2016 Benefits Open Enrollment Is November 2 – November 20, 2015

Your Columbia University Benefits

As a member of TWU, you can take advantage of Columbia University’s comprehensive benefits package. Now is the time to review your options, think about any changes in your personal situation and choose the benefits options that will best meet your needs for 2016.

The benefits options available to you for 2016 will remain largely unchanged, with the exception of the features outlined on the following page.

To Get Started: Log In to the CU Benefits Enrollment System

www.hr.columbia.edu/benefits

The CU Benefits Enrollment System gives you secure access to personalized information about your benefits. The site is available 24/7 from any computer with Internet access, which means you can enroll anytime during Open Enrollment.

Remember: You must enroll in your 2016 benefits by November 20. The choices you make during Open Enrollment will stay in effect all year—unless you experience a Qualified Life Status Change (see page 8 for more details). That is just one more reason to take the time to choose carefully now.

Inside This Brochure

This brochure is designed to help you understand the benefits options available to you at Columbia University.

Learn about benefits changes for 2016 .............. 2

View the complete list of 2016 Monthly Pre-Tax Contributions for Coverage .................... 3

Review your benefits options and important considerations before making your election ...... 5-6

What Happens If You Don’t Enroll?

If you do not make an election for 2016, you will be automatically re-enrolled in your current 2015 Medical, Vision, Dental, Transit/Parking Reimbursement Program (T/PRP) and Optional Life Insurance coverage.

Scan this code to download the 2016 Open Enrollment Events onto your mobile device or go to http://hr.columbia.edu/2016-oe-news-supportstaff.
Before you log in to the CU Benefits Enrollment System to make your choices, think about your benefits needs for next year and learn about the 2016 changes—and how they may affect your enrollment decisions.

What’s New for 2016

- **2016 Contribution Rates.** You can view your 2016 medical and dental contribution rates on page 3.

- **Transit and Parking Accounts.** The accounts continue to be administered by EBPA in 2016. As of now, the federal monthly limits for 2016 remain $130 for the Transit Account and $250 for the Parking Account.* If you are enrolled in the T/PRP account in 2015, you will automatically be enrolled for 2016. **Note:** You can make changes to your T/PRP account anytime during the year.

- **ID Cards:** If you are making a change to your medical election, you will receive a new medical plan ID card by late December. **Note:** You do not need a Vision ID card. You will only receive ID cards if you newly enroll in the Healthcare or Dependent Care FSA, Prescription or Aetna Dental coverage. If you are enrolled in EmblemHealth Dental (formerly GHI Dental), you will automatically receive a new card by the end of December.

- **Autism Benefit will now Include Applied Behavioral Analysis (ABA).** Services under ABA must be performed by a certified behavior analyst, subject to medical necessity and management. To learn more, go to [http://hr.columbia.edu/autism-applied-behavioral-analysis](http://hr.columbia.edu/autism-applied-behavioral-analysis).

Open Enrollment Is Your Chance To:

- **Renew or Open a New Flexible Spending Account (FSA).** FSAs allow you to set aside money on a before-tax basis from each paycheck to pay for eligible healthcare and dependent care expenses. Healthcare and Dependent Care FSAs can help you save money by giving you a tax break. The 2016 IRS limit for the Healthcare FSA is $2,550 and $5,000 for the Dependent Care FSA.* To participate in 2016, you must re-enroll during Open Enrollment.

- **Opt Out of the UHC FSA Claim Auto-Rollover.** If you are enrolled in a Columbia-provided medical and/or dental plan, UHC will automatically reimburse you for most medical, prescription, vision and dental expenses. If you prefer to manage your FSA funds and choose which expenses are reimbursed, you can opt out of the claim auto-rollover 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.

- **Determine the Plan in Which You and/or Your Spouse or Family Should Be Covered.** Decide if it is more cost-effective to cover your family under your Columbia plan or your spouse’s plan.

- **Make Catch-up Contributions to the Voluntary Retirement Savings Program (VRSP).** If you are age 50 (or will be age 50 in 2016), you can contribute an additional $6,000 in pre-tax contributions to your VRSP account.* This means you can contribute a total of $24,000 to the VRSP in 2016.

- **Check Your Beneficiary Information for Life Insurance and Retirement Plans.** Update the information if necessary.

*These limits are subject to change by the IRS.
Cost of Coverage: Your Contributions

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

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

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

Same-Sex Domestic Partner Credit

Federal income tax rules require that your contributions toward 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 elect same-sex domestic partner medical coverage, Columbia will provide a credit of $1,000 per year ($41.67 twice a month) beginning the pay period following the effective date of your election.

2016 Monthly Pre-Tax Contributions for Medical, Vision & Rx Coverage

<table>
<thead>
<tr>
<th>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><strong>FULL-TIME (HIRED ON OR AFTER 4/1/13)</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Choice In-Network</td>
<td>$30.25</td>
<td>$57.48</td>
<td>$63.53</td>
<td>$90.75</td>
</tr>
<tr>
<td><strong>FULL-TIME (HIRED PRIOR TO 4/1/13)</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Choice In-Network</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>Choice Plus 100</td>
<td>$25.00</td>
<td>$47.50</td>
<td>$52.50</td>
<td>$75.00</td>
</tr>
<tr>
<td><strong>PART-TIME (HIRED ON OR AFTER 4/1/13)</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Choice In-Network</td>
<td>$306.00</td>
<td>$581.00</td>
<td>$642.00</td>
<td>$917.00</td>
</tr>
<tr>
<td><strong>PART-TIME (HIRED PRIOR TO 4/1/13)</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Choice In-Network</td>
<td>$306.00</td>
<td>$581.00</td>
<td>$642.00</td>
<td>$917.00</td>
</tr>
<tr>
<td>Choice Plus 100</td>
<td>$322.00</td>
<td>$612.00</td>
<td>$677.00</td>
<td>$967.00</td>
</tr>
</tbody>
</table>

Your Monthly Cost (Contributions) for EmblemHealth Dental (formerly GHI)*

<table>
<thead>
<tr>
<th></th>
<th>Yourself</th>
<th>Family**</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yourself</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>You Plus One</td>
<td>$25</td>
<td>$64</td>
</tr>
<tr>
<td>Family</td>
<td>$105</td>
<td></td>
</tr>
</tbody>
</table>

*Part-time TWU members are not eligible for dental coverage.
**Dependent children can only be covered for Dental through the end of the calendar year in which they turn 19.
Medical Plan Election for 2016

PLEASE READ THIS IMPORTANT INFORMATION!

If you currently have Columbia-provided medical coverage, you and any enrolled dependents will automatically be enrolled in the same UHC medical plan for 2016. **You will not be able to change that election until next year’s annual Benefits Open Enrollment, so it is important that you make your medical plan election now.**

Employees who do not currently have Columbia-provided medical coverage and who do not want Columbia-provided medical coverage in 2016 do not have to make an election. Your “No Coverage” election will continue in 2016.

Maximizing Your Medical Benefits

**Advocate4Me**

This tool offers a full spectrum of healthcare support. Advocate4Me connects you with a single point of contact (an Advocate) to address your various health needs and help you make the best healthcare decision. Through the tool’s exclusive Predictive Personalization feature, data, analytics and technology are used to provide a uniquely personalized experience by predicting, understanding and prioritizing your needs. You will be connected with an Advocate who is best suited for you. To ensure you receive accurate answers to your benefits questions, Advocates have access to a broad team of experts specializing in clinical care, emotional health, pharmacy, healthcare costs and medical plan benefits. To speak with an Advocate, call the toll-free number, **800-232-9357**.

**Health4Me**

Health4Me is a mobile phone app that provides instant access to your and your family’s important health information. The app allows you to search for physicians or facilities by location or specialty, view claims, view and share your health plan ID card information, contact an experienced registered nurse 24/7 and more. Health4Me simplifies and streamlines access to your healthcare resources in a secure, confidential way that fits your needs. The Health4Me app is available from the Apple iTunes App Store as a free download for the iPhone, iPod Touch and iPad. It is also available as a free download in the Android marketplace for Android phones.
Important Reminders

To participate in the following benefits for 2016, you must enroll during the Benefits Open Enrollment period:

• Healthcare FSA
• Dependent Care FSA

If you are enrolled in either of the above benefits in 2015 and you do not re-enroll for 2016, you will have no coverage under these programs for the calendar year starting January 1, 2016. If you experience a Qualified Life Status Change during the year, you may be eligible to enroll in the Healthcare and Dependent Care FSA within 31 days of the event.

You may enroll in the T/PRP at any time during 2016. If you would like to newly enroll in or make a change to your T/PRP account, you must do so during Open Enrollment, or your election may not be in place for January 1, 2016. If you enroll or make changes to the T/PRP before the 20th of the month, your enrollment will be effective the first day of the next month.

Choose Your Coverage Carefully

Elections or changes you make during Benefits Open Enrollment will become effective on January 1, 2016, and will be in effect for the 2016 calendar year.

If you do not enroll in certain benefits between November 2 and November 20, you will need to wait to enroll until next year’s Open Enrollment to make changes to your benefits—unless you experience a Qualified Life Status Change, as defined by the Internal Revenue Service (IRS), which limits when you can add coverage for a dependent or make changes to your benefits during the year.

If you have a Qualified Life Status Change, such as marriage, divorce, birth or adoption of child, you must go to the CU Benefits Enrollment System and make your changes within 31 days of the event. The benefits changes must comply with IRS regulations.

How to Enroll Online for Open Enrollment 2016

• Go to www.hr.columbia.edu/benefits.
• Click on the CU Benefits Enrollment System and log in using your UNI (University Network ID) and password.
• Review the online enrollment tools.
• Select “Click Here: 2016 Open Enrollment” to begin the election process.
• Make your elections for Medical and Dental benefits, Life Insurance, Healthcare FSA, Dependent Care FSA and T/PRP.
• Print your Confirmation Statement for your records.

If you have any questions, please contact the Columbia Benefits Service Center at 212-851-7000, Monday through Friday from 9:00 a.m. to 5:00 p.m.

Finding a Doctor

To find a doctor in the UHC network, visit http://columbia.welcometouhc.com/home and select “Find a Doctor/Hospital” to view the provider network. You can narrow your search by specifying the desired distance from your home or office and then searching by group, clinic, facility, specialty or condition. This site also includes the listing of Columbia doctors who provide in-network healthcare services via UHC to Columbia’s faculty and staff and their dependents.
**Medical Plan Comparison Chart**

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

<table>
<thead>
<tr>
<th>Benefit</th>
<th>Choice In-Network</th>
<th>Choice Plus 100 (only for employees hired prior to April 1, 2013)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Annual Deductible (per person)</td>
<td>N/A</td>
<td>$600</td>
</tr>
<tr>
<td>Coinsurance (% paid by the Plan)</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Out-of-pocket Maximum (Individual)</td>
<td>$3,500</td>
<td>$4,000</td>
</tr>
<tr>
<td>Out-of-pocket Maximum (Family)</td>
<td>$7,000</td>
<td>$8,000</td>
</tr>
<tr>
<td>Preventive Care</td>
<td>100%</td>
<td>Not covered</td>
</tr>
<tr>
<td>Physician Office Visits, including specialists</td>
<td>$30 copay</td>
<td>60% after deductible</td>
</tr>
<tr>
<td>Laboratory/Radiology Services</td>
<td>100% if non-hospital location; $150 copay if hospital**</td>
<td>100% if non-hospital location; $150 copay if hospital**</td>
</tr>
<tr>
<td>Inpatient Hospital Care</td>
<td>$500 copay per admission</td>
<td>60% after deductible; Precertification required</td>
</tr>
<tr>
<td>Outpatient Hospital Care</td>
<td>$150 copay (including labs and radiology**)</td>
<td>60% after deductible; Precertification required</td>
</tr>
<tr>
<td>Mental Health and Substance Abuse – Inpatient Care</td>
<td>$500 copay per admission</td>
<td>60% after deductible; Precertification required</td>
</tr>
<tr>
<td>Mental Health and Substance Abuse – Outpatient Programs</td>
<td>$30 copay</td>
<td>70% after deductible for facility-based care, including intensive outpatient programs; Precertification required</td>
</tr>
<tr>
<td>Mental Health and Substance Abuse – Outpatient Counseling</td>
<td>$30 copay</td>
<td>70% after deductible</td>
</tr>
<tr>
<td>Emergency Room</td>
<td>$150 copay</td>
<td>$150 copay</td>
</tr>
<tr>
<td>Basic and Comprehensive Infertility Treatment</td>
<td>Unlimited benefit for diagnosis and basic medical treatment, including artificial insemination</td>
<td>Unlimited benefit for diagnosis and basic medical treatment, including artificial insemination</td>
</tr>
</tbody>
</table>

*Out-of-network coinsurance reimbursement is indexed to 190% of the Medicare Maximum Allowable Charge (MAC).

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

*Note: The in-network medical and prescription copays accumulate toward the in-network out-of-pocket maximum.*

The above chart represents highlights of Plan provisions. Clinical medical management restrictions and other limits apply. See Summary Plan Descriptions (SPDs) at [http://hr.columbia.edu/forms-docs/search](http://hr.columbia.edu/forms-docs/search).
**Benefit Choice** In-Network Choice Plus 100

*(only for employees hired prior to April 1, 2013)*

<table>
<thead>
<tr>
<th>Benefit</th>
<th>In-Network</th>
<th>Out-of-Network*</th>
<th>In-Network</th>
<th>Out-of-Network*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Advanced Infertility Treatment</td>
<td>$30,000 lifetime maximum for advanced treatments and Assisted Reproductive Technology, including IVF, GIFT and ZIFT</td>
<td>N/A</td>
<td>$30,000 lifetime maximum for advanced treatments and Assisted Reproductive Technology, including IVF, GIFT and ZIFT</td>
<td></td>
</tr>
</tbody>
</table>
| Prescription Drug Coverage with Express Scripts   | Retail (30 days)  
  - Generic: $10 copay  
  - Single-source brand: $25 copay  
  - Multi-source brand: $45 copay  
  Mail-order (90 days)  
  - Generic: $15 copay  
  - Single-source brand: $50 copay  
  - Multi-source brand: $90 copay | N/A | Retail (30 days)  
  - Generic: $10 copay  
  - Single-source brand: $25 copay  
  - Multi-source brand: $45 copay  
  Mail-order (90 days)  
  - Generic: $15 copay  
  - Single-source brand: $50 copay  
  - Multi-source brand: $90 copay |

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

**Vision Coverage**

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

<table>
<thead>
<tr>
<th>Vision Benefits</th>
<th>Choice In-Network</th>
<th>Choice Plus 100</th>
</tr>
</thead>
</table>
| Routine Eye Exams | Adults: One exam every 12 months with a $10 copay  
  Children*: One exam every 12 months with a $10 copay | 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 and $75 for lenticular  
  Children*: Lenses covered in full every 12 months (more frequently if medically necessary) | Adults: Every 24 months, $20 allowance for single lenses, $30 for bifocal, $40 for trifocal and $75 for lenticular  
  Children*: Lenses covered in full every 12 months (more frequently if medically necessary) |
| Frames            | Adults: $30 allowance for every 24 months  
  Children*: Up to $100 covered in full every 12 months (more frequently if medically necessary) Cost above $100 covered at 60% | Adults: $30 allowance for 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 for 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 | Adults: $75 allowance for 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. 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, please visit [www.myuhc.com](http://www.myuhc.com). Click “Benefits & Coverage," "Vision" and then “Vision Benefits Highlights" to be taken to the UHC vision website.

**Dental Coverage**

**EmblemHealth Preferred Dental Benefits Plan B** covers preventive, basic and major services. You may choose to use a participating EmblemHealth Preferred Dental Program dentist 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 [http://www.emblemhealth.com/find-a-doctor/directory](http://www.emblemhealth.com/find-a-doctor/directory) and select “Dental Preferred” from the menu. For more information, call EmblemHealth at 212-501-4443.

**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.
Know Your Numbers – Free Preventive Health Screenings

We encourage you to take advantage of complimentary health screenings to check your blood pressure, cholesterol and glucose levels. Results are available while you wait and a certified health professional will help you understand them. If you register in advance, you can fast before your appointment to receive additional values of LDL cholesterol and total triglycerides. Pre-register online at https://register.wellness-inc.com/cu and enter the last 4 digits of your SSN, date of birth and first and last name. Don’t take your health for granted—know your numbers!

Qualified Life Status Changes

The IRS restricts when you can add coverage for a dependent or make changes to your healthcare benefits and FSA elections during the year. After new hire initial enrollment, or after annual Benefits Open Enrollment, you will only be able to change most benefits for the remainder of the calendar year if you experience a “Qualified Life Status Change.”

Examples of a Qualified Life Status Change include:

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

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

References and Resources

More reference materials are available on the Columbia Benefits website. Go to http://hr.columbia.edu/forms-docs/search to review the Benefits Highlights, the Summaries of Benefits & Coverage, annual legal notices, Benefits FAQs, vendor contacts and glossary.

About This Communication

Benefits Brochure summarizes the changes to the benefits programs that are available to benefits-eligible employees of Columbia University. This communication is intended to be a Summary of Material Modifications (SMM) to the Medical Plans and other benefits programs. It does not include important information about exclusions and limitations. For additional details of benefits coverage, eligibility, limitations and exclusions, you must refer to the Summary Plan Description (SPD), the Summary of Benefits and Coverage (SBC) and the Benefits Highlights 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 Columbia Benefits Service Center at 212-851-7000. As a requirement of the Patient Protection and Affordable Care Act, Columbia University must provide a 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. 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.