



2012

Benefits Highlights

TWU

Effective January 1, 2012

About This Communication

Benefits Highlights summarizes the benefits programs that are available to Columbia University members of TWU.

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

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

Introducing Your Benefits for 2012

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

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

- Your current benefits enrollment (in the CU Benefits Enrollment System)
- Frequently Asked Questions
- Links to health plan websites and network doctors
- University holidays and personal days
- Tuition Exemption for Support Staff
- Forms, including medical claim forms
- Post-65 Benefits – Active Employees
- If you leave CU (including COBRA continuation coverage)
- Summary Plan Descriptions (SPDs)

If you do not have easy access to a computer, feel free to call the **Columbia Benefits Service Center** at **212-851-7000**.

Important policy information is at www.hr.columbia.edu/policies.

Collective Bargaining Agreements are at www.hr.columbia.edu/union-contracts.

For information about other services and University programs, consult the Working at Columbia guide at

www.hr.columbia.edu/wac.

What's New for 2012

Healthcare Plan Changes

Below are highlights of the changes to the POS 100 plans for 2012. You will find more detail, including definitions of the benefits terms such as "copay," in the Medical Coverage section of this booklet.

- **In-network:** The following summarizes the changes to the POS 100 plans if you use physicians, hospitals and other providers from within the insurance carrier network—if you stay "in-network."
 - The routine office visit copay is increasing to \$30.
 - The inpatient hospital copay is increasing to \$500 for each admission.
 - There is a new outpatient hospital copay of \$150 for outpatient surgery and other outpatient hospital services, including radiology and lab work.
 - The Emergency Room copay is increasing to \$150; it is waived if you are admitted to the hospital.
- **Out-of-network:** There are significant changes to out-of-network benefits for both POS 100 options. The following summarizes the changes to the POS 100 plans if you use "out-of-network" providers:
 - Coinsurance is decreasing to 60%. This means the amount you pay toward covered services will increase to 40%.
 - The deductible for the POS options is increasing to \$600 for **each family member**.
 - Reimbursement for out-of-network services will not be more than 150% of Medicare's maximum allowable charge. This will mean significantly lower reimbursement for out-of-network services than in 2011. See page 12 for more information.
 - The Emergency Room copay for out-of-network hospitals is increasing to \$150; it is waived if you are admitted to the hospital.

Expanded Online Tools to Help You Compare

- In the Medical section of the CU Benefits Enrollment System, you will find a new online tool called "Estimate My Medical Costs" that will help you compare the CU medical plans based on your personal situation and health.

Look Again

One of the most important benefits the University offers is sometimes overlooked. It's the Voluntary Retirement Savings Plan (VRSP). Increasing numbers of your University colleagues are taking advantage of it. Make sure you are contributing.

Retirement Plan Changes

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

Are You Throwing Money Away?

Not using the Healthcare Flexible Spending Account (FSA)? Consider contributing to the FSA. This account allows you to make pre-tax contributions from your paycheck. You can use the money in your FSA to pay for healthcare expenses, such as copays and vision care.

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

You need to earn:	\$450
Then subtract ⅓ for taxes:	<u>- \$150</u>
You have left for expenses:	\$300

Important Reminders

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

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



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

Choose Your Coverage Carefully

The elections you make will be in effect for the 2012 calendar year. You will have another opportunity to change your benefits coverage selection during the annual Benefits Open Enrollment, held each fall. Changes you make during Benefits Open Enrollment take effect the following January.

When You Need a Patient Advocate

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

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

Who is Eligible for Benefits

The online CU Benefits Enrollment System will show you the benefits you are eligible for and your options, plus their monthly cost, based on your personal situation. The benefits of eligible full-time and part-time members of SSA are effective the first day of the month following the completion of the applicable waiting period. Part-time employees must work 20 hours per week to be eligible for benefits.

Newly Hired? You must enroll within 31 days of your date of hire.

If you do not enroll within 31 days, you and any eligible dependents—your spouse or same-sex domestic partner and your eligible children—will not receive Medical, Prescription Drug, Dental, Flexible Spending Accounts, Transit/Parking Reimbursement or Optional Term Life Insurance coverage from Columbia University for the remainder of the calendar year. If you have questions, please contact the Columbia Benefits Service Center at 212-851-7000.

Waiting Periods for Benefits Coverage

	Full-Time	Part-Time
Medical Coverage	3 months*	3 months
Dental Coverage	4 months*	Not eligible
Life Insurance	6 months	6 months
Flexible Spending Account (FSA)	Hire date	3 months
Transit/Parking Reimbursement Program	Hire date	Hire date
Columbia University Retirement Plan	Hire date	Hire date
Voluntary Retirement Savings Plan (VRSP)	Hire date	Hire date

* Upon reaching eligibility, you are **automatically enrolled for individual CIGNA POS coverage and GHI Dental coverage**. To add dependents, you must enroll online by accessing the CU Benefits Enrollment System at www.hr.columbia.edu/benefits within 31 days of your date of hire.

Eligible Dependents

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

- Legal spouse
 - Note: Because the federal government does not recognize same-sex marriages, Columbia must treat all same-sex spouses as same-sex domestic partners, in order to comply with Internal Revenue Service rules. See the list on the next page for eligibility requirements.
- Same-sex domestic or civil union partner, provided your partner is:
 - At least 18 years old;
 - Not related to you by blood;

- Not legally married to another person;
- In the case of a civil union partnership, is entered into a certified civil union under applicable state law that recognizes a relationship between people of the same gender or treats a relationship between people of the same gender as a marriage.

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

- Shares the same principal residence with you full-time and has done so continuously for the past 12 months;
- Shares financial responsibilities with you, such as co-ownership of property, joint financial accounts, etc.;
- Has power of attorney for medical purposes.
- Legally dependent children, including adopted children, foster children and stepchildren of your spouse or same-sex domestic partner. Dependent children are covered:
 - Until the end of the month in which they turn age 26;
 - For GHI dental coverage, until the end of the month in which they turn age 19;
 - At any age if they have a physical or mental disability, provided that when they were diagnosed, they were covered dependents and it was prior to the end of the month in which they turned 26;
 - If a court has appointed you legal guardian for any child from birth to age 26.

Please note that eligible children are defined differently for the Flexible Spending Accounts (FSAs). Also, dependent medical and dental coverage will be pended until eligibility is verified by the Columbia Benefits Service Center.

Reporting Changes to Dependent Eligibility

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

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

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

Proof of Dependent Eligibility

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



You must be prepared to provide satisfactory proof that each of your covered dependents meets the eligibility requirements. Audits are conducted periodically each year to ensure that all dependents continue to meet the eligibility requirements of the benefit plans.

If you are selected for one of these audits, you will receive a letter detailing the audit process and you will be asked to provide the documentation listed in the chart below.

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

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

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

- Scan and email to hrbenefits@columbia.edu, or
- Fax to **212-851-7025**; this is a secure fax.

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

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

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

Verifying Dependent Eligibility

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

- **New hires:** To add your dependent at the time you enroll in your own benefits:
 1. Follow the instructions on the CU Benefits Enrollment System (or call the Columbia Benefits Service Center at 212-851-7000). The system will take you to the "Dependent Required Documentation" page.
 2. On that page, print the "Verification Request Form." Submit it as instructed within 31 days, along with the valid documentation for approval. (See the list of documentation in previous chart on page 7.)
 3. Once proper verification is received, coverage for your dependent will be retroactive to the date of your own election.
- **Qualified life status change, e.g., birth, marriage:** To add your dependent **within 31 days** of the qualified life status event:
 1. Follow the instructions on the CU Benefits Enrollment System, or call the Columbia Benefits Service Center at 212-851-7000. The online enrollment system will take you to the "Dependent Required Documentation" page.
 2. On that page, print the "Verification Request Form." Submit it as instructed within 31 days, along with the valid documentation for approval. (See the list of documentation in previous chart on page 7.)
 3. Once proper verification is received, coverage for your dependent is effective on the date of the qualified event, e.g., date of birth or marriage, etc.

Medical and Dental ID Cards

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

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

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

Who You Can Cover for Medical and Dental

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

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

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

Both Work for the University?

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

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

Making Changes to Your Benefits

Limited Changes During the Year

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

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

Examples of a qualified life status change include:

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



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

Changes Permitted

Transit/Parking Reimbursement Plans

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

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

Retirement Savings Plan

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

Medical Coverage

Overview of Medical Coverage

Columbia University offers two medical plan options for you to choose from, through two different insurance carriers. The level of coverage they provide is the same but there is a difference in your cost. The CU Benefits Enrollment System will show the difference between your options' monthly contributions—your pre-tax payroll deductions for coverage. You can also view monthly contributions on page 18 of this booklet.

The Medical Plan Comparison Chart on page 14 summarizes the key differences and similarities between your healthcare options. There is an even more detailed version online called the “Compare CU Medical Plans” tool in the CU Benefits Enrollment System.

Both options cover the same comprehensive set of services—from lab work to transplants. They also both offer preventive care such as annual physicals, immunizations and well-baby visits at no cost to you. Both enable you to receive the same level of prescription drug coverage.

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

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

Learn the Lingo

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

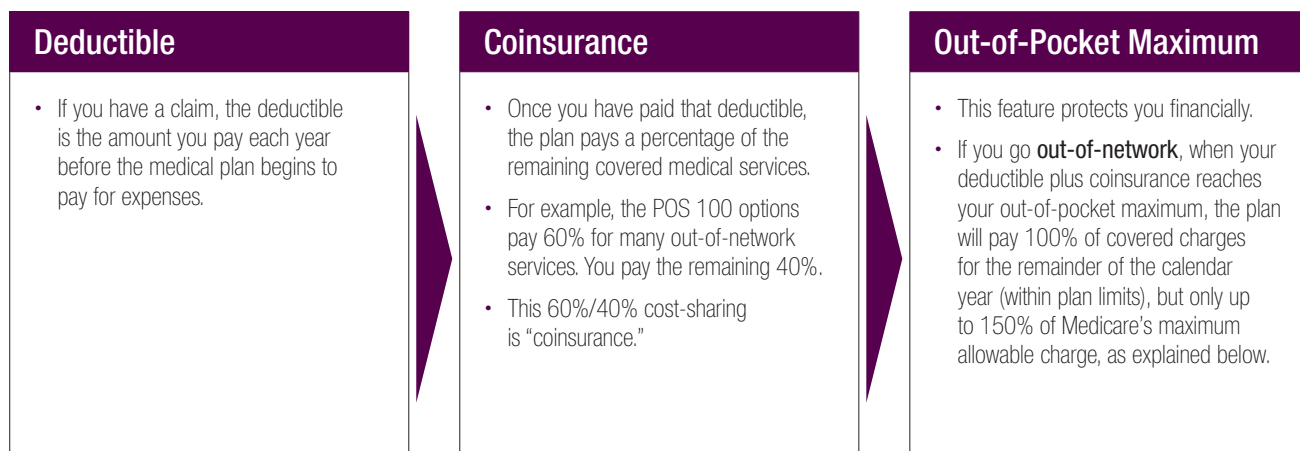
Network is short for “network of participating providers.” It is the group of physicians, hospitals and other providers who agree to offer services to a medical plan at lower-priced, “negotiated rates.”

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



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

For services that do not have a copay, the following three terms are used. The most important thing to remember is **how these three work together** when you study the Medical Plan Comparison Chart on page 14.



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

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



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

Key Differences Between Your Medical Options

Their Network

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

The UHC POS 100 has the least restricted network—it is national. The CIGNA POS network applies only to the tri-state area (New York, New Jersey and Connecticut); if you received medical treatment outside of the tri-state area, those services would be reimbursed at the out-of-network level.

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



With any POS plan, you have the flexibility to use either in-network or out-of-network providers each time you seek care. You receive **much greater benefit coverage when you choose in-network providers.**

Is a “PCP” Required?

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

No PCP is required for the UHC POS 100 option. **The CIGNA POS 100 option requires you and each covered dependent to have a PCP.** If you want the CIGNA POS 100 option, you will need to visit the CIGNA website to determine the code for the PCPs for you and each covered dependent and have them handy when you begin using the CU Benefits Enrollment System. Those codes are required in order to complete your online enrollment. In the CIGNA website, under “Provider Directory,” our plan is called “Seamless Network (Tristate).”

Medical Plan Comparison Chart*

	CIGNA POS 100		UHC POS 100	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Network	Tri-State Only	N/A	National	N/A
Primary Care Physician (PCP)	Required	N/A	Not required	N/A
Preventive Care	100%	Not covered	100%	Not Covered
Physician Office Visits	\$30 copay	60% after deductible	\$30 copay	60% after deductible
Annual Deductible				
Per Person	N/A	\$600 per person	N/A	\$600 per person
Coinsurance (% paid by CU)	100%	60% after deductible	100%	60% after deductible
Out-of-Pocket Maximum				
Individual	N/A	\$3,500	N/A	\$3,500
Family	N/A	\$7,000	N/A	\$7,000
Out-of-Network Reimbursement				
Precertification required for most services	N/A	60% after deductible; reimbursement based on 150% of Medicare maximum allowable charge	N/A	60% after deductible; reimbursement based on 150% of Medicare maximum allowable charge
Hospital Services				
Inpatient Care	\$500 copay per admission <i>Precertification required</i>	60% after deductible <i>Precertification required</i>	\$500 copay per admission <i>Precertification required</i>	60% after deductible <i>Precertification required</i>
Outpatient Care	\$150 copay (including lab and radiology) <i>Precertification required</i>	60% after deductible <i>Precertification required</i>	\$150 copay (including lab and radiology) <i>Precertification required</i>	60% after deductible <i>Precertification required</i>
Emergency Room Copay (waived if admitted)	\$150 copay	\$150 copay	\$150 copay	\$150 copay
Mental Health & Substance Abuse				
Inpatient Care	\$500 copay per admission <i>Precertification required</i>	60% after deductible <i>Precertification required</i>	\$500 copay per admission <i>Precertification required</i>	60% after deductible <i>Precertification required</i>
Outpatient Care	\$30 copay Annual maximum of 60 visits <i>Precertification required</i>	60% after deductible Combined annual limit of 60 visits <i>Precertification required</i>	\$30 copay Annual maximum of 60 visits <i>Precertification required</i>	60% after deductible Combined annual limit of 60 visits <i>Precertification required</i>
Infertility Treatment				
ART, IVF, GIFT, ZIFT	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. See Summary Plan Descriptions (SPDs).

Prescription Drug Coverage

When you enroll in either POS 100 healthcare plan, you are automatically enrolled in the following Medco Prescription Drug Plan.

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

Using Your Prescription Drug Benefit

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

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

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

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

You may find participating pharmacies at www.medcohealth.com or by calling **800-230-0508**.

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

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

Appeals Process

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

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

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

The Columbia Benefits Center is Here to Help

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

You can reach us at **212-851-7000** or email hrbenefits@columbia.edu and describe your issue.

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

Vision Care

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

Vision Expense	CIGNA* (VSP Network)	UHC**
Vision Exam	\$10 copay (1 exam per year)	\$50 allowance once every 12 months
Hardware (Lenses and Frames) and Contact Lenses		
Single lenses	\$20 for single lenses; once every 24 months	\$70 allowance for all hardware and contact lenses once every 24 months.
Bifocal lenses	\$30 for bifocal lenses; once every 24 months	
Trifocal lenses	\$40 for trifocal lenses; once every 24 months	
Lenticular lenses	\$75 for lenticular lenses; once every 24 months	
Frames	\$30 frames allowance; once every 24 months	
Contact lenses: cosmetic	Cosmetic contacts are not covered	
Contact lenses: medically necessary	\$75 for medically necessary contacts; once every 24 months	

* Benefits for hardware under the CIGNA POS Plan are per item. To receive vision benefits from the CIGNA POS plan, you must select a CIGNA provider from the network directory who is specifically designated "VSP."

** UHC provides a total cumulative benefit for all hardware (lenses, contacts, frames) of \$70 every 24 months.

Your Cost for Medical Coverage (Contributions)

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

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

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

1. Which plan you select, and
2. Who you cover, e.g., Yourself Only versus Family.

Your Cost for Same-Sex Domestic Partner

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

2012 Monthly Pre-Tax Contributions for Medical & Rx Coverage

Health Plan	Yourself Only	Yourself & Spouse or Same-Sex Domestic Partner	Yourself & Child or Children	Family
Full-Time				
CIGNA POS 100	\$0	\$0	\$0	\$0
UHC POS 100	\$25	\$50	\$50	\$75
Part-Time*				
CIGNA POS 100	\$335	\$704	\$637	\$1,004
UHC POS 100	\$389	\$817	\$739	\$1,165

* Part-time employees must work at least 20 hours per week to be eligible for benefits.

Employee Assistance Program (EAP)

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

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

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

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

Stressed Out? Financial Worries? Elder Care Issues?

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

Call **888-673-1153**; TTY: **800-256-1604**

Or log on to: **www.harrisrothenberg.com**

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

Dental Coverage

Aetna Columbia Dental Plan

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

The University contributes toward the cost of dental coverage.

Aetna Columbia Dental Plan Overview

Benefit	Columbia Preferred Dental Network	Aetna Dental Network	Out-of-Network*
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.

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

Using the Columbia Preferred Dental Network

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

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

Columbia Preferred Dental Plan Facilities

cudentalassociates.columbia.edu

Columbia Dental Associates Morningside Associates

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

and

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

Columbia Dental Associates Medical Center Practice

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

Columbia-Presbyterian Eastside Dental Faculty Practice

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

Columbia Oral & Maxillofacial Surgery

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

Using the Aetna Dental Network

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

The GHI Preferred Dental Program

The GHI Preferred Dental Program covers preventive, basic, and major services. You may choose to use participating GHI Preferred Program dentists or go to a nonparticipating dentist.

When you receive care from a nonparticipating dentist, you pay the provider up front, and then file a claim for reimbursement. You'll be reimbursed up to the allowance shown on the GHI Dental fee schedule for covered services, which is available from GHI. If you use a participating dentist, no forms are required.

For a listing of GHI dentists, go to: www.ghi.com/Prov_search and select Dentists from the menu. Click the link to Dentist Directories and enter your location. Choose Dental from the first drop-down menu. Choose Your Network and select Dental Preferred under the Select Provider Network pull-down menu. For more information, call GHI at **212-501-GHID (4443)**.

If you use a nonparticipating dentist, you may have to pay the difference between the total cost and the amount the plan pays.

Flexible Spending Accounts (FSAs)

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



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

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

If you work full-time or part-time for the University, you may participate.

Don't Lose Out

The Healthcare FSA can save you money. Consider it for 2012.

How FSAs Work

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

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

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

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

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

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



If your employment ends, you may submit claims for expenses incurred prior to your employment end date. Any remaining funds are forfeited.

Healthcare FSA

You can deposit between \$120 and \$3,000 in this account to cover out-of-pocket healthcare expenses for yourself and your spouse and children, even if you elected not to cover them under Columbia University benefits plans.

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

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

- | | |
|--|---|
| <ul style="list-style-type: none">• 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• Medical and dental expenses that exceed benefit plan limits |
|--|---|

For more complete information on eligible expenses go to: www.ebpabenefits.com/members/reimbursement-accounts.aspx or call the Columbia Benefits Service Center at **212-851-7000**.

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 FSA

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

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

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

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

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

How Much You Can Deposit

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

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

Covered dependent care providers include:

- Qualified child or adult day care centers, including senior centers
- Summer day camps
- Babysitters
- 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

Keep in Mind

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



Term Life Insurance

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

Basic Term Life Insurance Plan

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

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

Optional Term Life Insurance Plan

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

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

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)	x 0.075
Your total monthly premium cost	= \$ 9.00

Evidence of Insurability

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

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

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

Waiver of Premium

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

If You Leave the University

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

Travel Emergency Assistance

When you are covered under our Basic Term Life Insurance Plan (from The Standard), you and your dependent children are also covered for emergency travel assistance. This assistance can be for situations as serious as needing to be evacuated from a foreign country to things as simple as information on visas. This program is called MEDEX Travel Assist. It can help you with travel emergencies in the U.S. and internationally. See the Contact Information on inside back cover.

Transit/Parking Reimbursement Program

Transit/Parking Reimbursement Program (T/PRP)

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



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

Transit Reimbursement Program

You may elect a monthly deposit amount from \$10 to \$125. The amount will be deducted from your paycheck before taxes are taken out.

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

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

The following commuting expenses are not eligible:

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

What's Covered/Not Covered—Transit

Parking Reimbursement Program

You may elect a monthly deposit amount from \$10 to \$240. The amount will be deducted from your paycheck before taxes are taken out.



If you commute and park in a University-owned lot or at New York-Presbyterian Hospital, you are already paying for parking through a pre-tax deduction. Therefore, you should not sign up for a Parking account unless you also commute to a lot that the University does not own. In that case, your Parking deduction plus your monthly University parking bill cannot exceed the \$240 monthly parking limit.

What's Covered/Not Covered—Parking

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

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

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

The following parking expenses are not covered:

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

How the Program Works

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

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

You Can Make Changes During the Year

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

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

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

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

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

The EBPA Debit Card for Transit and Parking

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

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

If You Do Not Use the EBPA Debit Card

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

Then you can arrange to have your reimbursements deposited directly into the bank account of your choice. If you would like to authorize this, the form also is available at www.hr.columbia.edu/forms-docs/forms. 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

Columbia University Retirement Plan – Local 241 Transport Workers Union of America

You receive a pension in retirement that is calculated on whichever of the following two formulas gives you the greatest benefit.

Formulas

- If you retire on or after July 1, 2008, the Career Pay Formula is:
 - 2.0% of your pay for the first 10 years of service (including year 10) that you are covered by the Plan
 - 2.2% of your pay for the next 20 years of service (years 11— and including 30) that you are covered by the Plan
 - 2.3% of your pay for years of service in excess of 30 that you are covered by the Plan
- The Final Pay Formula is 1.2% of your base earnings for the last five years of your employment at Columbia, multiplied by your total years of credited benefits service covered under the Plan with the University.

Vesting

This benefit is 100% vested after five years of service with the University.

Unreduced Pension

To receive an unreduced pension, you must a) retire with at least 20 years of service and be at least age 62 or b) retire on or after age 65. Retirements may only occur on the first day of a calendar month.

Please see the *Columbia University Summary Plan Description (SPD) – Retirement Benefits for Local 241 Transport Workers Union of America* at www.hr.columbia.edu/benefits/spds for detailed information.

Lessons Learned About VRSP

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

Take this opportunity to learn more about the VRSP. It is one of the most important benefits the University offers. Contributing to the VRSP is to your advantage, so take the advice of your colleagues: “Save early and save more.” You may enroll at www.hr.columbia.edu/benefits.

Voluntary Retirement Savings Plan (VRSP)

Eligibility and Participation

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

Pre-Tax Contributions

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

You can reach the annual maximum contribution—\$17,000 in 2012—early in the year as you choose by electing a flat dollar amount. Deductions will automatically stop being made from your pay when you reach the IRS limits, which are subject to change annually.

Catch-Up Contributions: If you are age 50 or older, you may contribute an **additional** amount—up to \$5,500 in 2012—on a pre-tax basis to your VRSP. You become eligible for catch-up contributions on January 1 of the year you turn age 50. Log on to the CU Benefits Enrollment System at www.hr.columbia.edu/benefits to make this additional election.

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

The IRS maximum contribution limits, apply regardless of this change. To get a better idea of how the plan will work overall, look at the “How the VRSP Works” graphic on the following page.

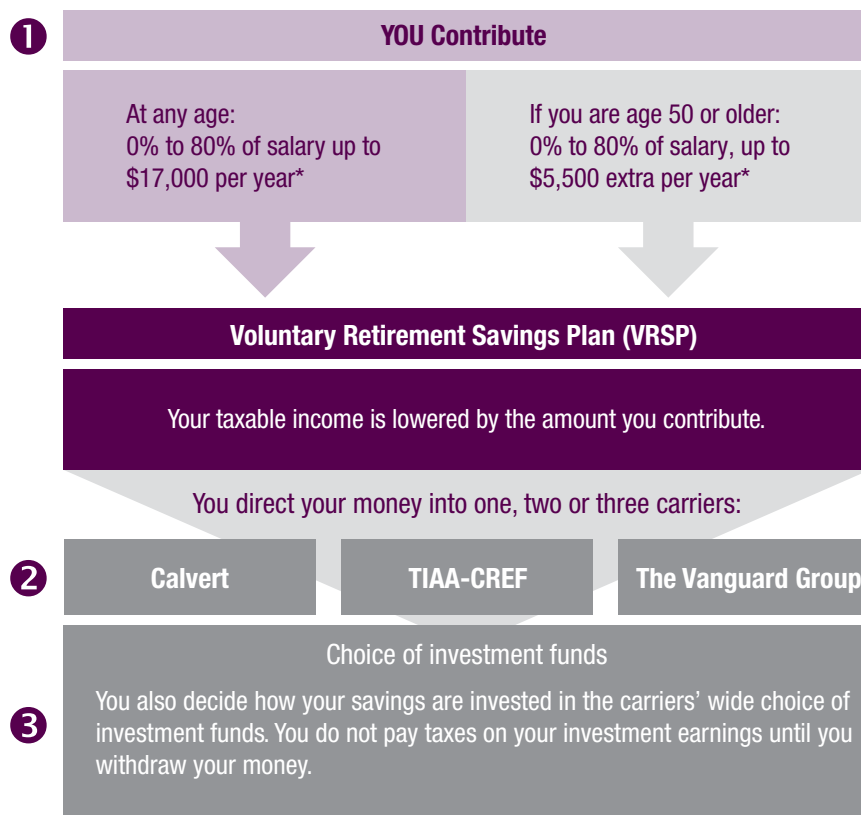
Newly Hired? It is your responsibility to ensure that your annual contributions do not exceed the IRS limit for the calendar year. If you have already contributed to another qualified pre-tax retirement plan this year, please be sure to review those contributions so you can elect the appropriate per-paycheck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

Make Sure You are Signed Up

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

How the VRSP Works

(Percentage contributions start in 2012)



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

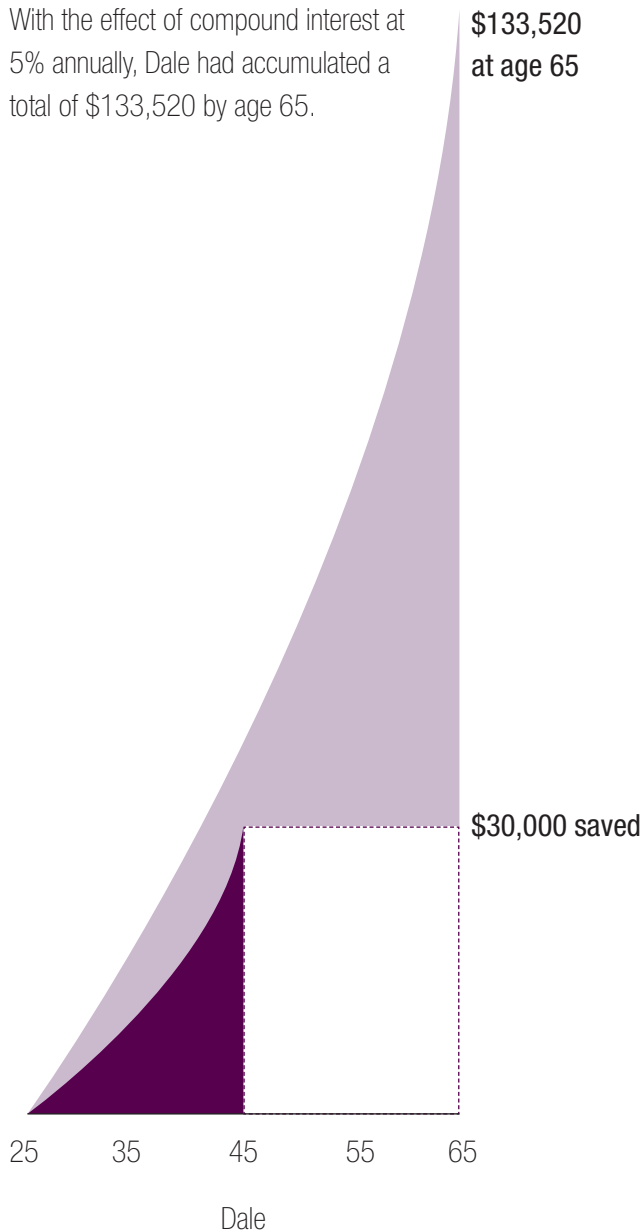
Match the circled numbers from the graphic above with the text below to learn more.

- 1** To get the most out of your retirement benefits, it is up to **you** to contribute to the Voluntary Retirement Savings Plan (VRSP). At any age, you can contribute up to \$17,000 (in 2012) on a pre-tax basis. If you are age 50 or older, you can contribute an *additional \$5,500* (in 2012).
- 2** It is up to **you** to choose an investment carrier.
- 3** You then can choose, among the carriers' wide range of funds, the investment choices that are right for you. For assistance in choosing your investment funds, please contact the carrier.

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

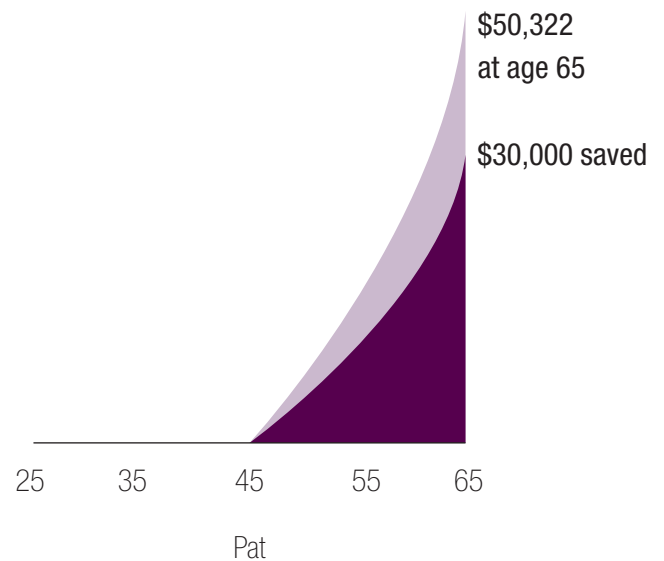
Time is Money

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



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

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



Save early and save more.

Investing Your VRSP Account

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

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

Columbia University 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

Default Investment

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



Withdrawing Money from Your VRSP Account Early

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

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

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

Financial Planning and Retirement Education Resources

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

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	800-732-8353

Retiree Medical and Life Insurance

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

Administrative Legal Notices

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

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

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

Termination of Coverage for Cause, Including Fraud or Intentional Misrepresentation

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

General Notice of COBRA Continuation Coverage Rights

Continuation Coverage Rights Under COBRA

Introduction

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

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

What is COBRA Continuation Coverage?

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

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

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

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

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

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

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

When is COBRA Coverage Available?

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

You Must Give Notice of Some Qualifying Events

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

Employee Benefit Plan Administration

Attn: COBRA Department

P.O. Box 1140

Exeter, NH 03833-1140

888-456-4576

www.ebpabenefits.com

How is COBRA Coverage Provided?

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

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

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

Disability Extension of 18-Month Period of Continuation Coverage

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

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

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

If You Have Questions

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

Keep Your Plan Informed of Address Changes

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

Plan Contact Information

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

Employee Benefit Plan Administration

Attn: COBRA Department

P.O. Box 1140

Exeter, NH 03833-1140

888-456-4576

www.ebpabenefits.com

Health Insurance Portability & Accountability Act (HIPAA)

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

Disclosure Limitations

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

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

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

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

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

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

Your rights regarding your health information include:

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

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

Privacy Officer

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

Privacy Officer

Columbia Benefits Service Center
Studebaker 4th Floor, MC 8705
615 West 131st Street
New York, NY 10027
Email: 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 eligible for health coverage from your employer, but are unable to afford the premiums, some States have premium assistance programs that can help pay for coverage. These States use funds from their Medicaid or CHIP programs to help people who are eligible for employer-sponsored health coverage, but need assistance in paying their health premiums.

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

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

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

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

Alabama – Medicaid

Website: www.medicaid.alabama.gov
Phone: 800-362-1504

Alaska – Medicaid

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

Arizona – CHIP

Website: www.azahcccs.gov/applicants/default.aspx
Phone: 877-764-5437

Arkansas – CHIP

Website: www.arkidsfirst.com
Phone: 888-474-8275

California – Medicaid

Website: www.dhcs.ca.gov/services/pages/tplrd_cau_cont.aspx
Phone: 866-298-8443

Colorado – Medicaid and CHIP

Medicaid Website: www.colorado.gov
Medicaid Phone: 800-866-3513
CHIP Website: www.chpplus.org
CHIP Phone: 303-866-3243

Florida – Medicaid

Website: www.dcf.state.fl.us/programs/access/medicaid.shtml
Phone: 866-762-2237

Georgia – Medicaid

Website: dch.georgia.gov
Click on Programs, then Medicaid
Phone: 800-869-1150

Idaho – Medicaid and CHIP

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

Indiana – Medicaid

Website: www.in.gov/fssa/2408.htm
Phone: 877-438-4479

Iowa – Medicaid

Website: www.dhs.state.ia.us/hipp
Phone: 888-346-9562

Kansas – Medicaid

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

Kentucky – Medicaid

Website: chfs.ky.gov/dms/default.htm
Phone: 800-635-2570

Louisiana – Medicaid

Website: www.lahipp.dhh.louisiana.gov
Phone: 888-342-6207

Maine – Medicaid

Website: www.maine.gov/dhhs/oms
Phone: 800-321-5557

Massachusetts – Medicaid and CHIP

Medicaid & CHIP Website: www.mass.gov/masshealth
Medicaid & CHIP Phone: 800-462-1120

Minnesota – Medicaid

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

Missouri – Medicaid

Website: www.dss.mo.gov/mhd/
Phone: 573-751-6944

Montana – Medicaid

Website: medicaidprovider.hhs.mt.gov/clientpages/clientindex.shtml
Phone: 800-694-3084

Nebraska – Medicaid

Website: www.dhhs.ne.gov/med/medindex.htm
Phone: 877-255-3092

Nevada – Medicaid and CHIP

Medicaid Website: dwss.nv.gov
Medicaid Phone: 800-992-0900
CHIP Website: www.nevadacheckup.nv.org
CHIP Phone: 877-543-7669

New Hampshire – Medicaid

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

New Jersey – Medicaid and CHIP

Medicaid Website: www.state.nj.us/humanservices/dmahs/clients/medicaid
Medicaid Phone: 800-356-1561

CHIP Website: www.njfamilycare.org/
CHIP Phone: 800-701-0710

New Mexico – Medicaid and CHIP

Medicaid Website: www.hsd.state.nm.us/mad/
Medicaid Phone: 888-997-2583

CHIP Website: www.hsd.state.nm.us/mad/
Click on Insure New Mexico
CHIP Phone: 888-997-2583

New York – Medicaid

Website: www.nyhealth.gov/health_care/medicaid
Phone: 800-541-2831

North Carolina – Medicaid

Website: www.nc.gov
Phone: 919-855-4100

North Dakota – Medicaid

Website: www.nd.gov/dhs/services/medicalserv/medicaid
Phone: 800-755-2604

Oklahoma – Medicaid

Website: www.insureoklahoma.org
Phone: 888-365-3742

Oregon – Medicaid and CHIP

Medicaid & CHIP Website:
www.oregonhealthykids.gov
Medicaid & CHIP Phone: 877-314-5678

Pennsylvania – Medicaid

Website: www.dpw.state.pa.us
Phone: 800-644-7730

Rhode Island – Medicaid

Website: www.dhs.ri.gov
Phone: 401-462-5300

South Carolina – Medicaid

Website: www.scdhhs.gov
Phone: 888-549-0820

Texas – Medicaid

Website: www.gethipptexas.com
Phone: 800-440-0493

Utah – Medicaid

Website: health.utah.gov/medicaid
Phone: 866-435-7414

Vermont – Medicaid

Website: ovha.vermont.gov
Phone: 800-250-8427

Virginia – Medicaid and CHIP

Medicaid Website: www.dmas.virginia.gov/rcp-HIPP.htm
Medicaid Phone: 800-432-5924

CHIP Website: www.famis.org
CHIP Phone: 866-873-2647

Washington – Medicaid

Website: hrsa.dshs.wa.gov/premiumpymt/apply.shtml
Phone: 877-543-7669

West Virginia – Medicaid

Website: www.wvdhhr.org/bcf/family_assistance/medicaid.asp
Phone: 304-342-1604

Wisconsin – Medicaid

Website: dhs.wisconsin.gov/medicaid
Phone: 800-362-3002

Wyoming – Medicaid

Website: www.health.wyo.gov/healthcarefin
Phone: 307-777-7531

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

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

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

What This Means to You as a Retiree of Columbia University

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

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

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

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

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

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

When Can You Join a Medicare Prescription Drug Coverage Plan?

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

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

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

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

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

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

For More Information about Medicare's Prescription Drug Coverage:

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

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

About This Notice

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

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

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

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

Workers' Compensation

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

Medical Leave of Absence for Disability

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

Summary Annual Report for the Columbia University Group Benefits Plans

Financial information regarding the CU Group Benefits Plan is posted on the HR website: www.hr.columbia.edu/benefits/sars/group.

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

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

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

Summary Annual Reports for the Columbia University Retirement Plans

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

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

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

Contact Information

	Website	Phone
Employee Assistance Program (EAP)	www.harrisrothenberg.com	888-673-1153
Travel Emergencies (including international) MEDEX	www.frontiermedex.com/solutions/industry/corporate.html or write email to: operations@medexassist.com	North America: 800-527-0218 Worldwide, call collect: 410-453-6330
Medical		
UHC Medical UHC Behavioral Health	www.myuhc.com/groups/columbiauniversity	800-232-9357 888-265-9945
CIGNA	www.cigna.com	800-244-6224
Dental		
Aetna Columbia Dental Plan	www.aetna.com/docfind/custom/columbia	800-773-9326
GHI Dental	www.ghi.com	212-501-GHID (4443)
Prescriptions		
Medco Rx	www.medcohealth.com	800-230-0508
Life Insurance		
The Standard Life Insurance	www.standard.com	888-264-3057
FSAs, Transit/Parking		
EBPA	www.ebpabenefits.com	888-456-4576
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 Benefits Contacts

For all Benefits-related questions, contact:

Columbia 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

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