuition up to kindergarten	\$ _____
Summer day camps	\$ _____
Person who cares for an elderly or disabled person that you claim as a dependent on your tax return	\$ _____
Total expected dependent care expenses for 2007.	Total \$ _____

Keep in Mind

- **You can use this FSA for dependent 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 the www.irs.gov/taxtopics/tc602.html or consult your tax or financial advisor.
- **Your reimbursement for dependent care will not exceed** the balance of your account at the time of your claim. If there isn't enough money in your account to pay your claim, the balance will be paid as the money accumulates in your account.
- **If your child will turn 13 during the coming year,** you can submit claims only for expenses incurred up to the child's birthday.

DISABILITY INCOME

Columbia's Salary Continuation Plan and Long-Term Disability (LTD) insurance 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 Long-Term Disability (LTD) Plan at no cost. You may elect to buy additional LTD coverage under the Optional Plan during Open Enrollment or when you are hired.

Disability Option	What the Plan Pays	Cost of Coverage
Salary Continuation Plan	Full salary and benefits for up to six months of disability in any rolling 12-month period.	The University pays the full cost.
Long-Term Disability: Basic Coverage	LTD benefits begin after six months of disability. The first six months of payments are 66⅔% of the first \$50,000 of your base salary; then benefit level reduced to 60%; \$2,500 maximum monthly benefit.	The University pays the full cost.
Long-Term Disability: Optional Coverage	Same benefit level as basic LTD, but based on the first \$300,000 of your base pay and certain approved additional income. \$15,000 maximum monthly benefit. Annual cost of living adjustments. University contributions to the Retirement Plan continue	You pay for this coverage after taxes. The current cost is \$.22 per \$100 of monthly base salary, plus \$.52 per \$100 of any approved additional compensation.

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

Salary Continuation Plan

If you are unable to work due to illness or injury, you receive 100% of your base salary. Benefits start the first day of your disability and continue for up to six months in any rolling 12-month period or until you return to work, whichever occurs first.

You must be able to provide proof of your disability and must be under a doctor's care consistent with your medical condition in order to receive disability benefits.

If you use your six months of salary continuation benefits during a 12-month period, you will not be eligible for plan benefits until you have been back at work for at least 12 months.

Basic Long Term Disability (LTD) Insurance

If you are still disabled after six months, and salary continuation has been exhausted, you will be eligible to receive Long-Term Disability (LTD) benefits.

How Much the Basic Plan Pays

The amount of your benefit depends on how long you are disabled. For the first six months of LTD benefit payments, you receive a benefit of 66 ²/₃% of your monthly base pay, up to \$2,500 per month. After that, the monthly benefit decreases to 60% of base salary, up to \$2,500 per month. The plan covers the first \$50,000 of your base pay.

For example, if your monthly base pay was \$2,600 and you received \$950 a month from Social Security, during the first six months of LTD, your basic monthly LTD benefit would be \$1,730 (66 ²/₃% of \$2,600). However, because of your Social Security benefit, the LTD plan would pay you only \$780 a month.

The plan also has a work incentive benefit. Under this benefit, some LTD payments may continue if you return to part-time work after receiving benefits.

The University's contributions to the Retirement Plan will stop while you are receiving basic benefits.

How LTD Benefits are Paid

If your disability starts before age 62 the LTD plan will pay benefits until you recover, return to work, die or reach Social Security retirement age – whichever comes first. If you become disabled after age 62, the plan will make up to a set number of payments. Benefits continue as long as you remain totally disabled throughout the Maximum Benefit Period.

Age when Disability Began	Maximum Benefit Period	Age when Disability Began	Maximum Benefit Period
62	Age 65, or 42 monthly benefits, if later	66	21 Monthly Benefits
63	36 Monthly benefits	67	18 Monthly Benefits
64	30 monthly benefits	68	15 Monthly Benefits
65	24 Monthly benefits	69 or older	12 Monthly Benefits

Optional LTD Coverage

If you want additional income protection in the event of disability, you can elect Optional LTD coverage. You pay the full cost of this coverage with after-tax dollars and make this election during Open Enrollment or when you are hired. The cost is indexed to your base pay.

How Optional LTD Works

Like the Basic LTD plan, Optional LTD pays 66 $\frac{2}{3}$ % of your monthly base pay for the first six months and 60% thereafter. However, you can receive up to \$15,000 per month under the Optional plan. This optional coverage is portable and you can convert it to an individual policy.

Optional LTD includes some additional benefits:

- University contributions to the Retirement Plan continue while you receive LTD benefits.
- There is an annual 3% cost of living increase in the benefit amount.
- You can include compensation in addition to your base pay for calculating your benefit. Additional compensation such as private practice earnings is not considered base salary and can be included for purposes of the Optional LTD.

Keep in Mind

- **A disabling injury or illness can happen at any time**, even if you are young and healthy. Whether you have a family that depends on your income or are single with no other source of income, LTD coverage can be very valuable.
- **If you did not select Optional LTD coverage when you first became eligible**, you'll need to be approved by the insurance company after submitting proof of insurability
- **Exclusions:** Neither of the disability income plans pay benefits for a disability caused by:
 - Self-inflicted injury or illness
 - Injury or illness that results from committing a felony, including driving under the influence of drugs or alcohol.

LIFE INSURANCE

Life insurance can provide valuable financial protection and Columbia University offers you the choice of six different levels of coverage to help meet your needs.

What's New For 2007

This year you'll automatically receive Basic Term Life of one times salary up to \$50,000 at no cost.

How Coverage Works

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 can also pay a living benefit. If you become terminally ill, the Plan will pay out a benefit while you are still living. Any amount you receive will reduce the benefit paid to your beneficiary.

Optional Life Insurance

You may elect additional amounts of coverage of one, two, three, four, five, or six times your annual benefits salary up to a maximum of \$1,000,000. The benefit will be determined using your pay on July 1 each year, rounded to the next higher \$1,000.

Cost of Coverage			
Age at paycheck	Monthly cost per \$1,000	Age at paycheck	Monthly cost per \$1,000
Less than 25	0.03	50 to 54	0.14
25 to 29	0.04	55 to 59	0.24
30 to 34	0.05	60 to 64	0.40
35 to 39	0.06	65 to 69	0.64
40 to 44	0.07	70 to 74	0.85
45 to 49	0.09	75 or older	1.10

You pay a monthly premium for each \$1,000 of coverage. Your premium is based on your age as of January 1. If you reach a "milestone" birthday during the year (e.g., 25, 30, 35), you move to a different age bracket and premium rate. Your premium will increase the next paycheck after your birthday.

You must provide evidence of insurability and be approved by The Standard if you elect Optional Life coverage in excess of 3x pay or \$500,000.

Waiver of Premium

If you become disabled before age 60, you may apply for a waiver of premium. You will not have to pay for your life insurance if you qualify under the plan's definition of long-term disability.

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 dependent children. You pay the full cost of this benefit.

Coverage Choices:

- Spouse/Same-Sex Domestic Partner – \$10,000, \$30,000 or \$50,000 of coverage.

You must provide medical evidence of insurability if you elect spouse/same-sex domestic partner coverage of \$30,000 or \$50,000.

- Child – \$10,000 for each dependent child

You pay one premium rate regardless of the number of children in your family.

Dependent Life Insurance: Monthly Cost of Coverage			
Dependent	\$10,000	\$30,000	\$50,000
Spouse/Same-Sex Domestic Partner	\$1.50	\$4.50	\$7.50
Child	\$0.50	N/A	N/A

LONG-TERM CARE (LTC) INSURANCE

Long-Term care insurance can help you and your family pay some of the costs associated with long-term nursing home or home health care services that are not covered by traditional medical insurance or Medicare.

Long-Term Care (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 apply or have to be approved for coverage in order for your family members to apply for this coverage.

How Long-Term Care Insurance Works

Long-Term Care (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. You can elect one of several daily maximum benefit (DMB) amounts. The covered person will receive a percentage of the DMB, depending on the type of care he or she receives. For example:

- Nursing home or alternative care facility – 100% of DMB
- Home health care or adult day care services – 60% of DMB
- Informal care such as light housekeeping or shopping – 25% of DMB, up to 30-day annual maximum

LTC benefits apply only to the facility's or service's daily charge. They do not cover other costs such as prescription drugs or medical care.

You can elect a daily maximum benefit (DMB) of \$115, \$230, \$345, or \$465. The plan begins to pay benefits 90 days after the covered person is either cognitively impaired or cannot perform two out of six activities of daily living. The maximum lifetime benefit equals 1,825 x the daily maximum benefit that you elect.

Once you or a family member elects the long-term care benefit, coverage is guaranteed as long as the premiums are paid. If you stop paying your premium after being in the plan at least three years, you'll still be eligible to receive a reduced benefit.

Premium Cost

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. For rate information, contact John Hancock, the insurer of the Columbia University Long-Term Care Insurance Plan.

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.

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.

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.

Death Benefit

If you die before age 65 while covered under the plan, your beneficiary will receive a benefit equal to premium payments you have made, minus any benefits you received. If you die after age 65, the death benefit will be reduced by 20% each year until age 70.

For More Information and How to Enroll

To enroll in the Long-Term Care Insurance Plan, you will need to work directly with John Hancock.

For more information: call John Hancock at **1-800-964-3039** or go to their web site at

<http://columbia.jhancock.com>

- Username: columbia
- Password: mybenefit

You will need to complete the appropriate forms and return them to John Hancock for approval.

TRANSIT/PARKING REIMBURSEMENT PROGRAM (T/PRP)

The Transit/Parking Reimbursement Program is a convenient way to pay commuting expenses using pre-tax dollars. Remember, each year during Open Enrollment you must make your election for T/PRP. If you are new, your election goes into effect the month following your enrollment. Your election must be made within 31 days of your hire date.

The Transit Limit is \$105 for 2007.

The Parking Limit is \$200 for 2007.

How the Program Works

The Transit/Parking Reimbursement Program (T/PRP) allow you to set aside pre-tax dollars to pay for eligible commuting expenses. The program has two accounts: a transit account and a parking account. You can deposit pre-tax dollars to one or both accounts to pay for certain eligible transit and parking expenses.

To participate in one or both T/PRP accounts, you elect to deposit a set amount in your account each month during the year. You cannot change your deposit amount unless you:

- change your work location or residence
- change the way you commute

As you incur eligible expenses during the year, money is taken from your account by the Transit Program's debit card or you can file claims for reimbursement. You have until March 31 of each calendar year to claim money you deposited during the previous year. So, for example, you have until March 31, 2007, to claim your 2006 deposits.

Keep in Mind

If you commute and park in a University-owned lot or at Presbyterian Hospital, you are already paying for parking through a pre-tax deduction. Therefore, you should not sign up for a T/PRP parking account unless you also commute to a lot that the University does not own. In that case, your T/PRP deduction plus your monthly University parking bill cannot exceed the \$200 monthly parking limit.

Your Account Balances

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). For example, if your commuting expenses during 2007 are \$100 less than you budgeted for, the unclaimed \$100 will be credited to the appropriate T/PRP account on July 1, 2008.

Transit

Transit Account Contributions

You can elect a monthly deposit amount from \$10 to \$105. The amount will be deducted from your paycheck before taxes are taken out.

Eligible Transit Expenses

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 (MNCRR)
- Commuter and suburban express bus services
- Certain ferry and registered vanpool services
- New York City Transit Authority (NYCTA) buses and subways

The following commuting expenses are *not* eligible under the T/PRP:

- 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

You can elect a monthly deposit amount from \$10 to \$200. The amount will be deducted from your paycheck before taxes are taken out.

Eligible Parking Expenses

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
- Location where you board mass transit, such as parking at a train station.

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
- Amounts exceeding the maximum allowable monthly limit
- Parking at or near your residence

Getting Reimbursed for the T/PRP

The MBI Debit Card

If you enroll for a transit account for 2007, you will receive an MBI Debit Card. This card allows you to pay for your transit expenses through any vendor that sells commuter tickets or Metro-cards and accepts Mastercard. The card automatically deducts the expense from your T/PRP account. For example, if you elect a \$76 monthly transit account, you will receive a debit card that allows you to charge \$76 worth of transit expenses each calendar month in 2007.

Paper Claims

To obtain a claim form for reimbursement, go to: www.hr.columbia.edu and go to the Forms Library. You can arrange to have your reimbursements deposited directly into the bank account of your choice. Contact EBPA to arrange for this service.

EBPA

P.O. Box 1140

Exeter, NH 03833-1140

1-888-678-3457

www.cbaebpa.com

BUSINESS TRAVEL ACCIDENT INSURANCE

The University automatically provides you with Business Travel Accident Insurance at no cost when you travel on approved University business anywhere in the world. Columbia pays the full cost of this benefit.

What the Plan Pays

The principal business travel accident benefit equals six times your annual base salary. The maximum benefit is \$1,000,000.

The plan pays a benefit if you die or are seriously injured or disabled as the result of an accident while you are traveling on University business or on a University-sponsored trip. If you die, your beneficiary will receive the benefit. You will receive the benefit if you are injured or disabled.

The amount of the benefit depends on the nature of the loss:

- If you die – The full principal benefit amount
- If you are injured – Up to one-quarter of the principal sum, depending on extent of the injury
- If you are disabled – The principal sum less any other amount paid under the plan as a result of the same accident

Emergency Medical Services

The travel accident plan includes special services in case you need emergency medical care while traveling abroad on University business. This service helps you:

- Monitor the quality and cost of the hospital treatment
- Obtain local medical care
- Arrange the payment of non-insured medical expenses
- Guarantee payment to the provider
- Confirm travel medical expense insurance

The insurance company can also maintain contact between the local doctors and your doctors at home; arrange shipment of prescription drugs, equipment, and prescription lenses; provide your medical records to local providers; and maintain daily contact between you and your family, employer and doctors.

Additional Services for International Travelers

AIG, the insurance carrier for Business Travel Accident, has an International Services program. It provides additional assistance to those traveling on University business or a University-sponsored trip.

If You Travel Abroad

When you travel abroad, you continue to be covered by your medical plan for emergency care services. However, you cannot use your medical or prescription drug cards to pay for services outside of the United States. You will pay the expenses out of pocket and submit claim forms to your carrier for reimbursement.

If you are traveling on University business, certain support services will be available under the Business Travel Accident Plan.

Contact AIG International Services

AIG provides a number of services for international travelers. Contact them for more specific information about programs and services they provide.

If you are in the United States or Canada, you can contact AIG at (800) 626-2427. You can also call collect from anywhere else in the world by contacting an international operator or placing your call directly to Houston at 001-713-267-2525.

For general information about the services offered, please contact Columbia Risk Management.

RETIREMENT AND TAX-DEFERRED ANNUITY PLANS

The University's Retirement Plan and the Supplemental Tax-Deferred Annuity (TDA) Plan, in addition to your Social Security, can provide a sound foundation for your retirement income. When you are eligible, the University makes contributions to the Retirement Plan for you every year, which you may directly invest with various carriers and multiple fund options. In addition, you may save money on a pre-tax basis and direct the investment of those monies in the TDA Plan.

Retirement Plan

Eligibility and Participation

All full-time, US-based Officers of the University are eligible to participate. Participation is automatic; therefore you do not need to enroll to join the plan. Your participation in the plan will start according to the following schedule:

- 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 the first day of the month coincident with or following your appointment, date of hire or promotion.
- If you are a 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.

For a full list of Faculty and Officer titles with a two year waiting period, see www.hr.columbia.edu.

University Contributions

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

Years of Service	Age	Contribution Formula
Less than 5 years and untenured	any age	5% of your salary up to the Social Security wage base [†] , then 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 [†] , then 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 [†] , then 12.5% of your salary above the wage base
15+ years	55+	12.5% of your salary up to the Social Security wage base [†] , then 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 in the past.
[†] The Social Security wage base changes annually. It is \$97,500 for 2007.

Federal law limits the amount of your annual salary that the University can use to determine contributions to your Retirement Plan account. The annual limit is \$225,000 in 2007. Federal law also limits the total dollars that may be deposited into an account on your behalf; in 2007, this limit is \$45,000 (aggregate of University contributions to the retirement plan and your personal contributions to the TDA). Note that these limits change annually.

Investing Your Account

You may direct the investment of the University's contribution to your account using one of three investment carriers:

For Retirement and TDA		
TIAA-CREF	www.tiaa-cref.org	1-800-842-2776
The Vanguard Group	www.vanguard.com	1-800-523-1188
The Calvert Group	www.calvertgroup.com	1-800-368-2745

Each of these carriers provides a series of investment choices (over 65 in aggregate) for you. Please review the investment choices by contacting the carriers directly.

Making Your Election

To make your election, complete the Investment Direction for Columbia University Retirement Plan Form *and* the application form from the investment carrier within 31 days after you become eligible – or anytime thereafter. Follow the mailing instructions on the forms and your election choices will be implemented as soon as administratively feasible. Forms are found at www.hr.columbia.edu/hr/misc-pages/forms/index.html.

Investment Default

If you do not designate a carrier within 31 days of becoming eligible to participate in the plan, your contributions will be invested in a Retirement Target Date Fund* at Vanguard. If you designate a carrier but do not complete the application form for that carrier, the contributions will be directed to a Retirement Target Date Fund at your selected carrier. Calvert does not provide a Retirement Target Date Fund, therefore your contributions will be directed to a balanced fund. Forms are found at www.hr.columbia.edu/hr/misc-pages/forms/index.html.

* Retirement Target Date Fund: This is a fund actively managed with a portfolio of investments intended to match the appropriate diversification of investments needed for someone at your age and assuming your retirement will be at age 65. Details about this fund may be found by contacting the carrier directly by phone or web.

Changes To Your Account

You may move monies within your account between funds at any time by contacting your selected carrier directly (by phone or online). Once a year you may transfer dollars in your account from one carrier to another by completing an Asset Transfer Form and mailing it to the receiving carrier. The carriers will coordinate the transfer of monies based upon your instruction as soon as administratively possible.

Vesting

Your benefit is 100% vested at all times.

Withdrawing Money from Your Retirement Plan Account

Because this plan is designed to help you plan for retirement, you cannot withdraw money from your plan account before you retire. Loans and hardship distributions are not available from this plan. When you reach retirement age, 55, and are no longer employed by the University (or are considered an employee on Phased Retirement) you will have several options for receiving payment.

Distribution Options

- **Life Income:** Annuity to be paid over the lifetime of the retiree only. No benefit is payable to a beneficiary after the death of the retiree.
- **Joint and Survivor:** Annuity to be paid over the lifetime of the retiree, and if the retiree pre-deceases their spouse (or other designated beneficiary) a payment continues over the beneficiary's lifetime. Only those spouses who were married to the employee at the time of their retirement will receive benefits.
- **Lump Sum:** If you are at least 55 a lump sum distribution is available.

Please note that the annuity and installment options are only available through TIAA-CREF. You may transfer funds upon retirement to the TIAA-CREF to make a distribution election.

If you leave the University before reaching age 55, you may not move your money out of your Retirement account until you reach age 55.

You can learn more about your options by contacting the carriers directly or the Columbia University HR Benefits department.

Supplemental Tax Deferred Annuity Plan (TDA)

You can increase your retirement savings by setting aside pre-tax money from your pay in a tax-deferred annuity (TDA) account. All earnings in your account are non-taxable until distribution.

Eligibility and Participation

All full-time, US-based, non-union Officers of the University are eligible to participate. Eligibility begins the first day of the month coincident with or following your appointment or date of hire. You must enroll in order to contribute to the plan.

How to Enroll

You may enroll at any time by completing a Tax-Deferred Annuity Contribution Form *and* an application for one or more of the plan's investment carriers. Once you complete and return your forms (as instructed on the form) your election will be processed as soon as administratively possible. Forms are found in your local HR office and at www.hr.columbia.edu/hr/misc-pages/forms/index.html.

Default of Investment

If you designate a carrier on your Tax-Deferred Annuity Form but do not complete the application form for that carrier, the contributions will be directed to a Retirement Target Date Fund at your selected carrier. Calvert does not provide a Retirement Target Date Fund: your contributions will be directed to a balanced fund.

* Retirement Target Date Fund: This is a fund actively managed with a portfolio of investments intended to match the appropriate diversification of investments needed for someone at your age and assuming your retirement will be at age 65. Details about this fund may be found by contacting the carrier directly by phone or web.

Pre-tax Contributions

Standard

When you become eligible, you may elect to set aside a percentage of your income or a specific dollar amount on a monthly basis. The monthly minimum dollar amount election is \$25 and the percentage of income election maximum is 80% and may be in whole percentages only.

The IRS limits the amount you can contribute to your TDA each year. In 2007, the limit is \$15,500. You are responsible for making sure your annual contributions do not exceed the IRS limit. To help you, TIAA-CREF will send you a personalized statement each year, usually in November, showing your contribution limits for the next year.

Catch Up

You may be able to contribute more than the standard IRS limit of \$15,500 to your account on a pre-tax basis:

- If you are age 50 or older, you may contribute an additional \$5,000 on a pre-tax basis to your TDA.
- If you are age 50 or older but not yet age 65 and have at least 15 years of service with Columbia University, you may be eligible to contribute another \$3,000 pre-tax. To make this election you must also meet these additional qualifications:
 - You have not contributed the maximum amount allowed by the IRS in the last three years
 - You have not already contributed up to \$15,000 in past years using this catch-up contributions provision.

The amount you choose to contribute, pre-tax, under this provision may not exceed the difference between your actual contributions in total over the past three years and the IRS allowable limit over the same three years. TIAA-CREF will include this calculation for you on your personalized statement in the fall. Please read your detailed materials from TIAA-CREF to make your election options for the new year.

Investing Your Account

You may direct the investment of the contributions to your account using one, two or three investment carriers:

For Retirement and TDA		
TIAA-CREF	www.tiaa-cref.org	1-800-842-2776
The Vanguard Group	www.vanguard.com	1-800-523-1188
The Calvert Group	www.calvertgroup.com	1-800-368-2745

Each of these carriers provides a series of investment choices (over 65 in aggregate) for you. Please review the investment choices by contacting the carriers directly.

Changes To Your Account

You may move monies within your account between funds at any time by contacting your selected carrier directly (by phone or online). You may transfer dollars in your account from one carrier to another by completing an Asset Transfer Form and mailing it to the receiving carrier. The carriers will coordinate the transfer of monies based upon your instruction as soon as administratively possible.

Changing Your TDA Elections

You may change the amount of your TDA contribution and/or your investment carrier twice in a calendar year at any time.

- To change your contribution amount, complete the Tax-Deferred Annuity Contribution Form and return it to the Columbia University Human Resources Benefits Department.
- To change investment carriers, complete the Tax-Deferred Annuity Contribution Form and an application for the new investment carrier. Return the forms as instructed. If an application for the new investment carrier is not received your request to change carriers will not be processed.

Forms are found at www.hr.columbia.edu/hr/misc-pages/forms/index.html and in your local HR office.

During the fall, you may change your contribution amount and investment direction for the new year (this election counts as one of the two permitted changes). To make a change, you will need to complete and submit a new election form. Refer to the personalized materials from TIAA-CREF and complete the enclosed form(s) as instructed.

Withdrawing Money from Your TDA Account

Because TDAs offer significant tax advantages, the IRS limits your access to these funds before you retire. If you withdraw money from your TDA before you reach age 59½ and while you are still working, you will be responsible for income tax and a 10% penalty on the amount you withdraw.

When you retire or leave Columbia University, you can withdraw the money as you need it or use the account balance to buy an annuity that will provide regular payments. You will owe current income taxes on the money you withdraw or receive from your account and you may incur additional tax penalties depending upon your age. Please contact a tax advisor or the carrier to understand the tax consequences of any withdrawals before you request them.

Loans

While an active employee of Columbia University, you may obtain a loan from your account through TIAA-CREF (only) provided your assets are held by this carrier. If your account is with another carrier, you may request an asset transfer (Asset Transfer Form is on the web) to TIAA-CREF and then request a loan. To request a loan you simply call TIAA-CREF to request the forms and discuss your loan options (e.g. payment schedule, amount of loan).

Limits

The minimum loan amount is \$1,000 and the maximum amount is the lesser of 45% of your accumulated TDA account or \$50,000. You may have up to two loans open at one time.

Terms of a Loan

The interest rate on the loan is variable and may be changed as often as every three months. For details regarding the interest calculation please contact TIAA-CREF directly. The term of the loan can be up to five years. You also have the option of a loan term of 15 years if the loan is for the purpose of assisting with the purchase of your primary residence.

Repaying Your Loan

You will be billed quarterly for your loan by TIAA-CREF. The payments can be made by check or through automatic deductions from your checking account to TIAA-CREF. Payments cannot be made through payroll deduction.

If you miss a loan payment you will be considered in default of the loan. If you are in default, the balance of your loan will be withdrawn from your TDA account and reported as taxable income. You will be responsible for paying all related taxes including any applicable early withdrawal tax penalties. To find out more about the tax implications of default contact TIAA-CREF directly or consult your tax advisor.

Hardship Withdrawals

Subject to restrictions, you may withdraw the full value of your TDA account less post-1988 investment earnings. However, the amount cannot be more than the amount needed to meet the financial need. Under IRS guidelines you must provide documentation for the following situations to request a hardship distribution:

- Purchase of a primary residence
- Payments necessary to avoid eviction or foreclosure
- Tuition payments and related educational fees for you or your dependents
- Un-reimbursed medical expenses

You must submit your request for a hardship withdrawal to Columbia University HR Benefits/Retirement group.

In addition to regular income tax, you may be subject to a 10% penalty tax on the withdrawal amount.

If you are approved for a hardship distribution your pre-tax TDA contributions will be suspended for a minimum of six months following receipt of the hardship withdrawal. It is your responsibility to reinstate your contributions once six months' time has lapsed. You may reinstate your contributions by completing the Tax-Deferred Annuity Contributions Form.

Administration of the Columbia University Retirement Plan and Tax-Deferred Annuity Plan (“the retirement plans”)

Account Statements

You will receive a quarterly statement of your Columbia University Retirement Plan and Tax-Deferred Annuity Plan from the carrier(s) you directed investments to for each benefit. These balances may also be viewed online by visiting your carrier’s website.

Qualified Domestic Relations Orders (QDRO’s)

The retirement plans prevent distribution of your benefit to anyone other than you, or your beneficiary on your death. However, your benefits may be assigned to an “alternate payee” (e.g., an ex-spouse in the event of divorce) by court order if the Plan Administrator of the applicable plan determines it is a Qualified Domestic Relations Order. Call Columbia University HR Benefits department if you need further information.

Naming a Beneficiary

The beneficiary of your retirement plans is the person(s) or entity(ies) you choose to receive the value of your accounts in the Retirement Plan and Tax-Deferred Annuity Plan if you die while a participant.

- If you are single, you may name anyone as your beneficiary(ies).
- If you are married, your spouse is automatically your primary beneficiary, although you may name anyone you wish as a contingent beneficiary. If you want to name someone other than your spouse as primary beneficiary, you will need your spouse’s written, notarized consent.

To name, change, or add a beneficiary for the Retirement Plan or the Tax-Deferred Annuity Plan you must complete the carrier’s Beneficiary Designation Form.

If you do not complete the Beneficiary Designation Form and return it to the Benefits department your retirement benefits will be payable to the following in the event of your death:

1. Your surviving spouse, if any; otherwise
2. Your surviving children, if any; otherwise
3. Your parents, if living; otherwise
4. Your estate

Benefits payable in the name of minor children may be paid only on their behalf to a legal guardian upon proof of such guardianship.

ADOPTION ASSISTANCE PROGRAM

Columbia offers the Adoption Assistance program to assist with the costs incurred by adoptive parents.

The benefit reimburses up to \$5,000 per adoption and is available on or after your first day of full-time employment.

If you adopt two children at the same time, the maximum reimbursement is \$10,000 for the combined expenses. If both you and your spouse/same-sex domestic partner are Columbia Officers or non-union support staff members, you are eligible for a maximum \$5,000 reimbursement per adoption (\$10,000 for a simultaneous adoption of two children).

The reimbursement appears in your paycheck. No federal, state, or city taxes will be withheld. In accordance with IRS requirements, however, FICA and Medicare taxes will be withheld.

Eligibility

Full-time, benefits-eligible Officers who are in the process of adopting, or have recently adopted a child can apply for reimbursement under the Adoption Assistance Program. The adopted child must be under age of 18 when a qualified expense is paid or incurred. Further, he or she may not be the child of the employee's spouse or same-sex domestic partner.

If you leave the University, you remain eligible for reimbursement of expenses that you incurred while you were employed at Columbia. You must submit your claim within 31 days of your employment end date.

Qualified Expenses

Qualified adoption expenses are: reasonable and necessary adoption fees, court costs, attorney fees, and other expenses directly related to, and whose principle purpose is for, the legal adoption of an eligible child (whether or not the adoption is finalized). These may include:

- public or private adoption agency fees permitted or required under the law of the state having jurisdiction over the adoption
- legal and court fees
- fees for medical and hospital services provided to the child (not otherwise covered by insurance)
- traveling expenses associated with the adoption, including transportation, meals, and lodging
- immigration, child's immunization, and translation fees
- temporary foster care charges provided before placement of the eligible child in the employee's home.

Qualified expenses do not include:

- any expenses that violate state or federal law
- the costs of carrying out any surrogate parenting arrangement
- expenses for the adoption of your spouse's or same-sex domestic partner's child
- costs paid using funds received from any federal, state, or local program
- expenses allowed as a credit or deduction under any other federal income tax rule
- expenses already paid or reimbursed by another employer or other party.

Applying for Reimbursement

If you would like to apply for reimbursement, complete the application forms available at www.hr.columbia.edu/hr/ or in Human Resources. You must submit an application for reimbursement within six months of the date an adoption becomes final or the process is terminated.

Acceptable documentation of eligible expenses consists of original itemized bills accompanied by receipts or canceled checks, along with paperwork that demonstrates that a legal adoption is under way or has been finalized or terminated.

PAID TIME OFF

The University provides a liberal vacation allowance for Officers and grants a generous amount of holiday and personal days each year.

Vacation

Coverage

All Officers (excluding Officers of Instruction on less than a 12-month academic calendar) are entitled to an annual paid vacation of 23 working days. After completing 20 years of service they are entitled to 28 days. You must use your total allowance by June 30 of the year following accrual. No more than 23 days (28 after 20 years) may be carried over each July 1.

Faculty member vacations are governed by the academic calendar.

Holidays & Personal Days

Holidays

For 2007, there are 12 University holidays at the Morningside campus, 11 at Harlem Hospital, and 13 at the Medical Center.

Personal Days

Officers at most locations earn three personal days each year, which may be used to observe religious holidays or for any other purpose. Personal days accrue at the rate of one day for each four-month period worked, starting from date of employment. Officers at the Medical Center earn one personal day every six months.

2007 Schedule of University Holidays & Personal Days

2007 Schedule of University Holidays & Personal Days				
Holidays	Date	Morningside Campus	Medical Center	Harlem Hospital
New Year's Day	01/01/07	X	X	X
University Designated Holiday**	01/02/07	X	X	
Martin Luther King Jr. Birthday (Observed)	01/15/07	X	X	X
President's Day	02/19/07		X	X
Memorial Day (Observed)	05/28/07	X	X	X
Independence Day	07/04/07	X	X	X
Labor Day	09/03/07	X	X	X
Columbus Day (Observed)	10/08/07			X
Election Day	11/06/07	X	X	X
Veteran's Day (Observed)	11/12/07			X
Thanksgiving Day	11/22/07	X	X	X
University Designated Holiday	11/23/07	X	X	
University Designated Holiday	12/24/07	X	X	
Christmas Day	12/25/07	X	X	X
University Designated Holiday	12/31/07	X	X	
Total		12	13	11
Personal Days				
Number		3	2	3
** The University has designated Tuesday, January 2, 2007 to be a holiday in lieu of one University Designated Holiday in 2006.				

POST-65 BENEFITS— ACTIVE EMPLOYEES

Your Medical Coverage

When you become eligible for Medicare (age 65) as an active Officer, your medical coverage through the Columbia University health plan is your primary coverage. If your spouse/same-sex domestic partner is covered under your active Columbia University health insurance, your Columbia plan is primary for him or her as well – even if he or she is enrolled in Medicare.

Primary coverage means that you and your healthcare providers must submit claims to the University plan first. After the University plan pays, you may submit claims to Medicare, which is secondary coverage.

When you retire, Medicare will become your primary coverage, and the University's plan will be secondary. Then you will submit claims to Medicare, and then to the University plan.

Keep in Mind

Medicare has three parts, or types of coverage:

Part A (Hospital Insurance) – You are automatically enrolled for this coverage when you reach age 65. Most people do not pay any premium.

Part B (Medical Insurance) – Part B covers other medical services that you receive such as doctor's visits, surgery, physical therapy, etc. If you want this coverage, you must elect it. If you do, you will pay a monthly premium.

Part D (Prescription Drug Benefit) – This benefit helps you pay the cost of prescription drugs. If you want this coverage, you must elect it and will pay a monthly premium for it.

For more information about Medicare prescription drug coverage – Visit www.medicare.gov for personalized help or call 1-800-MEDICARE (1-800-633- 4227; TTY 1-877-486-2048)

Medicare Part D - Prescription Drug Coverage

Medicare prescription drug coverage (or Medicare Part D) is available to anyone who is eligible for Medicare. When you reach age 65, private health insurance companies may contact you to offer you Medicare prescription drug plans. These plans must provide at least a “standard” level of coverage defined by Medicare.

If you enroll in Medicare Part D, you will pay a separate premium for that benefit. You will also pay your premium for Columbia medical coverage, which includes prescription drug coverage.

What this Means to You

Medicare prescription drug coverage was designed primarily for those who do not have access to employer-sponsored prescription drug coverage. As an active Columbia employee (or covered dependent) eligible for Medicare, keep these points in mind as you consider whether to enroll in a Medicare prescription drug plan:

- **If you are enrolled in a Columbia University medical plan**, your prescription coverage is on average for all plan participants at least as good as the standard Medicare prescription drug coverage.
- Under the new law, this means **you have creditable coverage and do not have to enroll in Medicare Part D**. You will not be penalized if you decide to enroll in Medicare prescription coverage later.

There's no advantage to doubling up on prescription coverage. If you join a Medicare prescription drug plan, you continue to receive your medical and prescription benefits through Columbia University. You will pay the full premium for your Columbia University (medical and prescription drug) coverage as well as the premium for Medicare Part D. Since your benefits under the Columbia plan will be primary, it is unlikely you will receive much benefit, if any, from Medicare.

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

The enrollment period for Medicare Part D will be November 15 through December 31 each year. You may also enroll when you first become Medicare eligible, or after leaving University employment when you are age 65 or older.

Important Reminder

If you enroll in a Medicare prescription drug plan after May 15, 2006, you may need to provide a copy of the Columbia Prescription Drug Plan information to show that you have had creditable coverage. That means you will not have to pay a higher premium for Medicare prescription drug coverage. 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 a copy of this information by calling your local Columbia Human Resources office.

WHEN YOU LEAVE

When your employment ends, you are eligible for certain entitlements to the benefit program in which you are enrolled. These entitlements may be offered to you under the Consolidated Omnibus Budget Reconciliation Act (COBRA) of 1985 or through rights that you have to convert policies from Columbia group contracts to individual contracts directly with the vendors.

COBRA

When your Coverage Terminates

You, your spouse or same-sex domestic partner, and your dependent children—if covered under the University's medical, dental or the Healthcare Flexible Spending Accounts—have certain rights to continue your coverage under COBRA.

Employee Benefit Plan Administration (EBPA) administers the University's COBRA coverage. Once EBPA is notified that coverage is terminated, they will provide additional information to you, mailed to the last home address in our system. This information includes the coverage available for continuation, the period that this coverage can be extended, and the premiums required.

When your Spouse/Same-Sex Domestic Partner/Dependents' Coverage Terminates

It is the Officer's obligation to notify Human Resources Benefits when your spouse/same-sex domestic partner or dependent child no longer qualifies for coverage under your benefit plans (for example, divorced or legally separated spouses must be removed). Because of the tax-deferred nature of most of the premiums in the University's benefit plans, to continue coverage for the ineligible dependent puts the plan and your individual tax filing at risk.

Depending upon the reason for the removal from your coverage, there may be COBRA continuation rights available to your dependents. (Therefore, it is also important that information on rights and entitlements be provided directly to the affected individual.) Please notify Human Resources Benefits of any address change that may also occur for your spouse/same-sex domestic partner/dependent due to an eligibility change.

COBRA entitlements are explained in complete detail in the *Benefits Entitlements under COBRA and Conversion* brochure available online at www.hr.columbia.edu or in your local HR office.

Conversion Rights

Life Insurance and Long Term Disability

If you are covered under a group life insurance policy or group long-term disability policy through Columbia University, you have the right to convert that policy to a direct-pay policy with the insurer. If you apply within the established deadlines (usually 30 days from termination or 30 days from notification of your rights) you cannot be denied an individual policy. Your rates for the individual policy will be determined by the insurer based upon its individual book of business. This means that your rates may be considerably higher than you currently pay. In some cases, you may be given the opportunity to submit proof of good health and receive lower individual rates. You should discuss your options with the individual carrier.

Long-Term Care

If you are covered under the John Hancock Long-Term Care policy, your policy will automatically convert to a direct-billing policy should you be absent from the active payroll for more than two months. By paying your billed premium directly to John Hancock, and paying any required retroactive premium, you will continue your long-term care insurance without interruption and without a premium change.

You will receive more information about conversion when you terminate. You can also find details in the *Benefits Entitlements under COBRA and Conversion* brochure.

Death During Active Service

The estate of full-time Officers who die during active service will receive post-mortem pay for any time worked (but not previously paid) prior to death, vacation and personal day balances, and in addition, will receive one month's regular pay. The check will be made payable to the estate and will be sent to the last address for the Officer.

In addition, under certain conditions, surviving spouses, same-sex domestic partners and dependent children may be eligible for benefits continuation.

10 or more years of service, age 55 or older

If an Officer dies during active service, is age 55 or older and has had 10 or more years of continuous benefits-eligible service, the covered spouse/same-sex domestic partner and dependent children will qualify for entitlements in the University's medical plans under the same provisions as a survivor of a retired Officer. Premiums will be required for this coverage.

Tuition benefits are continued to the spouse/same-sex domestic partner to complete a degree program begun before the Officer's death. Tuition benefits for dependent children continue under the same provisions of the Tuition Exemption, Primary Tuition Scholarship (PTS) and College Tuition Scholarship (CTS) Program in effect—at the time of the application—for all Officers who shared the deceased Officer's date of hire.

10 or more years of service, under age 55

If an Officer is under age 55, but has 10 or more years of continuous benefits-eligible service at the time of death, medical coverage will be continued for the covered spouse/same-sex domestic partner and dependent children for one year from the date of death—at no cost to the survivor. At the end of the year of coverage continuation, COBRA entitlements apply.

In addition, tuition benefits are continued to the surviving spouse/same-sex domestic partner to complete a degree program begun before the Officer's death. Tuition benefits for dependent children continue under the same provisions of the Tuition Exemption, Primary Tuition Scholarship (PTS) and College Tuition Scholarship (CTS) Programs in effect—at the time of the application—for all Officers who shared the deceased Officer's date of hire.

Less than 10 years of service, any age

If an Officer has less than 10 years of continuous benefits-eligible service at the time of death, medical coverage will be continued for the covered spouse/same-sex domestic partner and dependent children for one year from the date of death—at no cost to the survivor. At the end of the year of coverage continuation, COBRA entitlements apply.

Tuition benefits, including Tuition Exemption, College Tuition Scholarship (CTS), and Primary Tuition Scholarship (PTS), will be continued to the dependent child only, and only to complete a degree program (school year for PTS) begun before the Officer's death.

The Human Resources Web Site has all the benefit information you need. Go to:

www.hr.columbia.edu/hr and go to the Benefits section.

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 POS, CIGNA POS, Oxford POS, CIGNA Modified Indemnity, CIGNA International, Medco Rx, the Columbia Dental Plans, 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 Human Resources employees can only disclose your protected health information for a limited number of purposes:

- To make or obtain payments
- To conduct health care 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 Human Resources can disclose information about your or your dependents' health insurance, dental insurance, prescription drug coverage, Healthcare Flexible Spending Account 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 e-mail 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 under "Benefits" at www.hr.columbia.edu/hr/.

Privacy Officer

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

Privacy Officer
Columbia University HR
1901 Interchurch Center, MC 7705
475 Riverside Drive
New York, NY 10115
E-mail: hrprivoff@columbia.edu
Fax: (212) 870-3365

Authorization Forms

For HIPAA authorization forms, please visit your local HR office or the Columbia HR web site in the "Forms Library" at www.hr.columbia.edu/hr/.

YOUR RIGHTS UNDER ERISA

ERISA

As a participant in the medical, dental, long-term disability, retirement, life insurance or reimbursement accounts described in this handbook, you are entitled to certain rights and protections under the Employee Retirement Income Security Act (ERISA). You are entitled to receive a yearly summary of each plan's financial report. You can examine, free of charge, all the official documents related to the plans (such as insurance contracts or any other plan documents or reports) in the Columbia University HR Benefits department. If you wish, you can obtain your own copies of plan documents by writing to HR Benefits. You may have to pay a reasonable charge to cover the cost of postage and photocopying.

In addition to creating rights for plan participants, ERISA imposes duties upon the people who administer the plans. These people are called "fiduciaries" and have a duty to act prudently and in participants' and beneficiaries' interests. No one, including your employer or any other person or organization, may terminate you or otherwise discriminate against you in any way in order to prevent you from obtaining your plan benefits or exercising your rights under ERISA.

Under ERISA, there are steps you can take to enforce your rights. For instance, if you request materials from the Plan Administrator in writing and do not receive them within 30 days, you may file suit in a federal court. In such a case, the court may require the Plan Administrator to provide the materials and pay you up to \$110 a day until you receive the materials, unless the materials were not sent because of reasons beyond the Plan Administrator's control.

If you have a claim for benefits, which is denied, in whole or in part, you must receive a written explanation of the reasons for the denial. For the medical, dental, life and long-term disability plans, the claims process is described in the explanation of claim denial letter. As to the other plans covered by ERISA, you have the right to have the Plan Administrator review and reconsider the claim by submitting a request for appeal within 60 days of the denial. The request may be made by you or your authorized representative and should include the reason you are requesting review of the claim as well as any additional information that supports your claim. A review of your claim will take place no later than 120 days after receipt of your appeal. If your claim is still denied, you may file suit in a state or federal court. If it should happen that plan fiduciaries misuse the plan's money, or if you are discriminated against for asserting your rights, you may seek assistance from the U.S. Department of Labor, or you may file suit in a federal court.

The court will decide who should pay court costs and legal fees. If you're successful, the court may order the person you have sued to pay these costs and fees. If you lose, the court may order you to pay these costs and fees.

If you have any questions about your rights under ERISA, you may contact the nearest office of the U.S. Labor Management Services Administration, Department of Labor.

CONTACT INFORMATION

Carrier Contacts:

Carrier	Website	Phone
Medical		
Aetna	www.aetna.com	1-888-444-3368
Oxford	www.oxhp.com	1-800-760-4566
CIGNA	www.cigna.com	1-800-244-6224
HIP	www.hipusa.com	1-800-447-8255
Dental		
Columbia Dental Plan and Dental Plan Plus	www.columbiadentalplan.com	1-212-305-0763
Prescriptions		
Medco Rx	www.medcohealth.com	1-800-230-0508
Life Insurance		
The Standard Life Insurance	www.standard.com	1-888-264-3057
FSA's, Transit/Parking		
EBPA	www.cbaebpa.com	1-888-678-3457
Long-Term Care		
John Hancock	http://columbia.johnhancock.com	1-800-964-3039

HR Benefits Contacts:

For all Benefits-related questions, contact:

Columbia University HR Benefits

1901 Interchurch, MC 7705

475 Riverside Drive

New York, NY 10115

Phone: (212) 870-2286

Secure fax: (212) 870-3388

hrbenefits@columbia.edu

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

www.hr.columbia.edu/hr/



