COLUMBIA UNIVERSITY
HR Benefits

2018 Benefits Highlights
Postdoctoral Fellows
Effective January 1, 2018
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
Aetna Columbia Dental Plan ................................. 15
Tuition Benefit .................................................... 17
Getting the Most Out of Your Benefits .................... 18
Contact Information .......................................... Inside Back Cover

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

Columbia University offers medical and dental benefits to full-time Postdoctoral Clinical Fellows and Postdoctoral Research Fellows to help you and your eligible dependents stay healthy.

Completing the Attestation Form and Choosing Your Coverage

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 Complete the Attestation Form and Enroll

Step 1 Go to http://hr.columbia.edu/postdoctoral-fellows and click on “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 complete the Attestation Form and enroll in medical benefits (if you do not have comparable health benefits). 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.

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

If you are a new Postdoctoral Fellow, you must enroll for benefits within 31 days following your appointment.

Columbia University Postdoctoral Fellow Health Benefits Policy

This health benefits policy requires all full-time Postdoctoral Research and Clinical Fellows to carry health insurance, either through the University or through a comparable Non-University health plan. All Postdoctoral Research and Clinical Fellows need to acknowledge and commit to complying with the policy’s medical insurance coverage requirements by confirming you have elected Columbia medical coverage (via the attestation form on the CU Benefits Enrollment System or attesting that you have a comparable Non-University health plan).

Benefits Glossary

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

<table>
<thead>
<tr>
<th>Eligible for:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Full-Time PostDoctoral</td>
<td>• UnitedHealthcare Choice Plus 80 Medical, Vision and Prescription drug Benefits</td>
</tr>
<tr>
<td>Clinical Fellows and Postdoctoral Research Fellows not receiving Salary</td>
<td>• Aetna Dental Benefits</td>
</tr>
<tr>
<td></td>
<td>• Tuition Exemption Benefits for the American Language Program</td>
</tr>
</tbody>
</table>

Eligible Dependents

For 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](http://hr.columbia.edu/dependent-eligibility).

Ineligible Postdoctoral Fellows

Part-Time Postdoctoral Fellows are not eligible for coverage under Columbia University benefits.
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/postdoctoral-fellows 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 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 Eligible for Coverage Through the University?

If you and your spouse are both eligible for coverage through the University, 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.

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, call 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>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>
</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.
Making Changes to Your Benefits

Qualified Life Status Changes
There are restrictions on 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).
Overview of the Choice Plus 80 Medical Plan

Columbia University offers the Choice Plus 80 plan through UnitedHealthcare (UHC). The Plan covers in-network preventive care, such as annual physicals, immunizations and well-baby visits, at 100% with no deductible. To learn more about preventive care, go to http://hr.columbia.edu/preventive-care. The Choice Plus 80 plan also includes coverage for out-of-network services. If you enroll in the medical plan, you will also be automatically enrolled in prescription drug and vision coverage.

The medical plan covers 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, or to view the Summary Plan Description (SPD), go to http://hr.columbia.edu/postdoctoral-fellows.

- **Contributions**: The amount you pay toward the cost of your medical, vision and prescription drug coverage. Your contributions do not accumulate toward your deductible or out-of-pocket maximum.

- **Copay**: The amount you pay directly to the medical service provider at the time of service. The copay for the Choice Plus 80 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 remaining eligible in-network 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 by 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.

Tax Implications

If any portion of your health insurance is paid by your fellowship allowance, training grant expense account, department or Principal Investigator, it is considered imputed income under IRS regulations and will be included as taxable income on your W-2 or 1099-MISC Form.
# Medical Plan Summary

The Medical Plan Summary Chart below summarizes the Choice Plus 80 plan provisions. For detailed information, please review the Summary of Benefits and Coverage (SBC) and SPD available online at [http://hr.columbia.edu/postdoctoral-fellows](http://hr.columbia.edu/postdoctoral-fellows).

<table>
<thead>
<tr>
<th>Benefit</th>
<th>Choice Plus 80</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>In-Network</td>
</tr>
<tr>
<td>Annual Deductible</td>
<td></td>
</tr>
<tr>
<td>Individual</td>
<td>$600 per person**</td>
</tr>
<tr>
<td>Family</td>
<td>$850 per person</td>
</tr>
<tr>
<td>Coinsurance</td>
<td>80% after deductible</td>
</tr>
<tr>
<td>Out-of-pocket Maximum</td>
<td></td>
</tr>
<tr>
<td>Individual</td>
<td>$3,750</td>
</tr>
<tr>
<td>Family</td>
<td>$7,500</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>80% after deductible</td>
</tr>
<tr>
<td>Inpatient Hospital Care</td>
<td>80% after deductible</td>
</tr>
<tr>
<td>Outpatient Hospital Care</td>
<td>80% after deductible</td>
</tr>
<tr>
<td>Mental Health and Substance Abuse—Inpatient care</td>
<td>80% 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 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.

** To meet the requirements of the U.S. Department of State, J-1 Visa holders will have a $500 per person deductible applied.

** Remember:** In the Choice Plus 80 plan, 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 Postdoctoral Fellows 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 80</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.
Choice Plus 80 Plan

With the Choice Plus 80 medical 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 an annual deductible of $600* per member before the Choice Plus 80 plan pays the coinsurance of 80% of the negotiated fee; you are responsible for the remaining 20% of the coinsurance. After you reach the in-network out-of-pocket maximum of $3,750 for an individual and $7,500 for a family, the 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%** after the annual deductible of $850 per member. Out-of-network expenses are always handled the same way, 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 Maximum Allowable Charge (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 in the Choice Plus 80 plan.

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).

Preventive Care

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

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.

* To meet the requirements of the U.S. Department of State, J-1 Visa holders will have a $500 per person deductible applied.

** 70% for outpatient mental health/substance abuse services

10 | Postdoc Benefits Highlights
Medicare Maximum Allowable Charge (MAC)

Out-of-network services in the healthcare plan 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 to your out-of-network 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.
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.
Copays
All prescription drugs are subject to a copay, and that copay accumulates towards your out-of-pocket maximum for your medical plan. 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. Under the Columbia University Postdoctoral Research and Clinical Fellow Health Benefits Policy, Postdoctoral Fellows may enroll in the UnitedHealthcare (UHC) Choice Plus 80 plan at the fixed, University rate of $32 per month regardless of the coverage level.

2018 Monthly Contributions for Medical & Rx Coverage (Full-Time)

<table>
<thead>
<tr>
<th></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>$32</td>
<td>$32</td>
<td>$32</td>
<td>$32</td>
<td>$32</td>
</tr>
</tbody>
</table>

Billing Information

After your elections have been processed, EBPA, our third party billing administrator, will send billing statements (also called coupons) for your medical and/or dental contributions through the end of the calendar year to your home mailing address. You are responsible to remit payment to EBPA promptly, as instructed on the coupons. If payment is not received by the deadline, insurance coverage will be canceled for non-payment.

Note: Your individual contribution is $32 per month, with your fellowship allowance or training grant expense account and departmental or other unrestricted funds available to the Principal Investigator (PI) covering the remainder of the cost. Up to 75% of your fellowship or training grant may be used by your department or PI to pay for the departmental/PI share of the costs.

The Internal Revenue Code requires that contributions made by your department or your grant for medical and/or dental coverage are included as taxable income for you. Imputed income means you pay taxes on the cost or value of the benefits. Imputed income will be reported annually on your 1099, or quarterly on your paychecks if you have W-2 earnings.
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 $400 (the network-negotiated fee) totaling $200. You are responsible for paying the balance of $600 to your out-of-network dentist.

2018 Monthly Contributions for Dental

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Yourself</td>
<td>$40</td>
</tr>
<tr>
<td>You Plus One</td>
<td>$80</td>
</tr>
<tr>
<td>Family</td>
<td>$119</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/postdoctoral-fellows and select “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

Columbia Dental Associates
Morningside Associates
1244 Amsterdam Avenue
(near 121st Street)
New York, NY 10027
212-961-1266
and
430 West 116th Street
New York, NY 10027
212-662-4887

Columbia Dental Associates
Medical Center Practice
Bard Haven Towers
100 Haven Avenue
New York, NY 10032
212-342-0107

Columbia-Presbyterian
Eastside Dental Faculty Practice
Columbia Doctors Midtown
51 West 51st Street
Suite 350
New York, NY 10019
212-326-8520

Columbia Oral & Maxillofacial Surgery
Vanderbilt Clinic
622 West 168th Street
7th Floor
New York, NY 10032
212-305-4552

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 to print out a card for you and your dependents.

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/postdoctoral-fellows and select “Vendor Contacts.”
Tuition Benefit

Columbia University offers tuition exemption to support your education. Complete policy information is online at http://hr.columbia.edu/postdoctoral-fellows-tuition-benefits.

Tuition Exemption for Postdoctoral Fellows

The Tuition Exemption Program pays for one course per term, up to a maximum of two per academic year, in the American Language Program. All sessions during the Summer Term count as one term. This is not a reimbursement or remission program; your tuition is simply exempt. You are eligible for this benefit immediately; there is no waiting period. The Tuition Exemption Benefit does not pay for other courses, nor for any courses taken by spouses, same-sex domestic partners or children.

See policy for details of your benefits coverage at http://hr.columbia.edu/postdoctoral-fellows-tuition-benefits.

How to Apply?

After you are registered for the American Language Program, go to the website above and print out the Tuition Exemption Benefit Form for Postdoctoral Fellows. Complete, sign and date the form, and submit it to hrbenefits@columbia.edu for review. If your application is approved, HR Benefits will approve and forward the completed form to Student Financial Services.
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.

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.
Additional UHC Resources

Care Management and Outreach
If you participate in the medical plan, 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>Dental</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></td>
<td>Provider directory: <a href="http://hr.columbia.edu/postdoctoral-fellows">http://hr.columbia.edu/postdoctoral-fellows</a> (and select “Vendor Contacts”)</td>
<td></td>
</tr>
<tr>
<td>Medical</td>
<td>UHC Medical</td>
<td><a href="http://columbia.welcometouhc.com">http://columbia.welcometouhc.com</a></td>
<td>800-232-9357</td>
</tr>
<tr>
<td></td>
<td></td>
<td>UHC Behavioral Health</td>
<td></td>
</tr>
<tr>
<td>Prescription Drug</td>
<td>OptumRx</td>
<td><a href="http://www.myuhc.com">www.myuhc.com</a></td>
<td>800-232-9357</td>
</tr>
<tr>
<td>Vision</td>
<td>UHC Vision</td>
<td><a href="http://www.myuhc.com">www.myuhc.com</a></td>
<td>800-638-3120</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](mailto: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)