



2009 Benefits in Brief

SSA and TWU

Effective January 1, 2009

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Benefits in Brief highlights your benefits for calendar year 2009. Full details regarding coverage, eligibility and limitations can be found in the official Plan documents. If there are any discrepancies between the information in this publication and the Plan documents, the Plan documents will always govern. Columbia University reserves the right to change or terminate these plans at any time. The information in this publication applies to SSA and TWU members (in accordance with the National Labor Relations Act). This publication is in no way intended to imply a contract of employment.

This document is intended to be a Summary of Material Modifications (SMM) to the Life Insurance Plans and other benefit programs. It explains the changes being made to these benefit plans effective January 1, 2009. It is important information, so keep it with your other benefits information.

This Benefits in Brief booklet provides information about the benefits programs that are available to members of SSA and TWU. Your benefits provide valuable protection for you and your family, so take the time to learn more about them.

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

- Your current benefits enrollment
- Collective bargaining agreements
- Links to health plan websites and participating provider lists
- Frequently Asked Questions
- Benefits in Brief
- Information about Columbia University HR Benefits, including the following topics:
 - Tuition Exemption for Support Staff
 - Child Care Assistance at Columbia
 - Healthcare Coverage Through COBRA
- All Columbia University HR Benefits forms

What's New for 2009

New Transit/Parking Contribution Limits. The new Transit monthly maximum contribution is \$230 and the new Parking monthly maximum is \$230.

Who is Eligible for Benefits

The University's benefits allow you to create a program suited to your needs and those of your family. The benefits of eligible full-time and part-time members of SSA and TWU are effective the first day of the month following the completion of the applicable waiting period.

You must enroll for benefits within 31 days of your date of hire.

If you do not make selections during this period, you and any eligible dependents will not receive Medical, Prescription, Dental, Flexible Spending Account, 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 HR Benefits Service Center at (212) 851-7000.

Choose Your Coverage Carefully

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

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

Who You Can Cover

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

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

Eligible Dependents

Your eligible dependents include your:

- Legal spouse
- Same-sex domestic partner
 - A same-sex domestic partner is a person who meets the following requirements:
 - Shares the same principal residence with you full-time and for the past 12 continuous months
 - Shares financial responsibilities with you, such as co-ownership of property, joint financial accounts, etc.
 - Has power of attorney for medical purposes
 - Is at least 18 years old
 - Is not related to you by blood
 - Is 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
- Unmarried legally dependent children, including adopted children, foster children and stepchildren of your spouse or same-sex domestic partner
- For medical and dental coverage, dependent children are eligible:
 - until the end of the calendar year in which they turn 19
 - over the age of 19 as long as they remain full-time students – coverage ends at the end of the month in which they cease to be a full-time student (e.g., graduate) or the end of the calendar year in which they turn age 26, whichever is earlier
 - at any age if they have a physical or mental disability, provided that when they were diagnosed, they were covered dependents and it was prior to the end of the calendar year in which they turned 19
- Any child you have under legal guardianship proven by court appointment (from birth to age 19, or to age 26 if a full-time student)

Verify Student Status to Avoid Loss of Coverage

A full-time student is defined as a student who is taking 12 or more credit hours at an accredited educational institution, or as defined as full-time by the institution.

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

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

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

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

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

Proof of Eligibility

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

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

Report Changes in Dependent Eligibility

When a dependent is no longer eligible, it is your responsibility to go to the Columbia University Online Benefits Enrollment System **within 31 days of the change** (examples include, but are not limited to, divorce, child no longer a student, etc.). **Please visit www.hr.columbia.edu to update any changes in the status of your dependents within 31 days.**

Making Changes to Your Benefits During the Year

Internal Revenue Service, Section 125, limits when you can add coverage for new dependents or make changes to your benefits elections during the year.

After your initial enrollment, or after annual Benefits Open Enrollment, you will **only** be able to change your benefits for the remainder of the calendar year **if** you experience a qualified life status change. **If you have a qualified life status change, you must go to www.hr.columbia.edu to make any changes within 31 days of the event in order to change your benefits.**

Examples of a qualified life status change include:

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

If you experience a qualified life status change, you must go to www.hr.columbia.edu and **make your changes within 31 days of the event**. You may be subject to audit, so you must be able to provide proof (for example, marriage certificate or birth certificate). Your benefits changes must be consistent with the nature of your qualified life status change.

Benefits Enrollment Deadline

For benefits that are not automatic, you must enroll within 31 days of your eligibility date. If you do not enroll by the deadline, you will not be able to enroll in your benefits until the next Benefits Open Enrollment period in Fall 2009 (to take effect January 1, 2010), unless you have a qualified life status change.

Waiting Periods For Benefits Coverage				
	SSA		TWU	
	Full Time	Part Time	Full Time	Part Time
Medical Coverage				
• POS (CIGNA*, UHC)	3 months	3 months	3 months	3 months
• Cash credit for waiving medical coverage	3 months	Not eligible	3 months	Not eligible
Dental Coverage*	12 months	Not eligible	4 months	Not eligible
Vision Coverage**	3 months	3 months	3 months	3 months
Basic Term Life Insurance	6 months	6 months	6 months	6 months
Flexible Spending Account (FSA)	Hire date	3 months	Hire date	3 months
Transit/Parking Reimbursement Program	Hire date	Hire date	Hire date	Hire date
Columbia University Retirement Plan	Hire date			
Voluntary Retirement Savings Plan (VRSP)	Hire date			

* Upon reaching eligibility, you alone are automatically enrolled for this coverage (CIGNA for medical and vision). To add dependents, you must enroll online by accessing the Columbia University Online Benefits Enrollment System at www.hr.columbia.edu within 31 days of your eligibility date.

** Vision coverage is provided through CIGNA or UHC to those who enroll in CIGNA or UHC POS medical plans, respectively.

Please note: Part-time employees must work 20 hours per week to be eligible for benefits.

Medical Coverage

You can select your medical coverage from two plans. Each of the plans offers comprehensive care – including coverage for emergency care, hospitalization, surgery, office visits, prescription drugs, and mental health and substance abuse treatment. The plans differ in:

- the network of providers and hospitals available to you
- how much you pay for your insurance and care

The chart on page 10 identifies the plans available to you and highlights the benefits provided under each plan.


Selecting Your Coverage Level

You may enroll for medical coverage at one of the following coverage levels:


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

Your Medical Plan Options

CIGNA POS

 In the CIGNA POS, you must choose a Primary Care Physician (PCP) for yourself and each covered family member prior to receiving in-network services. The PCP manages your care and referrals to specialists. The CIGNA POS applies to the tri-state area (New York, New Jersey and Connecticut). If you select the CIGNA POS and you do not select a CIGNA PCP, all services for your care are reimbursed as out-of-network benefits.

UHC Choice Plus POS (Open Access)

 UHC Choice Plus POS offers a national network of physicians and hospitals. You do not need a Primary Care Physician (PCP) to manage your medical care or provide referrals to specialists. However, to receive in-network benefits, your treating physician must participate in the network.

How Point-of-Service (POS) Plans Work

Point-of-Service (POS) plans let you choose between providers, hospitals, and facilities in the Plan (in-network) or providers that are not part of the Plan (out-of-network). To receive in-network benefits with CIGNA, you must choose a Primary Care Physician (PCP) who is responsible for coordinating your care. To receive in-network benefits with UHC, you simply use an in-network provider. No referrals are required. When you use in-network providers, you'll pay a fixed fee (copay), and there are no claim forms to file.

If you use out-of-network providers and facilities, you'll need to file a claim form and meet a yearly deductible. You may also need to precertify care with the Plan. After meeting your deductible, the Plan pays a percentage of your covered reasonable and customary medical expenses, up to an out-of-pocket maximum, after which the Plan pays 100% of covered reasonable and customary medical expenses.

Networks in Other States

There are limited networks available through CIGNA POS for individuals who live/work outside of the tri-state area. Currently these include networks in Pennsylvania (Philadelphia), Arizona and Massachusetts.

UnitedHealthcare Choice Plus POS offers a broad network nationwide for individuals outside the tri-state area.

Guesting Services

For dependent children who attend schools or universities outside of the tri-state area, CIGNA offers the ability, when a network is available, to be treated in-network for services in those areas only. (Tri-state services received would then be considered out-of-network.) Please contact CIGNA directly to discuss guesting services.

Since UHC offers a nationwide plan, your dependent children may be treated in-network provided they use the local UHC providers without special arrangements.

Your Health Coverage While Traveling Internationally for Short Periods of Time

While traveling internationally, you continue to be covered by your medical plan for emergency care services, but you will be unable to use your medical cards to pay for these expenses. You must pay the expenses out-of-pocket and submit claim forms to your carrier for currency conversion (if applicable) and reimbursement to you. Medical plans cannot make payments to foreign providers.

Plan Contact Numbers for International Travelers

Carriers' normal toll-free numbers are not accessible internationally. Should you or a medical provider need to contact your health plan to authorize or coordinate care, please contact the HR Benefits Service Center at (212) 851-7000 for a direct-dial number for your health insurance carrier.

Emergency Services vs. Emergency Medical Expenses While Traveling Internationally

Should you travel on University business and need to be evacuated or transported to a medical facility, these services are provided through International SOS. All expenses for medical services outside of the United States should be submitted to your medical plan carrier, as described on this page.

Vision Care

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

Reimbursement once every 24 months for:		
Vision Expense	UHC*	CIGNA** (VSP Network)
Vision Exam	\$50 allowance once every 12 months	\$10 copay (1 exam per year)
Hardware (Lenses and Frames) and Contact Lenses		
Single lenses	\$70 allowance for all hardware and contact lenses once every 24 months	\$20
Bifocal lenses		\$30
Trifocal lenses		\$40
Lenticular lenses		\$75
Frames		\$30
Contact lenses: Cosmetic		Not covered
Contact lenses: Medically necessary		\$75

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

** Benefits for hardware under the CIGNA POS Plan are per item.

Medical Plan Comparison Chart

Provider Services	CIGNA POS		UHC Choice Plus POS	
	In-network	Out-of-network	In-network	Out-of-network
Preventive Care	100% no copay	Not covered	100% no copay	Not covered
Office visit for illness or injury	\$15 copay	80% after deductible	\$15 copay	80% after deductible
Hospital Services				
Inpatient Care	\$150 copay per admission	80% after deductible*	\$50 daily copay, up to \$250 per admission	80% after deductible**
Emergency Room	\$50 copay (waived if admitted)**	\$50 copay (waived if admitted)**	\$50 copay (waived if admitted)**	\$50 copay (waived if admitted)**
Outpatient (non-surgical)	100%	80% after deductible*	100%	80% after deductible*
Outpatient Surgery	100%	80% after deductible*	100%	80% after deductible*
Mental Health & Substance Abuse				
Inpatient Mental Health	\$150 copay per admission* Combined annual limit: 60 days	80% after deductible* Combined annual limit: 60 days	\$50 daily copay,* up to \$250 per admission Combined annual limit: 60 days	80% after deductible* Combined annual limit: 60 days
Outpatient Mental Health	First 10 visits: \$15 copay* Next 50 visits: \$25 copay* Annual maximum: 60 visits Group: \$10 copay; no limit	50% after deductible Annual maximum: 20 visits for individual & group	First 10 visits: \$15 copay* Next 50 visits: \$25 copay* Annual maximum: 60 visits	50% after deductible Annual maximum: 20 visits for individual & group
Inpatient Substance Abuse	Same as inpatient mental health*		Same as inpatient mental health*	
Outpatient Substance Abuse	Same as inpatient mental health*	Same as inpatient mental health	Same as inpatient mental health*	Not covered
Durable Medical Equipment				
Durable Medical Equipment	Covered		Covered	
Infertility Treatment				
ART, IVF, GIFT, ZIFT	Annual benefit limit: \$5,000		Annual benefit limit: \$5,000	
Out-of-pocket Expenses				
Deductible	None	See page 11	None	See page 11
Coinsurance (% paid by plan)	100% after copay	80%	100% after copay	80%
Out-of-pocket Limit	Not applicable	See page 11	Not applicable	See page 11

* Precertification required.

** The health plan must be notified within 48 hours.

Medical Premiums

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

1. The Plan you select, and
2. The level of coverage you select.

2009 Monthly Pre-Tax Premiums for Medical Coverage				
Health Plan	Yourself Only	Yourself & Spouse or Same-Sex Domestic Partner	Yourself & Child or Children	Family
Full Time				
CIGNA POS	\$0.00	\$0.00	\$0.00	\$0.00
UHC Choice Plus	\$25.00	\$50.00	\$50.00	\$75.00
Part Time*				
CIGNA POS	\$234.00	\$491.50	\$444.50	\$702.00
UHC Choice Plus	\$250.50	\$526.00	\$476.00	\$751.50

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

Deductibles and Out-of-Pocket Limits for Out-of-Network Services				
Annual Benefits Salary	Deductibles for POS Plans		Out-of-Pocket Limits for POS (Includes Deductible)	
	Annual Deductible		Annual Limit	
	Individual	Family	Individual	Family
All	\$250	\$750	\$1,000	\$2,000

Prescription Drug Coverage

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

Prescription Drug Benefit	
Copayments	
Retail pharmacy (up to 30-day supply)	\$10 generic; \$20 brand name
Home delivery (up to 90-day supply)	\$15 generic; \$40 brand name
Infertility Coverage	
Oral and injectable medication	Same as above, up to \$15,000 lifetime maximum

Using Your Prescription Drug Benefit

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

Retail Pharmacies

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

Mail-Order Pharmacy

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

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

Aetna Columbia Dental Plan

Applies to Members of TWU only

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

The Aetna Columbia Dental Plan provides:

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

The table below highlights the benefits of this coverage:

Aetna Columbia Dental Plan Overview			
Benefit	Columbia Preferred Dental Network	Aetna Dental Network	Out-of-network*
Preventive Care Includes routine cleanings, routine exams and X-rays	100%	100%	100%
Basic Restorative Care Includes fillings and extractions	100%	80%	80%
Major Restorative Care Includes crowns, bridges, dentures and root canals	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



* Your percentage cost applies to network-negotiated fees. You will pay higher fees for services if you use out-of-network providers.

Cost of Coverage

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

2009 Monthly Pre-Tax Dental Premiums	
Yourself	\$14
You Plus One	\$42
Family	\$70

Using the Columbia Preferred Dental Network

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

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

For major restorative services, the Aetna Columbia Preferred benefit reimburses 60% of network-negotiated fees. You are responsible for paying the balance of 40%, but this will be applied to lower network-negotiated fees.

There are no deductibles to pay if you are treated by a Columbia Preferred dentist. You also do not have to submit any forms when you use a network participating dentist.

Columbia Preferred Dental Plan Facilities	
Columbia Dental Associates Morningside Associates 1244 Amsterdam Avenue (near 121st Street) New York, NY 10027 (212) 961-1266	Columbia-Presbyterian Eastside Dental Faculty Practice 16 East 60th Street New York, NY 10021 (212) 326-8520
Columbia Dental North 128 Fort Washington Avenue, Suite 1J (near 165th Street) New York, NY 10032 (212) 928-1000	Columbia Dental 630 West 168th Street New York, NY 10032 (212) 305-8618

Using the Aetna Dental Network

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

What If I Go Out of the Network?

When you use a dentist who is not affiliated with the Aetna Columbia Dental network, you will be reimbursed at the out-of-network level. The amount you pay is applied to the maximum allowable charge that has been negotiated for Aetna network dentists. You will be responsible for paying the dentist for your portion of the fees plus any amounts that exceed the Aetna network-negotiated fees.

All Support Staff

After the waiting period, you are enrolled in the GHI Preferred Dental Program automatically, at no cost to you. Note: If you have dependents, you must positively enroll them within 31 days of your eligibility; otherwise, you will be automatically enrolled at the employee only level.

GHI Dental

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 care expenses. To take advantage of Flexible Spending Accounts, you must re-enroll during Benefits Open Enrollment each year. If you do not re-enroll, you will not be able to participate.

If you work full-time or part-time for the University, you may participate in a Flexible Spending Account.

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

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

You can deposit between \$120 and \$3,000 in the Healthcare FSA.

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

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

How the Flexible Spending Accounts Work

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



To participate in an FSA, you elect to deposit a set amount of money in the account during the year. You cannot change your deposit amount during the calendar year unless you have a qualifying life status change.

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

How to Get Reimbursed

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

Getting reimbursed is easy. Submit your expenses, for at least \$25, with a completed claim form. If you submit a claim for an expense that is not eligible, EBPA may deny your claim. Please call EBPA at (888) 678-3457 if you have any questions about whether an expense is eligible or visit their website at www.cbaebpa.com.

Keep in Mind

The IRS has rules for using the money you put in FSAs because of the tax advantages they offer:

- You can use the money you deposit during one calendar year only, for expenses you incur during that calendar year. You incur an expense when you receive the service, not when you pay for it.
- You cannot transfer money from the Healthcare FSA to the Dependent Care FSA and vice-versa.
- You cannot carry over unclaimed account balances from one year to the next.

If you do not submit a claim for reimbursement by March 31 of 2009 for expenses incurred in 2008, you forfeit any money left in your account.

Healthcare Flexible Spending Account

You can set aside money in this account to cover unreimbursed healthcare expenses for yourself and your spouse and children, even if you elected not to cover them under the Columbia medical plans. Note: Same-sex domestic partners and their children are not eligible for this Plan due to IRS rules, unless they qualify under IRS section 152.

How Much You Can Deposit

When planning how much to deposit in your Healthcare FSA, review the out-of-pocket expenses for medical, dental, vision, and prescription drugs that you had this year. You can use these as a guide when estimating your 2009 expenses. Remember to include your costs for over-the-counter medications. You may also use the *Decision Support Tools* for assistance. This is located on the Columbia University Online Benefits Enrollment System at www.hr.columbia.edu.

Eligible Healthcare Expenses

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

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

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

Keep in Mind

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

Dependent Care Flexible Spending Account

The Dependent Care FSA helps you pay the cost of dependent day care services for an adult or child who qualifies as your legal tax dependent. If you are married and would like to use this benefit, you and your spouse must work or go to school. If your work is scheduled during an evening shift, you can be reimbursed for the cost of dependent care services provided for your dependents while you work.

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

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

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

Your reimbursement for dependent care will not exceed the balance of your account at the time of your claim. If there isn't enough money in your account to pay your claim, the balance will be paid as the money accumulates in your account.

How Much You Can Deposit

You can deposit between \$120 and \$5,000 a year. However, if you are married, the IRS has several guidelines that might affect how much you can deposit. For example, if your spouse also has a Dependent Care FSA at work and you file a joint tax return, your combined deposits cannot exceed \$5,000. If you are married and file separate income tax returns, the most you can contribute is \$2,500. Columbia University does not monitor these limits. If you and your spouse both elect and receive more than \$2,500, you will pay income taxes on the excess amount when you file your tax return. Please check with your spouse's employer regarding its Dependent Care FSA participation requirements.

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

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

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



Keep in Mind

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

If you work at least one hour a day, you meet the criteria for working one day.

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



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

Term Life Insurance

The University provides you with a no-cost basic level of term life insurance coverage. You can also purchase additional term life insurance at group rates based on your age. The Standard Life Insurance Company will be the new life insurance company for life insurance benefits.

Group Term Life Insurance

Financial security for your loved ones when you die is an important consideration. As you think about life insurance alternatives, you may want to consider enrolling in group term life insurance through the University. You may enroll when you are first eligible or during annual Benefits Open Enrollment.

If you choose to purchase additional life insurance through the University, the cost of coverage is conveniently deducted from your pay on an after-tax basis. In the event of your death, your beneficiary or beneficiaries receive a lump sum payment equal to the amount of your coverage.

However, should you be diagnosed with a terminal illness, you may apply for an accelerated benefit. Any amount paid under this provision would reduce the benefit paid to your beneficiary or beneficiaries at the time of your death. For additional information about this feature, please contact your local HR office.

Coverage Levels and Costs

Basic Term Life Insurance

After six months, you automatically receive coverage in the amount of one times your annual benefit salary (as calculated on July 1st of the prior year and rounded up to a multiple of \$1,000), up to \$50,000. Basic coverage is provided by the University at no cost to you.

You can now add your beneficiary information online by accessing the Columbia University Online Benefits Enrollment System at www.hr.columbia.edu.

Optional Term Life Insurance

You may also purchase additional coverage, from one to five times your annual base salary (as calculated on July 1st each year and rounded up to a multiple of \$1,000). There is a \$1,000,000 maximum for total life insurance coverage.

For additional coverage, you pay a monthly group rate premium per \$1,000 of coverage based on your current age, as shown in the chart. Although your coverage level is determined on July 1st each year, if you reach a significant birthday during the year (e.g., 25, 30, 35), you move to a new contribution level. Your premiums increase on the paycheck following your birthday.

Optional Life Insurance Plan – Cost of Coverage

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

Example

An employee, age 41, with an annual base salary of \$40,000, elects additional life insurance of three times annual salary (\$120,000). The monthly premium cost is calculated as follows:

$$\begin{aligned} & \$120.00 \text{ (amount of life insurance divided by 1,000)} \\ & \times 0.07 \text{ (from rate table, age 41)} \\ & \underline{\$8.40} \text{ Total monthly cost} \end{aligned}$$

Waiver of Premium

In the event that you become disabled, you may apply for a waiver of premium, which means that your life insurance continues at no cost to you provided that you meet the Plan's definition of long-term disability and became disabled before age 60. For additional information, please contact the HR Benefits Service Center at (212) 851-7000.

Evidence of Insurability

If you are a new hire and select a coverage level in excess of three times your salary or in excess of \$500,000 (including both Columbia's basic life insurance coverage and your own additional optional life insurance coverage), you will need to complete an Evidence of Insurability form and be approved by The Standard. If you wish to increase the level of your coverage during open enrollment, you will need to complete an Evidence of Insurability form and be approved by the insurance company.

Your current level of coverage will remain in effect, and your new coverage level will become effective only after we have received approval from the insurance company.

TWU Accidental Death and Dismemberment Insurance

Members of TWU also receive Accidental Death and Dismemberment Insurance equal to one times their base salary (as calculated on July 1st each year and rounded up to the nearest \$1,000), up to \$50,000. This coverage is provided at no cost to you.

Transit/Parking Reimbursement Program (T/PRP)

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

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

The transit limit is \$230 for the 2009 plan year.

The parking limit is \$230 for the 2009 plan year.

How the Program Works

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

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

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

As you incur eligible expenses during the year, money is taken from your account by the Transit Program's debit card or you can file claims for reimbursement. You have until March 31 of each calendar year to claim money you deposited during the previous year. So, for example, you have until March 31, 2009, to claim your 2008 deposits.

Your Account Balances



Under IRS regulations, you must use the entire amount of each monthly deposit. The unused amount from one month will not be available to you 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 31st each year). For example, if your commuting expenses during 2009 are \$100 less than you budgeted for, the unclaimed \$100 will be credited to the appropriate T/PRP account on July 1, 2010.

Transit

Transit Account Contributions

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

Eligible Transit Expenses

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

- 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 vanpool services
- New York City Transit Authority buses and subways

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

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

How to Use Your EBPA Debit Card

The EBPA Debit Card (applies to the Transit/Parking Reimbursement Program)

You will receive a Debit Card from EBPA. 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 update your monthly allocations, please be sure to press “credit.” This will enable the card to automatically deduct the expense from your T/PRP account. EBPA will fund this card monthly from your T/PRP account. For example, if you elect an \$89 monthly transit account, you will receive a debit card that allows you to charge \$89 worth of transit expenses each calendar month in 2009.

If You Do Not Use the EBPA Debit Card

You may also submit your Transit benefit expenses with a paper claim form. To obtain a claim form for reimbursement, go to: www.hr.columbia.edu and click on the Human Resources Forms link. 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 is available online at www.hr.columbia.edu. Please contact EBPA if you have any questions regarding direct deposit service.

EBPA

P.O. Box 1140

Exeter, NH 03833-1140

(888) 678-3457

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

www.cbaebpa.com

Parking

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

Eligible Parking Expenses

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

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

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

The following parking expenses are not covered:

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



Keep in Mind

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

How to Submit a Parking Claim

You must submit your Parking benefit expenses with a claim form and provide receipts. Fill in the required information on the form and mail to EBPA at the address printed on the form. To obtain this form, go to www.hr.columbia.edu and click on the Human Resources Forms link.

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Retirement and Savings Plans

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

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

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

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

Each retirement plan is described in complete detail in a separate Summary Plan Description (SPD). We encourage you to read each SPD to learn how the retirement plans work.

Please see the Columbia University Summary Plan Description (SPD) – Retirement Plan for Supporting Staff Association at the College of Physicians and Surgeons of Columbia University at www.hr.columbia.edu for detailed information.

Columbia University Retirement Plan for SSA Members

Eligibility and Participation

Once you are eligible, Columbia University makes monthly contributions to an account on your behalf. The contributions are based on your age, salary, and years of eligible service, and do not require contributions by you. You participate in the Plan on your first day of work with the University.

Vesting

Once you have completed five years of covered service, your retirement contributions are yours to keep. If you do not complete five years of employment (as a support staff member or Officer), the money returns to the Plan.

University Contributions

Once you are eligible to participate in the Retirement Plans, the University contributes to the Retirement Plan every pay period. You do not have to enroll or contribute to the Plan. You receive the University contributions automatically.

Investing Your Account

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

For Retirement Plan		
Calvert	www.calvert.com/saveatwork_columbia.html	(800) 368-2745
The Vanguard Group	www.vanguard.com	(800) 523-1188
TIAA-CREF	www.tiaa-cref.org	(800) 842-2776

Please review the investment choices available to you by contacting the carriers directly.

Investment Default

If you do not designate an investment carrier using the CU Online Benefits Enrollment System, your contributions will be invested in a Vanguard Target Retirement Fund. If you designate a carrier but do not enroll in specific funds with the carrier, your contributions will be directed to a *Retirement Target Fund** or a balanced fund. If you would like to change your fund selections, contact the investment carrier directly.

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

Access

Because these accounts are meant for your retirement, you do not have access to them while you are employed. When you retire, you'll have several options for receiving or investing the accrued University contributions.

Withdrawing Money from Your Retirement Plan

Since this Plan is designed to help you save for retirement, you can not withdraw money from your plan account before you retire. Loans and hardship distributions are not available from this Plan.

When you reach retirement age, 55, and are no longer employed by the University (or are considered an employee on Phased Retirement) you will have several options for receiving payment.

Columbia University Pension Plan for TWU Local 241 Members

If you are a TWU member, 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 vested 100% 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.

Voluntary Retirement Savings Plan (VRSP)

Eligibility and Participation

Eligibility begins on your date of hire. You must enroll if you would like to contribute to the Plan.

How to Enroll

You may enroll and designate an investment carrier at any time during the year online at www.hr.columbia.edu. To designate how your funds are invested, you must also complete a fund selection form for the investment carrier you selected. Once you complete and mail your form to the investment carrier, they will process your election as soon as administratively possible.

Pre-tax Contributions

Standard Contributions

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

The IRS limits the amount you can contribute to your VRSP each year. In 2008, that limit was \$15,500. **New Hires:** You are responsible for making sure your annual contributions do not exceed the IRS limit. If you contributed to another pre-tax retirement plan in the calendar year, please contact the HR Benefits Service Center.

Default of Investment

If you designate an investment carrier online at www.hr.columbia.edu but do not complete the fund selection form, your contributions will be directed to a *Retirement Target Fund** or a balanced fund.

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

Catch-Up Contributions

You may be able to contribute more than the standard IRS limit of \$16,500 to your account on a pre-tax basis:

If you are age 50 or older, you may contribute an additional \$5,500 on a pre-tax basis to your VRSP. This election is available to you online.

Investing Your Account

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

For VRSP		
Calvert	www.calvert.com/saveatwork_columbia.html	(800) 368-2745
The Vanguard Group	www.vanguard.com	(800) 523-1188
TIAA-CREF	www.tiaa-cref.org	(800) 842-2776

Please review the investment choices available to you by contacting the carriers directly.

Please see the Columbia University Summary Plan Description (SPD) – Voluntary Retirement Savings Plan (VRSP) Benefits for SSA and TWU at www.hr.columbia.edu for detailed information.

Retiree Medical Coverage

You are eligible for this coverage if you complete at least 10 years of continuous service with the University after age 45. (Retirement from Columbia University starts at age 55 or older.)

Adoption Assistance Program

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

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

If you adopt two children at the same time, the maximum reimbursement is \$10,000 for the combined expenses. If both you and your spouse or same-sex domestic partner are Non-Union Support Staff or Officer, you are eligible for a maximum \$5,000 reimbursement per adoption (\$10,000 for a simultaneous adoption of two children).

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

Eligibility

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

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

Applying for Reimbursement

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

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

Eligible Adoption Expenses

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

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

Qualified expenses do *not* include:

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

Paid Time Off

The University provides a liberal vacation allowance for support staff members and grants a generous number of holiday and personal days each year.

Vacation and Holidays

Coverage

Staff members are entitled to paid vacation and personal days each year. The number of vacation days you receive is based on your months/years of service. In addition, the University also observes certain national holidays. These tables summarize the vacation, personal days and holidays available to you each year.

Part-time employees should refer to their collective bargaining agreement for information about their vacation entitlements.

Vacation (Annual Entitlement, Accrued on a Monthly Basis)		
Months/Years of Service	SSA	TWU
2 months	10 days	5 days
12 months	10 days	10 days
3 years	15 days	15 days
4 years	15 days	20 days
5 years	20 days	20 days
15 years	20 days	25 days
20+ years	20 days	25 days

2009 Schedule of University Holidays and Personal Days

University Holidays and Personal Days				
Holidays	Date	Morningside Campus	Medical Center	Harlem Hospital
New Year's Day	01/01/09	X	X	X
University Designated Holiday *	01/02/09	X	X	
Martin Luther King Jr. Birthday	01/19/09	X	X	X
President's Day	02/16/09		X	X
Memorial Day	05/25/09	X	X	X
Independence Day (Observed)	07/03/09	X	X	X
Labor Day	09/07/09	X	X	X
Columbus Day	10/12/09			X
Election Day	11/03/09	X	X	X
Veteran's Day	11/11/09			X
Thanksgiving Day	11/26/09	X	X	X
University Designated Holiday	11/27/09	X	X	
University Designated Holiday	12/24/09	X	X	X
Christmas Day	12/25/09	X	X	X
University Designated Holiday	12/31/09	X	X	
Total		12	13	12
Personal Days				
Number		3	2	3
* The University has designated Friday, January 2, 2009 to be a holiday in lieu of one University Designated Holiday in 2008.				

Post-65 Benefits – Active Employees

Your Medical Coverage

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

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

When you retire, Medicare is your primary coverage, and the University's plan is secondary.

Keep in Mind

Medicare has three parts, or types of coverage:

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

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

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

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

Medicare Part D - Prescription Drug Coverage

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

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

What this Means to You

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

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

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

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

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

Important Reminder

If you enroll in a Medicare prescription drug plan after May 15, 2006, you may need to provide a copy of the Columbia Prescription Drug Plan information to show that you have had creditable coverage. That means you will not have to pay a higher premium for Medicare prescription drug coverage. You may receive information about creditable coverage through Columbia University at other times in the future, such as the next period you can enroll in Medicare prescription drug coverage and/or if your Columbia University prescription drug coverage changes. You may also request a copy of this information by calling the HR Benefits Service Center at (212) 851-7000.

Medicare Prescription Drug Coverage

Creditable Coverage Disclosure Notice for Retirees of Columbia University as of June 15, 2008

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

What This Means To You As A Retiree Of Columbia University

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

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

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

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

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

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

When Can I Join A Medicare Drug Plan?

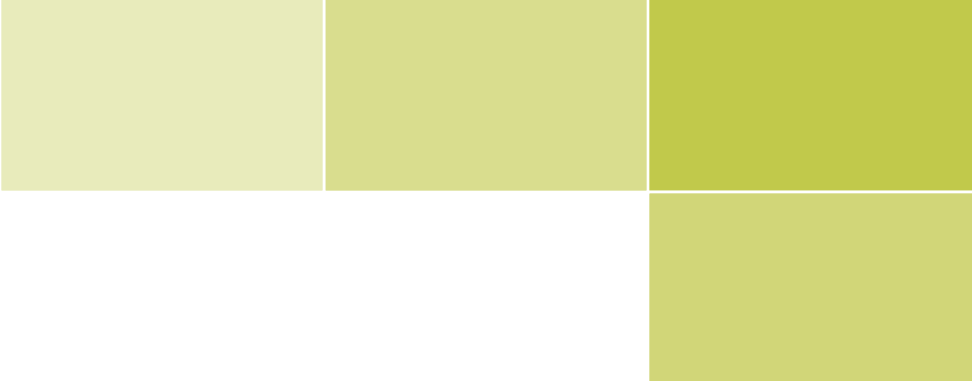
You can join a Medicare prescription drug plan when you first become eligible for Medicare and each year from November 15th through December 31st. You may also enroll when you first become Medicare eligible or after separating employment with the University if you are age 65 or older.

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

If You Terminate Columbia University Coverage Or Employment

If you drop or lose your Columbia University 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 <http://www.medicare.gov> for personalized help
- Call 1-800-MEDICARE (1-800-633-4227; TTY 1-877-486-2048)

About This Notice

This notice, as required by Law, contains important details about how your prescription drug coverage through the Columbia University Retiree Medical and Life Plan compares to Medicare prescription drug coverage available in 2008. Please read this notice carefully and keep it for future reference.

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

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

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

When You Leave

When your employment ends, you are eligible to continue your medical and dental benefits (as long as you were enrolled while actively working) under the Consolidated Omnibus Budget Reconciliation Act (COBRA) of 1985. You may convert policies from Columbia University group contracts to individual contracts directly with the vendors.

COBRA

When your Coverage Terminates

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

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

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

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

Depending upon the reason for the removal from your coverage, there may be COBRA continuation rights available to your dependents. It is also important that COBRA information be provided directly to the affected individual. Please make any address changes that occur for your spouse/same-sex domestic partner/dependent due to an eligibility change. You may correct address changes at <https://my.columbia.edu>.

Conversion Rights

Term Life Insurance Plan

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

Death During Active Service

The estate of a support staff member who dies during active service will receive post-mortem pay for any time worked (but not previously paid) prior to death, vacation and personal day balances, and in addition, will receive 22 days regular pay. The check will be made payable to the estate and will be sent to the last address on file for the staff member.

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

10 or more years of service, age 55 or older

If a member dies during active service, is age 55 or older and has had 10 or more years of continuous benefits-eligible service, the covered spouse/same-sex domestic partner and dependent children will qualify for entitlements in the University's medical plans under the same provisions as a survivor of a retired member. Contributions will not be required for this coverage.

Tuition benefits are continued to the spouse/same-sex domestic partner or dependent child to complete a term begun before the member's death.

10 or more years of service, under age 55

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

Tuition benefits are continued to the spouse/same-sex domestic partner or dependent child to complete a term begun before the member's death.

Less than 10 years of service, any age

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

Tuition benefits are continued to the spouse/same-sex domestic partner or dependent child to complete a term begun before the member's death.

The Human Resources Website has all the benefit information you need.

Go to: www.hr.columbia.edu and go to the Benefits section.

Contact Information

Carrier:	Website	Phone
Medical		
UHC	www.myuhc.com/groups/columbiauniversity	(800) 232-9357
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
Transit/Parking, FSAs		
EBPA	www.cbaebpa.com	(888) 678-3457
Retirement Plans		
Calvert	www.calvert.com/investor-workplace-columbia.html	(800) 368-2745
The Vanguard Group	www.vanguard.com	(800) 523-1188
TIAA-CREF	www.tiaa-cref.org	(800) 842-2776

Columbia University HR Benefits Contacts

For all Benefits-related questions, contact:

Columbia University HR Benefits

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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