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 refer to the Summary Plan Description (SPD), the Summary of Benefits and Coverage (SBC), and the Benefits Brochure (Summary of Material Modifications – SMM) online at http://hr.columbia.edu/forms-docs/search. You may also want to request to receive a paper copy of an SPD or SMM by contacting the Benefits Service Center at 212-851-7000.

As a requirement of the Patient Protection and Affordable Care Act, Columbia University must provide an SBC to all participants and their dependents. The SBC is designed to provide you with an easy-to-understand summary about a health plan's benefits and coverage and to help you better understand and evaluate your health insurance choices. An SBC for each medical plan is available at http://hr.columbia.edu/forms-docs/search. You may request to receive a paper copy of any SBC by contacting the Benefits Service Center at 212-851-7000. 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 http://hr.columbia.edu/forms-docs/search. 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.
Benefits Highlights is primarily a reference for newly hired colleagues, as well as a resource to help you during annual Benefits Open Enrollment. It summarizes the following:

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Benefits Highlights is also posted online at http://hr.columbia.edu/forms-docs/search. In addition, you can find information about the following benefits-related items:

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

Important policy information is at www.hr.columbia.edu/policies.
Collective Bargaining Agreements can be found at www.hr.columbia.edu/union-contracts.
For information about other services and University programs, consult the New Hire Checklist at: http://hr.columbia.edu/links-especially/new-hires/getting-started/new-hire-checklist.
We are pleased to share with you important information about the benefits options available to you and your eligible dependents.

Please keep in mind that, in order to enroll in any of these benefits programs, you must enroll online within 31 days of your date of hire. If you miss the deadline, your eligible dependents will not have medical or dental coverage, and you will also miss the opportunity to enroll in other important benefits.

We encourage you to review this Benefits Highlights and the Summary Plan Descriptions (SPDs) online at: http://hr.columbia.edu/forms-docs/search.

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 via email at hrbenefits@columbia.edu. We are always pleased to help.

**Newly hired or newly eligible?** You must enroll for benefits within 31 days of your date of hire or date of eligibility. The elections you make will be in effect for the calendar year in which you enroll.

**Choose Your Coverage Carefully**

The elections you make will be in effect for the 2016 calendar year. Unless you have a Qualified Life Status Change, you will not have another opportunity to change your benefits coverage selection until the annual Benefits Open Enrollment held each fall. Changes you make during Benefits Open Enrollment take effect the following January 1.

**Online Tools**

In the Retirement section of the CU Benefits Enrollment System, you will find a Voluntary Retirement Savings Plan calculator that will allow you to estimate your contributions based on a percentage election, an annual dollar amount and a per-pay-period dollar amount.
If you are newly hired or newly eligible, you can enroll online when you receive the confirmation email from hrbenefits@columbia.edu. You have until the date indicated in your email to enroll. If you do not receive this email 3 weeks from your date of hire or date of eligibility, 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. Please be sure to click “Continue” to finish the enrollment process and go to your “Benefits Enrollment Confirmation.”

Step 4  Print your “Benefits Enrollment Confirmation.” Review 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
Enrolling as a New Hire

- You must enroll for most benefits within 31 days of your date of hire.
- As a new hire, you have a **one-time opportunity** to elect Optional Life Insurance, up to certain limits, without providing Evidence of Insurability.
- Most of the elections you make now will be in effect for the rest of the calendar year. Read the section about "Making Changes to Your Benefits" for the rules.
- As a new hire, you can log in to the CU Benefits Enrollment System as often as you wish until the date indicated in your notification email from hrbenefits@columbia.edu.
- **If you do not enroll within 31 days**, you will be enrolled in individual medical and EmblemHealth Preferred Dental Benefits Plan B ("EmblemHealth Dental") coverage. Any eligible dependents will not receive Medical, Prescription Drug, Vision or Dental coverage, and you will not have Flexible Spending Accounts (FSAs), or Optional Term Life Insurance coverage from Columbia for the remainder of the calendar year. If you have questions, please contact the Columbia Benefits Service Center at hrbenefits@columbia.edu or 212-851-7000.

You will have an opportunity to change your benefits elections during the annual Benefits Open Enrollment held each fall. Changes you make during the annual Benefits Open Enrollment take effect the following January 1. You can make changes at any time during the year for the Voluntary Retirement Savings Plan (VRSP) and the Transit/Parking Reimbursement Program (T/PRP).
Who Is Eligible for Benefits

The online CU Benefits Enrollment System will show you the benefits and options you are eligible for, as well their monthly cost and the benefits effective date. Part-time employees must work 20 hours per week to be eligible for benefits.

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

If you do not enroll within 31 days and you are a full-time employee, you will be automatically enrolled for individual **Choice In-Network medical coverage and individual EmblemHealth Dental coverage**. You will not be able to enroll your eligible dependents—your spouse or same-sex domestic partner and your eligible children—in Medical, Prescription Drug, Vision or Dental coverage, and you will not have FSAs or Optional Term Life Insurance coverage from Columbia for the remainder of the calendar year. If you have questions, please contact the Columbia Benefits Service Center at 212-851-7000.

**Waiting Periods for Benefits Coverage**

<table>
<thead>
<tr>
<th></th>
<th>Full-Time</th>
<th>Part-Time</th>
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</thead>
<tbody>
<tr>
<td>Medical Coverage</td>
<td>2 months</td>
<td>2 months</td>
</tr>
<tr>
<td>Dental Coverage</td>
<td>2 months</td>
<td>Not eligible</td>
</tr>
<tr>
<td>Life Insurance</td>
<td>2 months</td>
<td>2 months</td>
</tr>
<tr>
<td>Flexible Spending Account (FSA)</td>
<td>Hire date</td>
<td>Hire date</td>
</tr>
<tr>
<td>Transit/Parking Reimbursement Program (T/PRP)</td>
<td>Hire date</td>
<td>Hire date</td>
</tr>
<tr>
<td>Columbia University Retirement Plan</td>
<td>Hire date</td>
<td>Hire date</td>
</tr>
<tr>
<td>Voluntary Retirement Savings Plan (VRSP)</td>
<td>Hire date</td>
<td>Hire date</td>
</tr>
</tbody>
</table>

The benefits of eligible full-time and part-time members of SSA are effective the first day of the month following the completion of the applicable waiting period.
Eligible Dependents

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

- **Legal spouse**
  - Marriage Certificate

- **Same-sex domestic partner, provided your partner is:**
  - At least 18 years old;
  - Not related to you by blood;
  - Not legally married to another person; and

  **Meets two or more of the following requirements:**
  - Shares the same principal residence with you full-time and has done so continuously for the past 12 months;
  - Shares financial responsibilities with you, such as co-ownership of property and joint financial accounts;
  - Has power of attorney.

- **Legally dependent children, including adopted children, foster children and stepchildren of your spouse or same-sex domestic partner. Dependent children are covered:**
  - Until the end of the month in which they turn age 26;
  - For EmblemHealth Dental coverage, until the end of the calendar year in which they turn age 19;
  - At any age if they have a physical or mental disability, provided that when they were diagnosed, they were covered dependents and it was prior to the end of the month in which they turned 26;
    - If you’re a newly eligible employee and your disabled child is older than age 26 when you are electing coverage, you may apply to cover your child when your coverage begins;
    - If you’re an eligible employee when your child meets this definition, you must apply for continued coverage before the end of the month in which he or she turns age 26.
  - If a court has appointed you as the legal guardian for any child from birth to age 26.

*Please note that eligible children are defined differently for the Flexible Spending Accounts (FSAs) (see eligibility details under each plan description).*
Making Changes to Dependent Eligibility

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

1. Go to the CU Benefits Enrollment System at www.hr.columbia.edu/benefits and make changes to the status of your dependents online; or

2. Call the Columbia Benefits Service Center at 212-851-7000.

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

Proof of Dependent Eligibility

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

You must be prepared to provide satisfactory proof that each of your covered dependents meets the eligibility requirements. Audits are conducted periodically to ensure that all dependents continue to meet the eligibility requirements of the benefits plans. If you are selected for one of these audits, you will receive a letter detailing the audit process and you will be asked to provide the documentation listed in the chart on the next page of this booklet.

If you are not able to provide proof that your dependent is eligible for coverage, your dependent will not have coverage.

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

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

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

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

Important: For security reasons, please remove all Social Security Numbers from paperwork—you should enter Social Security Numbers directly into the CU Benefits Enrollment System by selecting “Add a Dependent Child or Update Dependent SSN” under “Actions.”
Verifying Dependent Eligibility

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

• To add your dependent at the time you enroll in your own benefits, or to make changes due to a Qualified Life Status Change, please refer to the “Making Changes to your Benefits” section. Follow the instructions on the CU Benefits Enrollment System (or call the Columbia Benefits Service Center at 212-851-7000). The system will take you to the “Dependent Required Documentation” page.

1. On that page, print the “Dependent Verification Request Form.” Submit it as instructed by the deadline on the form, along with the valid documentation for approval. (See chart below.)

2. Once proper verification is received, coverage for your dependent will be retroactive to the date of your own election (provided this is done within 30 days), or the date of the Qualified Life Status Change.

Note: You must make your changes within 31 days of your Qualified Life Status Change.

<table>
<thead>
<tr>
<th>Dependent</th>
<th>Documentation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Spouse</td>
<td>Copy of legal marriage certificate</td>
</tr>
<tr>
<td>Same-Sex Domestic Partner</td>
<td>Two of any of the following:</td>
</tr>
<tr>
<td></td>
<td>• Joint lease or mortgage</td>
</tr>
<tr>
<td></td>
<td>• Joint ownership of property</td>
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<tr>
<td></td>
<td>• Joint bank account statement</td>
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<tr>
<td></td>
<td>• Designation of the partner as primary beneficiary in your will or designation of the partner as beneficiary for your life insurance or retirement benefits</td>
</tr>
<tr>
<td></td>
<td>• Assignment of power of attorney to your partner</td>
</tr>
<tr>
<td>Child</td>
<td>One of the following:</td>
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<tr>
<td></td>
<td>• Child’s birth certificate</td>
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<tr>
<td></td>
<td>• Hospital record of birth (temporary, until birth certificate is received)</td>
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<tr>
<td></td>
<td>• Adoption certificate/court order</td>
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</tbody>
</table>

Dependent medical, vision, prescription drug and dental coverage will be in a “pending” status until eligibility is verified by the Columbia Benefits Service Center.
Who You Can Cover for Medical, Vision and Dental
You do not have to cover the same eligible dependents for the medical and dental plans. For each plan, you have the choice of covering:

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

Under the Patient Protection and Affordable Care Act (ACA), the IRS requires all employers to collect the Social Security Number (SSN) for all employees and their dependents covered by our benefits plans. Social Security Numbers are required to add a dependent to your coverage. If you have dependents who do not have Social Security Numbers, please call the Columbia Benefits Service Center at 212-851-7000.

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

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

Active Employees Turning 65
Active Employees and their spouses age 65 and over do not need to enroll in Medicare because they still have creditable coverage through the University. Once you retire from the University you will need to enroll in Medicare as soon as possible to avoid any gaps in coverage.
Making Changes to Your Benefits

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 healthcare benefits and 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 most benefits for the remainder of the calendar year if you experience a Qualified Life Status Change.

Examples of a Qualified Life Status Change include:

• Marriage, divorce or the beginning or end of a same-sex domestic partnership;
• Birth, adoption or placement for adoption 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 benefits offerings.

If you experience a Qualified Life Status Change, you must go to www.hr.columbia.edu/benefits and make changes within 31 days of the event. The benefits changes must comply with IRS regulations. If you need assistance, please contact the Columbia Benefits Service Center at 212-851-7000 and a specialist will help you with your changes.

You must provide proper documentation for your change, such as a birth certificate, marriage certificate or divorce decree. Your benefits changes must be consistent with the nature of your Qualified Life Status Change.

Note: If you make a Qualified Life Status Change election after mid-November, you may be too late 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; if you change the way you commute; if there is a change in cost for bus, subway or rail service; or if 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 the brochure, Your Columbia University Retirement Savings Program, at http://hr.columbia.edu/forms-docs/search.
Overview of Medical Coverage

Columbia University offers comprehensive medical plan options through UnitedHealthcare (UHC). Please review the following important information before making an election. For more detailed information about your medical plan options, you can visit the CU Benefits Enrollment System and review the Summary of Benefits and Coverage (SBCs) or access the Summary Plan Descriptions (SPDs) at [http://hr.columbia.edu/forms-docs/search](http://hr.columbia.edu/forms-docs/search).

- Choice In-Network Plan
- Choice Plus 100 Plan

The CU Benefits Enrollment System will show your monthly pre-tax contributions for each medical plan option. You can also view monthly contributions on page 23 of this booklet. The Medical Plan Comparison Chart on pages 17-18 summarizes the key differences in the level of coverage provided by our medical plan options. There is an online version called the “Compare CU Medical Plans” tool in the CU Benefits Enrollment System, which allows you to customize your comparison view of plan options. Once you receive the confirmation email from HR Benefits to enroll, you can access this online tool.

Please review the Medical Plan Comparison Chart and/or the online chart carefully before enrolling in your medical plan option.

All medical plan options cover the same comprehensive set of services—from lab work to transplants—and cover in-network preventive care, such as annual physicals, immunizations and well-baby visits, at 100%. All medical plan options include prescription drug and vision coverage.

All University medical plan options cover only medically necessary services and supplies for the purpose of preventing, diagnosing or treating an acute sickness, injury, mental illness, substance abuse or symptoms. For more about the definition of “medically necessary,” see the SPDs on the Benefits website at [http://hr.columbia.edu/forms-docs/search](http://hr.columbia.edu/forms-docs/search).
Understanding the Terms

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

**Network** is the group of physicians, hospitals and other providers who agree to offer services to a medical plan at lower-priced, "negotiated rates."

- **In-network**: When care is given by a participating provider, it is considered “in-network.” Staying in the network for care means services will be provided at the lower negotiated fees. You will therefore pay lower out-of-pocket expenses than for out-of-network services.

- **Out-of-network (Choice Plus 100 plan only)**: When care is given by a provider who is outside the plan option network, it is considered “out-of-network.” Services will not be provided at the network negotiated rate. Therefore, your share of the cost for out-of-network services will be much higher than for in-network services.

**Copay** is the fixed amount you pay directly to the provider when you receive certain in-network services, for example, the $30 you pay for a physician's office visit. The medical plan pays the balance of the cost. Your in-network medical copays for the Choice Plus plans accumulate toward your in-network out-of-pocket maximum.

For health services, the following three terms are used. The most important thing to remember is how these three terms work together when you study the Medical Plan Comparison Chart on pages 17-18.

<table>
<thead>
<tr>
<th>Deductible</th>
<th>Coinsurance</th>
<th>Out-of-Pocket Maximum</th>
</tr>
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<tr>
<td>• For the Choice Plus 100 plan, if you have an out-of-network claim, the deductible is the amount you pay each year before the Plan begins to pay for non-preventive expenses.</td>
<td>• Once you have paid that deductible, the Plan pays a percentage of the remaining covered medical services. • For example, the Choice Plus 100 plan pays 60% for many out-of-network services. You pay the remaining 40%. • This 60%/40% cost sharing is the coinsurance.</td>
<td>• This feature protects you financially. The “out-of-pocket maximum” limits the amount you pay out of your own pocket each year for covered medical services. • For the Choice Plus 100 plan, if you go out-of-network, when your deductible plus coinsurance reaches your out-of-pocket maximum, the Plan will pay 100% of covered charges for the remainder of the calendar year (within plan limits), but only up to 190% of the Medicare Maximum Allowable Charge (MAC).</td>
</tr>
</tbody>
</table>
**Precertification:** On the Medical Plan Comparison Chart, you will see the phrase “Precertification required.” This means those services require you to obtain authorization from your medical plan before you receive them. It is your responsibility to obtain precertification prior to receiving medical services. If you are receiving services from an in-network provider, generally your physician will obtain this authorization on your behalf.

**Note:** If you go out-of-network, it is your responsibility to obtain precertification.

For other benefits terms, please see the “Benefits Glossary” in this booklet, or online at [http://hr.columbia.edu/find-out-about/benefits/references-resources/glossary-terms](http://hr.columbia.edu/find-out-about/benefits/references-resources/glossary-terms).

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**ID Cards**

**Medical and Prescription Drugs**

After you enroll in medical benefits, you will receive ID cards directly from UHC and Express Scripts. It takes approximately four weeks for new hires to receive an ID card. If you need a temporary ID card sooner, go to [www.myuhc.com](http://www.myuhc.com) or [www.express-scripts.com](http://www.express-scripts.com) two weeks after you complete your benefits enrollment to download and print your temporary card.

**Dental**

EmblemHealth will send you an ID card automatically if you are enrolled in Dental coverage for 2016.

**Vision**

If you use the Vision benefit, you may be asked for your Vision ID number, which is the same ID number on your UHC Medical ID card.

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**Choice Plus Plan – UnitedHealthcare (UHC)**

**In-Network Coverage:** For the Choice In-Network plan and the Choice Plus 100 plan, when you use UHC network providers, you pay a $30 copay for physician office visits (including specialists and urgent care). Preventive care is covered at 100% with no deductible for in-network services. The deductible, coinsurance and all medical and prescription copays accumulate toward your annual out-of-pocket maximum.
Choice In-Network Plan

The Choice In-Network plan has no deductible for all in-network services. Copays apply for certain services and in some cases are dependent on where the service is received. For example, inpatient hospital services require a $500 per admission copay; outpatient hospital services, including lab and radiology, require a $150 copay. In addition, after you reach the in-network out-of-pocket maximum of $3,500 for an individual and $7,000 for a family, the Choice In-Network plan pays 100% of covered medical charges for the remainder of the calendar year. Out-of-network services are not covered.

The $150 outpatient hospital copay does not apply if you obtain your lab and/or radiology at certain New York Presbyterian (NYP) locations. See the list of NYP participating locations at http://hr.columbia.edu/forms-docs/search (enter "NYP").

Choice Plus 100

The Choice Plus 100 plan has no deductible for most in-network services. Copays apply for certain services and in some cases are dependent on where the service is received. For example, inpatient hospital services require a $500 per admission copay; outpatient hospital services, including lab and radiology, require a $150 copay. In addition, after you reach the in-network out-of-pocket maximum of $3,500 for an individual and $7,000 for a family, the Choice Plus 100 plan pays 100% of covered in-network medical charges for the remainder of the calendar year. Most out-of-network services are covered at 60%* after the annual deductible of $600 per member.

The $150 outpatient hospital copay does not apply if you obtain your lab and/or radiology at certain New York Presbyterian (NYP) locations. See the list of NYP participating locations at http://hr.columbia.edu/forms-docs/search (under "NYP").

Whenever you are having diagnostic or preventive tests, be sure to ask your physician if he/she is referring you to a provider who is in-network.

Care Management and UnitedHealthcare Outreach

If you participate in the medical plan options, you are eligible to participate in a care management program. This program will help you and/or your family members become more knowledgeable and active in managing a medical condition. Participation in the program is voluntary and there is no cost to participate. You will receive a call from a UHC representative to discuss your condition, and partner with you on your road to recovery (or managing your condition). We highly recommend speaking with this representative regarding your care when they call you.

For example, UHC offers a Cancer Resource program that provides numerous services to help cancer patients through their treatment. UHC’s Cancer Resource program can provide access to experimental treatment and/or clinical trials where indicated.

*of 190% of the Medicare Maximum Allowable Charge (MAC)
Out-of-Network Reimbursement

For the Choice Plus 100 medical plan, the out-of-network expenses are always handled the same way, as outlined below:

- You are responsible for obtaining pre-authorizations from UHC before most non-office visit treatment begins (unless it is an emergency). If you do not request precertification before having inpatient or outpatient surgery and/or certain treatment, you will be subject to a $500 penalty. If you are having trouble finding providers and/or services in the network, please call UHC at 800-232-9357. In an emergency, if you or your covered dependent is admitted to a non-network hospital, you must contact UHC within 48 hours of admission or you will be subject to a $500 penalty.

- Before the Plan starts to pay anything for out-of-network services, you must meet your out-of-network deductible.

- Then the Plan pays coinsurance of 60%* of remaining covered charges. However, that does not mean that the Plan will pay 60%* no matter how much you were charged. Columbia's plans pay no more than 60%* of 190% of the Medicare Maximum Allowable Charge (MAC).

- If you reach the out-of-network out-of-pocket maximum, the Plan will pay 190% of the Medicare MAC.

Medicare Maximum Allowable Charge Example

Out-of-network services in the healthcare plans are indexed to 190% of the Medicare MAC. Out-of-network services for all medical plan options are reimbursed at 60%* of 190% of the Medicare MAC.

Here’s an example: Your out-of-network physician charges you $200 for an office visit. The claim submitted to UHC has a billing code of 99212 (office visit for an established patient in ZIP code 10010 in New York City). 190% of the Medicare MAC for this billing code is $95.44. Therefore, $95.44 (not $200) is the basis for the out-of-network reimbursement.

- If you had not met the out-of-network annual deductible, you would be responsible to pay the full $200, and $95.44 would be applied to the out-of-network deductible.

- If you had already met the out-of-network annual deductible, the Plan would pay the coinsurance of 60% of $95.44, which is $57.26. Your share of the coinsurance is 40% of $95.44, which is $38.18. You are also responsible to pay the amount in excess of the 190% of the Medicare MAC; that is $200 - $95.44 = $104.56. In total, therefore, you would pay $38.18 + $104.56 = $142.74. The amount counted toward your out-of-network out-of-pocket maximum would be $38.18.

- If you had met the out-of-network annual out-of-pocket maximum, the medical carrier would pay 190% of the Medicare MAC ($95.44), and you would be responsible for the balance ($104.56).

Please note that the charges in excess of 190% of the Medicare MAC (in this example, $104.56) do not count toward the out-of-network out-of-pocket maximum.

For information on specific Medicare MAC(s) talk to your physician or his/her office staff.

*70% for outpatient mental health/substance abuse services
Providers can bill you for any unpaid balance for amounts above these limits, and you are solely responsible for these payments.

- Any charges exceeding plan limits do not count toward the out-of-pocket maximum, including any charges exceeding 190% of the Medicare MAC.
- You can find out how much you will be reimbursed for out-of-network services before you seek treatment by first asking your physician for the medical “procedure code” along with the associated fee. Then, call UHC’s member services to request an estimate of their reimbursement.

Helpful Resources

UnitedHealthcare Pre-Member Website

The website http://columbia.welcometouhc.com/home provides a number of helpful resources and plan overview, including a provider search tool. Additionally, the website includes a list of the physicians participating in the Columbia custom network.

UnitedHealthcare Member Services

The Advocate4Me team is available to help you with medical claims and billing inquiries, as well as general medical benefits questions. For assistance, please call 800-232-9357.

Columbia Benefits Service Center

The Columbia Benefits Service Center is available to help you with medical, prescription drug, vision and dental inquiries, as well as general benefits questions. For assistance, please call us at 212-851-7000, or email us at hrbenefits@columbia.edu. Be sure to provide as much detail as possible when you contact us. We will get back to you within 48 business hours.
UnitedHealthcare’s Health4Me™ app provides instant access to your family’s critical health information—anytime and anywhere. Whether you want to find a physician near you, check the status of a claim or speak directly with a health care professional, Health4Me is your go-to resource. Key features allow you to:

- Search for physicians or facilities by location or specialty
- View claims
- Check status of deductible and out-of-pocket spending
- Check health-related financial account balance
- Have Easy Connect representatives contact you to answer any questions
- Locate convenience clinics, urgent care facilities and emergency rooms
- Store favorite physicians or facilities by location or specialty
- Contact an experienced registered nurse 24/7

The Health4Me app is available from the Apple iTunes App Store as a free download for the iPhone, iPod Touch and iPad. It is also available as a free download in the Android marketplace for Android phones.
**Important Notes:** UnitedHealthcare (UHC) has a national provider network and does not require a primary care physician or referrals to see specialists. UHC requires precertification for some services. If you use an in-network provider, your participating network physician or hospital generally handles the precertification process for you. However, it is your responsibility to confirm that your provider has obtained the necessary authorizations from UHC. If you see a provider who is out-of-network, you are responsible for obtaining precertification for most services except routine office visits. Check your Summary of Benefits and Coverage (SBC) and Summary Plan Description (SPD) available online at [http://hr.columbia.edu/forms-docs/search](http://hr.columbia.edu/forms-docs/search).

<table>
<thead>
<tr>
<th>Benefit</th>
<th>Choice In-Network</th>
<th>Choice Plus 100</th>
</tr>
</thead>
<tbody>
<tr>
<td>Annual Deductible (per person)</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Coinsurance (%) paid by the Plan</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Out-of-Pocket Maximum (Individual)</td>
<td>$3,500</td>
<td>$3,500</td>
</tr>
<tr>
<td>Out-of-Pocket Maximum (Family)</td>
<td>$7,000</td>
<td>$7,000</td>
</tr>
<tr>
<td>Preventive Care</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Physician Office Visits, including specialists</td>
<td>$30 copay</td>
<td>N/A</td>
</tr>
<tr>
<td>Laboratory/Radiology Services</td>
<td>100% if non-hospital location; $150 copay if hospital**</td>
<td>$1,500 if non-hospital location; $150 copay if hospital**</td>
</tr>
<tr>
<td>Inpatient Hospital Care</td>
<td>$500 copay per admission</td>
<td>N/A</td>
</tr>
<tr>
<td>Outpatient Hospital Care</td>
<td>$150 copay (including lab and radiology)**</td>
<td>$150 copay (including lab and radiology)**</td>
</tr>
<tr>
<td>Mental Health and Substance Abuse – Inpatient care</td>
<td>$500 copay per admission</td>
<td>N/A</td>
</tr>
<tr>
<td>Mental Health and Substance Abuse – Outpatient programs</td>
<td>$30 copay</td>
<td>N/A</td>
</tr>
<tr>
<td>Mental Health and Substance Abuse – Outpatient Counseling</td>
<td>$30 copay</td>
<td>N/A</td>
</tr>
<tr>
<td>Emergency Room</td>
<td>$150 copay</td>
<td>$150 copay</td>
</tr>
<tr>
<td>Basic and Comprehensive Infertility Treatment</td>
<td>Unlimited benefit for diagnosis and basic medical treatment, including artificial insemination</td>
<td>N/A</td>
</tr>
</tbody>
</table>

*Out-of-Network coinsurance reimbursement is indexed to 190% of the Medical Maximum Allowance Charge (MAC).

**No copay for Lab and Radiology at certain designated NYP locations. See the list of NYP participating locations at [http://hr.columbia.edu/forms-docs/search](http://hr.columbia.edu/forms-docs/search).**

**Note:** The in-network medical and prescription copays accumulate toward the in-network out-of-pocket maximum.
<table>
<thead>
<tr>
<th>Benefit</th>
<th>Choice In-Network</th>
<th>Choice Plus 100</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>In-Network</td>
<td>Out-of-Network*</td>
</tr>
<tr>
<td>Advanced Infertility Treatment</td>
<td>$30,000 lifetime maximum for advanced treatments and Assisted Reproductive Technology including IVF, GIFT and ZIFT</td>
<td>$30,000 lifetime maximum for advanced treatments and Assisted Reproductive Technology including IVF, GIFT and ZIFT</td>
</tr>
</tbody>
</table>
Vision Coverage

All employees and their covered dependents who participate in any of Columbia’s medical plan options are covered by a vision benefit.

<table>
<thead>
<tr>
<th>Vision Benefits</th>
<th>Choice In-Network</th>
<th>Choice Plus 100 (only for employees hired prior to April 1, 2013)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>In-Network Only</td>
<td>In- and Out-of-Network</td>
</tr>
<tr>
<td>Routine Eye Exams</td>
<td>Adults: One exam every 12 months with a $10 copay</td>
<td>Adults: One exam every 12 months with a $10 copay</td>
</tr>
<tr>
<td></td>
<td>Children: One exam every 12 months with a $10 copay</td>
<td>Children: One exam every 12 months with a $10 copay</td>
</tr>
<tr>
<td>Lenses</td>
<td>Adults: Every 24 months, $20 allowance for single lenses, $30 for bifocal, $40 for trifocal and $75 for lenticular</td>
<td>Adults: Every 24 months, $20 allowance for single lenses, $30 for bifocal, $40 for trifocal and $75 for lenticular</td>
</tr>
<tr>
<td></td>
<td>Children: Lenses covered in full every 12 months (more frequently if medically necessary)</td>
<td>Children: Lenses covered in full every 12 months (more frequently if medically necessary)</td>
</tr>
<tr>
<td>Frames</td>
<td>Adults: $30 allowance every 24 months.</td>
<td>Adults: $30 allowance every 24 months.</td>
</tr>
<tr>
<td></td>
<td>Children: Up to $100 covered in full every 12 months (more frequently if medically necessary). Cost above $100 covered at 60%</td>
<td>Children: Up to $100 covered in full every 12 months (more frequently if medically necessary). Cost above $100 covered at 60%</td>
</tr>
<tr>
<td>Contact Lenses</td>
<td>Adults: $75 allowance every 24 months</td>
<td>Adults: $75 allowance every 24 months</td>
</tr>
<tr>
<td></td>
<td>Children: Single purchase of a pair of contact lenses or 1 box of contact lenses per eye covered at 100% every 12 months</td>
<td>Children: Single purchase of a pair of contact lenses or 1 box of contact lenses per eye covered at 100% every 12 months</td>
</tr>
</tbody>
</table>

*Child is defined as a member less than age 19.

Provider might require payment in full at the time of service. The patient then submits a claim to UHC for reimbursement.

For a listing of vision providers, log in to [www.myuhc.com](http://www.myuhc.com) and click “Benefits & Coverage,” “Vision” and then “Vision benefit highlights.” You will be taken to the UHC Vision website where you can search for a vision provider under “Find a Provider.”

**ID Card**

You do not need a vision ID card to use your benefits. Your vision ID number is the same ID on your UHC Medical ID. However, if you would like one, you may print one from the vision website. Go to [myuhc.com](http://myuhc.com) and select “Vision” from the “Benefits & Coverage” tab, then click “Vision Benefit highlights” and you will be taken to the UHC Vision website.
When you enroll in any Columbia medical plan, you are automatically enrolled in the following Express Scripts Prescription Drug Plan.

**Is a Drug “Single-Source” or “Multi-Source”?**

- If both a generic and brand name prescription are available, this is a multi-source drug.
- If no generic is available, this is a single-source drug.

To find out if a drug is single-source or multi-source, ask your pharmacist or contact Express Scripts at [www.express-scripts.com](http://www.express-scripts.com) or 800-230-0508. Keep in mind that your prescription may move from “single-source” to “multi-source” during the year if the U.S. Food and Drug Administration (FDA) approves a generic equivalent drug.

Specialty medications must be ordered through Accredo, an Express Scripts Specialty Pharmacy. Accredo will mail your prescription to you at the address of your choice. For your privacy, the package is delivered in a non-labeled box. Call 877-895-9697 to speak to a patient care representative.

**Prescription Drug Copays**

| Retail pharmacy (up to 30-day supply) | • $10 generic  
| | • $25 single-source brand (product not available in generic)  
| | • $45 multi-source brand (generic and brand both available)  
| Mail-order (up to 90-day supply) | • $15 generic  
| | • $50 single-source brand (product not available in generic)  
| | • $90 multi-source brand (generic and brand both available)  

Specialty medications must be ordered through Accredo Specialty Pharmacy.
Using Your Prescription Drug Benefit

Express Scripts administers the Prescription Drug benefits plan. After you enroll in medical benefits, you will receive a Prescription Drug ID card in the mail (about the same time you receive your medical card).

Retail

You will need to present your Prescription Drug ID card at the pharmacy the first time you fill a prescription. You can have up to a 30-day supply of your prescription when filled at a retail pharmacy.

• In New York, New Jersey and certain other states, the pharmacy is required by law to substitute a brand name drug with a generic. If the cost of the generic drug is less than $10, you will only pay the cost of the drug.

• If your physician prescribes the brand-name drug instead of the generic, then you will pay the highest copay, $45. Your physician must request the pharmacist “Dispense as Written” to receive the brand-name drug.

• If no generic is available for your prescription, then your drug is a single-source prescription. Your copay will be $25. You may find participating pharmacies at www.express-scripts.com or by calling 800-230-0508.

Mail-Order

Mail-order copays are for up to a 90-day supply. If you take medication on a regular basis for conditions such as high blood pressure or asthma, the mail-order option will be less expensive than the retail option. To use mail-order, go to www.express-scripts.com or call 800-230-0508.

After you have enrolled in the Express Scripts mail-order program, you can refill prescriptions easily, either online or over the phone.

If you are taking a specialty medication, contact Accredo at 877-895-9697.

If you use a pharmacy other than Accredo, you will be subject to the full cost of the medication instead of mail-order copays.
There is nothing more important than your health. Becoming fit and healthy can be a challenge. Wellness programs are about inspiring you to care about your health, to find time in your schedule, choose the right activity to meet your goals, and then help you stay motivated so that you stay on track. To help you find your path to good health, Columbia University offers wellness resources to help you to eat right, exercise more, stop smoking or just relax.

The following programs are provided at no cost to you.

**UHC**


- **NurseLine — 800-232-9357.** This 24/7 toll-free telephone line gives you access to registered nurses who can help you with symptom and condition support, provider referrals, medication information, an audio information library and many more services.

- **Healthy Pregnancy Program.** This prenatal wellness program provides screening of maternity cases, patient education and management of high-risk cases.

- **LiveandWorkWell — myuhc.com.** This behavioral health website provides confidential help when coping with grief and loss, managing relationship difficulties and dealing with anxiety, stress and depression.

UHC also provides a digital health website, which you can use if you own or want to purchase a fitness tracker (such as a fitbit). The Rally Digital Health service lets you take a health survey, sign up for health challenges and health missions—and much more.

**Office of Work/Life**

- **Walk to Wellness** — This free fitness program is designed to help you meet your personal health and wellness goals.

- **Mindfulness Training for Stress Reduction** — Observe how stress unfolds in your life and how mindfulness practice can help improve everyday stress.

- **Weight Watchers at Work** — Learn how to manage your weight through group support and private weigh-ins.

- **Wellness Discounts** — Enjoy several discounts for gym memberships and more.

For more information on the various Work/Life services and programs offered, read the Work/Life section. You can also visit [www.worklife.columbia.edu](http://www.worklife.columbia.edu) for more details on the Columbia-provided wellness programs.
Cost of Coverage: Your Contributions

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

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

- Which plan you select; and
- Who you cover — Yourself Only, Yourself & Spouse/Same-Sex Domestic Partner, Yourself & Child(ren) or Family

Your Cost for Same-Sex Domestic Partner Coverage

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

Monthly Contributions for 2016

<table>
<thead>
<tr>
<th>Health Plan</th>
<th>Yourself Only</th>
<th>Yourself &amp; Spouse or Same-Sex Domestic Partner</th>
<th>Yourself &amp; Child(ren)</th>
<th>Family</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Full-Time</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Choice In-Network</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>Choice Plus 100</td>
<td>$28</td>
<td>$57</td>
<td>$51</td>
<td>$86</td>
</tr>
<tr>
<td><strong>Part-Time</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Choice In-Network</td>
<td>$312</td>
<td>$655</td>
<td>$592</td>
<td>$936</td>
</tr>
<tr>
<td>Choice Plus 100</td>
<td>$329</td>
<td>$690</td>
<td>$624</td>
<td>$986</td>
</tr>
</tbody>
</table>

Your Monthly Cost (Contributions) for EmblemHealth Dental

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Yourself</td>
<td>$0</td>
</tr>
<tr>
<td>You Plus One</td>
<td>N/A</td>
</tr>
<tr>
<td>Family*</td>
<td>$0</td>
</tr>
</tbody>
</table>

*Dependent children can only be covered through the end of the calendar year in which they turn 19.
After the waiting period, full-time colleagues are enrolled in the EmblemHealth Dental Plan automatically, at no cost to you. Note: If you have dependents, you must go online and enroll them within 31 days of your eligibility; otherwise, you will be automatically enrolled for yourself only. Dependent children can only be covered through the end of the calendar year in which they turn 19.

**EmblemHealth Preferred Dental Benefits Plan B (“Emblem Health Dental”)**

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

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

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

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

<table>
<thead>
<tr>
<th>Plan Provisions</th>
<th>In-Network</th>
<th>Out-of-Network</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preventive and Diagnostic Services</td>
<td>Covered 100%</td>
<td>Reimbursement is subject to established plan schedule</td>
</tr>
<tr>
<td>Examinations, cleanings, X-rays, fluoride treatments, space maintainers, mouth guards</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Basic Services</td>
<td>Covered 100%</td>
<td>Reimbursement is subject to established plan schedule</td>
</tr>
<tr>
<td>Extractions, root canals, gum disease, oral surgery, anesthesia, pain relief, denture repair, tests, and lab exams</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Major Services</td>
<td>Covered 100%</td>
<td>Reimbursement is subject to established plan schedule</td>
</tr>
<tr>
<td>Dentures, crowns</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Maximum Annual Benefit</td>
<td>$1,200</td>
<td></td>
</tr>
</tbody>
</table>
The Employee Assistance Program (EAP) is a network of services, including short-term confidential counseling, to help you and your household members cope with issues that you experience in everyday life. The EAP, provided by Humana, also offers wellness resources and different tools to help you be successful in the workplace. You do not have to be covered by a Columbia University medical plan to take advantage of the EAP. You, or a member of your household, can receive confidential assistance with a wide variety of services:

- Stress and anxiety
- Depression
- Alcoholism and drug abuse
- Sleeping difficulties
- Eating disorders
- Tools for managers
- Child care and elder care
- Adult day care and assisted living facilities
- Loss of a loved one
- Pet care, e.g., finding a dog walker
- Concierge services, e.g., theatre tickets and travel planning
- Working well

**Free to you:** Columbia University assumes all costs for initial assessment and confidential 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:** Humana provides confidential, short-term counseling 24/7. Phones are answered by licensed Master's or Ph.D.-level mental health/substance abuse professionals and, if needed, they will refer you to a network of more than 20,000 counselors available nationwide.

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

These are just a few of the reasons to call the EAP. Free, confidential help and support is available 24/7.

Call **888-673-1153**; TTY: **711**
Or log in to: [www.humana.com/eap](http://www.humana.com/eap)
Username: **Columbia**, Password: **eap**
Flexible Spending Accounts (FSAs)

Flexible Spending Accounts allow you to set aside pre-tax money to reimburse yourself for eligible healthcare and dependent day care expenses. **You must enroll within 31 days of hire and you must also re-enroll during Benefits Open Enrollment each year to take advantage of FSAs.**

Columbia University offers two types of FSAs that are administered by UHC:

- **Healthcare FSA** for eligible healthcare expenses, including medical, prescription drug or dental copays and deductibles, as well as vision or hearing services.
- **Dependent Care FSA** for eligible child or adult day 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 twice a month throughout the calendar year.

You cannot change your election amount during the calendar year unless you have a Qualified Life Status Change. Please refer to “Making Changes to Your Benefits” for more details.

**Health Care Spending Card**

After you elect the FSA, UHC will send two Health Care Spending Cards in your name to your home mailing address. These cards are linked to any Healthcare and Dependent Care FSA accounts you elect.

When you incur an eligible healthcare or dependent care expense, you can use your Health Care Spending Card to pay for the expense at participating locations. The card can be used for eligible expenses, such as prescription drugs or office visit copays.

If you are unable to use your card at the time of purchase, keep your receipt(s). You may need to submit an out-of-network medical claim to UHC so you can 1) be reimbursed for the out-of-pocket expense from your FSA; and/or 2) to substantiate your expenses with UHC if you are manually filing a claim.

**Don’t Lose Out on Tax Savings**

Using the Healthcare FSA could save you hundreds of dollars on eligible healthcare expenses, such as deductibles and orthodontia. Use the tool “Estimate HSA or FSA Tax Savings” on the CU Benefits Enrollment System at [www.hr.columbia.edu/benefits](http://www.hr.columbia.edu/benefits) to learn more.
You can request reimbursement by:

- Submitting a form to receive reimbursement from your FSA. For forms, go to http://hr.columbia.edu/forms-docs/search or www.myuhc.com. You may mail or fax the form to UHC directly.
- Submitting claims for reimbursement directly online via www.myuhc.com. Claims submitted online are processed in three days or less, which can mean faster reimbursement. You can even submit multiple expenses and receipts for different members of the family all at once. See the document “Online Claim Submission” on http://hr.columbia.edu/forms-docs/search for additional information.

When you submit a claim, you will receive a check at your home mailing address or you can sign up for direct deposit of your FSA claims by visiting www.myuhc.com and enrolling via the secure website. See the document “Your Money Could be in the Bank” on http://hr.columbia.edu/forms-docs/search.

Convenient Automatic Reimbursement

UHC has a convenient automated feature that processes medical, dental, vision and prescription drug claims—and then automatically sends Healthcare FSA participants reimbursement checks if those claims were paid directly by you. If you are enrolled in a Columbia-provided medical and/or dental plan, you will be automatically reimbursed for most medical, prescription, vision and dental expenses.

If you prefer to manage your FSA funds and choose which expenses are reimbursed, you can opt out of the claim auto-rollover at any time by logging in to www.myuhc.com. If you opt out, you will need to file reimbursement claims online or manually with UHC.

Note: You must opt out of the claim auto-rollover each year.

Make the Most of Your FSA with myuhc.com

If you are covered under a Columbia-provided medical plan:

1. Go to myuhc.com and click on “Register Now.”
   Your health plan ID card includes information you will need to register. Or, you can register using your Social Security Number and date of birth.
2. Click on “View Account Balances,” then select “Flexible Spending Account(s).”

Don’t have a Health Plan with UnitedHealthcare?

You do not need to be a member of a Columbia Health Plan to participate in an FSA. To manage your FSA expenses, you can register at myuhc.com using your Social Security Number and date of birth. Under group/account number, enter “902784.”
**Forfeiture Rule**

The IRS has strict rules regarding FSAs. 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 (UHC) no later than March 31 of the following year. A balance of up to $500 in your Healthcare FSA can be rolled over to the next plan year. However, any money left in your Dependent Care FSA will be forfeited.

**Eligibility Regarding Same-Sex Domestic Partners**

IRS regulations do not allow you to use money for FSAs for expenses incurred by or on behalf of same-sex domestic partners, or their children, unless they qualify as your legal tax dependents.

**Healthcare FSA**

The 2016 IRS limit for the Healthcare FSA is $2,550. You can elect between $120 and $2,550 in this account to cover out-of-pocket eligible healthcare expenses for yourself, your spouse and your children, even if you do not elect to cover them under Columbia University benefits plans.

If you are hired after the beginning of the year, you can elect to contribute the maximum contribution limit ($2,550) provided you have not contributed during the year to an FSA with Columbia University. If you are married, your spouse may also contribute $2,550 to an FSA sponsored by his/her employer. The full annual election amount is available for claim reimbursement as of your account’s effective date. You may elect a Healthcare FSA even if you are enrolled in Medicare.

**Note:** To be eligible to participate in the Healthcare FSA, children must be your dependents for income tax purposes.

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

- Medical and dental plan deductibles and coinsurance
- Copays for office visits and prescriptions
- Out-of-network medical expenses above 190% of Medicare MAC
- Prescription eyeglasses, sunglasses, Lasik surgery, contact lenses and solution

**For More Information**

To learn more about the Healthcare FSA, go to [http://hr.columbia.edu/forms-docs/search](http://hr.columbia.edu/forms-docs/search) for:

- General Healthcare FSA Questions – search for “UHC FSA Enrollment Brochure.”
- A List of Eligible Healthcare FSA Expenses – search for “Eligible FSA Expenses.”

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.
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 contribute up to $5,000 to a Dependent Care FSA. If you are married, the IRS has several guidelines that might affect how much you can deposit:

• 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 taxes – the most you can contribute is $2,500.
• If your prior year W-2 earnings exceed $120,000 – Columbia Benefits may contact you to inform you whether your contributions must be capped as a result of mandatory IRS testing.

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

• Dependent children under the age of 13. If your child will turn 13 during the year, you can submit claims only for expenses incurred up to the child’s birthday. You may be eligible to un-enroll from the Dependent Care FSA once your child reaches age 13 as part of a “Change in Dependent Care Cost.”
• Other dependents, including a parent, spouse or spouse’s child who is physically or mentally unable to care for himself or herself.

Eligible dependent care providers* include:

• Qualified child or adult day care centers
• Babysitters
• Summer day camps
• 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

*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 day care center, you must simply provide the Taxpayer Identification Number.

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. When you incur an eligible dependent care expense, you can use your Health Care Spending Card to pay for the expense at participating locations. The card will only accept expenses up to the balance in your account at the time of use.

If you leave the University or become ineligible for benefits, you can only be reimbursed for expenses incurred prior to your employment end date or the date you become ineligible for benefits. Any remaining funds would be forfeited.

Keep in Mind

You may use the Dependent Care FSA, the federal tax credit or a combination of both for your eligible dependent care expenses only. 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](http://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. You may enroll in the T/PRP at any time during the year. If you would like to newly enroll in or make a change to your T/PRP account, you must do so during Open Enrollment, or your election will not be in place for January 1. This benefit, however, is easy to change during the year.

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 two times a month to pay for commuting expenses. You choose a monthly election, which is available to you as of the first of each month. Your contributions will then be deducted in equal installments two times a month from your bi-weekly paychecks. For example, if you choose a Transit account of $130 per month that is effective July 1, you can access the full $130 as of July 1. You will then have a $65 Transit deduction on your July 14 paycheck, and another $65 Transit deduction on your July 28 paycheck.

Any unused funds will roll over from month to month. For example, if you take a vacation during the month of August, the unused August balance will roll over to the following month, September. The funds are available to you as long as your monthly spending does not exceed the IRS allowable monthly amount.

If you leave the University or become ineligible for benefits, you can only be reimbursed for expenses incurred prior to your termination date or the date you became ineligible for benefits. If you use funds that were not deducted from your paychecks, you will be considered responsible for repaying those funds to the University.

How to Access Funds in Your Transit or Parking Reimbursement Account

EBPA will send you an EBPA Benefits Card at your home mailing address. You can access your Transit and/or Parking Account in one of two ways:

- Swipe your EBPA Benefits Card each month for expenses up to the IRS monthly maximum.
- Pay out of pocket and submit a claim form to EBPA. Note, if you are submitting a claim for parking expenses, receipts are required.

You Can Make Changes During the Year

You can make changes to your T/PRP anytime during the year. 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 2016 Transit and Parking Elections.”
**When Will My T/PRP Election Take Effect?**

If you elect the benefit during Open Enrollment, your T/PRP will be effective January 1. If you are a new hire, or if you make a change during the year, the effective date depends on whether the change to your benefits 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 is effective February 1.
- A change made after January 21: Because this falls after the 20th of the month, your change is effective March 1.

**Transit Reimbursement Program**

You may elect a monthly deposit amount from $10 to $130. These funds can be used for commuting expenses on any public transit commuter system.

### Examples of Eligible Expenses

- Amtrak
- Long Island Railroad (LIRR)
- New Jersey Transit (NJT)
- Staten Island Rapid Transit (SIRT)
- 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

### Examples of Ineligible Expenses

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

**Parking Reimbursement Program**

You may elect a monthly deposit amount from $10 to $250. These funds can be used to pay for parking if you drive to work or to a location where you board mass transit for work.

### Examples of Eligible Expenses

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

**Note:** 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.

### Examples of Ineligible Expenses

- Parking at or near your residence
- Parking expenses of your family members
- Amounts exceeding the maximum allowable monthly limit
If you elect to 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 T/PRP accounts.

If you are a current employee and already have a Benefits Card, you will not receive a new card. 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 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.

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 [http://hr.columbia.edu/forms-docs/search](http://hr.columbia.edu/forms-docs/search).
Manage Your T/PRP Account with EBPA

To create an EBPA online account:

2. At the “Columbia University Portal,” click “Transit/Parking Reimbursement”
3. Select the EBPA Benefits Card image, then click “Continue”
4. Click “Register” in the upper right-hand corner of the page

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

**Basic Term Life Insurance Plan**

The Basic Term Life Insurance Plan is provided automatically by Columbia University at no cost to you. You will automatically receive Basic Term Life Insurance of one times your Annual Benefits Salary, up to $50,000.

The Life Insurance Plan pays a lump sum benefit to your beneficiary in the event of your death while actively employed by Columbia University.

The Plan also can pay a living benefit. If you become terminally ill, you may elect to have the Plan pay out a benefit while you are still living. Any amount you receive will reduce the benefit paid to your beneficiary.

**Optional Term Life Insurance Plan**

You may elect additional amounts of coverage of one, two, three, four or five times your Annual Benefits Salary up to a maximum of $1,000,000, including your Basic Term Life Insurance coverage amount. The additional amounts of coverage are paid with post-tax dollars.

The benefit will be determined using your Annual Benefits Salary rounded to the next highest $1,000. You will see your personal monthly premiums on the CU Benefits Enrollment System based on your age as of January 1. There, you can also add or update beneficiaries.

We encourage you to use the tool called “Determine My Life Insurance Needs” on the CU Benefits Enrollment System at [www.hr.columbia.edu/benefits](http://www.hr.columbia.edu/benefits).

**Monthly Cost of Coverage**

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

<table>
<thead>
<tr>
<th>Age</th>
<th>Monthly cost per $1,000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than 25</td>
<td>0.031</td>
</tr>
<tr>
<td>25 to 29</td>
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<td>30 to 34</td>
<td>0.051</td>
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<td>35 to 39</td>
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<td>40 to 44</td>
<td>0.072</td>
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<td>0.094</td>
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<td>65 to 69</td>
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<tr>
<td>70 to 74</td>
<td>0.888</td>
</tr>
<tr>
<td>75 or older</td>
<td>1.148</td>
</tr>
</tbody>
</table>
How to Calculate Your Optional Term Life Monthly Premium Cost

Example: An employee, age 41, with an Annual Benefits Salary of $40,000, elects Optional Term Life Insurance of 3x salary ($120,000).

\[
\begin{align*}
\text{Amount of Optional Term Life Insurance} & \quad \$120,000 \\
\text{Divide by 1,000} & \quad 120 \\
\text{Rate @ age 41, from table (page 34)} & \quad x 0.072 \\
\text{Your total monthly premium} & \quad = \quad $ 8.64
\end{align*}
\]

Evidence of Insurability

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

- You are **newly hired** and elect Optional Term Life Insurance coverage in excess of 3x your Annual Benefits Salary or $500,000 Guaranteed Issue Amount, whichever is less;
- You did not elect Optional Term Life previously and want to elect this coverage during Benefits Open Enrollment;
- You wish to increase the level of your coverage by more than 1x your salary or beyond the Guaranteed Issue amount during Benefits Open Enrollment.

If Evidence of Insurability applies to you, the CU Benefits Enrollment System will guide you through what to do next. To obtain Evidence of Insurability forms, go to [http://hr.columbia.edu/forms-docs/search](http://hr.columbia.edu/forms-docs/search). The forms can also be printed using the link in the CU Benefits Enrollment System once the election has been made. Send the completed form directly to The Standard.

Waiver of Premium

If you become disabled before age 60, you may be eligible for a waiver of life insurance premium. To apply for a waiver of premium, please contact The Standard at **888-264-3057**. You may not have to pay for your life insurance coverage if you qualify under the Plan’s definition of long-term disability.

If You Leave the University

If you leave the University, you may be able to continue some life insurance coverage by applying to The Standard for conversion or portability to an individual policy. The Standard will automatically send a conversion packet to you. If you don’t receive the packet, contact The Standard at **888-264-3057** for an application and eligibility criteria.
Emergency Travel Assistance

When you are covered under our Basic Term Life Insurance Plan (from The Standard), you and your eligible dependents are also covered for emergency travel assistance (“UnitedHealthcare Global”) when traveling 100+ miles from home or when traveling in a foreign country for trips up to 180 days. This assistance can be for situations as serious as needing to be evacuated from a foreign country to things as simple as information on visas.

This program can help you with travel emergencies both in the U.S. and internationally. In an emergency, you may call:

United States or Canada: 800-527-0218

Worldwide, call collect: 410-453-6330

Please reference Group Number 9061 when you contact UnitedHealthcare Global.

For more information on UnitedHealthcare Global, go to https://members.uhcglobal.com or write an email to UnitedHealthcare Global directly at: assistance@uhcglobal.com.

Here is a summary of the range of services UnitedHealthcare Global offers:

- Pre-trip assistance
- Medical and prescription drug assistance
  - Locating medical care
  - Translation/interpreter
  - Medical insurance coordination
- Emergency transportation
  - Emergency evacuation when adequate medical facilities are not available locally
  - Family or friend travel arrangements
- Travel assistance
  - Provide assistance with emergency credit card and ticket replacement
  - Provide assistance with emergency passport replacement
  - Locating legal services
- Personal security
  - Latest information on social or political unrest
  - Weather or health hazards
  - Security evacuation services

Services are only covered if coordinated by UnitedHealthcare Global.
Columbia University offers members of 1199 SEIU United Healthcare Workers East SSA area (Medical Center) tuition benefits programs to support the education of you and your family. Complete policy information is online at http://hr.columbia.edu/benefits. You can review your tuition eligibility by logging in to the CU Benefits Enrollment System and choosing “Tuition Programs, Print Your Eligibility Form.”

**Tuition Exemption for 1199 SEIU United Healthcare Workers East SSA area (Medical Center) and Their Eligible Dependents**

This Tuition Exemption Benefits Program pays tuition for you at Columbia University, Barnard College and Teachers College. This is not a reimbursement or remission program; the tuition is simply exempt once you submit your Tuition Exemption Eligibility Form to your school's Student Financial Services office. There is a two-semester waiting period (7 months) to be eligible for this benefit.

As a full-time member of 1199 SEIU United Healthcare Workers East SSA area (Medical Center), tuition for certain degree programs is covered at 100%, up to 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 toward a Bachelor’s or Master’s degree program at Columbia only. There is a two-semester waiting period (7 months) to be eligible for this benefit.

Your eligible children may be eligible for the unused portion of your own Tuition Exemption benefit toward a Bachelor’s or Master’s degree program at Columbia only, after you have completed two (2) years of continuous service. For more information, please see the full policy online at http://hr.columbia.edu/benefits.
Columbia University’s Office of Work/Life fosters the well-being of the Columbia community and its people in their pursuit of meaningful and productive academic, personal and work lives.

Work/Life offers a number of services and programs. For more information on the range of programs and workshops Work/Life offers, please go to http://worklife.columbia.edu, or email worklife@columbia.edu, or call 212-854-8019.

- **Affiliated Child Care Centers** are independent centers, located on or near Columbia campuses, which provide quality care and greater access for Columbia families.

- **Affinity Lending Program** includes preferred lenders that can help you refinance your current mortgage, consolidate debt or purchase a new home.

- **Breastfeeding Support Program** provides a variety of support and resources for nursing mothers, including private lactation rooms equipped with hospital-grade breast pumps, on all Columbia campuses, for nursing mothers to express milk. Breast pump attachments are available for purchase below retail cost, and there are breastfeeding workshops each semester.

- **Faculty Spouse/Partner Dual Career Service** is for faculty spouses/partners who are new to the NYC metropolitan area and wish to explore employment opportunities.

- **Housing Information and Referral Service** provides individual consultation and information resources for renting or purchasing apartments or homes in the New York metropolitan area.

- **School and Child Care Search Service** provides free workshops and personalized, professional expertise on early education and child care and K-12 schooling to parents and expectant parents. Individualized resources and referrals are available in the areas of:
  - In-home child care, early childhood education and child care program and tuition-free Pre-K;
  - Public, independent, parochial, charter, boarding and special needs schools for students entering kindergarten through high school;
  - Eduprofile (free online school database) and an NYC Pre-K and kindergarten newsletter.

- **Wellness Program** includes Walk to Wellness, Healthy Lifestyle Challenge, Weight Watchers at Work, wellness discounts, Stress Reduction classes and a CU Wellness listserv.

Go to http://worklife.columbia.edu for workshops, programs, an events calendar and the online bulletin board. Note: Check the Work/Life website to determine your eligibility for benefits.
Columbia University’s retirement savings program is designed to provide retirement income that will add to your other savings and investments, as well as your Social Security benefits. The program consists of two retirement plans: The Voluntary Retirement Savings Plan (VRSP) and the Columbia University Retirement Plan for Supporting Staff Association at the College of Physicians and Surgeons. Outlined below is an overview of each plan.

**The Voluntary Retirement Savings Program (VRSP)**

The VRSP is a defined contribution 403(b) plan that lets you contribute from 1% to 80% of your eligible pay on a pre-tax and/or Roth basis, in whole percentages through convenient payroll contributions. **The most you can contribute to the VRSP in 2015 is $18,000 or, if you are age 50 or over, an additional $6,000 (annual total of $24,000). This IRS limit applies to your combined contributions, pre-tax and Roth.** Eligibility begins on your date of hire. Please Note: IRS limits may change for 2016.

**The Columbia University Retirement Plan for Supporting Staff Association at the College of Physicians and Surgeons (the “Plan”)**

The University makes contributions to the Plan for you as soon as you become eligible.

**Note:** If you do not select your investment funds for these plans, your contributions will be invested in the appropriate Qualified Default Investment Alternative (QDIA) with TIAA-CREF and Vanguard. You may change your investment fund options at any time. If you do not select an investment carrier, your funds will be invested with Vanguard.

**Your VRSP Contributions**

**Pre-tax contributions:** Contributions deducted from your pay before federal income taxes (and, in most areas, state and local income taxes) are applied. Your pre-tax contributions and their investment earnings will not be subject to taxes as long as they remain in your VRSP account.

**Roth contributions:** After-tax contributions, which means you pay taxes on Roth contributions along with the rest of your current pay. Because you pay taxes on your Roth contributions when they go into the VRSP, you’ll pay no taxes on Roth contributions when they are paid out to you from the Plan, subject to certain rules.

**Catch-Up contributions:** If you are age 50 or older, you may contribute an additional amount—up to $6,000 in 2015—on a pre-tax and/or Roth basis to your VRSP. You become eligible for catch-up contributions on January 1 of the year you turn 50.

Log in to the CU Benefits Enrollment System at [www.hr.columbia.edu/benefits](http://www.hr.columbia.edu/benefits) to make this election.
Detailed Information: For information on the Voluntary Retirement Savings Plan (VRSP) and the Columbia University Retirement Plan for Supporting Staff Association at the College of Physicians and Surgeons, including your contributions, investment options, educational information and planning resources, please see the brochure, Columbia University Retirement Savings Program, at http://hr.columbia.edu/forms-docs/search.

For complete details we encourage you to read the Summary Plan Descriptions (SPD), which can be found online at http://hr.columbia.edu/forms-docs/search.

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.

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 and your spouse or partner is welcome to attend.

You can register for these sessions by contacting the carriers directly.

The Vanguard Group  www.meetvanguard.com  800-662-0106, ext. 14500
TIAA-CREF  www.tiaa-cref.org/moc  800-732-8353

Retirement planning workshops are offered throughout the year by the Columbia University HR Benefits department and the Office of Work/Life. You can view more details and sign up for these workshops through the Work/Life website at http://worklife.columbia.edu.

Retiree Medical Insurance

You may be eligible for this coverage if you leave the University on or after age 55 and you complete at least 10 years of benefits eligible service with the University after age 45. To learn more, please contact the Columbia Benefits Service Center at 212-851-7000, Monday through Friday, 9 a.m. to 4 p.m. You may also contact us via email at hrbenefits@columbia.edu.

Note: A spouse or dependent is only eligible to enroll if the retiree is a participant, or if the retiree is deceased. Eligible children are covered until age 26 as long as they are full-time students. Qualifying events must be reported within 31 days of the event.
Benefits Glossary

**Annual Benefits Salary** – Used to determine employees’ Life Insurance coverage amounts. Annual Benefits Salary is calculated as of July 1 each year and is the greater of a) the base salary in effect on each July 1; or b) the prior 12 months’ gross compensation, plus additional compensation, to June 30.

**Annual Deductible** – The amount you pay for Covered Health Services each year before the Plan begins to pay for non-preventive expenses.

**Appeal of Claim** – If you have a claim for a benefit which is denied in whole or in part, you must receive a written explanation of the reason for the denial. Under ERISA, you have the right to appeal the denial of a claim and have the denial decision reconsidered.

**Coinsurance** – Cost-Sharing between you and the Plan for Eligible Expenses for certain Covered Health Services, where you are required to pay a percentage of the cost. For example, a 90/10 coinsurance plan with a $200 deductible requires you to pay 10% of the covered costs after the Annual Deductible has been met, while the Plan will be responsible for the remaining 90%.

**Copay** – A fixed amount you pay when you receive a healthcare service. The amount can vary by the type of Covered Health Service. Typically you pay a copay for a visit to an in-network provider’s office.

**Cost Sharing** – The share of plan costs that you pay out of your own pocket. This generally includes Annual Deductibles, Coinsurance and Copays, but does not include premiums or the cost of services that are not eligible.

**Covered Health Services** – Health services, including supplies, which are determined by the Plan to be provided for the purpose of preventing, diagnosing or treating sickness, injury, mental illness, substance use disorders or their symptoms. Covered services are listed in the Summary Plan Description.

**Eligible Expenses** – Charges for Covered Health Services rendered, or supplies furnished by a certified health professional under the Plan. Eligible Expenses may be subject to Cost Sharing and/or annual or lifetime maximums as specified by the terms of the Plan. Eligible Expenses for services rendered by In-Network providers are limited to the network negotiated charge. For Out-of-Network Benefits, Eligible Expenses are limited to 190% of the Medicare MAC.

**Evidence of Insurability (Life)** – Documentation of Insurability by an applicant for insurance. Usually this requires completing a form with your medical history. Enrollment in Optional Term Life requires such evidence if the employee has not elected the plans within 31 days of their eligibility date.

**Exclusion(s)** – A health condition or service not eligible for coverage under the healthcare plan.
Explanation of Benefits (EOB) — A statement provided by a health insurer to the plan participant that explains how their claim was paid. The EOB typically includes the date of service, type of service rendered, *Eligible Expense*, amount paid by the Plan and the balance to be paid by the plan participant. If applicable, it will also provide any reason(s) the service or supply was not covered by the Plan.

**Guaranteed Issue** — A feature of certain insured benefits that permits you to enroll regardless of health status, age, gender or other factors that might predict the use of the benefit.

**Imputed Income** — The value of an employer-sponsored benefit or service that is considered by the IRS as compensation and added to an employee’s taxable wages in order to properly withhold income and employment taxes from the wages. Examples of *Imputed Income* include:

- Educational assistance above the excluded amount
- Employer contributions to the coverage of same-sex domestic partners and their children

**In-Network** — Refers to providers or facilities that are part of UHC’s Choice network with which it has negotiated and contracted, to provide a discount for services rendered. Individuals pay less when using an *In-Network* provider.

**Medically Necessary** — Healthcare services or supplies needed to prevent, diagnose or treat an illness, injury, condition, disease or its symptoms, and that meet accepted standards of medicine.

**Multi-Source Brand** — Prescription drugs that are available in both the brand name and generic form.

**Network** — The group of physicians, hospitals and other providers who are contracted with UHC to provide services to health plan participants at lower-priced, negotiated rates.

**Non-Duplication** — A provision in health plans specifying that benefits will not be paid for amounts reimbursed by other plans. This typically applies to a plan participant who is eligible for benefits under more than one plan (e.g., covered under spouse’s plan).

**Open Enrollment** — The annual period in which employees can select from a choice of benefits programs with an effective date of January 1 of the following year.

**Out-Of-Network Benefits** — *Covered Health Services* provided by non-network providers. Individuals usually are responsible for additional *Out-of-Pocket Costs* if they use an out-of-network provider. *Eligible Expenses* for out-of-network services are indexed to 190% of the Medicare MAC.
Out-of-Pocket Costs – Expenses for medical services that are not reimbursed by the Plan. Out-of-Pocket Costs include Annual Deductibles, Coinsurance, and Copays for Covered Health Services, costs above the Eligible Expense and costs for services that are not covered under the Plan.

Out-of-Pocket (OOP) Maximum – The maximum amount a patient must pay for Covered Health Services during a plan year. The in-network OOP Maximum includes the Annual Deductible and medical and prescription drug Copays and Coinsurance. The out-of-network maximum does not include medical or prescription drug copays. The OOP Maximum does not include premiums, payments made for non-covered services or charges above Eligible Expenses.

Precertification – A process where UHC is contacted before certain services are provided, to determine if it is a Covered Health Service. Precertification is not a guarantee your health plan will cover the cost of the services. Also called prior authorization, preauthorization or prior approval.

Pre-Tax Contribution – A contribution which is made before federal and/or state taxes are withheld.

Preventive Care – Medical care that focuses on health maintenance, such as annual physicals, certain screening tests and child immunization programs.

Qualified Life Status Change – A change to benefits eligibility that is recognized by the IRS and allows an employee to make a change to certain benefits during the calendar year. After the initial enrollment as a new hire, or after annual Benefits Open Enrollment, employees are only able to change benefits for the remainder of the calendar year if they experience a Qualified Life Status Change.

Self-Insured Plan – Columbia University’s medical and prescription benefits are “self-insured.” Columbia University does not pay “premiums” to each of the insurance carriers. The University pays employee healthcare claims, plus an administrative fee to UHC.

Single-Source Brand – Drugs that do not have a generic equivalent.

Specialty Medication – Drugs that require special handling, administration or monitoring.

Summary Plan Description (SPD) – A document that explains the fundamental features of an employer’s employee benefits plans, including eligibility requirements and the schedule of benefits.

University Network ID (UNI) – Your UNI, usually consisting of your initials plus an arbitrary number, is the key to accessing computer services and electronic resources at Columbia. You will use it to gain access to benefits information.

Vesting – A permanent right of ownership. You are always 100% vested in your Voluntary Retirement Savings Plan contributions.
## Contact Information

<table>
<thead>
<tr>
<th>Benefit</th>
<th>Provider</th>
<th>Website</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee Assistance Program (EAP)</td>
<td>Humana</td>
<td><a href="http://www.humana.com/eap">www.humana.com/eap</a></td>
<td>888-673-1153</td>
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<tr>
<td>Travel Emergencies (including international)</td>
<td>UnitedHealthcare Global</td>
<td>Global Intelligence Center</td>
<td>In the United States or Canada</td>
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<td></td>
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<td><a href="https://members.uhcglobal.com">https://members.uhcglobal.com</a></td>
<td>call: 800-527-0218</td>
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<td></td>
<td>Group #9061</td>
<td>In other locations worldwide,</td>
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<td></td>
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<td>United Healthcare Global Travel Assistance</td>
<td>call collect</td>
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<td></td>
<td></td>
<td>can also be reached at <a href="mailto:Assistance@uhcglobal.com">Assistance@uhcglobal.com</a></td>
<td>1-410-453-6330</td>
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<tr>
<td>Medical</td>
<td>UnitedHealthcare</td>
<td><a href="http://columbia.welcometouhc.com/home">http://columbia.welcometouhc.com/home</a></td>
<td>800-232-9357</td>
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<td></td>
<td>UHC Behavioral Health</td>
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<td>888-265-9945</td>
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<td>Vision</td>
<td>UHC Vision</td>
<td><a href="http://www.myuhc.com">www.myuhc.com</a></td>
<td>800-638-3120</td>
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<tr>
<td>Dental</td>
<td>EmblemHealth Dental (formerly GHI)</td>
<td><a href="http://www.emblemhealth.com/find-a-doctor/directory">www.emblemhealth.com/find-a-doctor/directory</a></td>
<td>212-501-4443</td>
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<tr>
<td>Prescriptions</td>
<td>Express Scripts</td>
<td><a href="http://www.express-scripts.com">www.express-scripts.com</a></td>
<td>800-230-0508</td>
</tr>
<tr>
<td>Life Insurance</td>
<td>The Standard Life</td>
<td><a href="http://www.standard.com">www.standard.com</a></td>
<td>888-264-3057</td>
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<td>FSA</td>
<td>UHC</td>
<td><a href="http://www.myuhc.com">www.myuhc.com</a></td>
<td>800-232-9357</td>
</tr>
<tr>
<td>Transit/Parking</td>
<td>EBPA</td>
<td><a href="http://select.epbabenefits.com/columbia/">http://select.epbabenefits.com/columbia/</a></td>
<td>888-456-4576</td>
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<tr>
<td></td>
<td>TIAA-CREF</td>
<td><a href="http://www.tiaa-cref.org/columbia">www.tiaa-cref.org/columbia</a></td>
<td>800-842-2252</td>
</tr>
</tbody>
</table>

## 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

**For updates, forms, Tuition Exemption and information about other HR programs:**

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