



2008

Retiree Medical Decision Guide

Effective March 1, 2008



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This Retiree Medical Decision Guide highlights your benefits for calendar year 2008. 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.

Your Retiree Medical Benefits for 2008

For 2008, there are a few changes to the medical plans for you to consider. This booklet describes those changes and your enrollment kit has the forms you may need to enroll.

Your 2008 medical coverage will be effective March 1, 2008. Your current benefits will remain in effect through February 29, 2008.

Change Your Medical Benefits: January 15 – January 29, 2008

What's New in 2008

You have some new medical plan options for 2008. Take the time to review the benefits highlights in this guide to be sure your plan meets your needs.

Oxford becomes UnitedHealthcare (UHC)

Starting March 1, 2008, a UnitedHealthcare (UHC) Choice Plus Plan will replace the Oxford POS Plan. This change is the result of Oxford's acquisition by UnitedHealthcare.

If you are a member of Oxford now, you will automatically be enrolled in the UHC Choice Plus Plan on March 1, 2008. The UHC Choice Plus Plan works the same way as the Oxford POS Plan. It covers the same range of services and has in-network and out-of-network benefit levels. See pages 6-11 for more details.

- Since Oxford is now UHC, Columbia University has worked closely with the insurance carriers and UHC to help with the continuity of physicians in the UHC network. Your claim history will also be transferred to UHC to ensure care continuity.
- The UHC Choice Plus Plan will now be an open-access network, so you do not need a referral from your PCP to see a specialist.
- The Columbia Presbyterian Provider Network (CPPN) will continue to be available as part of the UHC network. You can view all participating providers at www.myuhc.com/groups/columbiauniversity.
- You will receive new ID cards on or before March 1, 2008.
- While we have made every effort to limit the impact of the change from Oxford to UHC, there may be some features under UHC that are not exactly the same.
- For more information about UHC, please contact them directly at (800) 232-9357.

UHC Transition of Care

Over 98% of Oxford's doctors used by Columbia University's faculty and staff participate in UHC's network. However, if your current Primary Care Physician or specialist is in the Oxford network but not in the UHC network, please complete and send the Transition of Care application to UHC. A Transition of Care form is included with this material.

We encourage you to complete this Transition of Care process prior to March 1st, so that you have full continuity of care.

Important: You must mail this Transition of Care form to UHC prior to March 31, 2008 in order to have your doctor considered a network provider for the year 2008.

New Aetna Choice POS II for Pre-65 Retirees

Retirees under age 65 will have a fourth medical option for 2008. This new Plan gives you access to Aetna's national provider network, and a choice of in-network or out-of-network benefits. This Plan does not require a Primary Care Physician (PCP) to coordinate your care. See page 6 for details.

Two New Medicare Advantage Plan Options for Post-Age 65 Retirees

- Aetna Medicare Advantage Plan
- UnitedHealthcare (UHC) SecureHorizons Medicare Advantage Plan

These are Medicare authorized plans that provide the medical and prescription drug coverage you would otherwise get under Medicare Parts A, B and D. See pages 12-13 for details.

Your Premiums for 2008

The premiums for all of the medical plan options will change, effective March 1, 2008. The new rates are shown on the sheet included with this guide. Be sure to review this information before deciding on your 2008 coverage.

Questions?

If you have any questions about your medical benefits, call Columbia University HR Benefits Service Center at (212) 851-7000. Select the "Retirement" option on the menu.

Pre-65 Retirees – Your Medical Coverage Decision

If You Want to Change Your Medical Coverage for 2008:

- Step 1** Be sure to read the medical plan descriptions on pages 6-11.
- Step 2** Complete the 2008 Medical Plan Election Form for Pre-65 Retirees included with your kit.
- Step 3** Return the completed form in the envelope included in this kit to Employee Benefit Plan Administration (EBPA). **You can fax your enrollment forms to EBPA at (603) 773-4410.**

Completed forms need to be returned by January 29, 2008.

If You are Satisfied With Your Current Plan, You Do Not Have to Do Anything.

| If Your Current Plan Is: | Your Automatic 2008 Plan Will Be: |
|---------------------------------|--|
| CIGNA POS | CIGNA POS |
| CIGNA Plan B | CIGNA Plan B |
| Oxford POS | UnitedHealthcare Choice Plus |

Remember, if you are in the Oxford POS Plan now and want the UHC Choice Plus Plan for 2008, you will automatically be enrolled in the UHC option.

Transition of care. If you are an Oxford member and your doctor is not in the UHC network, you can request a Transition of Care. To ensure continuity of care, you should apply before March 31, 2008. The Transition of Care applies only for 2008. A Transition of Care form is included with these materials.

Post-65 Retirees – Your Medical Coverage Decision

If You Want to Choose a Medicare Advantage Plan:

Step 1: Be sure to read the description of the plans on pages 12-18 of this booklet. If you have questions or need more information call either Aetna at (800) 307-4830 or UHC SecureHorizons at (800) 203-5361.

If you are in the Oxford POS Plan now and want the UHC SecureHorizons Plan for 2008, you do not need to do anything. You will automatically be enrolled in the UHC Choice Plus Plan.

Step 2: You must complete **two** forms which are included in the materials:

- The Columbia University 2008 Medical Plan Election form for Post-65 retirees
- The Aetna or UHC SecureHorizons Election form – depending on which plan you choose.

Step 3: Return the completed forms in the envelope included in this kit to Employee Benefit Plan Administrator (EBPA). **You can fax your enrollment forms to EBPA at (603) 773-4410.**

Please note: If you want to make any other changes to your coverage for 2008, you must complete the Medical Plan Election Form for Post-65 Retirees to elect new coverage.

Completed forms need to be returned by January 29, 2008.

If You Want to Keep Your Current Medical Coverage:

- If you are in the Oxford POS Plan now and want to stay in that Plan, you will automatically be enrolled in the UHC Choice Plus Plan for 2008.
- If you are in the CIGNA Plan B now and want the same coverage for 2008, you will automatically be enrolled in the same option. You do not need to complete an enrollment form.

Special Considerations for Post-65 Retirees

- **One spouse over 65?** If you're married or have a same-sex domestic partner and only one of you is eligible for Medicare, the person who is under 65 will keep the pre-65 medical coverage.
- **More than one residence?** If you have more than one home or spend a substantial part of the year outside the tri-state area, be sure to let your health plan know before you decide on your medical option. Be sure you get the coverage you need wherever you live.
- **Transition of Care.** If you are transferring from the Oxford POS Plan to the UHC Choice Plus Plan and your doctor is not in the UHC network, you must complete a Transition of Care form. This only applies to the UHC Choice Plus Plan during 2008. *This does not apply to UHC SecureHorizons.*

Pre-65 Retirees – Medical & Prescription Drug Coverage

Your Medical Options

If you want to change your current medical plan, you now have four options. You can choose from Aetna Choice POS II, CIGNA POS, UnitedHealthcare (UHC) Choice Plus, and CIGNA Indemnity Plan B. All the options cover the same wide range of services. However, the features and benefits of the Plans do differ. The key features are described below, and benefits are compared in more detail on the charts on pages 8-11.

Aetna Choice POS II (Open Access). The Aetna Choice POS II Plan gives you access to a national network of doctors, hospitals and other health care providers. You do not need a PCP to manage your medical care or provide referrals to specialists.

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

CIGNA POS. The CIGNA POS has in-network services and providers in the *tri-state area only*. You must choose a PCP for yourself and each covered family member. The PCP manages your care, including referrals to specialists.

For routine office visits and all other medical services from in-network providers, you pay a copay and the Plan pays the rest. The amount of the copay depends on the service you receive.

UnitedHealthcare (UHC) Choice Plus. UHC Choice Plus also has a national network of doctors, hospitals and other health care providers. You do not need a PCP to manage your medical care or provide referrals to specialists.

When you use an in-network provider, the plan pays the full cost of preventive and outpatient care. For other covered services, you pay a copay for all covered medical services and the plan pays the rest. The amount of the copay depends on the type of service.

CIGNA Indemnity Plan B. With this Plan, you can use any doctor or healthcare facility. Your choice will not affect the level of your plan benefit. This can be an advantage if you live outside the New York metropolitan area for all or part of the year.

Most covered services, including preventive care, are subject to a deductible. After you meet the deductible, the Plan pays a percentage of your covered reasonable and customary medical costs. You or your provider must file a claim for benefits. The Plan also covers care you may receive while traveling or staying overseas. Contact CIGNA for details at (800) 244-6224.

Prescription Drug and Vision Care Coverage

Columbia University offers a comprehensive prescription drug program for its retirees. When you enroll in a University medical plan, you are automatically enrolled for prescription drug coverage. Your benefits will depend on which plan option you choose, as shown in the charts on pages 10-11.

| Prescription Drug Copayments | |
|---|-------------------------------|
| Retail pharmacy (up to 30-day supply) | \$10 generic; \$20 brand name |
| Home delivery: mail-order (up to 90-day supply) | \$15 generic; \$40 brand name |

Using Your Prescription Drug Benefit

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

Retail Pharmacies

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

Home-Delivery Pharmacy

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

Once you have enrolled in Medco's home-delivery 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.

Vision Care

If you enroll in either the Aetna Choice POS II or the CIGNA POS Plan, you also have vision care coverage. The comparison chart on pages 10-11 has the details.

Medical Plan Comparison Chart – Pre-65 Retirees

| | Aetna Choice POS II | | CIGNA |
|---|---|---|---|
| | In-network | Out-of-network | In-network |
| Physician Office Visits | \$15 copay | 70% after deductible | \$15 copay |
| Preventive Care | 100% no copay | Not covered | 100% no copay |
| Annual Deductible: | Individual: \$150 Family: \$300 | Individual: \$300 Family: \$900 | None |
| Co-insurance/Plan Pays | 90% after deductible | 70% after deductible | 100% after copay |
| Out-of-Pocket Maximum: (excludes deductible) | Individual: \$850 Family: \$1,700 | Individual: \$2,000 Family: \$4,000 | N/A |
| Hospital Services | | | |
| Inpatient Care | 90% after deductible | 70% after deductible | \$150 copay per admission |
| Outpatient Care (non-surgical) | 90% after deductible | 70% after deductible | 100% |
| Emergency Room | \$50 copay; waived if admitted | | \$50 copay; waived if admitted |
| Mental Health & Substance Abuse | | | |
| Inpatient Care | 90% after deductible Combined annual limit: 60 days <i>Precertification required</i> | 70% after deductible Combined annual limit: 60 days <i>Precertification required</i> | \$150 copay per admission Combined annual limit: 60 days <i>Precertification required</i> |
| Outpatient Care | First 10 visits: \$15 copay Next 50 visits: \$25 copay Annual maximum: 60 visits Group: \$15 copay; no limit <i>Precertification required</i> | 50% after deductible Annual maximum: 20 visits for individual & group | First 10 visits: \$10 copay Next 50 visits: \$25 copay Annual maximum: 60 visits Group: \$15 copay; no limit <i>Precertification required</i> |

*Available in tri-state area only

| POS* | UHC Choice Plus | | CIGNA Plan B |
|---|--|---|---|
| Out-of-network | In-network | Out-of-network | |
| 80% after deductible | \$10 copay | 80% after deductible | 80% after deductible |
| Not covered | 100% no copay | 80% after deductible | 80% after deductible |
| Individual: \$250 Family: \$750 | None | Individual: \$175 Family: \$350 | Individual: \$175 Family: \$350 |
| 80% after deductible | 100% after copay | 80% after deductible | 80% after deductible |
| Individual: \$750 Family: \$1,250 | N/A | Individual: \$1,000 Family: \$2,000 | Individual: \$1,000 Family: \$2,000 |
| 80% after deductible <i>Precertification required</i> | \$50 daily copay, up to \$250 per admission | 80% after deductible <i>Precertification required</i> | Room & board: 100% after deductible Surgeon: 80% after deductible <i>Precertification required</i> |
| 80% after deductible <i>Precertification required</i> | 100% | 80% after deductible <i>Precertification required</i> | Surgery: 100%, no deductible Surgeon's fees: 80% after deductible Non-surgical: 80% after deductible <i>Precertification required</i> |
| \$50 copay; waived if admitted | \$50 copay; waived if admitted | | 80% after deductible |
| 80% after deductible Combined annual limit: 60 days <i>Precertification required</i> | \$50 daily copay, up to \$250 per admission Combined annual limit: 60 days <i>Precertification required</i> | 80% after deductible Combined annual limit: 60 days <i>Precertification required</i> Substance Abuse: not covered | 100% after deductible; up to 60 days a year <i>Precertification required</i> |
| 50% after deductible Annual maximum: 20 visits for individual & group | \$10 copay Annual maximum: 60 visits <i>Precertification required</i> | 50% of \$1,000 Annual maximum: 20 visits | 80% after deductible Annual limit: 60 visits |

Medical Plan Comparison Chart – Pre-65 Retirees

| | Aetna Choice POS II | | CIGNA |
|---------------------------|---|----------------|---|
| | In-network | Out-of-network | In-network |
| Vision Care | | | |
| Routine Eye Exam | 100% after \$15 copay; covered once every 2 calendar years | N/A | \$10 copay |
| Eyeglasses and Lenses | \$100 allowance per calendar year Additional discounts off retail hardware (e.g., 40% off eyeglass frames) at participating providers. Call Aetna for details. | N/A | Benefit allowance available once every 24 months Single lenses: \$20 Bifocal lenses: \$30 Trifocal lenses: \$40 Lenticular lenses: \$75 Contact lenses: \$75 (medically necessary) |
| Eyeglass Frames | Discounts available | N/A | Frames - \$30 |
| Prescription Drugs | | | |
| Retail Pharmacy | Generic: \$10 copay Brand: \$20 copay <i>Up to 30-day supply</i> | | Generic: \$10 copay Brand: \$20 copay <i>Up to 30-day supply</i> |
| Home Delivery | Generic: \$15 copay Brand: \$40 copay <i>Up to 90-day supply</i> | | Generic: \$15 copay Brand: \$40 copay <i>Up to 90-day supply</i> |

**Available in tri-state area only*

| POS* | UHC Choice Plus | | CIGNA Plan B |
|--|--|--|--|
| | Out-of-network | In-network | |
| N/A | N/A | N/A | NA |
| N/A | N/A | N/A | NA |
| N/A | N/A | N/A | N/A |
| Generic: \$10 copay Brand: \$20 copay <i>Up to 30-day supply</i> | Generic: \$10 copay Brand: \$20 copay <i>Up to 30-day supply</i> | Generic: \$10 copay Brand: \$20 copay <i>Up to 30-day supply</i> | Generic: \$10 copay Brand: \$20 copay <i>Up to 30-day supply</i> |
| Generic: \$15 copay Brand: \$40 copay <i>Up to 90-day supply</i> | Generic: \$15 copay Brand: \$40 copay <i>Up to 90-day supply</i> | Generic: \$15 copay Brand: \$40 copay <i>Up to 90-day supply</i> | Generic: \$15 copay Brand: \$40 copay <i>Up to 90-day supply</i> |

Post-65 Retirees – Medical & Prescription Drug Coverage

Your Medical Options

You can choose from four medical plans: Aetna Medicare Open, CIGNA Plan B, United-Healthcare (UHC) Choice Plus and UHC SecureHorizons. The options cover the same wide range of services. However, the features and benefits of the plans do differ. Please review the plan descriptions, the comparison charts on pages 14-17 and the rate sheet before deciding which one best suits your needs.

Aetna Medicare Open Plan. Aetna Medicare Open is a Medicare Advantage Plan that gives you access to a national network of providers.

The Plan does not have a deductible. You have a copay for most covered services, including doctors' office visits, lab and X-ray services. The Plan covers routine exams and other preventive care at 100%.

Aetna administers the Plan's prescription drug benefits. The Plan has more than 60,000 participating retail pharmacies around the country, plus a mail order service. There is no deductible, and your copay depends on the type of drug you buy. Unlike the standard Part D Medicare Plan there is no benefit gap.

CIGNA Indemnity Plan B. With this Plan, you can use any doctor or healthcare facility. Your choice will not affect the level of your plan benefit. This can be an advantage if you live outside the New York metropolitan area for all or part of the year.

Most covered medical services, including preventive care, are subject to a deductible. After you meet the deductible, the plan pays a percentage of your covered reasonable and customary medical costs. You or your provider must file a claim for benefits.

Medco administers the Plan's prescription drug benefit. For information on how to use this benefit, go to page 7. You can also go to www.medcohealth.com or call Medco, toll-free, at (800) 230-0508.

The Plan also covers care you may receive while traveling or staying overseas. Contact CIGNA for details at (800) 244-6224.

Coordination with Medicare: Medicare is your primary medical coverage and pays benefits on your covered care before the CIGNA plan. This Plan pays a benefit only on the difference between the covered charge and the amount that Medicare covers.

UnitedHealthcare (UHC) Choice Plus. The UHC Choice Plus has a national network of doctors, hospitals and other health care providers. You do not need a primary care physician (PCP) to manage your medical care or provide referrals to specialists.

When you use an in-network provider, the Plan pays the full cost of preventive and outpatient care. For other covered services, you pay a copay and the Plan pays the rest. The amount of the copay depends on the type of service.

Your expenses are subject to a deductible only if you use an out-of-network provider. Benefits are based on the reasonable and customary charge for a service.

Medco administers the Plan's prescription drug benefits. For information on how to use this benefit, go to page 7. You can also go to www.medcohealth.com or call Medco, toll-free, at (800) 230-0508.

Coordination with Medicare: Medicare is your primary medical coverage and pays benefits on your covered care before the UHC Plan. In general, you are responsible only for the copay; Medicare and this Plan will pay the rest.

UnitedHealthcare (UHC) SecureHorizons. UHC SecureHorizons is a Medicare Advantage Plan, with coverage *available only in the Metro New York area*. Contact UHC SecureHorizons to ensure that the Plan is available in your area.

The Plan does not have a deductible for medical care. You pay a copay for all covered services, including office visits, hospital care, outpatient surgery, lab and X-ray services. The amount of the copay depends on the service.

Prescription drug coverage is administered by UHC. There is no deductible and your copay depends on the type of drug you buy. Unlike the standard Part D Medicare Plan there is no benefit gap.

Keep in Mind

Medicare Part D and Creditable Coverage If you have been enrolled in a University medical Plan since you retired, you have had "creditable coverage" for prescription drugs. That means your coverage is equal to or better than the standard Medicare Part D Plan.

As long as you have creditable coverage, you do not have to enroll in Part D. If you decide to enroll in Part D at a later time, you must prove you have had creditable coverage in order to avoid paying a Part D premium penalty.

If you have received a notice of creditable coverage, be sure to keep this notice with your records.

Medical Plan Comparison Chart – Post-65 Retirees

| | Aetna Medicare Open (Medicare Advantage) | CIGNA Plan B |
|--|--|---|
| Physician Office Visits | \$15 copay | 80% after deductible |
| Preventive Care | 100% | 80% after deductible |
| Annual deductible | None | Individual: \$175 Family: \$350 |
| Co-insurance plan pays | 100% after copay | 80% after deductible |
| Out-of-pocket maximum (excludes deductible) | None | Individual: \$1,000 Family: \$2,000 |
| Hospital Services | | |
| Inpatient Care | 100% | Room & board: 100% after deductible Surgeon: 80% after deductible Pre-admission testing: 100% <i>Precertification required</i> |
| Outpatient Care | Surgery: 100% Lab & X-ray: \$15 copay | Surgery: 100% Surgeon's fees: 80% after deductible Non-surgical: 80% after deductible <i>Precertification required</i> |
| Emergency Room | Hospital: \$50 copay Urgent Care: \$35 copay Ambulance: \$15 copay | 80% after deductible |
| Mental Health & Substance Abuse | | |
| Inpatient Care | 100% Combined lifetime limit: 190 days | 100% after deductible Annual limit: 60 days <i>Precertification required</i> |
| Outpatient Care | Mental Health: \$25 copay Substance Abuse: \$15 copay | 80% after deductible Annual maximum: 60 visits |

*Available only in Metro New York area.

| UHC Choice Plus | | UHC SecureHorizons* (Medicare Advantage) |
|--|--|---|
| In-network | Out-of-network | |
| \$15 copay | 80% after deductible | Primary care: \$10 copay Specialist: \$20 copay |
| 100% no copay | 80% after deductible | Routine Physical: \$10 copay Routine screening exams: 100% |
| None | Individual: \$300 Family: \$900 | None |
| 100% after copay | 80% after deductible | 100% after copay |
| None | Individual: \$1,000 Family: \$2,000 | None |
| UHC Choice Plus | | |
| \$50 daily copay, up to \$250 per admission | 80% after deductible <i>Precertification required</i> | \$200 copay per admission |
| 100% | 80% after deductible <i>Precertification required</i> | Surgery: \$100 copay Lab & X-ray: 100% Complex radiology and imaging: \$25 copay |
| \$50 copay; waived if admitted | | Hospital: \$50 copay Urgent Care: \$35 copay Ambulance: \$50 copay |
| UHC SecureHorizons* (Medicare Advantage) | | |
| \$50 daily copay, up to \$250 per admission Combined annual limit: 60 days <i>Precertification required</i> | 80% after deductible Combined annual limit: 60 days <i>Precertification required</i> | \$200 copay per admission 190 day lifetime maximum |
| First 10 visits: \$15 copay Next 50 visits: \$25 copay Annual maximum: 60 visits <i>Precertification required</i> | 50% of \$1,000 Annual maximum: 20 visits | Group: \$10 copay Individual: \$20 copay |

Medical Plan Comparison Chart – Post-65 Retirees

| | Aetna Medicare Open (Medicare Advantage) | CIGNA Plan B |
|----------------------------------|--|---|
| Vision & Hearing Care | | |
| Vision Care | Routine Eye Exam (Annual): 100% Eyeglasses, lenses, etc.: \$70 allowance every 24 months | None |
| Hearing Care | Routine annual screening: 100% Hearing aid reimbursement: \$500 benefit every three years | None |
| Prescription Drugs | | |
| Retail Pharmacy | Generic: \$10 copay Preferred Brand: \$15 copay Non-Preferred Brand: \$30 copay <i>Up to 30-day supply</i> Through Aetna | Generic: \$10 copay Brand: \$20 copay <i>Up to 30-day supply</i> Through Medco |
| Home Delivery | Generic: \$20 copay Preferred Brand: \$30 copay Non-Preferred Brand: \$60 copay <i>Up to 90-day supply</i> | Generic: \$15 copay Brand: \$40 copay <i>Up to 90-day supply</i> |

**Available only in Metro New York area.*

| UHC Choice Plus | | UHC SecureHorizons* (Medicare Advantage) |
|-----------------|---|---|
| In-network | Out-of-network | |
| N/A | N/A | Routine Eye Exam (Annual): \$20 copay Eyeglasses, lenses, etc.: 100% at participating providers; \$70 every 24 months elsewhere |
| N/A | N/A | Routine annual screening: 100% at Hear-X; otherwise, \$20 copay Hearing aid reimbursement: \$500 benefit every three years at Hear-X; elsewhere, \$300 every three years |
| | Generic: \$10 copay Preferred Brand: \$20 copay Non-Preferred Brand: \$50 copay Preferred Specialty: \$50 copay <i>Up to 30-day supply</i> Through UHC | Generic: \$10 copay Preferred Brand: \$25 copay Non-Preferred Brand: \$50 copay Preferred Specialty: \$50 copay <i>Up to 30-day supply</i> Through UHC |
| | Generic: \$20 copay Preferred Brand: \$50 copay Non-Preferred Brand: \$100 copay Preferred Specialty: \$100 copay <i>Up to 90-day supply</i> | Generic: \$20 copay Preferred Brand: \$50 copay Non-Preferred Brand: \$100 copay Preferred Specialty: \$100 copay <i>Up to 90-day supply</i> |

About Medicare Advantage Plans

UnitedHealthcare (UHC) SecureHorizons and Aetna Medicare Open are Medicare Advantage plans. These plans have some special features and requirements that you need to be aware of before you enroll.

| Plan Features | Before You Enroll |
|--|--|
| <p>You can use any licensed doctor or hospital that is eligible to receive Medicare payments and who agrees to accept the term of this plan.</p> <p>Some providers in the UHC and Aetna networks may not accept Medicare Advantage plans.</p> | <p>Call your doctors and other regular providers and ask if they will accept Medicare Advantage plans. Use the plan information shown below.</p> <p>UHC SecureHorizons Group #: CU2143 Group name: Columbia University Plan name: SecureHorizons Medicare Complete Retiree Plan</p> <p>Aetna Medicare Open Group #: AE380867 Group name: Columbia University Plan name: Aetna Medicare Open Plan (PFFS)</p> <p>If your provider does not accept the Medicare Advantage plan, contact either UHC or Aetna at the phone numbers listed on page 22.</p> |
| <p>The plans replace the coverage you would otherwise receive under Medicare Parts A, B and D.</p> <p>You must be enrolled in Medicare Parts A and B to enroll in a Medicare Advantage plan. You do not have to be enrolled in Medicare Part D.</p> | <p>Enroll for Medicare Part B if you have not already done so. You will pay the Medicare Part B premium in addition to any premium for your Medicare Advantage plan.</p> |
| <p>Medicare Advantage plans do not include coverage for dependents.</p> | <p>If your spouse or other dependent is included in your current coverage and you elect a Medicare Advantage plan, he or she must elect his or her own coverage. Any dependent children must enroll separately in one of the pre-age 65 medical options.</p> |
| <p>Medicare Advantage plans may serve a specific service area. For example, UHC SecureHorizons serves <i>only the Metro New York area</i>.</p> | <p>If you spend a significant amount of time during the year in a different part of the country, contact UHC or Aetna at the numbers listed on page 22 to learn how this affects your coverage.</p> |

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 Choice POS II, CIGNA POS, UHC Choice Plus, CIGNA Indemnity Plan B, UHC SecureHorizons Medicare Advantage and Aetna Medicare Open and Medco Rx – 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 workers' compensation

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

- Other offices of the University, as well as employees in Columbia University HR Benefits 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) only at 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 under Benefits at www.hr.columbia.edu.

Privacy Officer

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

Columbia University HR Benefits
Studebaker 4th Floor, MC 8703
615 West 131st Street
New York, NY 10027
Email: hrprivoff@columbia.edu
Fax: (212) 851-7025

Authorization Forms

For HIPAA authorization forms, please use the Columbia University HR Forms Library at www.hr.columbia.edu.

Your Rights Under ERISA

ERISA

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

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

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

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

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

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

Contact Information

| Carrier & Plan | Phone | Website |
|--|----------------------------------|--|
| Aetna Choice POS II | (888) 444-3368 | www.aetna.com/docfind/custom/columbia |
| Aetna Medicare Open Before enrollment After enrollment | (800) 307-4830 (800) 842-1306 | www.aetna.com/members/group/medicare |
| UHC Choice Plus | (800) 232-9357 | www.myuhc.com/groups/columbiauniversity |
| UHC SecureHorizons Before enrollment After enrollment | (800) 577-5623 (800) 234-1228 | www.securehorizons.com |
| CIGNA POS CIGNA Plan B | (800) 244-6224 | www.cigna.com |
| Medco | (800) 230-0508 | www.medcohealth.com |
| EBPA Fax | (888) 678-3457 (603) 773-4410 | www.cbaebpa.com |

Columbia University HR Benefits Contacts:

For all Benefits-related questions, contact:

Columbia University HR Benefits Service Center

Studebaker 4th Floor, MC 8703
 615 West 131st Street
 New York, NY 10027
 Phone: (212) 851-7000
 Secure fax: (212) 851-7025
 Email: hrbenefits@columbia.edu

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

www.hr.columbia.edu

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