



2010

Benefits in Brief

Officers

Table of Contents

2010 Benefits in Brief Officers

Effective January 1, 2010

Introduction	2
What's New for 2010	3
Who is Eligible for Benefits	6
Making Changes to Your Benefits During the Year	10
Medical Coverage	11
Medical Plan Comparison Chart	16
Medical Contributions	20
Employee Assistance Program (EAP)	22
Back-up Care	24
Prescription Drug Coverage	25
Aetna Columbia Dental Plan	26
Flexible Spending Accounts (FSAs)	29
Healthcare Flexible Spending Account	29
Dependent Care Flexible Spending Account	30
Disability Insurance	33
Term Life Insurance	37
Long-Term Care (LTC) Insurance Program	40
Transit/Parking Reimbursement Program (T/PRP)	42
Business Travel Accident Insurance	46
Retirement Plans	50
Adoption Assistance Program	55
Paid Time Off	57
2010 Schedule of University Holidays and Personal Days	58
Post-65 Benefits – Active Employees	59
Medicare Prescription Drug Coverage	60
If You Leave	63
Contact Information	70

Introduction

Benefits in Brief highlights your benefits for calendar year 2010. Full details regarding coverage, eligibility and limitations can be found in the official Plan documents. If there are any discrepancies between the information in this publication, verbal representations, and the Plan documents, the Plan documents will always govern. Columbia University reserves the right to change or terminate these plans at any time. This publication is in no way intended to imply a contract of employment.

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, 2010. It is important information, so keep it with your other benefits information.

Benefits in Brief provides information about the benefits 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 please take the time to learn about them.

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

- Information about Columbia University HR Benefits, including the following topics:
 - Your current benefits enrollment, in the CU Benefits Enrollment System
 - Frequently Asked Questions
 - Links to health plan websites and network doctors
 - Tuition programs:
 - Tuition Exemption for Officers
 - College Tuition Scholarship Program (CTS)
 - Primary Tuition Scholarship Program (PTS)
 - Healthcare Coverage Through COBRA
 - Forms, including medical claim forms
- Important policy information at www.hr.columbia.edu/policies
- Information about other services and University programs, in the Working at Columbia guide

What's New for 2010

There are many changes for the upcoming calendar year. Highlights of these changes are summarized below:

- **Two New POS Medical Plans:** Healthcare costs are increasing rapidly and outpacing all other costs. Columbia University is introducing two new medical plans that will help to provide affordable options – both for Columbia colleagues and the University. The two new plans are:
 - CIGNA POS 90
 - UHC POS 90

If you were thinking about making a change to a lower-cost option last year but didn't want to change your network, now you can. These new POS plans have the same networks of doctors and hospitals as the current CIGNA POS and UHC POS plans. They are lower in cost – in terms of your payroll deduction – than the 2010 CIGNA and UHC POS 100 plans, because there is additional cost when you use healthcare services. These two new POS plans mirror the benefits of the Aetna POS II – which will now be called the Aetna POS 90. These new plans will reimburse 90% of covered services versus 100% in the current CIGNA POS and UHC POS. These plans will be re-named CIGNA POS 100 and UHC POS 100.

- **New Copays For All POS and HMO Plans:** The copay for routine office visits is increasing from \$15 to \$20. The copay for Emergency Room visits is increasing from \$50 to \$100. Preventive care (annual physicals, children's check ups, etc.) is still covered at 100% with no copay.
- **Inpatient Hospital Copay for CIGNA and UHC POS 100:** The new copay is \$250 per hospital admission.
- **Out-of-Network deductibles, coinsurance and out-of-pocket maximums:** Each of the POS plans provide benefits outside of the network. For 2010, if you use doctors or other providers who do not participate in your selected network, your share of the cost will be higher. The new deductibles are \$500 individual/\$1,500 family, then Columbia University pays 70% coinsurance (you pay 30%) up to the out-of-pocket maximum of \$3,000 individual/\$6,000 family. Once you reach the out-of-pocket maximum, Columbia University pays 100% up to "Reasonable and Customary" limits. If you seek services from a doctor or other provider who does not participate in your selected carrier network, please remember to ask how much the services are going to cost. Then, contact your medical carrier's member services to see how much of the fees will be considered for reimbursement.
- **Mental Health Parity and Addiction Equity Act of 2008:** This act requires mental health and substance abuse benefits to be covered similarly to other medical conditions in the plan. Copays and other benefit provisions have been adjusted to align with this legislation.

- **Clinical Management Programs in All Medical Plans:** Each of the medical carriers now use information technology to facilitate quality of care and patient safety. You may receive written correspondence and/or a phone call if you have a health condition or procedure that is monitored by one of these programs (e.g. organ transplants, diabetes, asthma, coronary artery disease, congestive heart failure, chronic obstructive pulmonary disease, etc.). These programs use nationally recognized clinical practice guidelines from leading organizations such as National Institutes of Health (NIH), American Heart Association (AHA), American Diabetes Association (ADA), etc., to establish their protocols and guidelines. The medical carriers also have additional programs to manage costs and services for complex, catastrophic conditions and may contact you to provide support should you or a covered dependent experience such an event.
- **New member ID cards for all medical plans: Make sure your doctors know!** You will receive a new ID card by January 10. Be sure to let your doctors know to use the new member number on your card when they submit claims on your behalf. If you need your new member number before you receive your ID card, you may go online and print a temporary one. If you don't receive your new ID card by January 10, please call your medical insurance carrier. See page 70 for all insurance carrier contact information.
- **MetLife Replaces CIGNA for Long-Term Disability Coverage:** MetLife will be the new insurance carrier for both Basic and Optional Long-Term Disability (LTD) coverage. With this change, the new premium for Optional LTD will be less than current costs. This represents a direct savings for people currently participating in this plan. If you haven't done so before, now may be the time to evaluate the extra protection available through the Optional LTD.
 - If you previously applied for this coverage and your application was denied by CIGNA, please consider applying to MetLife for coverage. Each insurance carrier has different policies and protocols, so we encourage you to apply for this coverage again.
 - If you are currently enrolled in this coverage for 2009, your coverage automatically will roll over into 2010. You will pay less for Optional LTD beginning January 1.
- **Social Security Numbers are Mandatory:** Recent legislation requires the collection of Social Security Numbers for all covered members and their dependents under a medical plan. If you do not have a Social Security Number on file for any of your covered dependents, **you risk losing their medical coverage effective January 1, 2010.** Confirm the Social Security Numbers of your covered dependents through the online CU Benefits Enrollment System. If your dependent's Social Security Number is not correct, you may update it online.
- **Dependent Care Flexible Spending Account (FSA):** The maximum contribution amount is increased from \$2,500 to \$5,000 annually.

Important Reminders

- **Employee Assistance Plan (EAP):** Earlier this year, Columbia University introduced a nationwide program to assist colleagues and their household members with life issues. You can call the EAP anytime and speak directly with a counselor. You can also request help making travel arrangements through the EAP's convenience benefits. A variety of other services are available through the convenience program. Adult/Eldercare support is also provided through the EAP. For more information about the resources about this valuable program, please see page 22.
- **Transit/Parking Reimbursement Program (T/PRP) Contribution Limits:** In May 2009, these limits were increased to \$230 for the new Transit monthly maximum contribution and \$230 for the new Parking monthly maximum. There are no increases for 2010 as of this publication date.
- **To continue participating in the following benefits in 2010:**



You must re-enroll!

- Health Care Flexible Spending Account (FSA)
- Dependent Care Flexible Spending Account (FSA)
- Transit Reimbursement Program
- Parking Reimbursement Program

If you are enrolled in any of these benefits in 2009 and you do not re-enroll for 2010, your deductions will be \$0 on January 1, 2010, and you will not be covered in any of these programs.

Who is Eligible for Benefits

Benefits for Full-Time Officers

As a full-time, active Columbia University Officer, you and your family are eligible for various benefit programs described in this booklet. You and your eligible dependents are eligible for benefits on your date of hire.



If you are newly hired: You must enroll for benefits within 31 days of your date of hire.

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

After you enroll in medical or dental benefits, you will receive an ID card directly from the insurance carrier. It takes approximately four weeks for you to receive your ID card.

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 elections during annual Benefits Open Enrollment, held each fall. Changes you make during annual Benefits Open Enrollment take effect the following January.

Who You Can Cover

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

- Yourself only
- Yourself and your spouse or yourself and your same-sex domestic partner
- Yourself and a child or children
- Family

If You and Your Spouse/Same-Sex Domestic Partner Both Work for the University

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

- One spouse makes the medical choice for the entire family, including eligible dependent children, if any. In this case, the other spouse must select “No Coverage.”

- Each spouse can make his or her own medical choice. In this case, all eligible dependent children must be covered by one spouse or the other.

Eligible Dependents

Your dependents can be covered under your benefits provided they meet the following requirements:

- Legal spouse
- Same-sex domestic partner or civil union partner, provided your partner is:
 - At least 18 years old
 - Not related to you by blood
 - Not legally married to another person
 - In the case of a civil union partnership, is entered into a certified civil union under applicable state law that recognizes a relationship between people of the same gender or treats a relationship between people of the same gender as a marriage

And meets two or more of the following requirements:

- Shares the same principal residence with you full-time and continuously for the past 12 months
- Shares financial responsibilities with you, such as co-ownership of property, joint financial accounts, etc.
- Has power of attorney for medical purposes
- Unmarried legally dependent children, including adopted children, foster children and stepchildren of your spouse or same-sex domestic partner, provided that you declare the child(ren) as dependents on your income tax returns. Dependent children are covered:
 - 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
 - If a court has appointed you legal guardian (for any child from birth to age 19, or to age 26 if a full-time student)

Verify Student Status to Avoid Loss of Coverage

A full-time student is defined as a student who is taking 12 or more credits at an accredited educational institution, or as defined as full-time by the institution they are attending.

You must provide proof of your child's student status. Each year, Aetna, CIGNA or UHC will request verification, which may include:

- A signed letter from the Registrar or Dean of Students
- A copy of your dependent child's current semester official class schedule
- A copy of the current term tuition bill showing full payment
 - School name (accredited educational institution)
 - Student name
 - Term
 - Credits: 12 or more (9 or more for graduate students) or indication of full-time status

In addition, you may be asked to provide the following information:

- Medical plan member ID (located on your ID card)
- Medical plan policy/account number (located on your ID card)

If you do not provide all the requested information, your child's coverage will automatically terminate.

If your child requires a medically necessary leave of absence from school due to a disability, your child may continue to be covered, provided all other eligibility requirements are met as noted above. Contact your selected medical insurance carrier for additional information if your child requires a leave of absence.

Proof of Dependent Eligibility

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

You must be prepared to provide satisfactory proof that your covered dependents meet the eligibility requirements. Audits are conducted periodically each year to ensure that all dependents continue to meet the eligibility requirements of the benefit plans. If you are selected for this audit, you will receive a letter detailing the audit process and you will be asked to provide proof of eligibility for coverage. 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. If you are not able to provide proof that your dependent is eligible for coverage, your dependent's coverage will be terminated.

Report Changes in Dependent Eligibility

When a dependent is no longer eligible, it is your responsibility to report this change to the Columbia University HR Benefits Service Center within 31 days of the change. Examples of changes include, but are not limited to: divorce; child is no longer a student; child reaches maximum age; etc.

There are two ways you can report a change in dependent eligibility:

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

Benefits for Part-time Officers of Administration

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

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

Regular positions are those without a planned end date.

Temporary part-time employees are not eligible for part-time benefits. Temporary positions are those approved for a temporary period of time and have an end date.

Please see www.hr.columbia.edu/benefits for a complete description of part-time benefits.

Ineligible Officers

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

Making Changes to Your Benefits

Making Changes to Your Benefits During the Year

Columbia University benefits are tax-favored plans governed by the Internal Revenue Service, Section 125. The regulations limit when you can add coverage for a dependent or make changes to your healthcare benefits and Flexible Spending Account elections during the year.



After your initial enrollment, or after annual Benefits 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 go to the CU Benefits Enrollment System at www.hr.columbia.edu/benefits to make any changes to your benefits within 31 days of the event.**

Examples of a qualified life status change include:

- Marriage, divorce, or the beginning or end of a same-sex domestic partnership
- Birth, adoption, placement for adoption
- Death of a dependent (spouse, same-sex domestic partner, child)
- 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
- Spouse or eligible dependent called to military duty in the United States armed forces.
- Job promotions and/or transfers that change the benefit offerings within job grade and/or bargained benefits.

If you experience a qualified life status change, you must go to www.hr.columbia.edu/benefits and make your changes within 31 days of the event. If you need assistance, please contact the HR Benefits Service Center at (212) 851-7000 and a representative will help you with your changes. Please remember that since these benefits must comply with IRS regulations, you may be subject to audit. Therefore, you must be able to provide proper documentation for your change (for example, marriage certificate or birth certificate). Your benefits changes must be consistent with the nature of your qualified life status change.

Transit/Parking Reimbursement Plans:

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

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

Medical Coverage

Colleagues at Columbia University join us from around the world, and the U.S. healthcare system can be quite daunting to comprehend. This section provides more information about your medical options. You may also refer to the Medical Comparison Chart on pages 16 and 17, to view your options.

The Plan covers only **medically necessary** services and supplies that are provided for the purpose of preventing, diagnosing or treating an acute sickness, injury, mental illness, substance abuse or symptoms, subject to the terms and conditions of the selected medical plan. In addition, certain preventive care services are covered within limitations.

For a service or supply to be considered medically necessary, it must be:

- Ordered by a licensed physician
- Supported by national medical standards of practice and consistent with conclusions of prevailing medical research (based on well-conducted, randomized, controlled trials or well-conducted cohort studies)
- Consistent with the diagnosis of the condition
- Required for reasons other than for the convenience or peace of mind of the patient or his/her physician
- Consistent in type, frequency and duration of treatment with scientifically based guidelines of national medical, research or health care coverage organizations or governmental agencies that are accepted by the selected Claims Administrator
- Other than experimental or educational in nature

The fact that a physician has performed or prescribed a procedure or treatment, or the fact that it may be the only treatment for a particular injury, illness or pregnancy, does not mean that it is a medically necessary service or supply as defined above. The definition of “medically necessary” used in this Benefits in Brief relates only to benefit coverage, and may differ from the way you or your doctor define medical necessity.

Your Medical Plan Options

Columbia University offers eight medical plans for you to choose from through several different insurance carriers. You select the network of providers that best meets your needs.

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

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

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

It is your responsibility to check that a provider is in the network – otherwise you will pay the higher deductible and coinsurance of the out-of-network benefits. Please keep this in mind if a doctor refers you for blood tests, X-rays, or other services. Call your insurance carrier before you receive the service (or supply) if you are not sure.

When you use POS network providers, you pay a \$20 copay for routine and specialist office visits. Preventive care is covered at 100% for in-network services.

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 (coinsurance) up to "Reasonable and Customary" (R&C) limits. Once you reach the maximum out-of-pocket limit, the plan pays 100% of R&C.

Aetna POS 90

The Aetna POS 90 plan gives you access to a national network of physicians and hospitals. The Aetna POS 90 is an "open access" plan, **so you do not need a Primary Care Physician (PCP) to manage your medical care or provide referrals to specialists.**

For routine in-network office visits with a network PCP or specialist, your copay is \$20. The Aetna POS 90 pays the rest.

For all other in-network medical services, when your deductible and coinsurance of 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.

CIGNA POS 90 & 100

For both CIGNA POS plans, you must choose a Primary Care Physician (PCP) for yourself and each covered family member prior to receiving in-network services. The PCP manages your care and referrals to specialists. The CIGNA POS network applies to the tri-state area only (New York, New Jersey and Connecticut). If you receive medical treatment outside of the tri-state area, these covered services are reimbursed at the out-of-network level of benefits.

UHC POS 90 & 100

Both UHC POS plans offer a 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.** Important: UHC reimbursement follows the physician. In order to receive the higher level of in-network benefits, your treating physician must participate in the network.

Getting Nowhere?

Have you called your selected medical insurance carrier several times about a claim problem and not received a response? Did you know the Columbia University HR Benefits Service Center is available to help you? You can call us at **(212) 851-7000** or email hrbenefits@columbia.edu with a description of the issue.

How do the Aetna, CIGNA and UHC POS 90 Plans Work for In-Network Benefits?

There is a fixed amount you pay when you go to a doctor's office for a routine office visit. This is the copay of \$20. Preventive care (annual check-up, etc.) is covered at 100%, so you pay nothing.

What if you need tests or surgery?

After your office visit, if you have tests, you first pay the deductible, then your Plan pays 90%. You pay 10% of network negotiated fees – but only until you reach the out-of-pocket maximum.

(See examples next page.)

Example #1: In-network MRI fee of \$800

MRI Network Charge	\$800	
Individual Deductible	\$150	This is the amount you pay 1x per calendar year
Balance	\$650	
Your Coinsurance of 10%	<u>x .10</u>	
Amount due to network provider	= \$ 65	Amount you pay in addition to the deductible

Your total out-of-pocket cost is \$215 for this MRI.

Once you've met the deductible, you only pay the coinsurance amount. To illustrate, let's say you need an EKG that same calendar year.

Example #2: EKG In-network fee of \$400

EKG Network Charge	\$400	
Individual Deductible	Not applicable: You already paid this amount	
Balance	\$400	
Your Coinsurance of 10%	<u>x .10</u>	
Amount due to network provider	= \$ 40	This is the total amount you pay

What is an Out-of-Pocket Maximum?

If you have paid the deductible, and you've paid your 10% coinsurance for covered services, when these two costs add up to the out-of-pocket maximum, then your selected Plan pays 100% of covered charges for the remainder of the calendar year. However, there are important differences between in-network and out-of-network reimbursement.



In-Network: Once the amounts you've paid reach the out-of-pocket maximum, your selected plan pays 100% of covered charges for the remainder of the calendar year. Your network providers cannot bill you for any balances. If you are billed by a network provider for any amount that exceeds the network negotiated fees, please contact your insurance carrier immediately. Member services will assist you with resolving any billing problems with a network provider.

Out-of-Network: Once the amounts you've paid reach the out-of-pocket maximum, your selected plan pays 100% of covered expenses but only up to the Reasonable and Customary (R&C) limits or Maximum Allowable Charge. These limits are determined differently by each of the insurance carriers. Be sure to check the costs with your provider and then with your selected medical insurance plan to understand your share of the cost of an out-of-network service and/or procedure. *Providers can bill you for any unpaid balance and you are solely responsible for these payments.*

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.

CIGNA Modified Indemnity Plan

In this plan, you can use any healthcare provider or facility, and the plan will pay the same level of benefit. Many services and procedures require you to obtain pre-certification from CIGNA before you undergo treatment. Reimbursement for covered medical expenses is only up to the "Reasonable and Customary" limits. Also, keep in mind that this plan has very high deductibles and you may not receive plan benefits unless your medical expenses are also quite high.

CIGNA International Plan

If you relocate outside the U.S. or to Puerto Rico, you may be eligible to choose the CIGNA International Plan. Please contact the HR Benefits Service Center at (212) 851-7000 to discuss your international assignment and how it might affect your medical benefits.

Vision Care

All employees and their covered dependents who participate in the Aetna POS or CIGNA POS Plans are also covered by a vision benefit.

Vision

Hardware (Lenses and Frames) and Contact Lenses	Aetna POS	CIGNA POS (VSP Network)*
Single lenses	\$100 allowance for all hardware and contact lenses once every 12 months. Additional discounts off retail hardware (e.g., 40% off eyeglass frames) at participating providers. Call Aetna for details using the number on the back of your member ID medical card.	\$20
Bifocal lenses		\$30
Trifocal lenses		\$40
Lenticular lenses		\$75
Frames		\$30 Allowance; 1x every 24 months
Contact lenses: cosmetic		Not covered
Contact lenses: Medically necessary		\$75

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

Medical Plan Comparison Chart*

	AETNA POS 90		CIGNA POS 90 (New)		CIGNA POS 100	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Preventive Care	100%	Not covered	100%	Not covered	100%	Not covered
Physician Office Visits	\$20 copay	70% after deductible	\$20 copay	70% after deductible	\$20 copay	70% after deductible
Annual Deductible						
Individual	\$150	\$500	\$150	\$500	None	\$500
Family	\$300	\$1,500	\$300	\$1,500	None	\$1,500
Coinsurance (% paid by CU)	90% after deductible	70% after deductible	90% after deductible	70% after deductible	100%	70% after deductible
Out-of-Pocket Maximum						
Individual	\$1,000	\$3,000	\$1,000	\$3,000	N/A	\$3,000
Family	\$2,000	\$6,000	\$2,000	\$6,000	N/A	\$6,000
Hospital Services						
Inpatient Care	90% after deductible <i>Precertification required</i>	70% after deductible <i>Precertification required</i>	90% after deductible <i>Precertification required</i>	70% after deductible <i>Precertification required</i>	\$250 copay per admission <i>Precertification required</i>	70% after deductible <i>Precertification required</i>
Outpatient Care	90% after deductible <i>Precertification required</i>	70% after deductible <i>Precertification required</i>	90% after deductible <i>Precertification required</i>	70% after deductible <i>Precertification required</i>	100% <i>Precertification required</i>	70% after deductible <i>Precertification required</i>
Emergency Room	\$100 copay	\$100 copay	\$100 copay	\$100 copay	\$100 copay	\$100 copay
Mental Health & Substance Abuse						
Inpatient Care	90% after deductible <i>Precertification required</i>	70% after deductible <i>Precertification required</i>	90% after deductible <i>Precertification required</i>	70% after deductible <i>Precertification required</i>	\$250 copay per admission <i>Precertification required</i>	70% after deductible <i>Precertification required</i>
Outpatient Care	\$20 copay Annual maximum of 60 visits <i>Precertification required</i>	70% after deductible Combined annual maximum of 60 visits <i>Precertification required</i>	\$20 copay Annual maximum of 60 visits <i>Precertification required</i>	70% after deductible Combined annual maximum of 60 visits <i>Precertification required</i>	\$20 copay Annual maximum of 60 visits <i>Precertification required</i>	70% after deductible Combined annual maximum of 60 visits <i>Precertification required</i>
Infertility Treatment						
ART, IVF, GIFT, ZIFT	Annual benefit limit: \$5,000		Annual benefit limit: \$5,000		Annual benefit limit: \$5,000	

* The above chart represents highlights of Plan provisions. Clinical medical management restrictions and other limits apply.

UHC POS 90 (New)		UHC POS 100		AETNA HMO	HIP HMO	CIGNA Modified Indemnity
In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network Only	In-Network Only	Reimbursement up to R&C
100%	Not covered	100%	Not covered	\$20 copay	\$20 copay	Not covered
\$20 copay	70% after deductible	\$20 copay	70% after deductible	\$20 copay	\$20 copay	100%
\$150	\$500	None	\$500	None	None	\$3,000
\$300	\$1,500	None	\$1,500	None	None	\$6,000
90% after deductible	70% after deductible	100%	70% after deductible	100%	100%	100% of covered cost after deductible
\$1,000	\$3,000	N/A	\$3,000	N/A	N/A	\$3,000
\$2,000	\$6,000	N/A	\$6,000	N/A	N/A	\$6,000
90% after deductible <i>Precertification required</i>	70% after deductible <i>Precertification required</i>	\$250 copay per admission <i>Precertification required</i>	70% after deductible <i>Precertification required</i>	\$250 copay per admission <i>Precertification required</i>	\$250 per admission	100% after deductible
90% after deductible <i>Precertification required</i>	70% after deductible <i>Precertification required</i>	100% <i>Precertification required</i>	70% after deductible <i>Precertification required</i>	\$75 copay for surgery <i>Precertification required</i>	\$20 copay	100% after deductible
\$100 copay	\$100 copay	\$100 copay	\$100 copay	\$100 copay	\$100 copay	100% after deductible
90% after deductible <i>Precertification required</i>	70% after deductible <i>Precertification required</i>	\$250 copay per admission <i>Precertification required</i>	70% after deductible <i>Precertification required</i>	\$250 copay per admission <i>Precertification required</i>	\$250 copay	100% after deductible <i>Precertification required</i>
\$20 copay Annual maximum of 60 visits <i>Precertification required</i>	70% after deductible Combined annual maximum of 60 visits <i>Precertification required</i>	\$20 copay Annual maximum of 60 visits <i>Precertification required</i>	70% after deductible Combined annual maximum of 60 visits <i>Precertification required</i>	\$20 copay Annual maximum of 60 visits <i>Precertification required</i>	\$20 copay	100% after deductible Annual maximum of 60 visits <i>Precertification required</i>
Annual benefit limit: \$5,000		Annual benefit limit: \$5,000		100% with plan limits	Lifetime limit: 2 IVF cycles	Annual benefit limit: \$5,000

Three Steps to a Smart Decision

Health care coverage is a very personal decision. Only you know your health and financial needs best, so it makes sense for you to determine how much to pay for coverage versus how much to spend when you use your benefits.

Making a health plan decision involves these three steps:

1. Understand your health care benefit plan options and the cost (contributions)
2. Think about the health care services you expect to use next year
3. Do the math – compare your cost of coverage (contributions) to your cost of care (copays, deductibles, coinsurance)

Based on your anticipated needs, consider using a health care Flexible Spending Account (FSA) to cover your expenses on a tax-favored basis.

Take advantage of decision support tools available on the CU Benefits Enrollment System.

Decision Support Tools

- Medical Plan Comparison Tool
- Flexible Spending Accounts Tool
- Transit/Parking Reimbursement Program
- Life Insurance Needs Analysis Tool

Your Cost for Medical Coverage (Contributions)

The Columbia University medical and prescription benefits are “self-insured” (except for HIP HMO). That is, Columbia University does not pay “premiums” to each of the insurance carriers. Columbia University pays your healthcare claims plus an administrative fee to the insurance carriers.

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

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

1. The plan you select,
2. The coverage level you elect, and
3. Your Annual Benefits Salary. This is calculated as of July 1 and is the greater of (a) your base salary or (b) your prior 12 months' compensation from the University as of June 30, including certain approved additional and private practice compensation.

If you are newly hired, your Annual Benefits Salary is calculated from your compensation at date of hire through the following July 1.

Your Cost for Same-Sex Domestic Partner/Civil Union Partner

Federal income tax rules require that your contributions toward the coverage of a same-sex domestic partner or civil union partner be deducted from your pay on an after-tax basis. In addition, University contributions toward the total cost of coverage for your domestic or civil union partner are taxable to you.

Your Cost for Medical Coverage (Contributions)

2010 Monthly Pre-Tax Contributions for Medical & Rx Coverage

Annual Benefits Salary	Yourself Only	Yourself & Spouse or Same-Sex Domestic Partner	Yourself & Child or Children	Family
------------------------	---------------	--	------------------------------	--------

Below \$35,000

Aetna POS 90	\$0	\$35	\$22	\$47
Aetna HMO	\$45	\$135	\$81	\$180
CIGNA POS 90	\$23	\$69	\$41	\$91
CIGNA POS 100	\$45	\$118	\$84	\$161
CIGNA Indemnity	\$70	\$210	\$126	\$280
UHC POS 90	\$47	\$142	\$85	\$189
UHC POS 100	\$79	\$215	\$146	\$292
HIP HMO	\$28	\$84	\$51	\$111

\$35,001 to \$44,999

Aetna POS 90	\$17	\$53	\$32	\$71
Aetna HMO	\$71	\$216	\$129	\$287
CIGNA POS 90	\$39	\$117	\$70	\$157
CIGNA POS 100	\$64	\$173	\$117	\$235
CIGNA Indemnity	100	\$301	\$181	\$402
UHC POS 90	\$72	\$216	\$130	\$288
UHC POS 100	\$108	\$298	\$196	\$403
HIP HMO	\$48	\$144	\$87	\$192

\$45,000 to \$79,999

Aetna POS 90	\$50	\$152	\$91	\$202
Aetna HMO	\$138	\$413	\$248	\$553
CIGNA POS 90	\$77	\$232	\$139	\$308
CIGNA POS 100	\$106	\$301	\$193	\$404
CIGNA Indemnity	\$162	\$486	\$292	\$648
UHC POS 90	\$111	\$335	\$201	\$447
UHC POS 100	\$151	\$431	\$276	\$580
HIP HMO	\$92	\$275	\$165	\$367

2010 Monthly Pre-Tax Contributions for Medical & Rx Coverage

Annual Benefits Salary	Yourself Only	Yourself & Spouse or Same-Sex Domestic Partner	Yourself & Child or Children	Family
------------------------	---------------	--	------------------------------	--------

\$80,000 to \$174,999

Aetna POS 90	\$56	\$169	\$102	\$226
Aetna HMO	\$165	\$497	\$298	\$663
CIGNA POS 90	\$94	\$282	\$169	\$376
CIGNA POS 100	\$125	\$357	\$227	\$480
CIGNA Indemnity	\$175	\$525	\$315	\$701
UHC POS 90	\$135	\$405	\$243	\$540
UHC POS 100	\$178	\$509	\$323	\$684
HIP HMO	\$119	\$357	\$214	\$475

\$175,000 and Above

Aetna POS 90	\$71	\$211	\$127	\$282
Aetna HMO	\$187	\$560	\$336	\$748
CIGNA POS 90	\$108	\$322	\$193	\$429
CIGNA POS 100	\$140	\$402	\$253	\$539
CIGNA Indemnity	\$198	\$593	\$356	\$791
UHC POS 90	\$152	\$456	\$273	\$607
UHC POS 100	\$196	\$566	\$356	\$759
HIP HMO	\$137	\$411	\$246	\$547

Employee Assistance Program (EAP)

The EAP is a network of services, including short-term counseling, to help you and your household members cope with issues that you experience in everyday life. Professional counselors can help you resolve personal, work, family and relationship challenges that may be having an impact on your well-being or work performance. You, or a member of your household, can receive assistance with a wide variety of issues and concerns including:

- Stress, anxiety
- Depression
- Emotional issues
- Sleeping difficulties
- Eating disorders
- Alcoholism and drug abuse
- Relationship concerns
- Coping with a serious illness
- Loss of a loved one
- Career concerns

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

Columbia University assumes all costs for initial assessment and counseling sessions through the EAP. If additional assistance is necessary, the counselor will give you referrals, taking into account your preferences, medical plan, and financial circumstances. All costs for initial research and referrals are covered by Columbia University. It is then up to you to make direct arrangements with providers.

Personal problems and caregiving issues may be resolved successfully when they are identified and addressed early. We encourage you and your household members to use these **free and confidential** programs as often as needed.

Stressed Out? Can't Sleep? Financial Worries?

These are just a few of the reasons to call the EAP. Help and support is available 24 hours.

Call (888) 673-1153.

Adult/Elder Care

If you have responsibility for the care of an adult or elder person who is unable to fully care for themselves, HRI also provides specialized services to help you. Experienced specialists can help with:

- Older adult care
- Healthy aging
- Retirement

Expert consultation is available for comprehensive needs assessment, support and referrals. Counselors are subject-matter specialists who provide information, options and alternatives targeted to individual needs. Vacancy/availability is checked for each referral to Adult Day Care and Assisted Living facilities.

Convenience Services

Need time? The EAP also provides convenience benefits free of charge. A personal “conciierge” can help you get things done when you don’t have the time to do them yourself. Juggling the demands of work and home can be overwhelming at times so call the EAP for help. Dedicated specialists have bachelor’s or master’s degrees as well as hospitality experience. Here are just some of the ways people are using the Convenience Service benefits:

- Restaurant recommendations and reservations
- Travel planning
- Home repairs (plumbers, carpenters, electricians, etc.)
- Gift ideas
- Concerts
- Recreational Activities
- Pet care (e.g., finding a dog walker)

More Information

Visit www.harrisrothenberg.com for access to thousands of articles, calculators, tools to find local resources and other helpful information on important topics such as older adult care, relationships, communication, life in the workplace and emotional well-being.

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

Or log on to: www.harrisrothenberg.com

Username: **Columbia** | Password: **eap**

Back-up Care

The Back-up Care Advantage Program® provides eligible faculty & staff with access to 100 hours per year of affordable care for children and adults when normal arrangements are interrupted. When school is closed, the babysitter cancels, or your parent who lives in another state becomes ill, the Back-up Care Program can help so that you can attend to your work.

For those eligible, Back-up Care provides a qualified caregiver in your home, 24/7, or care in a licensed child care center.

For more information, visit the Office of Work/Life at www.worklife.columbia.edu, email worklife@columbia.edu or call (212) 854-8019.

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	\$15 generic; \$40 brand name
Infertility Coverage	
Oral and injectable medication	Same as above, up to \$15,000 lifetime maximum

Using Your Prescription Drug Benefit

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

Important: Certain states, including New York and New Jersey require the pharmacy to automatically substitute generic drugs for brand-name drugs if generics are available.

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 or asthma, 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 online or over the phone. Go to www.medcohealth.com and register to learn more information on prescription drugs and participating pharmacies.

Aetna Columbia Dental Plan

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

The Aetna Columbia Dental Plan provides:

- Flexibility to see any dentist in any location – nationwide
- Enhanced reimbursement for using providers in the network
- Online claims tracking

The table below highlights the benefits of this coverage:

Aetna Columbia Dental Plan Overview

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



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

Cost of Coverage

The University contributes towards the cost of employee coverage under the dental benefit plan.

2010 Monthly Pre-Tax Dental Contributions

Yourself	\$19
You Plus One	\$62
Family	\$105

Using the Columbia Preferred Dental Network

When you use a dentist who participates in the Columbia University network, you receive a higher level of reimbursement for services. The dentists who participate in the network are the Columbia University faculty and alumni of the College of Dental Medicine. To locate a Columbia Preferred dentist, go to www.aetna.com/docfind/custom/columbia.

Columbia Preferred dentists accept reimbursement for services covered at 100% as payment-in-full. You are not responsible for paying any fees that exceed the network-negotiated fees.

For major restorative services, the Aetna Columbia Preferred benefit reimburses 60% of network-negotiated fees. You are responsible for paying the balance of 40%, but this will be applied to lower network-negotiated fees. There are no deductibles to pay if you are treated by a Columbia Preferred dentist. You also do not have to submit any claim forms when you use a network participating dentist.

Columbia Preferred Dental Plan Facilities

**Columbia Dental Associates
Morningside Associates**
1244 Amsterdam Avenue (near 121st Street)
New York, NY 10027
(212) 961-1266

and

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

Columbia Dental Associates
100 Haven Avenue
New York, NY 10032
(212) 342-0107

**Columbia-Presbyterian
Eastside Dental Faculty Practice**
16 East 60th Street
New York, NY 10021
(212) 326-8520

Columbia Oral & Maxillofacial Surgery
630 West 168th Street
Vanderbilt Clinic, 7th Floor
New York, NY 10032
(212) 305-4552

Using the Aetna Dental Network

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

What If I Go Out of the Network?

When you use a dentist who is not affiliated with the Aetna Columbia Dental network, you will be reimbursed at the out-of-network level. The amount you pay is applied to the maximum allowable charge that has been negotiated for Aetna network dentists. You will be responsible for paying the dentist for your portion of the fees plus any amounts that exceed the Aetna network-negotiated fees. This means if you use an out-of-network dentist, your reimbursement will be based on the *network* fees that represent approximately 50% of billed charges on average. For example, if your dentist bills you \$800 for a crown, but the network-negotiated fee is \$400, you will be reimbursed for 50% of the \$400 (the network-negotiated fee) totaling \$200. You are responsible for paying the balance of \$600 to your out-of-network dentist.

Flexible Spending Accounts (FSAs)



Flexible Spending Accounts (FSAs) allow you to save money on a wide variety of healthcare and dependent day care expenses. To take advantage of Flexible Spending Accounts, ***you must re-enroll during Benefits Open Enrollment each year.*** If you do not re-enroll, you will not be able to participate. If you work full-time or part-time for the University, you may participate in a Flexible Spending Account.

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.

You can deposit between \$120 and \$5,000 in the Healthcare FSA.

Dependent Care FSA for eligible child or adult care expenses for your legal dependents, such as licensed day care centers and nursery schools, before-school or after-school programs and home attendants.

You can deposit between \$120 and \$5,000 in the Dependent Care FSA.

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 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.



Forfeiture Rule: Please budget carefully since the Internal Revenue Service (IRS) has strict rules regarding FSAs. Any money left in your FSA account(s) at the end of the year must be forfeited. So, it is important to estimate your expenses carefully, and make sure that your claims are received by EBPA no later than March 31st of the following year.

Healthcare Flexible Spending Account

You can deposit between \$120 and \$5,000 in this account to cover unreimbursed healthcare expenses for yourself and your spouse and children, even if you elected not to cover them under the Columbia University medical plans. Note: same-sex domestic partners and their children are not eligible for this Plan due to IRS rules, unless they qualify under Section 152.

How Much You Can 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 these as a guide when estimating your 2010 expenses. Remember to include your costs for over-the-counter medications. You may also use the Decision Support Tools in the CU Benefits Enrollment System at www.hr.columbia.edu/benefits.

Eligible Healthcare Expenses

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

- | | |
|--|--|
| <ul style="list-style-type: none">• 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 | <ul style="list-style-type: none">• 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 advisor or financial professional to determine which works best for you.

Dependent Care Flexible Spending Account

The Dependent Care FSA helps you pay the cost of dependent day care services for an adult or child because you work or attend school. If you are married, your spouse must also work or go to school while you are at work. 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
- If your child will turn 13 during the coming year, you can submit claims only for expenses incurred up to the child's birthday

FSA's are tax-favored programs enabled through the IRS. The amount you contribute to the Dependent Care FSA is tax-free and the amount you withdraw is also not taxed. As a result, the IRS has certain rules that must be followed in order to maintain the tax advantages of this program.

Internal Revenue Service (IRS) 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 qualify as your legal tax dependents. Please refer to IRS Publication 503 for further guidance.

Your reimbursement for dependent care will not exceed the balance in 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.

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. Please check with your spouse's employer regarding its Dependent Care FSA participation requirements.

Remember the Internal Revenue Service (IRS) rule regarding FSA's: Any money left in your FSA account(s) at the end of the year will be forfeited. So, it is important to estimate your expenses carefully, and make sure that your claims are received by EBPA no later than March 31st of the following year.

Covered dependent care providers include:

- | | |
|--|---|
| <ul style="list-style-type: none">• Qualified child or adult day care centers, including senior centers• Summer day camps• Babysitters | <ul style="list-style-type: none">• 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 |
|--|---|

For more complete information on eligible expenses go to: www.irs.gov/publications/p503/index.html.

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

How to Get Reimbursed for FSA covered expenses

Employee Benefit Plan Administration (EBPA) administers this Plan. To receive reimbursement from your Healthcare or your Dependent Care FSA, you must submit a claim form and your receipts to EBPA. You will be reimbursed only for eligible expenses that you incur while you are participating in the FSA. You have until March 31 each year to submit claims for expenses incurred in the previous calendar year.

Getting reimbursed is easy. Submit receipts for your expenses, for at least \$25, with a completed claim form. (For forms, go to www.hr.columbia.edu/benefits.) If you submit a claim for an expense that is not eligible, EBPA may deny your claim. Please call EBPA at (888) 456-4576 if you have any questions about whether an expense is eligible, or visit their website at www.ebpabenefits.com.



Keep in Mind

- **You can use this FSA for dependent day care expenses only.** Do not deposit money in this account for your dependents' healthcare expenses.
- **You may use the Dependent Care FSA, the federal tax credit, or a combination of both** for your eligible expenses. Your choice will depend on your family income and the number of dependents you have in eligible day care programs. Generally, if your family's adjusted gross income exceeds \$40,000, you may save more in taxes using the Dependent Care FSA.
- If you work part-time and you pay for dependent care weekly, monthly or another way that includes both days worked and not worked, you can determine your federal tax credit to include expenses paid for days not worked.
- If you work at least one hour a day, you meet the criteria for working one day.

You can also go to www.irs.gov/taxtopics/tc602.html or consult your tax advisor or financial professional.

Disability Insurance

Columbia's Salary Continuation Plan and Long-Term Disability (LTD) Insurance Plan can replace all or some of your income if you become ill or injured and cannot work. You are automatically covered under the Salary Continuation Plan and the Basic Long-Term Disability (LTD) Insurance Plan at no cost to you. You may elect to buy additional LTD coverage under the Optional Long-Term Disability Plan when you are hired or during the annual Benefits Open Enrollment.

Disability Option	Coverage	Your Cost of Coverage
Salary Continuation Plan	Benefits base salary and benefits for up to six months of disability in any rolling 12-month period.	\$0
Long-Term Disability: Basic Coverage	LTD benefits begin after six months of disability. The first six months of payments are 66 ⅔% of the first \$50,000 of your base salary; then benefit level reduced to 60%; \$2,500 maximum monthly benefit.	\$0
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 3% cost-of-living adjustment. Contributions to the University Retirement Plan commence when you reach Total & Permanent disability (for any occupation).	\$0.167 per \$100 of your monthly covered earnings.*

*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 base salary or (b) your prior 12 months Columbia income as of June 30, including certain approved additional and private practice compensation.



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

Salary Continuation Plan

If you are unable to work due to illness or injury, you receive 100% of your benefits base salary. Salary continuation starts the first day of your disability and continues 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 this benefit until you have been back at work for at least 12 months.

Basic Long Term Disability (LTD) Insurance Plan

If you are still disabled after six months, and salary continuation has been exhausted, you may be eligible to receive Long-Term Disability (LTD) benefits. These benefits are fully insured plans through MetLife beginning January 1, 2010.

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 ⅔% of your monthly Benefits Salary, 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 Benefits Salary 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 ⅔% 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 work part-time after receiving benefits.

Contributions to the University Retirement Plan will stop while you are receiving basic LTD 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	Up to age 65, or 42 months, if later	66	21 months
63	36 months	67	18 months
64	30 months	68	15 months
65	24 months	69 or older	12 months

Optional LTD Insurance Plan

MetLife is the new insurance carrier for all LTD with new lower costs for Optional LTD coverage. If you want additional income protection in the event of disability, you can elect Optional LTD coverage. This coverage supplements your Basic LTD coverage. Like the Basic LTD Plan, the Optional LTD Plan pays 66 ⅔% of your monthly Benefits Base Salary for the first six months and 60% thereafter. However, you can receive up to \$15,000 per month under the Optional Plan.

Optional LTD insurance includes some additional benefits:

- Contributions to the University Retirement Plan begin if you remain disabled and cannot meet the work responsibilities of **any** occupation. Therefore, contributions to the University Retirement Plan begin if you become Totally & Permanently disabled as determined by MetLife. Contributions to your University Retirement Plan are automatically directed to the TIAA-CREF Lifestyle Fund. If you were previously contributing to Vanguard and/or Calvert funds prior to your disability, you may roll these funds over to TIAA-CREF or leave them with your selected carrier.
- There is an annual 3% cost-of-living increase in the benefit amount.

Cost of Optional LTD

Columbia University has obtained more favorable premium rates through the new contract with MetLife. The cost is **\$0.167 per \$100** of monthly covered earnings as determined by your Annual Benefits Salary. You pay the full cost of this coverage with after-tax dollars and make this election when you are hired or during annual Benefits Open Enrollment. You pay for this coverage after-tax so that your LTD benefits are not taxed if you are disabled.

Here's an example of how the monthly cost for LTD is calculated:

Annual Benefits Salary	=	\$72,000
Monthly covered earnings (\$72,000/12)	=	\$6,000
Then divide by 100	=	\$60
MetLife Premium	x	0.167
Your monthly premium cost is	=	\$10.02



Keep in Mind

- If you did not select **Optional LTD coverage when you first became eligible**, you'll need to be approved by MetLife after submitting proof of insurability. Your coverage as well as your payroll deductions will not begin until MetLife has approved your application.
- **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
- Other restrictions may apply

Term 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. Columbia University offers two Term Life Insurance Plans – the Basic Term Life Insurance Plan and the Optional Term Life Insurance Plan. The Life Insurance Plans are insured and administered by The Standard Life Insurance Company (The Standard).

Term Life Insurance

Basic Term Life Insurance Plan

The Basic Term Life Insurance Plan is provided automatically by Columbia University at no cost to you and without providing evidence of insurability. You'll automatically receive Basic Term Life Insurance of one times your salary up to \$50,000. You can now add your beneficiary information online by accessing the CU Benefits Enrollment System at www.hr.columbia.edu/benefits.

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 Term Life Insurance Plan

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 1st each year, rounded to the next highest \$1,000.

Monthly Cost of Coverage

Age	Monthly cost per \$1,000	Age	Monthly cost per \$1,000
Less than 25	0.032	50 to 54	0.151
25 to 29	0.043	55 to 59	0.258
30 to 34	0.054	60 to 64	0.43
35 to 39	0.065	65 to 69	0.689
40 to 44	0.075	70 to 74	0.915
45 to 49	0.097	75 or older	1.184

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

How to calculate your Optional Term Life monthly premium cost

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

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

Evidence of Insurability

You must provide evidence of insurability and be approved by The Standard if:

- You are newly hired and elect Optional Term Life Insurance coverage in excess of 3x pay or \$500,000 (including Columbia University's Basic Life insurance coverage and your own additional Optional Life insurance coverage)
- You did not elect Optional Term Life previously and want to elect this coverage during Benefits Open Enrollment
- You wish to increase the level of your coverage during Benefits Open Enrollment.

You will need to complete an Evidence of Insurability form and be approved by The Standard insurance company. Your current level of coverage will remain in effect, and your new coverage level will become effective on the date you are approved for additional coverage from The Standard.

Waiver of Premium

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

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 Life Insurance – \$10,000, \$30,000 or \$50,000 of coverage
 - You must provide evidence of insurability if you elect spouse/same-sex domestic partner coverage of \$30,000 or \$50,000.
- Child Life Insurance – \$10,000 for each dependent child; you pay one premium rate regardless of the number of children in your family.

Dependent Life Insurance: Monthly Cost of Coverage

Dependent	\$10,000	\$30,000	\$50,000
Spouse/Same-Sex Domestic Partner Life Insurance	\$1.50	\$4.50	\$7.50
Child Life Insurance	\$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 be enrolled in LTC in order for a family member to apply for this coverage.

How Long-Term Care Insurance Works

Long-Term Care insurance 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 amounts. The covered person will receive a percentage of the daily maximum benefit, depending on the type of care he or she receives. For example:

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

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 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 for your beneficiary 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 (800) 964-3039 or go to their website 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

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 Benefits Open Enrollment you must make your election for T/PRP. If you are newly hired, your election goes into effect the month following your enrollment. Your election must be made within 31 days of your hire date.

If you work full-time or part-time for the University, you may participate in a Transit/Parking Account.

The transit limit is \$230 per month for the 2010 calendar year.

The parking limit is \$230 per month for the 2010 calendar year.

When Do Your Elections Take Effect?

During Open Enrollment, any changes you make take effect January 1, 2010. If you are newly hired at Columbia University and make your benefit election before the 20th of the month, your changes will be effective the first of the following month. However, if you make your election after the 20th of the month, your changes do not take effect until the first of the next following month.

How the Program Works

The Transit/Parking Reimbursement Program (T/PRP) allows you to set aside pre-tax dollars from your paycheck 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.

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, 2011 to claim your 2010 deposits.

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 2010 are \$100 less than you budgeted for, the unclaimed \$100 will be credited to the appropriate T/PRP account on or about July 1, 2011.

You Can Make Changes Anytime During the Year

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

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

Just go online to www.hr.columbia.edu/benefits and log in with your UNI and password to the CU Benefits Enrollment System. Click on Qualified Life Status Change.

When will my changes take effect?

If you make a change to your benefit election before the 20th of the month, your change will be effective the first of the following month. However, if you make your election after the 20th of the month, your changes will not take effect until the first of the next following month.

To illustrate:

A change made January 10: since this is before the 20th of the month, your change will be effective February 1.

A change made January 21: since this falls after the 20th of the month, your change will be effective March 1.

Transit

Transit Account Contributions

You may elect a monthly deposit amount from \$10 to \$230. 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:

- | | |
|---|--|
| <ul style="list-style-type: none">• Amtrak• Long Island Railroad (LIRR)• New Jersey Transit (NJT)• Staten Island Rapid Transit (SIRT)• Port Authority Trans-Hudson Corp. (PATH) | <ul style="list-style-type: none">• Metro North Commuter Railroad• Commuter and suburban express bus services• Certain ferry and registered vanpool services• New York City Transit Authority buses and subways |
|---|--|

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

- | | |
|--|---|
| <ul style="list-style-type: none">• Airfare• Taxi and limo services• Amounts that exceed the monthly limit | <ul style="list-style-type: none">• Transit expenses of your family members• Bridge, tunnel, and highway tolls, including E-Z Pass |
|--|---|

Parking

You may elect a monthly deposit amount from \$10 to \$230. 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
- Parking at a train station where you board mass transit

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

The following parking expenses are not covered:

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



Keep in Mind

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

Your EBPA Debit Card

If you participate in Transit and/or Parking Reimbursement, you will receive a Debit Card from EBPA. The EBPA Debit Card can be used for both Transit and Parking accounts.

This card allows you to pay for your transit or parking expenses through any vendor that sells commuter tickets or MetroCards and accepts Mastercard.

When you use the card to pay for your monthly commute, please be sure to select "credit." This will enable the card to automatically deduct the expense from your T/PRP account. EBPA will fund this card monthly from your T/PRP account. For example, if you elect an \$89 monthly transit account, you will receive a debit card that allows you to charge \$89 worth of transit expenses each calendar month.

If You Do Not Use the EBPA Debit Card

You may also submit your Transit and/or Parking benefit expenses with a paper claim form. To obtain a claim form for reimbursement, go to <http://hr.columbia.edu/forms-docs/forms>.

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

EBPA

P.O. Box 1140

Exeter, NH 03833-1140

(888) 456-4576

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

www.ebpabenefits.com

Business Travel Accident Insurance

The University automatically provides you with Business Travel Accident Insurance at no cost to you. Columbia University pays the full cost of this insurance plan.

Business Travel insurance

You are provided Business Travel Accident Insurance protection when you are traveling on University Business anywhere in the world. The coverage will begin at the actual start of your business trip, the moment you leave your home, or place of work, which ever occurs last.

This coverage will end the moment you return to your place of work or your home, whichever occurs first.

What the Plan Pays

If you suffer a covered accidental injury while traveling on a business trip that results in:

- Death
- Dismemberment
- Paralysis
- Loss of sight
- Loss of hearing
- Permanent total disability

The Business Travel Accident Insurance plan pays a benefit (known as the Principal Sum), equal to six (6) times your base annual salary subject to a maximum benefit of \$1,000,000.

The accidental injury must occur within 365 days from the date of the accident, and the benefit will be paid in accordance with the following schedule:

Accidental Injury	Benefit
Loss of Life	The Principal Sum
Permanent Total Disability	The principal Sum
Loss of two or more members	The Principal Sum
Loss of speech & hearing (both ears)	The Principal Sum
Quadriplegia (total paralysis of both upper & lower limbs)	The Principal Sum
Loss of one member	½ the Principal Sum

Accidental Injury	Benefit
Loss of speech or hearing (both ears)	½ the Principal Sum
Paraplegia (total paralysis of both lower limbs)	½ the Principal Sum
Hemiplegia (total paralysis of upper & lower limbs on one side of the body)	½ the Principal sum
Loss of thumb & index finger of the same hand	¼ the Principal Sum

“Paralysis” means loss of use, without severance of limb. The loss must be determined by a physician to be complete and irreversible.

“Loss” means with regard to hand or foot, actual severance through or above the wrist or ankle joints; with regards to eye, entire and irrecoverable loss of sight; with regard to speech, irrecoverable loss of speech which does not allow audible communication in any degree; with regard to hearing, irrecoverable loss of hearing which cannot be corrected by any hearing aid or device; with regard to thumb and index finger, actual severance through or above metacarpophalangeal joints.

“Permanent Total disability” means the inability to perform any occupation based on your education, training and experience for the remainder of your life.

If you suffer more than one loss from the same accident, only one benefit (the largest) will be paid. If you are of the age of 70 or older your benefit reduces in accordance with Age reduction schedule outlined in the master policy.

If multiple employees are involved in the same aircraft accident, the maximum amount that the plan will pay is \$5,000,000. Each insured employee’s benefit will be reduced proportionately so that the total plan payment does not exceed \$5,000,000.

Benefits under the Business Travel Accident Insurance plan if:

Your death, dismemberment, paralysis or permanent total disability is the result of:

- Intentionally self inflicted injuries, suicide or attempted suicide
- Taking part in a felony
- War or any act of war declared or undeclared in; the United States of America, Afghanistan, Algeria, Chechnya, Egypt, Iran, Iraq, Israel, Jordan, Kuwait, Lebanon, Libya, North Korea, Oman, Pakistan, Qatar, Saudi Arabia, Sudan, Somalia, Syria, Turkey, UAE, Yemen, or any nation of which the insured employee is a permanent resident
- Your commute to and from work

- Illness, disease or bodily infirmity
- Any bacterial infection that was not caused by an accidental cut, wound or food poisoning
- Full-time active duty in any armed forces
- Operating, learning to operate or serving as a member of the crew of an aircraft
- Flying in any aircraft owned , leased or operated by the University
- Certain types of hazardous aviation travel

Beneficiary Designation:

Benefits paid on account of your death will be paid to the beneficiary you have chosen. Your choice must be in writing and on file with the University.

If the beneficiary for this insurance, or if your designated beneficiary predeceases you, your benefits will be paid as follows:

- Your spouse if living. If not then
- Your children, equally. If none then
- Your parents, equally. If none then
- Your brother(s) and sister(s) in equal shares. If none then
- Your estate

All other benefits for dismemberment, paralysis, loss of sight, loss of hearing will be paid to you.

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
- Arrange the payment of non-insured medical expenses
- Confirm travel medical expense insurance
- Obtain local medical care
- Guarantee payment to the provider

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

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.

If you are traveling on University business, certain support services are available from International SOS.

For more information, go to: http://finance.columbia.edu/treasury/risk_management/Intl_sos.html.

Keep in Mind

Before you leave, you may want to check the website of your healthcare carrier to find out about the plan's medical benefits outside the United States or call the HR Benefits Service Center at (212) 851-7000.

These policies do not apply if you knowingly travel to a war-torn country. If you are concerned about the safety of a region, or need any other information concerning services available to you while traveling internationally, please contact Columbia University Risk Management.

Retirement Plans

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

- The Columbia University Retirement Plan (the “Plan”) and
- The Voluntary Retirement Savings Plan (“VRSP”)

The University makes contributions to the Columbia University Retirement Plan (the “Plan”) for you as soon as you are eligible. You are responsible for choosing your investment funds from those offered under the Plan.

You contribute pre-tax money from your paycheck to the Voluntary Retirement Savings Plan (“VRSP”). You are responsible for choosing your investment funds from those offered under the VRSP.

Each retirement plan is described in complete detail in a separate Summary Plan Description (SPD). We encourage you to read each SPD to learn how the retirement plans work; they are online at www.hr.columbia.edu/benefits/spds.

Columbia University Retirement Plan

Eligibility and Participation

All full-time, U.S.-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 on your date of hire.
- 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.

Part-time Officers are eligible to participate if they meet specific criteria. Please email hr-retirement@columbia.edu for more information.

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 on the following page.

Years of Service	Age	University Contributions
Less than 5 years and untenured	Any age	5% of your salary up to the Social Security wage base.* 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.

* The Social Security wage base changes annually. It is \$106,800 for 2009.

You do not have to contribute to or enroll in the Plan to receive the University contributions.

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 \$245,000 in 2009.

Federal law also limits the total dollars that may be deposited into an account on your behalf; in 2009, this limit is \$49,000 (aggregate of University contributions to the retirement plan and your personal contributions to the VRSP). Note that these limits may change annually.

Investing Your Account

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

Columbia University Retirement Plan Carriers		
Calvert	www.calvert.com/investor-workplace-columbia.html	(800) 368-2745
The Vanguard Group	www.vanguard.com	(800) 523-1188
TIAA-CREF	www.tiaa-cref.org	(800) 842-2776

Please review the investment choices by contacting the carriers directly.



Investment Default

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



If you designate an investment carrier but do not enroll in specific funds with the carrier, your contributions will be directed to a **Retirement Target Date Fund**.^{*} If you would like to change your fund selection, contact the investment carrier directly.

- ★ **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 assumes your retirement will be at age 65. Details about this type of fund may be found by contacting the investment carrier directly by phone or website.

Withdrawing Money from Your Columbia University Retirement Plan Account

Since this Plan is designed to help you save 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.

Please see the Columbia University Summary Plan Description (SPD) – Retirement Benefits for Officers of Columbia University at www.hr.columbia.edu/benefits/spds for detailed information.

Voluntary Retirement Savings Plan (VRSP)

Eligibility and Participation

You are eligible to participate in the VRSP as long as you receive W-2 income from the University. Eligibility begins on your date of hire. You must enroll if you wish to contribute to the VRSP. Your benefit is 100% vested at all times.

How to Enroll

You may enroll and designate an investment carrier at any time during the year online in the CU Benefits Enrollment System at www.hr.columbia.edu/benefits. You may select how your funds are invested at the carrier website. You may complete a fund selection form available from the investment carrier. Once you complete and mail your form to the investment carrier they will process your election as soon as administratively possible.



Default of Investment

If you designate an investment carrier online at www.hr.columbia.edu/benefits but do not enroll in specific funds with the carrier, your contributions will be directed to a **Retirement Target Date 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 assumes your retirement will be at age 65. Details about this type of fund may be found by contacting the investment carrier directly by phone or website.

Pre-tax Contributions

Standard Contributions: You may elect either a flat dollar amount per paycheck or the annual maximum contribution allowed under the IRS regulations. If you elect the annual maximum, the online benefits enrollment system will calculate the amount for you and divide it equally per paycheck.

You can elect the annual maximum contribution as early in the year as possible by electing a flat dollar amount. Deductions will automatically stop at the IRS limits.

The IRS limits the amount you can contribute to your VRSP each year. For example in 2009, the limit was \$16,500.

New Hires: You are responsible for making sure your annual contributions do not exceed the IRS limit. If you contributed to another pre-tax retirement plan during the calendar year, please be careful to elect the appropriate per paycheck amount.

Catch-Up Contributions: If you are age 50 or older, you may contribute an additional \$5,500 on a pre-tax basis to your VRSP once you have met the maximum standard contribution limit. This election is available to you online.

Investing Your Account

You may direct the investment of the contributions to your account using one, two or three investment carriers. Please review the investment choices available to you by contacting the carriers directly.

Columbia University Voluntary Retirement Savings Plan (VRSP) Carriers		
Calvert	www.calvert.com/investor-workplace-columbia.html	(800) 368-2745
The Vanguard Group	www.vanguard.com	(800) 523-1188
TIAA-CREF	www.tiaa-cref.org	(800) 842-2776

Withdrawing Money from Your VRSP Account

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

TIAA-CREF administers all requests for loans and hardship withdrawals; this means that if you use Calvert or Vanguard, you must transfer money to TIAA-CREF before you can apply for a loan or hardship withdrawal. Please be advised that TIAA-CREF requests can take 3 to 6 weeks to process.

For more information about loans and hardship withdrawals, please see the Columbia University Summary Plan Description (SPD) – Voluntary Retirement Savings Plan (VRSP) Benefits for Officers of Columbia University at www.hr.columbia.edu/benefits/spds for detailed information.

Financial Planning and Retirement Education Resources

Representatives from Calvert, TIAA-CREF and Vanguard visit Columbia on-site throughout the year to discuss personal financial planning, investment strategies, portfolio reviews and retirement education.

These individual counseling sessions are personalized to meet your goals and objectives.

Even if you are not enrolled in the VRSP, you are welcome to meet with a counselor. Your spouse or partner is welcome to attend your meeting.

The dates and locations for all sessions are posted at the carrier websites so you can select the date and time that works best for you. **Please note – you need to register for these sessions by contacting the carriers directly.**

Registration Information		
Calvert	www.calvert.com/investor-workplace-columbia.html	Online registration only
The Vanguard Group	www.meetvanguard.com	(800) 662-0106, ext. 14500
TIAA-CREF	www.tiaa-cref.org/moc	(800) 842-2776, ext. 234217

If you have questions regarding the Columbia University Retirement Plan or the VRSP, we encourage you to sign up for an on-site meeting.

Retiree Medical Coverage

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

Adoption Assistance Program

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

The benefit reimburses up to \$5,000 per adoption provided you are a full-time eligible employee, and is available for incurred expenses 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 \$10,000 reimbursement per adoption (\$20,000 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 18 when a qualified expense is paid or incurred. Further, he or she may not be the child of the Officer's spouse or same-sex domestic partner.

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

Eligible Adoption Expenses

Qualified adoption expenses are: reasonable and necessary adoption fees, court costs, attorney fees, and other expenses directly related to, and whose principal 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

To apply for reimbursement, complete the application forms available at <http://hr.columbia.edu/forms-docs/forms>. You must submit an application for reimbursement within six months of the date an adoption becomes final (or when the adoption process is terminated) or you will not receive any reimbursement.

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.

The University provides a generous vacation allowance for Officers and grants numerous holidays 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 allowance 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 and Personal Days

Holidays

For 2010, there are 11 University holidays at the Morningside campus and 12 at the Medical Center and Harlem Hospital.

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.

2010 Schedule of University Holidays and Personal Days

Holidays	Date	Day of the Week	Morningside Campus	Medical Center	Harlem Hospital
New Year's Day	01/01/10	Friday	X	X	X
Martin Luther King Jr.'s Birthday	01/18/10	Monday	X	X	X
Lincoln's Birthday	02/10/10	Wednesday			X
President's Day	02/15/10	Monday		X	X
Memorial Day	05/31/10	Monday	X	X	X
Independence Day (Observed)	07/05/10	Monday	X	X	X
Labor Day	09/06/10	Monday	X	X	X
Columbus Day	10/11/10	Tuesday			X
Election Day	11/02/10	Thursday	X	X	X
Veterans Day	11/10/10	Thursday			X
Thanksgiving day	11/25/10	Thursday	X	X	X
University Designated Holiday	11/26/10	Friday	X	X	
Christmas Day (Observed)	12/24/10	Friday	X	X	X
University Designated Holiday	12/27/10	Monday	X	X	
University Designated Holiday	12/31/10	Friday	X	X	
TOTAL:			11	12	12
PERSONAL DAYS					
Number			3	2	3

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 Medical 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 is your primary coverage, and the University's plan is secondary.



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 (800) MEDICARE [(800) 633-4227; TTY (877) 486-2048]

Medicare Prescription Drug Coverage

Creditable Coverage Disclosure Notice for Retirees of Columbia University

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

What This Means to You as a Retiree of Columbia University

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

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

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

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

Should I Have Columbia University Prescription Drug Coverage *and* Medicare Prescription Drug Coverage?

In most circumstances, there is no advantage to “doubling up” on coverage. If you join a Medicare prescription drug plan, you will continue to receive your medical and prescription benefits through Columbia University. However, the amount you pay for your Columbia University coverage, where applicable, will not be reduced,

and you may pay a separate premium for Medicare prescription drug coverage. **Your benefits under the Columbia University Retiree Medical Plan will be secondary to Medicare and your Columbia University Medical Plan prescription drug benefits will be reduced by benefits paid under the Medicare Prescription Drug Plan.**

When Can I Join a Medicare Prescription Drug Coverage Plan?

You can join a Medicare Prescription Drug Plan when you first become eligible for Medicare and each year from November 15 through December 31. You may also enroll when you first become Medicare eligible or after separating employment with the University if you are age 65 or older.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

What Happens If I Terminate My Columbia University Health Coverage or My Employment?

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

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

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

For More Information about Medicare's prescription drug coverage:

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

About This Notice

This notice, as required by Law, contains important details about how your prescription drug coverage through the Columbia University Retiree Medical and Life Plan compares to Medicare prescription drug coverage available in 2009. Please read this notice carefully and keep it for future reference.

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

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

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

If You Leave Columbia University

If your employment ends with Columbia University, you are eligible to continue your medical and dental benefits (as long as you were enrolled while actively working) under the Consolidated Omnibus Budget Reconciliation Act (COBRA) of 1985.

COBRA

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 the University records. This information includes the coverage available for continuation, the period that this coverage can be extended, and the premiums required.

If Your Spouse/Same-Sex Domestic Partner/Dependents' Coverage Terminates

It is your obligation to notify the HR Benefits Service Center when your spouse/same-sex domestic partner or dependent child no longer qualifies for coverage under your benefit plans (e.g., divorced or legally separated spouses must be removed). You must report any changes to your dependent coverage to the Columbia University HR Benefits Service Center within 31 days.

Conversion of Group Policies to Individual Policies

Converting Term Life Insurance

If you are covered under a group life insurance policy through Columbia University, you have the right to convert that policy to an individual, direct-pay policy with The Standard.

You must apply within 30 days of the date your employment ends (or else you will be denied conversion). Your rates for the individual policy will be determined by The Standard based upon its individual book of business. This means that your rates may be considerably higher than the group policy premium you currently pay. You should discuss your options with The Standard.

Converting Long-Term Disability Insurance

If you are covered under a group Long-Term Disability insurance policy through Columbia University, you have the right to convert that policy to an individual, direct-pay policy with MetLife.

You must apply within 31 days of the date your employment ends (or else you will be denied conversion). Your rates for the individual policy will be determined by MetLife based upon its individual book of business. This means that your rates may be considerably higher than the group policy premium you currently pay. You may discuss your options with MetLife by calling their Disability Income Administration – LTD conversions toll-free number (800) 929-1492, ext. 5771.

Long-Term Care Insurance Program

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.

Death During Active Employment

The estate of full-time Officers who die while actively-at-work will receive post-mortem pay as follows:

- Unused accrued vacation
- Unused accrued personal days
- Pay for any time worked but not previously paid
- 22 days regular pay

Employees who are disabled under Long-Term Disability are not eligible for the above payments.

In addition, surviving dependents who are covered under the Columbia University Plan at the time of the employee's death automatically receive:

- Medical coverage (including prescription benefits) for 1 year following the date of death of the employee free of charge
- COBRA continuation benefits will then be offered following the 1 year period of free coverage

If the employee was eligible for Retiree benefits at the time of death, the surviving dependents will be given the choice between COBRA continuation or Retiree Medical options.

Tuition Benefits for the surviving spouse/same-sex domestic partner and surviving children of the deceased employee may continue under certain circumstances, including grandfathered tuition benefits. Please refer to the Tuition Programs at <http://hr.columbia.edu/benefits/tuition>.

Administrative Legal Notices

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, UHC POS, CIGNA Modified Indemnity, CIGNA International, Medco Rx, the Aetna Columbia Dental Plan, Aetna HMO, HIP HMO and the Healthcare Flexible Spending Account – has always maintained the strictest privacy and confidentiality standards in the use and handling of your health insurance information.

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

- To make or obtain payments
- To conduct 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 University 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 at www.hr.columbia.edu/benefits.

Privacy Officer

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

Privacy Officer

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

Authorization Forms

For HIPAA authorization forms, please visit the HR website at www.hr.columbia.edu/forms-docs/forms.

THE CHILDREN'S HEALTH INSURANCE PROGRAM (CHIP) REAUTHORIZATION ACT OF 2009

Special Enrollment Extension and Expansion Rule for CHIP under HIPAA

If you are a new employee of Columbia University and you or your dependents are currently enrolled in Medicaid or a State Children's Health Insurance Program (CHIP), there are new rules that impact your rights under the Health Insurance Portability and Accountability Act (HIPAA) Special Enrollment rules.

Effective April 1, 2009, you have up to 60 days to request enrollment in the medical coverage provided under the Columbia University Health Plan if (a) you lose coverage under your or your dependent's Medicaid or CHIP plan or (b) the state in which you live offers premium subsidy assistance under Medicaid or CHIP. This enrollment extension applies only to employees and dependents who (a) lose Medicaid or CHIP coverage or (b) become eligible for state premium subsidy assistance under Medicaid or CHIP on or after April 1, 2009 and for whom timely notice of the request for enrollment is provided to Columbia University HR Benefits.

Previously, HIPAA rules required that Columbia University allow employees to enroll themselves and eligible dependents within 30 days of losing other group health plan coverage.

If you have any questions about this new HIPAA special enrollment rule, please contact the Columbia University HR Benefits Service Center at (212) 851-7000 or via email at hrbenefits@columbia.edu.

Your Rights Under ERISA

Employee Retirement Income Security Act (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.

Workers' Compensation

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

Medical Leave of Absence for Disability

The University has established medical leave of absence policies for its employees to use as needed and when appropriate and in compliance with applicable law. Please review information on the HR website <http://hr.columbia.edu/policies/hr-manual/time-away-work#406>.

Contact Information

Carrier	Website	Phone
Employee Assistance Program (EAP)	www.harrisrothenberg.com	(888) 673-1153
Medical		
Aetna	www.aetna.com/docfind/custom/columbia	(888) 444-3368
UHC Medical UHC Behavioral Health	www.myuhc.com/groups/columbiauniversity	(800) 232-9357 (888) 265-9945
CIGNA	www.cigna.com	(800) 244-6224
HIP	www.hipusa.com	(800) 447-8255
Dental		
Aetna Columbia Dental Plan	www.aetna.com/docfind/custom/columbia	(800) 773-9326
Prescriptions		
Medco Rx	www.medcohealth.com	(800) 230-0508
Life Insurance		
The Standard Life Insurance	www.standard.com	(888) 264-3057
FSA's, Transit/Parking		
EBPA	www.ebpabenefits.com	(888) 456-4576
Long-Term Care		
John Hancock	http://columbia.jhancock.com	(800) 964-3039
Retirement Plans		
Calvert	www.calvert.com/investor-workplace-columbia.html	(800) 368-2745
The Vanguard Group	www.vanguard.com	(800) 523-1188
TIAA-CREF	www.tiaa-cref.org	(800) 842-2776

Columbia University HR Benefits Contacts

For all Benefits-related questions, contact:

Columbia University HR Benefits Service Center

Studebaker 4th Floor, MC 8703

615 West 131st Street

New York, NY 10027

Phone: (212) 851-7000

Secure fax: (212) 851-7025

Email: hrbenefits@columbia.edu or hr-retirement@columbia.edu

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

www.hr.columbia.edu

FO BIB 2009
Cert no. SCS-COC-00891