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 Descriptions (SPDs), 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. The Columbia University Group Benefit Plan (the “Plan”) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.
Your Benefits for 2018

Welcome to Columbia ........................................... 2
Who Is Eligible for Benefits ................................. 3
Making Changes to Your Benefits ......................... 6
Medical Coverage ............................................. 7
Vision Coverage ................................................ 9
Prescription Drug Coverage ................................ 12
Cost of Coverage: Your Contributions ................ 14
EmblemHealth Dental ....................................... 15
Aetna Columbia Dental Plan ............................... 16
Coverage When Traveling .................................. 18
Tax Savings Accounts ....................................... 19
How to Access Your T/PRP Program .................... 24
Term Life Insurance .......................................... 25
Tuition Programs ............................................. 27
Retirement Savings Programs ............................ 28
Getting the Most Out of Your Benefits ................. 29
Contact Information ....................................... Inside Back Cover

For complete benefits information, please refer to the HR Benefits website at http://hr.columbia.edu/benefits.
Welcome to Columbia

Columbia University offers a full range of benefits to help you and your eligible dependents stay healthy, build long-term financial security for retirement, meet your educational goals and much more.

Choose Your Coverage Carefully

Your 2018 elections will be in effect from January 1 or your date of hire (whichever is later) until December 31, 2018. Unless you have a Qualified Life Status Change, you will not have another opportunity to change your benefits coverage until the annual Benefits Open Enrollment held each fall.

How to Enroll

Step 1 Go to http://hr.columbia.edu/support-staff and click “Log In: CU Benefits Enrollment System.” Enter your UNI and password, and then confirm your access using multi-factor authentication (DUO). If you do not know your UNI or password, go to http://uni.columbia.edu.

For further assistance with DUO or your UNI and password, please contact the CUIT Service Desk: 212-854-1919 or email askcuit@columbia.edu.

Step 2 Select “New Hire Enrollment or Newly Eligible Benefits Enrollment.” Then, follow the instructions to make your benefits choices. Please be sure to click “Save and Continue” to finish the enrollment process and go to your “Benefits Enrollment Confirmation.”

Step 3 Carefully review your Benefits Enrollment Confirmation 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. You may print this confirmation if you would like a paper copy of your benefits enrollment.

Step 4 Now is also a good time to review your retirement elections. Select “Update your Retirement Elections” to review and/or make changes. Please be sure to “Save and Continue.” Print your Benefits Confirmation Statement if you would like a paper copy of your statement.

If you have questions, contact Columbia Benefits Service Center: 212-851-7000 or hrbenefits@columbia.edu

Advantages of Enrolling in Certain Benefits Upon 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 (EOI).

Benefits Glossary

To learn more about the benefits terms used throughout this Guide, review the Glossary at http://hr.columbia.edu/benefits/glossary-terms.

If you are a new hire, you must enroll for benefits within 31 days of your date of hire or eligibility.
Who Is Eligible for Benefits

The online CU Benefits Enrollment System will show you the benefits and options you are eligible for, as well as their monthly cost, and the benefits effective date. Eligibility begins upon the first day of the month following the completion of the applicable waiting period.

If you are full-time and do not enroll within 31 days of hire or eligibility, you will be automatically enrolled for individual Choice Plus 90 medical coverage and individual EmblemHealth Dental Program coverage only. You also will not be able to enroll your eligible dependents 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.

Waiting Periods for Benefits Coverage

<table>
<thead>
<tr>
<th></th>
<th>Full-Time</th>
<th>Part-Time</th>
</tr>
</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>2 months**</td>
</tr>
<tr>
<td>Life Insurance*</td>
<td>2 months</td>
<td>2 months</td>
</tr>
<tr>
<td>Flexible Spending Account (FSA)*</td>
<td>2 months</td>
<td>2 months</td>
</tr>
<tr>
<td>Transit/Parking Reimbursement Program (T/PRP)*</td>
<td>2 months</td>
<td>2 months</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 Local 2110 are effective the first day of the month following the completion of the applicable waiting period.
** EmblemHealth Dental only

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
- Same-sex domestic partner
- Legally dependent children, including adopted children

For more details on dependent eligibility, go to http://hr.columbia.edu/dependent-eligibility.

Please note that eligible children are defined differently for the Flexible Spending Accounts (FSAs) and Tuition Benefits programs (see eligibility details under each plan description).
Active Support Staff Turning 65
Active Support Staff and their spouses age 65 and over who are enrolled in a Columbia-provided medical plan option do not need to enroll in Medicare because they still have creditable coverage through the University. At least two months in advance of your retirement from the University, you should enroll in Medicare to avoid any gaps in coverage.

Who You Can Cover for Medical (including 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.

Making Changes to Dependent Eligibility
There are two ways to add or make a change in dependent eligibility:

1. Go to [http://hr.columbia.edu/support-staff](http://hr.columbia.edu/support-staff) and click “Log In: CU Benefits Enrollment System” to make changes to the status of your dependents (through a Qualified Life Status Change); or
2. Call the Columbia Benefits Service Center at [212-851-7000](tel:212-851-7000) for instructions.

When your dependent is no longer eligible, it is your responsibility to report this change to the Columbia Benefits Service Center within 31 days of the change.

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 one 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.
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.

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. If you are not able to provide proof that your dependent is eligible for coverage, your dependent’s coverage will not be activated.

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

You can provide your documentation through the following methods:
- Scan and email to hrbenefits@columbia.edu; or
- Fax to 212-851-7025. This is a secure fax.

If you do not have access to scan documents and send them via email or fax, contact the Columbia Benefits Service Center.

<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>Any two of the following:</td>
</tr>
<tr>
<td></td>
<td>• Joint lease or mortgage</td>
</tr>
<tr>
<td></td>
<td>• Joint ownership of property</td>
</tr>
<tr>
<td></td>
<td>• Joint bank account statement</td>
</tr>
<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>
</tr>
<tr>
<td></td>
<td>• Child’s birth certificate</td>
</tr>
<tr>
<td></td>
<td>• Hospital record of birth (temporarily accepted for newborns until birth certificate is received)</td>
</tr>
<tr>
<td></td>
<td>• Adoption certificate/court order</td>
</tr>
</tbody>
</table>

* If your document is in a foreign language, please submit a copy of the original document, as well as a notarized English translation. The document must be translated by someone other than yourself or your family member.

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.
Qualified Life Status Changes

The IRS restricts when you can add coverage for a dependent or make changes to your benefits elections during the year.

After new hire 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.

**If you experience a Qualified Life Status Change, go to the CU Benefits Enrollment system within 31 days of the event.** The benefits changes must comply with IRS regulations and be consistent with the nature of your Qualified Life Status Change. In addition, you must provide proper documentation for your change, such as a birth certificate, marriage certificate or divorce decree. If you need assistance, please contact the Columbia Benefits Service Center at 212-851-7000.

Examples of a Qualified Life Status Change

Examples of a Qualified Life Status Change include marriage, divorce, birth, adoption and loss of eligibility for coverage.

For a full list of Qualified Life Status Change examples, go to [http://hr.columbia.edu/qualified-life-status-changes](http://hr.columbia.edu/qualified-life-status-changes).
Medical Coverage

Overview of Medical Coverage

Columbia University offers the UnitedHealthcare Choice Plus 90 medical plan. The Choice Plus 90 plan covers a comprehensive set of services and provides in-network preventive care, such as annual physicals, immunizations and well-baby visits, at 100% with no deductible. The Plan also includes coverage for out-of-network services. If you enroll in the medical plan, you will be automatically enrolled in 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 details on the medical plan, see the SPD on the Benefits website at http://hr.columbia.edu/local-2110-health-welfare.

To understand the Medical Plan Summary, it is helpful to know the following benefits terms:

- **Copay**: The amount you pay directly to the in-network provider at the time of service. The copay for the Choice Plus 90 plan is $30 for in-network providers. Your in-network copays accumulate toward your in-network out-of-pocket maximum. Copays do not accumulate toward your deductible.

- **Deductible**: The amount you must pay each year before the Plan begins to pay for non-preventive expenses. Your in-network deductible accumulates toward your in-network out-of-pocket maximum.

- **Coinsurance**: Once you reach your deductible, coinsurance is the amount the Plan will cover of your eligible medical expenses. You are responsible for directly paying the remaining balance, until you reach the out-of-pocket maximum. The amount you pay in coinsurance will vary based on your usage of medical services.

- **Out-of-Pocket Maximum**: The most you will be responsible for paying out of your own pocket each year for covered medical services. Once you reach your in-network out-of-pocket maximum, the Plan will pay 100% of all remaining in-network covered medical expenses for the year.
# Medical Plan Summary

The Medical Plan Summary below summarizes the Plan provisions. For detailed information, please review the Summary of Benefits and Coverage (SBC) and Summary Plan Description (SPD) available online at [http://hr.columbia.edu/local-2110-medical-benefits](http://hr.columbia.edu/local-2110-medical-benefits).

<table>
<thead>
<tr>
<th>Benefit</th>
<th>Choice Plus 90</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>In-Network</td>
</tr>
<tr>
<td>Annual Deductible (per person)</td>
<td>$200</td>
</tr>
<tr>
<td>Coinsurance (% paid by CU)</td>
<td>90% after deductible</td>
</tr>
<tr>
<td>Out-of-pocket Maximum</td>
<td></td>
</tr>
<tr>
<td>Individual</td>
<td>$2,500</td>
</tr>
<tr>
<td>Family</td>
<td>$5,000</td>
</tr>
<tr>
<td>Preventive Care</td>
<td>100%</td>
</tr>
<tr>
<td>Physician Office Visits, including specialists</td>
<td>$30 copay</td>
</tr>
<tr>
<td>Laboratory/ Radiology Services, including services rendered in a physician’s office</td>
<td>90% after deductible</td>
</tr>
<tr>
<td>Inpatient Hospital Care</td>
<td>90% after deductible</td>
</tr>
<tr>
<td>Outpatient Hospital Care</td>
<td>90% after deductible</td>
</tr>
<tr>
<td>Mental Health and Substance Abuse—Inpatient care</td>
<td>90% after deductible</td>
</tr>
<tr>
<td>Mental Health and Substance Abuse—Outpatient programs</td>
<td>$30 copay</td>
</tr>
<tr>
<td>Mental Health and Substance Abuse—Outpatient counseling</td>
<td>$30 copay</td>
</tr>
<tr>
<td>Emergency Room</td>
<td>$150 copay (waived if admitted)</td>
</tr>
<tr>
<td>Basic and Comprehensive Infertility Treatment</td>
<td>Unlimited benefit for diagnosis and basic medical treatment, including artificial insemination</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>
</tr>
<tr>
<td>Prescription Drug coverage with OptumRx</td>
<td>Retail (30 days)</td>
</tr>
<tr>
<td></td>
<td>• Generic: $10 copay</td>
</tr>
<tr>
<td></td>
<td>• Single-source: $25 copay</td>
</tr>
<tr>
<td></td>
<td>• Multi-source: $45 copay</td>
</tr>
<tr>
<td></td>
<td>Mail-order (90 days)</td>
</tr>
<tr>
<td></td>
<td>• Generic: $15 copay</td>
</tr>
<tr>
<td></td>
<td>• Single-source: $50 copay</td>
</tr>
<tr>
<td></td>
<td>• Multi-source: $90 copay</td>
</tr>
</tbody>
</table>

* Out-of-network coinsurance reimbursement is indexed to 190% of the Medicare Maximum Allowable Charge (MAC), including expenses in excess of the out-of-network out-of-pocket maximum.

**Remember:** The in-network deductible, coinsurance and medical and prescription copays accumulate toward the in-network out-of-pocket maximum. In addition, out-of-network out-of-pocket expenses accumulate toward the in-network out-of-pocket maximum.

**Important Notes:** UHC’s Choice network is 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. 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.
Vision Coverage

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

<table>
<thead>
<tr>
<th>Vision Benefits</th>
<th>Choice Plus 90</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Benefits apply both In-Network and Out-of-Network</td>
</tr>
</tbody>
</table>
| Routine Eye Exams | **Adults:** One exam every 12 months with a $10 copay.  
**Children:** One exam every 12 months with a $10 copay.                                                                                          |
| Lenses            | **Adults:** Every 24 months, $20 allowance for single lenses, $30 for bifocal, $40 for trifocal or $75 for lenticular.  
**Children:** Lenses covered in full every 12 months. More frequently if medically necessary.                                                 |
| Frames            | **Adults:** $30 allowance every 24 months.  
**Children:** Up to $100 covered in full every 12 months. More frequently if medically necessary. Cost above $100 covered at 60%. |
| Contact Lenses    | **Adults:** $75 allowance every 24 months.  
**Children:** Single purchase of a pair of contact lenses or 1 box of contact lenses per eye covered at 100% every 12 months. |

* *Child is defined as a member less than age 19.
** Available for either frames and lenses or contact lenses.

Note: 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 and click “Coverage & Benefits,” “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 that is on your UHC Medical card. However, if you would like one, you may print one from the Vision website. Go to myuhc.com and select “Vision” from the “Coverage & Benefits” tab, then click “Vision Benefit highlights” and you will be taken to the UHC Vision website.
Medical & Prescription Drug ID Cards
If you newly enroll in medical benefits, you will receive a UHC ID card. This card will include member information for medical and prescription drug coverage. It takes approximately three weeks for new hires to receive an ID card. If you need a temporary ID card sooner, go to www.myuhc.com two weeks after you complete your benefits enrollment to download and print your temporary card.

Travel Vaccination Coverage
If you are traveling out of the country, travel vaccinations will be covered under the medical plan (deductible and coinsurance will apply).

UHC Choice Plus Plan
With the Choice Plus 90 plan, you have the flexibility to use in-network or out-of-network providers each time you seek care. However, you can minimize your out-of-pocket expenses by using in-network providers.

In-Network Coverage: 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 drug copays accumulate toward your annual out-of-pocket maximum.

Other than preventive care and copays, for most in-network medical services you must meet the annual deductible of $200 per member before the Choice Plus 90 plan pays the coinsurance of 90% of the negotiated fee, you are responsible for the remaining 10% of the coinsurance. After you reach the in-network out-of-pocket maximum of $2,500 for an individual and $5,000 for a family, the Choice Plus 90 plan pays 100% of covered in-network medical charges and prescription drug copays for the remainder of the calendar year.

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.

Out-of-Network Coverage
Most out-of-network services are covered at 60%* of 190% of the Medicare Maximum Allowable Charge (MAC). For the Choice Plus 90 plan, out-of-network expenses are handled as outlined below:

- You are responsible for obtaining precertifications 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 up to a maximum of 190% of the Medicare MAC.
- If you reach the out-of-network out-of-pocket maximum, the Plan will pay 190% of the Medicare MAC.

Note: Your out-of-network expenses can be used to satisfy the in-network deductible and in-network out-of-pocket maximum.

Preventive Care
To learn more about preventive care, go to http://hr.columbia.edu/preventive-care.

* 70% for outpatient mental health/substance abuse services.
**Medicare Maximum Allowable Charge (MAC)**

Out-of-network services in the healthcare plans are indexed to 190% of the Medicare MAC. Out-of-network services are covered at 60% of 190% of the Medicare MAC, except for mental health and substance use disorder outpatient counseling and outpatient programs which are covered at 70% 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 $95.87. Therefore, $95.87 (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 $95.87 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 $95.87, which is $57.22. Your share of the coinsurance is 40% of $95.87, which is $38.35. You are also responsible to pay the amount in excess of the 190% of the Medicare MAC; that is $200 - $95.87 = $104.13. In total, you would pay $38.35 + $104.13 = $142.48, and $38.35 would be applied toward your out-of-pocket maximum.
- If you had met the out-of-network annual out-of-pocket maximum, the medical carrier would pay 190% of the Medicare MAC ($95.87), and you would be responsible for the balance ($104.13).

Charges in excess of 190% of the Medicare MAC (in this example, $104.13) 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.

**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.

**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 full-time 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. Spousal coverage will only be offered to a spouse the retiree is legally married to on the date of retirement. 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.
Using Your Prescription Drug Benefit

After you enroll in medical benefits, you will receive a Medical ID card which will include your medical and prescription drug plan information.

Retail

You will need to present your 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. Your copay will be $10. 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.

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.

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

Specialty Medications

Specialty medications must be purchased via mail-order from BriovaRx, an OptumRx specialty pharmacy. BriovaRx 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 855-427-4682 to speak to a patient care representative. Typically, you will receive a 30-day supply of the prescription at the retail pharmacy copay. Note: If you use a pharmacy other than BriovaRx, you will be subject to the full cost of the medication instead of copays.

Prescription Drug Costs

The cost of your prescriptions depends on a number of factors, including whether you buy your medication through a retail pharmacy or through the mail-order program and whether the drug is a single-source or multi-source drug.

Learn More

To find participating pharmacies or enroll in the OptumRx mail-order program, log in to www.myuhc.com and click “Manage Your Prescriptions,” then “Go to OptumRx.” You may also call 800-232-9357 for assistance.
Copays
Under the Choice Plus 90 plan, all prescription drugs are subject to a copay, and that copay accumulates to your out-of-pocket maximum. Therefore, once you reach the annual out-of-pocket maximum, the Plan pays 100% of the cost of prescription drugs.

<table>
<thead>
<tr>
<th>Retail Pharmacy (up to 30-day supply)</th>
<th>Mail-order (up to 90-day supply)</th>
</tr>
</thead>
<tbody>
<tr>
<td>$10 generic</td>
<td>$15 generic</td>
</tr>
<tr>
<td>$25 single-source</td>
<td>$50 single-source</td>
</tr>
<tr>
<td>$45 multi-source</td>
<td>$90 multi-source</td>
</tr>
</tbody>
</table>

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

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

To find out if a drug is single-source or multi-source, ask your pharmacist or contact OptumRx at 800-232-9357 or www.myuhc.com. Keep in mind that your prescription may move from “single-source” to “multi-source” during the year due to periodic reviews or if the U.S. Food and Drug Administration (FDA) approves a generic equivalent drug.
Cost of Coverage: Your Contributions

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

### Monthly Medical Contributions

<table>
<thead>
<tr>
<th>Choice Plus 90 Plan</th>
<th>Yourself Only</th>
<th>Yourself &amp; Child(ren)</th>
<th>Yourself &amp; Spouse or Same-Sex Domestic Partner</th>
<th>Family</th>
</tr>
</thead>
<tbody>
<tr>
<td>Full-Time</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>Part-Time</td>
<td>$180</td>
<td>$342</td>
<td>$378</td>
<td>$540</td>
</tr>
</tbody>
</table>

### Same-Sex Domestic Partners

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. To assist with this tax burden, if you are eligible for same-sex domestic partner medical coverage and you elect coverage, Columbia will provide a credit of $1,000 per year ($41.67 two times per month), beginning the pay period following the effective date of your election.
EmblemHealth Dental

EmblemHealth Preferred Dental Benefits Plan A ("EmblemHealth")
The EmblemHealth Preferred Dental Benefits Plan A ("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 EmblemHealth dentists, go to: www.emblemhealth.com/find-a-doctor/
directory and select "Dental Preferred" from the menu. Then, enter your location to
search for participating providers nearby. 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.

EmblemHealth Dental Plan Overview

<table>
<thead>
<tr>
<th>Benefit</th>
<th>In-Network</th>
<th>Out-of-Network</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preventive and Diagnostic Services</td>
<td>100%</td>
<td>Reimbursement is subject to established plan schedule</td>
</tr>
<tr>
<td>Examinations, cleanings, X-rays, fluoride treatments,* space maintainers*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Basic Services</td>
<td>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, lab exams</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Major Services</td>
<td>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></td>
<td>Unlimited</td>
</tr>
</tbody>
</table>

* For dependent children only.

Your Monthly Cost for EmblemHealth Dental

<table>
<thead>
<tr>
<th></th>
<th>Full-Time</th>
<th>Part-Time</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Yourself</td>
<td>Family**</td>
</tr>
<tr>
<td>Full-Time</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>Part-Time</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yourself</td>
<td>$8.96</td>
<td></td>
</tr>
<tr>
<td>Family**</td>
<td>$28.71</td>
<td></td>
</tr>
</tbody>
</table>

** Dependent children can only be covered for Dental through the end of the
calendar year in which they turn 19.
Aetna Columbia Dental Plan

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

Aetna Columbia Dental Plan Overview

<table>
<thead>
<tr>
<th>Benefit</th>
<th>Columbia Preferred Dental Network</th>
<th>Aetna Dental Network</th>
<th>Out-of-Network*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preventive Care</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Includes routine cleanings, routine exams and X-rays</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Basic Restorative Care</td>
<td>100%</td>
<td>80%</td>
<td>80%</td>
</tr>
<tr>
<td>Includes fillings and extractions</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Major Restorative Care</td>
<td>60%</td>
<td>50%</td>
<td>50%</td>
</tr>
<tr>
<td>Includes crowns, root canals, bridges and dentures</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Orthodontia for Adults &amp; Children</td>
<td>50%</td>
<td>50%</td>
<td>50%</td>
</tr>
<tr>
<td>Annual Deductible (per person)</td>
<td>none</td>
<td>$25</td>
<td>$25</td>
</tr>
<tr>
<td>Annual Maximum Benefit (per person)</td>
<td>$1,500</td>
<td>$1,250</td>
<td>$1,250</td>
</tr>
<tr>
<td>Orthodontic Lifetime Maximum (per person)</td>
<td>$1,500</td>
<td>$1,250</td>
<td>$1,250</td>
</tr>
</tbody>
</table>

* The percentage paid by Aetna Dental is limited to the network-negotiated fees. This means if you use an out-of-network dentist, your reimbursement will be based on the network fees for the services provided. For example, if your dentist bills you $800 for a crown but the network-negotiated fee is $400, you will be reimbursed for 50% of the $400 (the network-negotiated fee) totaling $200. You are responsible for paying the balance of $600 to your out-of-network dentist.

2018 Monthly Pre-Tax Contributions for Dental

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Yourself</td>
<td>$27</td>
</tr>
<tr>
<td>You Plus One</td>
<td>$68</td>
</tr>
<tr>
<td>Family</td>
<td>$109</td>
</tr>
</tbody>
</table>
Using the Columbia Preferred Dental Network

When you use a dentist who participates in the Columbia University network, you receive a greater benefit for services. To locate a Columbia Preferred dentist, go to [http://hr.columbia.edu/benefits-vendor-contacts](http://hr.columbia.edu/benefits-vendor-contacts). Columbia Preferred dentists are located throughout the tristate area of New York, New Jersey and Connecticut.

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

### Columbia Preferred Dental Plan Facilities

cudentalassociates.columbia.edu

<table>
<thead>
<tr>
<th>Facility Name</th>
<th>Address</th>
<th>Telephone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Columbia Dental Associates</td>
<td>1244 Amsterdam Avenue</td>
<td>212-961-1266</td>
</tr>
<tr>
<td>Morningside Associates</td>
<td>(near 121st Street)</td>
<td></td>
</tr>
<tr>
<td>New York, NY 10027</td>
<td></td>
<td></td>
</tr>
<tr>
<td>and</td>
<td>430 West 116th Street</td>
<td>212-662-4887</td>
</tr>
<tr>
<td>New York, NY 10027</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Columbia Dental Associates</td>
<td>Bard Haven Towers</td>
<td>212-342-0107</td>
</tr>
<tr>
<td>Medical Center Practice</td>
<td>100 Haven Avenue</td>
<td></td>
</tr>
<tr>
<td>New York, NY 10032</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Columbia-Presbyterian</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Eastside Dental Faculty Practice</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Columbia Doctors Midtown</td>
<td>51 West 51st Street</td>
<td>212-326-8520</td>
</tr>
<tr>
<td>New York, NY 10019</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Columbia Oral &amp; Maxillofacial</td>
<td>Vanderbilt Clinic</td>
<td>212-305-4552</td>
</tr>
<tr>
<td>Surgery</td>
<td>622 West 168th Street</td>
<td></td>
</tr>
<tr>
<td>New York, NY 10032</td>
<td>7th Floor</td>
<td></td>
</tr>
<tr>
<td>Columbia-Presbyterian</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Eastside Dental Faculty Practice</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Columbia Doctors Midtown</td>
<td>51 West 51st Street</td>
<td>212-326-8520</td>
</tr>
<tr>
<td>New York, NY 10019</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Columbia Oral &amp; Maxillofacial</td>
<td>Vanderbilt Clinic</td>
<td>212-305-4552</td>
</tr>
<tr>
<td>Surgery</td>
<td>622 West 168th Street</td>
<td></td>
</tr>
<tr>
<td>New York, NY 10032</td>
<td>7th Floor</td>
<td></td>
</tr>
<tr>
<td>Columbia-Presbyterian</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Eastside Dental Faculty Practice</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Columbia Doctors Midtown</td>
<td>51 West 51st Street</td>
<td>212-326-8520</td>
</tr>
<tr>
<td>New York, NY 10019</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Columbia Oral &amp; Maxillofacial</td>
<td>Vanderbilt Clinic</td>
<td>212-305-4552</td>
</tr>
<tr>
<td>Surgery</td>
<td>622 West 168th Street</td>
<td></td>
</tr>
<tr>
<td>New York, NY 10032</td>
<td>7th Floor</td>
<td></td>
</tr>
</tbody>
</table>

Using the Aetna Dental Network

If you see an Aetna participating dentist, you will not be billed for any fees that exceed the Aetna negotiated amount. To locate an Aetna participating dentist, go to [http://hr.columbia.edu/benefits-vendor-contacts](http://hr.columbia.edu/benefits-vendor-contacts).

### Dental ID Cards

Aetna will not mail you an ID card after you enroll. Instead, they will mail you a letter confirming your enrollment. When you go to the dentist, you can show the office a copy of that letter, or tell the office your name, date of birth and Member ID# (or your Social Security Number). If you prefer to have an ID card, sign up on Aetna’s member website at [www.aetna.com](http://www.aetna.com) to print out a card for you and your dependents.
Coverage When Traveling

Emergency Travel Assistance

When you are covered under our Basic Term Life Insurance Plan (from Cigna), you and your eligible dependents are also covered for emergency travel assistance ("Cigna Secure Travel") when traveling 100+ miles from home or when traveling in a foreign country for trips up to 180 days. Travel can be either personal or work-related. This assistance can be for situations as serious as needing to be evacuated from a foreign country to something as simple as information on visas.

This program can help you with travel emergencies both in the U.S. and internationally.

Here is a summary of the range of services Cigna Secure Travel offers:

- Emergency medical evacuation
- 24-hour multi-lingual assistance
- Pre-trip planning services, including foreign travel
- Medical and prescription drug assistance
  - Medical referrals
  - Locating medical care
  - 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
- Assistance with lost or stolen items
- Repatriation of remains
- Emergency cash—Advance up to $1,500 with confirmation of reimbursement
- Personal security
  - Latest information on social or political unrest
  - Legal referrals to local attorneys, embassies and consulates
  - Weather or health hazards
  - Security evacuation services

The University also provides additional emergency assistance resources. If you are traveling to another country for official Columbia purposes, be sure to register in advance of your trip at globalsupport.columbia.edu

What You Need to Know

In an emergency, you may call:

United States or Canada: 888-226-4567 and choose Option 1;
all other locations, call collect: 202-331-7635

The toll-free customer service center is available 24/7, 365 days a year. Please reference Group Number 57 when you contact Cigna Secure Travel.

For more information, email Cigna Secure Travel at: cigna@gga-usa.com.

Important

Services are only covered if coordinated by Cigna Secure Travel.
Tax Savings Accounts

Columbia University offers several tax savings accounts, including the Healthcare and Dependent Care Flexible Spending Accounts (FSA)s and the Transit/Parking Reimbursement Program (T/PRP) account. Using these tax savings accounts could save you hundreds of dollars on eligible healthcare, dependent care, transit and/or parking expenses.

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

You can enroll in the Healthcare and Dependent Care FSA and the T/PRP programs even if you do not enroll in a Columbia University medical plan.

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. For a list of eligible expenses, please visit [www.myuhc.com](http://www.myuhc.com) or IRS Publication 502.

- **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 two pay periods per 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.

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

Also, you may use the Dependent Care FSA, the federal tax credit or a combination of both for your eligible dependent care expenses. Your choice will depend on your family income and the number of dependents you have in eligible day care programs. Generally, if your family’s adjusted gross income exceeds $40,000, you may save more in taxes using the Dependent Care FSA. You can also go to [www.irs.gov/taxtopics/tc602.html](http://www.irs.gov/taxtopics/tc602.html) or consult your tax adviser or financial professional.
Health Care Spending Card

After you elect the FSA or receive the University contribution to a Healthcare 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, such as prescription drugs or office visit copays, you can use your Health Care Spending Card to pay for the expense at participating locations.

If you do not 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.

Convenient Automatic Reimbursement

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 out-of-pocket expenses. This convenient automated feature processes medical, dental, vision and prescription drug claims—and then automatically sends Healthcare FSA participants reimbursement checks for their out-of-pocket costs if those claims were submitted to the Columbia University health plans.

**Opting out of automatic reimbursement.** 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](http://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](http://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 UHC?

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 using your Social Security Number and date of birth. Under group/account number, enter “902784.”

Eligibility Regarding Same-Sex Domestic Partners

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

Requesting Reimbursement

To learn more about how to request FSA reimbursement, go to [http://hr.columbia.edu/fsas-how-to-request-reimbursement](http://hr.columbia.edu/fsas-how-to-request-reimbursement).

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.

Important Information

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.
Healthcare FSA
The current IRS limit for the Healthcare FSA is $2,600.* You can elect between $120 and $2,600* 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 ($2,600*) provided you have not contributed during the year to an FSA with Columbia University. If you are married, your spouse may also contribute $2,600* 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. For more information on healthcare expenses for which you can use your Healthcare FSA, go to http://hr.columbia.edu/forms-docs/eligible-fsa-expenses.

For More Information
To learn more about the Healthcare FSA, go to http://hr.columbia.edu/local-2110-flexible-spending-accounts.

Columbia University Contributions to the Healthcare FSA
Beginning in 2018, if you participate in the Choice Plus 90 Plan, the University will make a contribution on your behalf to the Healthcare FSA. The yearly amount of the contribution is based on your coverage level as follows:

<table>
<thead>
<tr>
<th>Coverage Level</th>
<th>Contribution</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee</td>
<td>$120</td>
</tr>
<tr>
<td>Employee Plus Spouse or Child(ren)</td>
<td>$240</td>
</tr>
<tr>
<td>Family</td>
<td>$360</td>
</tr>
</tbody>
</table>

The contribution is made at the beginning of the year and will not count toward the $2,600* limit, but will count toward the $500 rollover limit. New Hires and Part-Time employees will have prorated contributions. Coverage level increases during the year will have increased contributions prorated. For example, if you elect individual coverage and you have a Qualified Life Status Change (you add a dependent to your medical coverage effective July 1), you will receive an additional $60 in Healthcare FSA contributions.

* IRS limits are subject to change.
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.

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.

For additional information on eligible dependent care providers, go to http://hr.columbia.edu/fsas-eligible-dependent-care-providers.

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.

Important

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.

* IRS limits are subject to change.
Transit/Parking Reimbursement Program

The Transit/Parking Reimbursement Program (T/PRP) is a convenient way to pay commuting expenses using pre-tax dollars. You may enroll in or make changes to the T/PRP at any time during the year.

How the Program Works

You may participate in either the Transit or Parking Reimbursement Program—or both. Transit Reimbursement Program funds can be used for commuting expenses on any public transit commuter system. Parking Reimbursement Program funds can be used to pay for parking if you drive to work or to a location where you board mass transit for work.

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 from two paychecks each month. 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.

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 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.

When Will My T/PRP Election Take Effect?

<table>
<thead>
<tr>
<th>Enroll/Change</th>
<th>Effective Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>January 10 (before the 20th of the month)</td>
<td>February 1</td>
</tr>
<tr>
<td>January 21 (after the 20th of the month)</td>
<td>March 1</td>
</tr>
</tbody>
</table>

For examples of eligible and ineligible expenses, go to [http://hr.columbia.edu/tprp-expenses](http://hr.columbia.edu/tprp-expenses).
How to Access Your T/PRP Program

If you newly 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. The Benefits Card allows you to pay for transit or parking expenses through any vendor that sells commuter tickets or MetroCards and accepts MasterCard. Just swipe your credit 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. For information on how to obtain a PIN, see [http://hr.columbia.edu/tprp-important-reminders](http://hr.columbia.edu/tprp-important-reminders).

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.

To obtain either a claim form or a direct deposit form, go to [http://hr.columbia.edu/transitparking-reimbursement-program](http://hr.columbia.edu/transitparking-reimbursement-program).

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

P.O. Box 1140
Exeter, NH 03833-1140

888-456-4576

Monday – Friday, 8:00 a.m. – 6:00 p.m.

[www.ebpabenefits.com](http://www.ebpabenefits.com)
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 Basic Term 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 can also 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. Go to http://hr.columbia.edu/support-staff and click on “CU Benefits Enrollment System” to add or update beneficiaries at any time during your employment.

We encourage you to use the tool, “Determine My Life Insurance Needs,” also available on the CU Benefits Enrollment System.

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>0.029</td>
</tr>
<tr>
<td>25 to 29</td>
<td>0.038</td>
</tr>
<tr>
<td>30 to 34</td>
<td>0.048</td>
</tr>
<tr>
<td>35 to 39</td>
<td>0.060</td>
</tr>
<tr>
<td>40 to 44</td>
<td>0.068</td>
</tr>
<tr>
<td>45 to 49</td>
<td>0.089</td>
</tr>
<tr>
<td>50 to 54</td>
<td>0.139</td>
</tr>
<tr>
<td>55 to 59</td>
<td>0.238</td>
</tr>
<tr>
<td>60 to 64</td>
<td>0.396</td>
</tr>
<tr>
<td>65 to 69</td>
<td>0.635</td>
</tr>
<tr>
<td>70 to 74</td>
<td>0.844</td>
</tr>
<tr>
<td>75 or older</td>
<td>1.091</td>
</tr>
</tbody>
</table>

New Hire Opportunity
As a new hire, take advantage of the one-time opportunity to enroll in Optional Life Insurance without providing Evidence of Insurability for amounts up to the Guaranteed Issue Amount.
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).

<table>
<thead>
<tr>
<th>Amount of Optional Term Life Insurance</th>
<th>$120,000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Divide by 1,000</td>
<td>120</td>
</tr>
<tr>
<td>Rate @ age 41, from table (page 25)</td>
<td>x .068</td>
</tr>
<tr>
<td>Your total monthly premium</td>
<td>= $ 8.16</td>
</tr>
</tbody>
</table>

Evidence of Insurability

You must provide Evidence of Insurability (EOI) and be approved by Cigna 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 Insurance 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/2110-nuss-term-life-insurance. 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 Cigna.
Tuition Programs

Columbia University offers tuition benefits to support the education of you and your family. Complete policy information is online at [http://hr.columbia.edu/local-2110-nuss-tuition-exemption-overview](http://hr.columbia.edu/local-2110-nuss-tuition-exemption-overview).

**Tuition Exemption for You and Your Eligible Dependents**

The Tuition Exemption benefit 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. There is a two-semester waiting period (7 months) to be eligible for this benefit.

As a full-time or part-time member of Local 2110, tuition for undergraduate or graduate courses 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 for undergraduate or graduate courses at Columbia only.

Your eligible children may be eligible for the unused portion of your own Tuition Exemption benefit if they are enrolled in a Bachelor’s or higher degree program at Columbia only, after you have completed two (2) years of continuous service. For more information, please see the full policy online at [http://hr.columbia.edu/local-2110-nuss-tuition-exemption-overview](http://hr.columbia.edu/local-2110-nuss-tuition-exemption-overview) or consult your Union Local, Collective Bargaining Agreement, Articles relating to Tuition Exemption.
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 Retirement Plan for Supporting Staff of Columbia University.

**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 post-tax basis, in whole percentages through convenient payroll contributions. The most you can contribute to the VRSP for the current year 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. You can enroll or make changes to your VRSP at any time during the year.

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 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.

For detailed information on the Voluntary Retirement Savings Plan (VRSP) and the Retirement Plan for Supporting Staff, including your contributions, investment options, educational information and planning resources, please see the brochure, *Columbia University Retirement Savings Program*, at [http://hr.columbia.edu/local-2110-nuss-vrsp](http://hr.columbia.edu/local-2110-nuss-vrsp).

**Financial Planning and Retirement Education Resources**

Representatives from TIAA 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](http://www.meetvanguard.com) 800-662-0106, ext. 14500
- TIAA [www.tiaa.org/columbia](http://www.tiaa.org/columbia) 800-732-8353

Retirement planning workshops are offered throughout the year by the Columbia University HR Benefits department. You can view more details and sign up for these workshops through the HR Events Calendar at [http://hr.columbia.edu/events/search](http://hr.columbia.edu/events/search).

---

* IRS limits are subject to change.

28 | Local 2110 Benefits Highlights
Getting the Most Out of Your Benefits

To help you get the most out of your benefits, the University provides a wide variety of wellness programs, tools and resources to assist and support your ongoing health and welfare.

Wellness Resources

There is nothing more important than your health. Wellness programs are about inspiring you to care about your health and to make time in your busy schedule to focus on you. These programs can help you choose the right activities to meet your goals and to 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 if you are enrolled in a Columbia-provided medical plan.

UHC Wellness Portal

Register at www.myuhc.com for the wellness portal, which gives you access to self-care goals, and includes a health assessment, personal health record, online coaching and health and wellness information.

Virtual Visits

Get online access to virtual physicians 24/7 through your mobile phone, tablet or computer. Speak with a physician in real-time to obtain a diagnosis or a prescription drug, if necessary. To learn more about Virtual Visits, go to http://hr.columbia.edu/virtual-visits.

NurseLine

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: 800-232-9357.

Women’s Health Programs

• Maternity Support Program. This program helps ensure you and your baby receive the best care from pregnancy through the first few months of the baby’s life.

• Fertility Solutions. If you are one of the millions of people dealing with infertility, this program can help through education and guidance. Experienced fertility nurses offer support and guidance throughout the fertility process.

• Neonatal Resource Services. If your baby is born preterm or with a serious health problem, this program provides a dedicated team of nurse case managers, social workers and other services.

To learn more about these resources, go to http://hr.columbia.edu/womens-health-programs.
Live and Work Well
This behavioral health website provides confidential help when coping with grief and loss, managing relationship difficulties and dealing with anxiety, stress and depression. Log in to www.myuhc.com and click on “Coverage & Benefits.” Then, select “Mental Health” and “Mental Health and Substance Abuse Highlights” to learn more.

Digital Health Website
You can use this service 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.

Employee Assistance Program
The Employee Assistance Program (EAP) is a network of services to help you and your household members cope with issues that you experience in everyday life. The EAP, provided by Humana, also offers short-term confidential counseling, 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, and members of your household, can receive assistance with a wide variety of services, including:

• Confidential 24/7 counseling and referral services—
  • Short-term counseling of up to three sessions per topic (e.g., stress, anxiety or relationship issues); and
  • Phones answered by licensed Master’s or Ph.D.-level mental health/substance abuse professionals and, if needed, referral to a network of more than 20,000 counselors available nationwide.

• Adult/Elder Care research and referral services.

• Life Coach, a personalized program to help you achieve lifestyle goals. Meet with a coach by phone, email or online chat.

• Convenience Services, research and referrals for every day needs (e.g., travel arrangements, pet care, movers and restaurant recommendations).

Additional online services include: Text4Baby, the Spendless Discount Program and CaringBridge.

For 24/7 free, confidential help and support, call 888-673-1153 or go to www.humana.com/eap (Username: Columbia; Password: eap).

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.
Office of Work/Life Wellness

Columbia University’s Office of Work/Life aims to foster the well-being of the Columbia community in their pursuit of meaningful and productive academic, personal and work lives. Work/Life offers a number of wellness services including:

- **Wellness Programs.** Onsite wellness programs are workshops offered each semester:
  - University-wide – Walk to Wellness, Mindfulness Training for Stress Reduction, EAT 5 Nutrition and more.
  - Departments, Schools and Buildings – Yoga@Work, EAT 5 Nutrition, mindfulness workshops and wellness challenge programs. Additional offerings available upon request.

- **Campus Initiatives.** Work/Life helps deliver healthy and sustainable campus initiatives, including Bicycle Friendly University, Columbia Recommended Food and Beverage Standard and Take the Stairs.

- **Wellness Discounts.** Discounts are available for gym memberships, bicycling and more.

For more information on wellness initiatives and additional Work/Life services, including back-up care, breastfeeding support, housing information and child care and schooling search, visit [http://worklife.columbia.edu](http://worklife.columbia.edu), email worklife@columbia.edu or call 212-854-8019.

Health Advocate

Free 24/7 health advocacy services, available through Cigna, can help faculty and staff—and their spouses, dependent children, parents and parents-in-law—resolve healthcare issues and health insurance challenges.

**How a Health Advocate Can Help**

- Find the right doctors, hospitals and other healthcare providers.
- Explain complex medical conditions; research and locate the latest treatments.
- Coordinate care and schedule follow-up visits; facilitate second opinions; transfer X-rays and medical records.
- Arrange specialized treatments and tests; answer questions about results, treatment options and prescribed medications.
- Work with insurance companies to clarify benefits including copays; help facilitate access to appropriate care.
- Help locate eldercare services including assisted living and adult day care; address other issues facing parents and parents-in-law.
- Offer personal contact with nurses to support treatment decisions.
- Resolve insurance claims; negotiate billing.

**Special Help for Seniors**

- Transition retirees to a new health plan.
- Enroll in Medicare; dependents under 65.
- Clarify Medicare Parts A, B, D and supplemental plans.
- Locate eldercare services that fall outside traditional healthcare coverage.
- Assist with the transition from the traditional insurance to Medical HMO.

To learn more about Health Advocate, go to [hr.columbia.edu/health-advocate](http://hr.columbia.edu/health-advocate) or call 866-799-2725.
Helpful Resources

The following programs are available to you if you are covered under the Basic Life Insurance Program through Cigna.

Online Will Preparation Services

Plan for your family’s future and financial well-being through Cigna’s Will Preparation Services. Cigna’s Will Center is secure, easy to use and available to you and your covered spouse seven days a week, 365 days a year. If you have any questions, phone representatives are available to assist you at 800-901-7534. To get started, go to CIGNAWillCenter.com or to learn more, you can also go to http://hr.columbia.edu/will-preparation-services.

Identity Theft Program

Cigna’s Identity Theft Program provides resolution services to help you work through critical identity theft issues and gives assistance with credit card fraud and financial and medical identity theft. Receive real-time, one-on-one assistance 24/7, 365 days a year, no matter where you are in the world. The program provides tools and guidance to help with prevention, detection and resolution. To learn more, go to http://hr.columbia.edu/identity-theft-program.

Additional UHC Resources

Care Management and 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).

Health4Me

UHC’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 healthcare professional, Health4Me is your go-to resource. Key features allow you to check the status of deductible and out-of-pocket spending, as well as locate convenience clinics, urgent care facilities and emergency rooms.

Advocate4Me

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

<table>
<thead>
<tr>
<th>Benefit</th>
<th>Provider</th>
<th>Website/Email</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Dental</strong></td>
<td>Aetna Columbia Dental Plan</td>
<td><a href="http://www.aetna.com">www.aetna.com</a></td>
<td>800-773-9326</td>
</tr>
<tr>
<td></td>
<td>Provider Directory: <a href="http://hr.columbia.edu/benefits-vendor-contacts">http://hr.columbia.edu/benefits-vendor-contacts</a></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>EmblemHealth Dental</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>
</tr>
<tr>
<td><strong>Employee Assistance Program (EAP)</strong></td>
<td>Humana</td>
<td><a href="http://www.humana.com/eap">www.humana.com/eap</a></td>
<td>888-673-1153</td>
</tr>
<tr>
<td><strong>FSA</strong></td>
<td>UHC</td>
<td><a href="http://www.myuhc.com">www.myuhc.com</a></td>
<td>800-232-9357</td>
</tr>
<tr>
<td><strong>Health Advocacy</strong></td>
<td>Health Advocate</td>
<td>N/A</td>
<td>866-799-2725</td>
</tr>
<tr>
<td><strong>Identity Theft Assistance</strong></td>
<td>Cigna</td>
<td>N/A</td>
<td>888-226-4567 or 202-331-7635 Group #57</td>
</tr>
<tr>
<td><strong>Life Insurance</strong></td>
<td>Cigna</td>
<td><a href="http://www.cigna.com">www.cigna.com</a></td>
<td>800-732-1603</td>
</tr>
<tr>
<td><strong>Medical</strong></td>
<td>UHC Medical</td>
<td><a href="http://columbia.welcometouhc.com/home">http://columbia.welcometouhc.com/home</a></td>
<td>800-232-9357</td>
</tr>
<tr>
<td></td>
<td>UHC Behavioral Health</td>
<td>Member Services: <a href="http://www.myuhc.com">www.myuhc.com</a></td>
<td></td>
</tr>
<tr>
<td><strong>Prescription Drug</strong></td>
<td>OptumRx</td>
<td><a href="http://www.myuhc.com">www.myuhc.com</a></td>
<td>800-232-9357</td>
</tr>
<tr>
<td></td>
<td>TIAA</td>
<td><a href="http://www.tiaa.org/columbia">www.tiaa.org/columbia</a></td>
<td>800-842-2252</td>
</tr>
<tr>
<td><strong>Travel Assistance (including international)</strong></td>
<td>Cigna Secure Travel</td>
<td>Cigna Assistance Services Policy #FLY980017 Group #57 Cigna Assistance Services can be reached at <a href="http://cigna@gga-usa.com">Cigna@gga-usa.com</a></td>
<td>In the United States and Canada call: 888-226-4567 In other locations worldwide call: 202-331-7635 Note: collect calls accepted</td>
</tr>
<tr>
<td><strong>Vision</strong></td>
<td>UHC Vision</td>
<td><a href="http://www.myuhc.com">www.myuhc.com</a></td>
<td>800-638-3120</td>
</tr>
<tr>
<td><strong>Will Preparation</strong></td>
<td>Cigna</td>
<td><a href="http://www.CignaWillCenter.com">www.CignaWillCenter.com</a></td>
<td>800-901-7534</td>
</tr>
</tbody>
</table>

---

**Columbia Benefits Contacts**

For all benefits-related questions, contact:
- **Columbia Benefits Service Center**
  - Studebaker 4th Floor, MC 8703
  - 622 West 132nd 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: [http://hr.columbia.edu/benefits](http://hr.columbia.edu/benefits)
- HR website: [http://hr.columbia.edu](http://hr.columbia.edu)