About This Communication

*Benefits Highlights* summarizes the benefits programs that are available to benefits-eligible employees of Columbia University. It does not include important information about exclusions and limitations. For additional details of benefits coverage, eligibility, limitations and exclusions, you must reference the Summary Plan Description (SPD), the Summary of Benefits and Coverage (SBC), and the *Guide to What’s New for Open Enrollment 2014* (Summary of Material Modifications – SMM). You are entitled to receive these Plan documents under the Employee Retirement Income Security Act of 1974 (ERISA). You also have other important rights and protections under ERISA, which are explained in more detail in the Summary Plan Descriptions. You can find the documents online at [www.hr.columbia.edu/benefits/spds](http://www.hr.columbia.edu/benefits/spds). If there are any discrepancies between the information in this publication, verbal representations and the Plan documents, the Plan documents will always govern. Columbia University reserves the right to change or terminate these benefits Plans at any time. This publication is in no way intended to imply a contract of employment.
Introducing Your Benefits for 2014

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

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*Benefits Highlights* is also posted online at [www.hr.columbia.edu/benefits](http://www.hr.columbia.edu/benefits). There you can also find benefits-related information about:

- Your current benefits enrollment (in the CU Benefits Enrollment System)
- Frequently Asked Questions
- Tuition Exemption for Support Staff
- Forms
- Summary Plan Descriptions (SPDs)

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

- Important policy information is at [www.hr.columbia.edu/policies](http://www.hr.columbia.edu/policies).
- Collective Bargaining Agreements are at [www.hr.columbia.edu/union-contracts](http://www.hr.columbia.edu/union-contracts).
- For information about other services and University programs, consult the *Working at Columbia* guide at [www.hr.columbia.edu/wac](http://www.hr.columbia.edu/wac).
We are pleased to share with you some important information about benefits options available to you and your eligible family members.

Please keep in mind that in order to have Flexible Spending Accounts, you must enroll online within 31 days of your date of hire. If you miss the deadline, you will not have these benefits.

So that you can make informed decisions, we encourage you to review this Benefits Highlights, the Summary Plan Descriptions, and the New Hire checklist online at: http://hr.columbia.edu/wac/welcome.

The majority of your benefits are provided through your union’s insurance plans. Please consult your collective bargaining agreement or your union representative for more information.

If you have any questions, please call the Columbia Benefits Service Center at 212-851-7000, Monday through Friday, 9 a.m. to 4 p.m. You also may contact us at hrbenefits@columbia.edu. We are always pleased to help.

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

Choose Your Coverage Carefully

The elections you make will be in effect for the 2014 calendar year. You will have another opportunity to change your benefits coverage selection during the annual Benefits Open Enrollment held each fall. Changes you make during Benefits Open Enrollment take effect the following January.

Through Columbia Benefits, you are eligible for the Flexible Spending Account (FSA) program, the Transit and Parking Reimbursement Program (T/PRP), and the Voluntary Retirement Savings Plan (VRSP) as of your first day of work.

The online CU Benefits Enrollment System will show you the benefits you are eligible for and your options—along with their cost. If you do not have easy access to a computer, call the Columbia Benefits Service Center at 212-851-7000.
If you are newly hired, you can enroll online once you receive the confirmation email from hrbenefits@columbia.edu. If you do not receive this email 3 weeks from your date of hire, please contact the Columbia Benefits Service Center at 212-851-7000 or via email at hrbenefits@columbia.edu.

Step 1  Please know your UNI and password before you start the online enrollment process.

- If you do not know your UNI, you can look it up at http://uni.columbia.edu.
- If you do not know your password, you can change it by visiting http://uni.columbia.edu and clicking the link to “Forgot Password?”

For further assistance with your UNI and password, you can also contact:

CUIT Service Desk: 212-854-1919 or askcuit@columbia.edu

Step 2  Go to www.hr.columbia.edu/benefits. Click on the “CU Benefits Enrollment System.” You will be prompted to log in using your UNI and password.

Step 3  Select “New Hire Enrollment or Newly Eligible Benefits Enrollment.” Then, follow the instructions to make your benefits choices for 2014. Please be sure to “Save and Submit.”

Step 4  Print your “Benefits Enrollment Confirmation.” Check it carefully before exiting the system. If you see a problem or want to make a change, simply go back into the online system and modify your election. A paper Enrollment Confirmation will not be mailed to you.

Step 5  Now is also a good time to review your retirement investments. Select “Update your Retirement Elections.” Please be sure to “Save and Continue.”

Step 6  Print your Benefits Confirmation Statement.

If you have questions, contact:

Columbia Benefits Service Center: 212-851-7000 or hrbenefits@columbia.edu
Limited Changes During the Year—Qualified Life Status Changes

The IRS restricts when you can add coverage for a dependent or make changes to your Flexible Spending Account (FSA) elections during the year.

After new hire initial enrollment, or after annual Benefits Open Enrollment, you will only be able to change your FSA benefits for the remainder of the calendar year if you experience a Qualified Life Status Change.

Examples of a Qualified Life Status Change include:

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

If you experience a Qualified Life Status Change, you must go to www.hr.columbia.edu/benefits and make your changes within 31 days of the event. If you need assistance, please contact the Columbia Benefits Service Center at 212-851-7000 and a specialist will help you with your changes. Please remember that, because these benefits must comply with IRS regulations, you must provide proper documentation for your change, such as a birth certificate, marriage certificate or divorce decree. Your benefit changes must be consistent with the nature of your Qualified Life Status Change. If you have Qualified Life Status Changes after mid-November, you may not be able to make changes to certain benefits for the remainder of the current calendar year.

Changes Permitted At Any Time

Transit/Parking Reimbursement Plans

You can make changes to your account at any time during the year. For example, you can change your deposit amount if you change your work location or residence; you change the way you commute; if there is a change in cost for bus, subway or rail service; or there is a change in the amount you pay for parking.

Voluntary Retirement Savings Plan (VRSP)

You can enroll in or change your elections for the Voluntary Retirement Savings Plan (VRSP) at any time during the year. For details on the VRSP, including investment options, educational information and planning resources, please see pages 16-20 of this booklet.
Flexible Spending Accounts (FSAs) allow you to save money on a variety of eligible healthcare and dependent day care expenses. You must re-enroll during Benefits Open Enrollment each year to take advantage of FSAs. Columbia University offers two types of FSAs:

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

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

**How FSAs Work**

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

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

You cannot change your election amount during the calendar year unless you have a Qualified Life Status Change. (See “Making Changes to Your Benefits” on page 3.)

When you incur an eligible healthcare expense, you can use your EBPA Benefits Card to pay for the expense at participating locations. If you use your Benefits Card for eligible expenses other than prescription drugs at Express Scripts or for copays, keep your receipts as you will have to substantiate your expenses with EBPA, the Plan Administrator, or you can also submit a form to receive reimbursement from your FSA. For forms, go to [www.hr.columbia.edu/forms-docs/forms#fsa](http://www.hr.columbia.edu/forms-docs/forms#fsa). You will not owe taxes on money you take from your account.

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

**Forfeiture Rule:** The IRS has strict rules regarding FSAs. Any money left in your FSA account(s) will be forfeited the following year. So, it is important to estimate your expenses carefully, incur your claims by December 31, and make sure that your claims for the calendar year are received by the FSA administrator (EBPA) no later than March 31 of the following year. If you leave the University, you can only be reimbursed for expenses incurred prior to your employment end date. Any remaining funds are forfeited.

**Don’t Lose Out on Tax Savings in 2014**

Using the Healthcare FSA could save you hundreds or thousands of dollars on uncovered healthcare expenses, such as deductibles and orthodontia. Use the tool “Estimate HSA or FSA Tax Savings” in the CU Benefits Enrollment System at [www.hr.columbia.edu/benefits](http://www.hr.columbia.edu/benefits) to see this on a personal basis.
EBPA Benefits Card

If you elect to contribute to an FSA, you can use your Benefits Card to pay for your eligible healthcare expenses not covered by your health plan. When you use your Benefits Card, keep your receipts so you can substantiate your claims. The Benefits Card is issued by EBPA, the administrator of Columbia University’s FSA plans. For details, please see “Using the EBPA Benefits Card” on page 10.

In addition to using the Benefits Card for your healthcare expenses, your EBPA Benefits Card can be used for other reimbursement accounts should you elect to participate: Dependent Care FSA expenses, Transit and Parking expenses. You may also submit claims with a paper form. To obtain a claim form, go to www.hr.columbia.edu/forms-docs/forms.

It is important to note that you cannot use funds specified for your healthcare services for dependent care services or commuting expenses. These accounts are separate and cannot be used in the event one account is depleted of funds.

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 adviser or financial professional to determine which works best for you.
Healthcare FSA

The 2014 IRS limit for the Healthcare FSA is $2,500. You can deposit between $120 and $2,500 in this account to cover out-of-pocket eligible healthcare expenses for yourself and your spouse and children.

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

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

- Medical and dental plan deductibles
- Contact lenses and solutions
- Coinsurance and copayments for prescription drugs, office visits, hospital stays and other medical services
- Weight-loss programs to treat obesity
- Prescription eyeglasses, sunglasses and LASIK surgery
- Medical and dental expenses that exceed benefit plan limits

For more information on eligible expenses go to: [www.epabenefits.com/members/reimbursement-accounts.aspx](http://www.epabenefits.com/members/reimbursement-accounts.aspx) or call EBPA at 888-456-4576.

If you are enrolled in Medicare, you are still eligible to elect a Healthcare FSA.

Dependent Care FSA

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

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

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

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

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

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

You can deposit between $120 and $5,000 a year in a Dependent Care FSA. 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. If your prior year W-2 wages exceed $115,000, Columbia Benefits may contact you before June 30, 2014 to inform you whether your contributions must be capped as a result of mandatory IRS testing.

You must be able to identify the name, address and Social Security Number (SSN) 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 the Dependent Care FSA for day care expenses only. Do not deposit money in this account for your dependents' healthcare expenses.
- You may use the Dependent Care FSA, the federal tax credit or a combination of both for your eligible expenses. Your choice will depend on your family income and the number of dependents you have in eligible day care programs. Generally, if your family's adjusted gross income exceeds $40,000, you may save more in taxes using the Dependent Care FSA. You can also go to www.irs.gov/taxtopics/tc602.html or consult your tax adviser or financial professional.
The Transit/Parking Reimbursement Program (T/PRP) is a convenient way to pay commuting expenses using pre-tax dollars. Remember, each year during Benefits Open Enrollment you must make your election for T/PRP. This benefit, however, is easy to change during the year.

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

- **A change made January 10:** Because this is before the 20th of the month, your change will be effective February 1.
- **A change made January 21:** Because this falls after the 20th of the month, your change will be effective March 1.
- **If you make changes after November 20, 2014,** your changes will be effective January 1, 2015.

**Transit Reimbursement Program**

You may elect a monthly deposit amount from $10 to $245. The amount will be deducted from your paycheck before taxes are taken out.

**What's Covered/Not Covered—Transit**

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

- Amtrak
- Long Island Railroad (LIRR)
- New Jersey Transit (NJT)
- Staten Island Rapid Transit (SIRT)
- Port Authority Trans-Hudson Corp. (PATH)
- Metro North Commuter Railroad
- Commuter and suburban express bus services
- Certain ferry and registered van pool services
- New York City Transit Authority buses and subways
- Transit expenses of your family members
- Airfare
- Taxi and limo services
- Amounts that exceed the monthly limit
- Bridge, tunnel, and highway tolls, including E-Z Pass

**Parking Reimbursement Program**

You may elect a monthly deposit amount from $10 to $245. The amount will be deducted from your paycheck before taxes are taken out.

If you participate in the Parking Reimbursement Program and you commute and park in a University-owned lot or at New York-Presbyterian Hospital, your combined pre-tax monthly deductions cannot exceed the $245 IRS monthly maximum.
What’s Covered/Not Covered—Parking

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

- Commercial parking 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 eligible:

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

How the Program Works

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

Any unused funds will roll over from month to month. Please remember the IRS only allows you to use the limit of $245 per month. For example, if you take a vacation during the month of August, the unused August balance will roll over to September. The funds are available as long as the expenses are not greater than the IRS allowable amounts. If you do not submit calendar year claims by March 31 of the following year, any unused funds will roll over and can only be used for expenses in the new calendar year. The rollover takes place after the annual claim period ends (March 31) each year. If you leave the University, you can only be reimbursed for expenses incurred prior to your termination date.

You Can Make Changes During the Year

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

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

Just go online to www.hr.columbia.edu/benefits and log in with your UNI and password to the CU Benefits Enrollment System. Click on “Update 2014 Transit and Parking Elections.”
If you elect to contribute to a Flexible Spending Account (FSA) or participate in the Transit/Parking Reimbursement Program (T/PRP), you will receive a Benefits Card at your home mailing address from EBPA, the administrator of this benefit. This card is linked to all elected FSA and T/PRP accounts.

If you are a current employee and already have a Benefits Card for one account, you will not receive a new card if you elect additional accounts. The Benefits Card will be automatically loaded with your new election.

Personal Identification Numbers (PINs) are available to you for use with your Benefits Card. It is not required that you use the PIN; however, individual merchants, such as stores or parking garages, can decide if they will require a PIN for debit card purchases, or if they will let transactions go through as credit card purchases. You can obtain your PIN by logging in to your EBPA account and clicking “Card Status” under “My Cards” on the left side of the screen. Click “to view your PIN click here”; you will need to log in again and complete authentication information as requested to retrieve your PIN.

**T/PRP**

The Benefits Card allows you to pay for transit or parking expenses through any vendor that sells commuter tickets or Metrocards and accepts MasterCard.

**FSAs**

You can use this card to pay for your eligible medical and/or dependent care expenses, including prescription drugs and office visit copays. The card can also be used to pay for other eligible healthcare expenses not reimbursed by your medical plan, but you must keep your receipts. EBPA will send you a “Substantiation Request Letter” requesting an itemized receipt; you will then need to submit the letter and receipt to EBPA, or your card will be deactivated for all accounts.

If you elect an FSA, you may request a second Benefits Card for your spouse to use for eligible healthcare expenses, by contacting EBPA directly.

**If You Do Not Use the Benefits Card**

You may also submit claims with a paper form. Please note that if you use a paper form, you must include receipts.

You can arrange to have your reimbursements deposited directly into the bank account of your choice. If you would like to authorize this, the EBPA direct deposit form is available on the HR website. Please contact EBPA if you have any questions regarding direct deposit service.

To obtain either a claim form or a direct deposit form, go to [www.hr.columbia.edu/forms-docs/forms](http://www.hr.columbia.edu/forms-docs/forms).
Managing your FSAs and T/PRP Accounts with EBPA

To create an EBPA online account:

1. Go to https://www.wealthcareadmin.com/default.aspx
2. Click "Participant Login"
3. At the “Participant Portal,” click “Create Account”
4. Enter the required information: First and Last Name, Employee ID (Social Security Number), and your Card Number (if you do not have your card number, enter the Employer ID “CBA10602”), and create a User ID and Password. Fill in the remaining fields.

Contact EBPA if you need assistance:

EBPA
P.O. Box 1140
Exeter, NH 03833-1140
888-456-4576

Monday – Friday, 8:00 a.m. – 7:00 p.m.
www.ebpabenefits.com
Tuition Programs

Columbia University offers members of Local 1199 SEIU (Clerical & Cafeteria Units), Local 100 UNITE HERE (Faculty House), MEBA and MM&P Tuition Exemption to support the education of you and your family. Complete policy information is online at [http://hr.columbia.edu/benefits/tuition](http://hr.columbia.edu/benefits/tuition).

**Tuition Exemption for Members of Local 1199 SEIU (Clerical & Cafeteria Units), LOCAL 100 UNITE HERE (Faculty House), MEBA and MM&P, and their Eligible Dependents**

The Tuition Exemption Benefit Program pays tuition for you for most programs at Columbia University, Barnard College and Teachers College. This is not a reimbursement or remission program; the tuition is simply exempt.

As a member of Local 1199 SEIU (Clerical & Cafeteria Units) or Local 100 UNITE HERE (Faculty House) or a full-time member of MEBA or MM&P, Tuition Exemption covers a certain number of credits each term.

Your spouse or same-sex domestic partner may also be eligible for the unused portion of your own Tuition Exemption benefit for undergraduate or graduate courses at Columbia only.

Your children may be eligible for the unused portion of your own Tuition Exemption benefit if they are enrolled in a Bachelor’s or higher degree program at Columbia only. Your children will be eligible after you have completed the required years of continuous service. For more information, please see the full policy online at [http://hr.columbia.edu/benefits/tuition](http://hr.columbia.edu/benefits/tuition).
The Employee Assistance Program (EAP) is a network of services, including short-term counseling, to help you and your household members cope with issues that you experience in everyday life. You do not have to be covered by our medical plan to take advantage of the EAP. You, or a member of your household, can receive assistance with a wide variety of issues and concerns including:

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

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

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

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**Stressed Out? Financial Worries? Elder Care Issues?**

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

Call **888-673-1153**; TTY: **800-256-1604**
Or log on to: [www.hriworld.com](http://www.hriworld.com)
Username: **Columbia**; Password: **eap**
The Columbia University Retirement Plan—"the Plan," for eligible members—along with the Voluntary Retirement Savings Plan (VRSP) provide an important source of income when you retire, in addition to your Social Security benefits.

**Columbia University Retirement Plan – for Members of Local 100 UNITE HERE (Faculty House)**

**Participation**

Columbia University makes monthly contributions to an account on your behalf. You do not have to enroll in or contribute to the Plan to receive the University contributions. The contributions are based on your age, salary and years of eligible service. You are eligible to participate in the Plan on your first day of work with the University.

**Your Retirement Savings Program Resources**

Columbia University offers you a variety of resources and tools to help you plan and save for the future.

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<thead>
<tr>
<th>Carrier</th>
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<tr>
<td>TIAA-CREF</td>
<td>TIAA-CREF</td>
<td>800-842-2252 Monday through Friday 8:00 a.m. to 8:00 p.m. E.T.</td>
</tr>
<tr>
<td>The Vanguard Group</td>
<td><a href="http://www.vanguard.com">www.vanguard.com</a></td>
<td>800-523-1188 Monday through Friday 8:00 a.m. to 9:00 p.m. E.T.</td>
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**Default Investment**

If you do not designate an investment carrier, your contributions will be defaulted to a Vanguard Target Retirement Date Fund, closest to when you reach age 65.

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

See the Columbia University Summary Plan Description (SPD) – Retirement Plan for Supporting Staff at www.hr.columbia.edu/benefits/spds for detailed information—or call the Columbia Benefits Service Center at 212-851-7000.
You can reach the annual maximum contribution of $17,500 in 2013 as early in the year as you choose by electing a percentage of your pay as the contribution. Deductions will automatically stop being made from your pay when you reach the IRS limits, which are subject to change annually.

**Catch-Up Contributions:** If you are age 50 or older, you may contribute an *additional* amount—up to $5,500 in 2013—on a pre-tax basis to your VRSP. You become eligible for catch-up contributions on January 1 of the year you turn 50. Log on to the CU Benefits Enrollment System at [www.hr.columbia.edu/benefits](http://www.hr.columbia.edu/benefits) to make this additional election. Contributions will be made in whole percentages of your salary, such as 1% or 2%.

**Newly Hired:** It is your responsibility to ensure that your annual contributions do not exceed the IRS limit for the calendar year. If you have already contributed to another qualified pre-tax retirement plan this year, please be sure to review those contributions so you can elect the appropriate per-paycheck percentage.
Plan for 32B-32J Members

You are eligible to participate in a defined benefit retirement plan offered by Columbia University.

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

Plans for 1199 SEIU (Clerical & Cafeteria Units), MEBA or MM&P Members

You are eligible to participate in a retirement plan offered through your union. Please consult your collective bargaining agreement for information about the benefit available to you.

Voluntary Retirement Savings Plan (VRSP)

Eligibility and Participation

Members of Locals 100 UNITE HERE (Faculty House), 1199 SEIU (Clerical & Cafeteria Units), and 32B-32J of the University are eligible to participate in the VRSP. Eligibility begins on your date of hire.

You must enroll if you wish to contribute to the VRSP. You fully own your VRSP benefit and can take it with you after leaving the University.

You may enroll and designate an investment carrier at any time during the year. You can determine how much you can contribute for the remainder of the year by using the VRSP calculator provided at www.hr.columbia.edu/benefits. If you do not have easy access to a computer, call the Columbia Benefits Service Center at 212-851-7000 and select the “Retirement” option to speak to a Specialist.

Pre-Tax Contributions

Standard Contributions: During annual Benefits Open Enrollment, as well as at any time during the year, you may elect a percentage from 1% to 80% of your pay as the contribution. Contributions can only be made in whole percentages of your salary, such as 1% or 2%.
How the VRSP Works

1. **YOU Contribute**
   - At any age: 1% to 80% of salary up to $17,500 per year
   - If you are age 50 or older: 1% to 80% of salary, up to $5,500 extra per year

2. **Voluntary Retirement Savings Plan (VRSP)**
   - Your taxable income is lowered by the amount you contribute.
   - You direct your money into one of two carriers:
     - TIAA-CREF
     - The Vanguard Group

3. **Choice of investment funds**
   - You also decide how your savings are invested in the carriers’ wide choice of investment funds. You do not pay taxes on your investment earnings until you withdraw your money.

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

1. To get the most out of your retirement benefits, it is up to you to contribute to the Voluntary Retirement Savings Plan (VRSP). At any age, you can contribute up to $17,500 (in 2013) on a pre-tax basis. If you are age 50 or older, you can contribute an additional $5,500 (in 2013). These contributions are sent to the carrier with each paycheck.

2. It is up to you to choose an investment carrier(s).

3. You then can choose, among the carriers’ wide range of funds, the investment choices that are right for you. For assistance in choosing your investment funds, please contact the carrier.

Depending on your union, you may participate in another retirement plan in addition to the VRSP. Look back to pages 14, 15 and 16 to find out about your other benefits. **Members of Local 100**: Columbia contributes to the Columbia University Retirement Plan based on your age, salary and years of eligible service—even if you do not contribute to the VRSP.

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

It’s up to you to take an active role in planning and saving for your future. If you haven’t already started saving for retirement, take a look at the following example, which illustrates the advantage of starting early.

Beth and Joe are each 30 years old, earn $80,000 a year, and contribute 5% of eligible pay ($167 per paycheck) to the VRSP. Both Beth and Joe contribute 3% of pay from each paycheck and have determined that by living within a budget, they can afford to save an additional 2% of pay in the plan.

But here’s where their savings strategies differ: Beth starts saving as soon as she is eligible, contributes for 15 years and then stops contributing but leaves her savings in the plan. Joe waits 15 years before he starts contributing, but then saves continuously in the plan for 15 years. Both Beth and Joe contribute the same amount to the VRSP, make contributions for the same number of years (15), and have 30-year careers at Columbia University. The only difference: by starting right away, Beth’s savings have an additional 15 years to earn compound investment returns in the plan. Here’s how their VRSP accounts compare after 30 years:

The Advantage of Saving Early

<table>
<thead>
<tr>
<th>Years</th>
<th>Beth</th>
<th>Joe</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>5</td>
<td>$50,000</td>
<td>$50,000</td>
</tr>
<tr>
<td>10</td>
<td>$100,000</td>
<td>$100,000</td>
</tr>
<tr>
<td>15</td>
<td>$150,000</td>
<td>$150,000</td>
</tr>
<tr>
<td>20</td>
<td>$200,000</td>
<td>$200,000</td>
</tr>
<tr>
<td>25</td>
<td>$230,000</td>
<td>$230,000</td>
</tr>
<tr>
<td>30</td>
<td>$250,000</td>
<td>$250,000</td>
</tr>
</tbody>
</table>
Investing Your VRSP Account

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

You can select how your contributions are invested at each investment carrier website, which you can also find listed online at www.hr.columbia.edu/benefits. Or, if you do not have access to a computer, call the carriers using the phone numbers below.

Columbia University VRSP Carriers

<table>
<thead>
<tr>
<th>The Vanguard Group</th>
<th><a href="http://www.vanguard.com">www.vanguard.com</a></th>
<th>800-523-1188</th>
</tr>
</thead>
<tbody>
<tr>
<td>TIAA-CREF</td>
<td><a href="http://www.tiaa-cref.org">www.tiaa-cref.org</a></td>
<td>800-842-2252</td>
</tr>
</tbody>
</table>

Default Investment

- If you do not designate an investment carrier using the CU Benefits Enrollment System, your contributions will be defaulted to Vanguard Target Retirement closest to when you reach age 65.
- If you designate an investment carrier online but do not enroll in specific funds with the carrier, your contributions will be directed to the appropriate Qualified Default Investment fund—the “default” fund—within the investment carrier. These funds aim to match the diversification of investments appropriate to each stage of your life by actively managing a portfolio of investments that change over time. These funds assume your retirement will be at age 65. If you would like details about these funds or wish to change your fund selection, contact the investment carrier directly by phone or through its website.

Withdrawing Money from Your VRSP Account Early

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

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

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

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

<table>
<thead>
<tr>
<th>Retirement Planning Session Registration Information</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>The Vanguard Group</strong></td>
</tr>
<tr>
<td><strong>TIAA-CREF</strong></td>
</tr>
</tbody>
</table>
Termination of Coverage for Cause, Including Fraud or Intentional Misrepresentation

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

General Notice of COBRA Continuation Coverage Rights

Continuation Coverage Rights Under COBRA

Introduction

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

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

What is COBRA Continuation Coverage?

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

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

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

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

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

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

**When is COBRA Coverage Available?**

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

**You Must Give Notice of Some Qualifying Events**

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

**BenefitConnect | COBRA**
P. O. Box 919501
San Diego, CA 92191-9863
877-292-6272
How is COBRA Coverage Provided?

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

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

Disability Extension of 18-Month Period of Continuation Coverage

If you or anyone in your family covered under the Plan is determined by the Social Security Administration to be disabled and you notify the Plan Administrator in a timely fashion, you and your entire family may be entitled to receive up to an additional 11 months of COBRA continuation coverage, for a total maximum of 29 months. The disability would have to have started at some time before the 60th day of COBRA continuation coverage and must last at least until the end of the 18-month period of continuation coverage. You must provide written proof of the disability to BenefitConnect | COBRA at P.O. Box 919501, San Diego, CA 92191-9863 within 60 days of receiving a Social Security disability determination and before the end of the 18-month period of continuation coverage.
Second Qualifying Event Extension of 18-month Period of Continuation Coverage

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

Plan Contact Information

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

BenefitConnect | COBRA
P. O. Box 919501
San Diego, CA 92191-9863
877-292-6272
Health Insurance Portability & Accountability Act (HIPAA)

Notice of Privacy Practices For Protected Health Information

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 Federal Health Insurance Portability and Accountability Act and related privacy rules require Columbia University in the City of New York to keep your health information private. The Columbia University Health Plan – which includes the Healthcare Flexible Spending Account – has always maintained the strictest privacy and confidentiality standards in the use and handling of your health insurance information.

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

- To make or obtain payments
- To conduct healthcare operations
- To recommend treatment alternatives
- To provide information about health related benefits and services
- To communicate with an individual – that is, a friend or family member – involved in your care or the payment for your care (if authorized by you)
- To comply with a federal, state or local requirement
- To comply with a court order or administrative proceeding
- To conduct health oversight activities
- To counter serious threats to your health or safety
- For law-enforcement purposes
- For specified government functions
- For worker’s compensation
- To disclose your information to you
- To third party non-Columbia business associates that perform services for us or on our behalf, such as vendors
- To a medical examiner for the purpose of identifying a deceased person, determining the cause of death, or other duties authorized by law
- To use or disclose your private health information to assist entities engaged in the procurement, or transplantation of cadaver organs, eyes, or tissue
Otherwise, neither the health plan providers nor Columbia University Human Resources can disclose information about your or your dependents’ healthcare FSA with anyone other than the covered individual. This includes:

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

Your rights regarding your health information include:

- The right to request restrictions beyond those outlined above
- The right to receive confidential communications (for example) at only a specified phone number or email address
- The right to inspect and copy your private health information
- The right to be notified in the event the plan (or a business associate) discovered a breach of unsecured protected health information
- The right to prohibit the use of genetic information for underwriting purposes, except for underwriting for long term care policies
- The right to a paper copy of the Notice of Columbia University Health Plan’s Privacy Practices, sent to all Columbia employees on April 14, 2003, distributed to all subsequent new hires, and available on the web at www.hr.columbia.edu/benefits.

Privacy Officer

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

**Privacy Officer**
Columbia Benefits
Studebaker 4th Floor, MC 8705
615 West 131st Street
New York, NY 10027
Email: hrprivoff@columbia.edu
Secure Fax: 212-851-7025

**Authorization Forms**

For HIPAA authorization forms, please visit the HR website at [http://hr.columbia.edu/forms-docs/forms](http://hr.columbia.edu/forms-docs/forms).

**If You Have Questions**

For more information about your rights under ERISA, including COBRA, the Health Insurance Portability and Accountability Act (HIPAA), and other laws affecting group health plans, contact the nearest Regional or District Office of the U.S. Department of Labor’s Employee Benefits Security Administration (EBSA) in your area or visit the EBSA website at [www.dol.gov/ebsa](http://www.dol.gov/ebsa). (Addresses and phone numbers of Regional and District EBSA Office are available through EBSA’s website.)
The Genetic Information Nondiscrimination Act (GINA)

The Genetic Information Nondiscrimination Act prohibits health coverage discrimination and employment discrimination against employees based on their (or their family members') genetic information.

Genetic information includes:

- You or your family member’s genetic tests;
- The request for, or receipt of, genetic counseling or other genetic services by you or your family members; and
- The manifestation of a disease or disorder in an individual’s family member.

The availability of genetic testing and results of any genetic testing you undergo will be treated as confidential, as required by HIPAA and GINA. Likewise, genetic information collected about family history, such as through a Health Risk evaluation, will be treated as confidential, as required by HIPAA and GINA.

The Plan will not discriminate on the basis of genetic information. This means that the Plan will not adjust premiums for an employer or any group of similarly situated individuals under the Plan, on the basis of genetic information.

The Plan will not request or require you or your family member to undergo a genetic test. However, your Physician may obtain and use information about the results of a genetic test. The Plan may also obtain such information to the extent required in making a determination regarding payment (e.g., where payment is made only as to Medically Necessary treatment and the results of a genetic test are necessary to determine the Medical Necessity of the services provided). In some circumstances the Plan may obtain or request genetic information for research purposes (if required by a state for the protection of individuals) or as part of your or your family member’s voluntary participation in a research study.

The Plan will not collect genetic information for underwriting purposes, which includes (A) determination of, eligibility (including enrollment and continued eligibility) for benefits under the Plan or coverage (including changes in Deductibles or other cost-sharing mechanisms in return for activities such as completing a health risk assessment or participating in a wellness program); (B) the computation of premiums under the Plan or coverage (including discounts in return for activities such as completing a health risk assessment or participating in a wellness program); (C) the application of any preexisting condition exclusion under the Plan or coverage; and (D) other activities related to the creation, renewal, or replacement of a contract of health insurance or health benefits. However, if the Plan conditions the benefit based on its medical appropriateness, which depends on the genetic information, the Plan is permitted to request only the minimum amount of genetic information necessary to determine medical appropriateness.

The Plan will not collect genetic information with respect to any individual prior to that individual’s effective date of coverage under that plan, nor in connection with the rules for eligibility that apply to that individual.

For more information on genetic information protection and nondiscrimination, contact the Plan Administrator at the address shown below.

Columbia Benefits
Studebaker 4th Floor, MC 8703
615 West 131st Street
New York, NY 10027
Phone: 212-851-7000
Secure fax: 212-851-7025
Premium Assistance Under Medicaid and the Children’s Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you are eligible for health coverage from your employer, your State may have a premium assistance program that can help pay for coverage. These States use funds from their Medicaid or CHIP programs to help people who are eligible for these programs, but also have access to health insurance through their employer. If you or your children are not eligible for Medicaid or CHIP, you will not be eligible for these premium assistance programs.

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

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, you can contact your State Medicaid or CHIP office or dial 1-877-KIDS NOW or www.insurekidsnow.gov to find out how to apply. If you qualify, you can ask the State if it has a program that might help you pay the premiums for an employer-sponsored plan.

Once it is determined that you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must permit you to enroll in your employer plan if you are not already enrolled. This is called a “special enrollment” opportunity, and you must request coverage within 60 days of being determined eligible for premium assistance. If you have questions about enrolling in your employer plan, you can contact the Department of Labor electronically at www.askebsa.dol.gov or by calling toll-free 1-866-444-EBSA (3272).

If you live in one of the following States, you may be eligible for assistance paying your employer health plan premiums. The following list of States is current as of July 31, 2013. You should contact your State for further information on eligibility –

ALABAMA – Medicaid
Website: http://www.medicaid.alabama.gov
Phone: 1-855-692-5447

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

ARIZONA – CHIP
Website: http://www.azahcccs.gov/applicants
Phone (Outside of Maricopa County): 1-877-764-5437
Phone (Maricopa County): 602-417-5437

COLORADO – Medicaid
Medicaid Website: http://www.colorado.gov/
Medicaid Phone (In state): 1-800-889-9949
Medicaid Phone (Out of state): 1-800-221-3943

FLORIDA – Medicaid
Website: https://www.fimedicaid appellatecovery.com/
Phone: 1-877-357-3268

GEORGIA – Medicaid
Website: http://dch.georgia.gov/
Click on Programs, then Medicaid, then Health Insurance Premium Payment (HIPP)
Phone: 1-800-869-1150

IDAHO – Medicaid and CHIP
Medicaid Website: www.accesssthehealthinsurance.idaho.gov
Medicaid Phone: 1-800-926-2588
CHIP Website: www.medicaid.idaho.gov
CHIP Phone: 1-800-926-2588

INDIANA – Medicaid
Website: http://www.in.gov/fssa
Phone: 1-800-889-9949

IOWA – Medicaid
Website: www.dhs.state.ia.us/hipp/
Phone: 1-868-346-9562

KANSAS – Medicaid
Website: http://kdhhekcs.gov/hcf/
Phone: 1-800-792-4884

KENTUCKY – Medicaid
Website: http://chfs.ky.gov/dms/default.htm
Phone: 1-800-635-2570

LOUISIANA – Medicaid
Website: http://www.lahipp.dhh.louisiana.gov
Phone: 1-888-695-2447

MAINE – Medicaid
Website: http://www.maine.gov/dhhs/ofi/public-assistance/index.html
Phone: 1-800-977-6740
TTY 1-800-977-6741

MASSACHUSETTS – Medicaid and CHIP
Website: http://www.mass.gov/MassHealth
Phone: 1-800-462-1120

MINNESOTA – Medicaid
Website: http://www.dhs.state.mn.us/
Click on Health Care, then Medical Assistance
Phone: 1-800-657-3629

MISOURI – Medicaid
Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm
Phone: 573-751-2005
MONTANA – Medicaid
Website: http://medicaidprovider.hhs.mt.gov/clientpages/clientindex.shtml
Phone: 1-800-694-3084

NEBRASKA – Medicaid
Website: www.ACCESSNebraska.ne.gov
Phone: 1-800-383-4278

NEVADA – Medicaid
Medicaid Website: http://dwss.nv.gov/
Medicaid Phone: 1-800-992-0900

NEW HAMPSHIRE – Medicaid
Website: http://www.dhhs.nh.gov/oii/documents/hippapp.pdf
Phone: 603-271-5218

NEW JERSEY – Medicaid and CHIP
Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/
Medicaid Phone: 609-631-2392
CHIP Website: http://www.njfamilycare.org/index.html
CHIP Phone: 1-800-701-0710

NEW YORK – Medicaid
Website: http://www.nyhealth.gov/health_care/medicaid/
Phone: 1-800-541-2831

NORTH CAROLINA – Medicaid
Website: http://www.scdhhs.gov
Phone: 1-888-598-5820

NORTH DAKOTA – Medicaid
Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/
Phone: 1-800-755-2604

OKLAHOMA – Medicaid and CHIP
Website: http://www.insureoklahoma.org
Phone: 1-888-365-3742

OREGON – Medicaid and CHIP
Website: http://www.oregonhealthykids.gov
http://www.bijosaludablesoregon.gov
Phone: 1-800-699-9075

PENNSYLVANIA – Medicaid
Website: http://www.dpw.state.pa.us/hipp
Phone: 1-800-692-7462

RHODE ISLAND – Medicaid
Website: http://www.dhsri.ri.gov
Phone: 401-462-5300

SOUTH CAROLINA – Medicaid
Website: http://www.scdhhs.gov
Phone: 1-888-549-0820

SOUTH DAKOTA – Medicaid
Website: http://dss.sd.gov
Phone: 1-888-828-0059

TEXAS – Medicaid
Website: https://www.gethipptexas.com/
Phone: 1-800-440-0493

UTAH – Medicaid and CHIP
Website: http://health.utah.gov/upp
Phone: 1-866-435-7414

VERMONT – Medicaid
Website: http://www.greenmountaincare.org/
Phone: 1-800-250-8427

VIRGINIA – Medicaid and CHIP
Medicaid Website: http://www.dmas.virginia.gov/rcp-HIPP.htm
Medicaid Phone: 1-800-432-5924
CHIP Website: http://www.famis.org/
CHIP Phone: 1-866-873-2647

WASHINGTON – Medicaid
Website: http://hrsa.dshs.wa.gov/premiumpyt/Applic.htm
Phone: 1-800-562-3022 ext. 15473

WEST VIRGINIA – Medicaid
Website: www.dhhr.wv.gov/bms/
Phone: 1-877-598-5820, HMS Third Party Liability

WISCONSIN – Medicaid
Website: http://www.badgercareplus.org/pubs/p-10095.htm
Phone: 1-800-362-3002

WYOMING – Medicaid
Website: http://health.wyo.gov/healthcarefin/equalitycare
Phone: 307-777-7531

To see if any more States have added a premium assistance program since July 31, 2013, or for more information on special enrollment rights, you can contact either:

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/ebsa
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
www.cms.hhs.gov
1-877-267-2323, Menu Option 4, Ext. 61565
Workers’ Compensation

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

Medical Leave of Absence for Disability

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

Summary Annual Reports for the Columbia University Group Benefits Plan

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

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

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

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

Summary Annual Reports for the Columbia University Retirement Plans

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

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

If you have any questions, please contact the Columbia Benefits Service Center at 212-851-7000 and select the option for “Retirement.”
### Contact Information

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<thead>
<tr>
<th></th>
<th>Website</th>
<th>Phone</th>
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<tbody>
<tr>
<td><strong>Employee Assistance Program (EAP)</strong></td>
<td><a href="http://www.hriworld.com">www.hriworld.com</a>; username: Columbia, pw: eap</td>
<td>888-673-1153</td>
</tr>
<tr>
<td><strong>FSAs, Transit/Parking</strong></td>
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<td><strong>EBPA</strong></td>
<td><a href="http://www.ebpabenefits.com">www.ebpabenefits.com</a></td>
<td>888-456-4576</td>
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<td><strong>Retirement Plans</strong></td>
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<td><strong>The Vanguard Group</strong></td>
<td><a href="http://www.vanguard.com">www.vanguard.com</a></td>
<td>800-523-1188</td>
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<tr>
<td><strong>TIAA-CREF</strong></td>
<td><a href="http://www.tiaa-cref.org">www.tiaa-cref.org</a></td>
<td>800-842-2252</td>
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### Columbia Benefits Contacts

For all benefits-related questions, contact:

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

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

Benefits website: www.hr.columbia.edu/benefits  |  HR website: www.hr.columbia.edu