2019 Benefits Highlights

Officers
Effective January 1, 2019
About This Communication

Benefits Highlights 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 https://humanresources.columbia.edu/benefits. You may also want to request to receive a paper copy of an SPD, SBC 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. 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 SPDs. If there are any discrepancies between the information in this publication, verbal representations and the Plan documents, the Plan documents will always govern. Columbia University reserves the right to change or terminate these benefits Plans at any time. This publication is in no way intended to imply a contract of employment. 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 2019

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 ....................................... 14
Cost of Coverage: Your Contributions ....................... 16
Aetna Columbia Dental Plan ...................................... 18
International Coverage When Traveling .................... 20
Tax Savings Accounts ................................................. 22
Child Care Benefit .................................................... 28
How to Access Your T/PRP Program .......................... 30
Disability Insurance ................................................... 31
Term Life Insurance ................................................... 34
Dependent Life Insurance .......................................... 36
Long-Term Care Insurance ....................................... 37
Tuition Programs ....................................................... 38
Retirement Savings & Financial Planning .................... 39
Getting the Most Out of Your Benefits ..................... 40
Contact Information .................................................. Inside Back Cover

For complete benefits information, please refer to the HR Benefits website at [https://humanresources.columbia.edu/benefits](https://humanresources.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 2019 elections will be in effect from January 1 or your date of hire (whichever is later) until December 31, 2019. 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 https://humanresources.columbia.edu/ and click on the CUBES logo to access the CU Benefits Enrollment System. You will be asked to 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 “Get Started” to begin the election process. Then, select “Choose on My Own” to make your benefits choices. Please be sure to “CHECKOUT” to finish the enrollment process and review your Benefits Details page.

Step 3 Carefully review your Benefits Details page before exiting CUBES. 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 investments. Select “Retirement” on the top navigation to review and/or make changes. Please be sure to “Save and Continue.” Print your confirmation from the Voluntary Retirement Savings Plan Summary page if you would like a paper copy.

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

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

Advantages of Enrolling in Certain Benefits Upon Hire
As a new hire, you have a one-time opportunity to elect Optional Life Insurance and Optional Long-Term Disability, up to certain limits, without providing Evidence of Insurability (EOI).

If you enroll for Long-Term Care Insurance within 60 days of your date of hire, you can also take advantage of applying for coverage through a streamlined application.

Benefits Glossary
To learn more about the benefits terms used throughout this Guide, go to https://humanresources.columbia.edu/benefits and click on “Glossary.”
Who Is Eligible for Benefits

When you log in to CUBES, you will see the benefits options you are eligible for, as well as the monthly cost and the benefits effective date. Eligibility begins upon your date of hire.

Benefits Eligibility

<table>
<thead>
<tr>
<th>Eligible for:</th>
<th>Not Eligible for:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Full-Time Officers (salaried)</td>
<td>All benefits programs as described in this book</td>
</tr>
</tbody>
</table>
| Part-Time Officers of Administration (regularly scheduled to work 20 hours or more per week) | • Medical, Vision and Prescription Drug Benefits  
• Dental Benefits  
• Officers’ Retirement Plan  
• Voluntary Retirement Savings Plan (VRSP)  
• Basic Term Life Insurance  
• Optional Term Life Insurance  
• Flexible Spending Accounts (FSAs)  
• Transit/Parking Reimbursement Program (T/PRP) | • Tuition Benefits  
• Long-Term Care  
• Basic Long-Term Disability  
• Optional Long-Term Disability  
• Child Care Benefit |
| Temporary Full-Time Officers (approved for a period of four months or more and with a specific end date) | • Medical, Vision and Prescription Drug Benefits  
• Dental Benefits  
• Voluntary Retirement Savings Plan (VRSP)  
• Basic Term Life Insurance  
• Optional Term Life Insurance  
• Basic Long-Term Disability  
• Optional Long-Term Disability  
• Flexible Spending Accounts (FSAs)  
• Child Care Benefit  
• Transit/Parking Reimbursement Program (T/PRP) | • Tuition Benefits  
• Long-Term Care  
• Officers’ Retirement Plan |

For the definition of an Officer, please see eligibility information at https://humanresources.columbia.edu/officers-eligibility

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 https://humanresources.columbia.edu/dependent-eligibility.

Please note that eligible children are defined differently for the flexible spending accounts (FSAs), Health Savings Account (HSA), tuition benefits programs and dependent life insurance (see eligibility details under each plan description).

Ineligible Officers

The following are not eligible for coverage under most* Columbia University benefits:

• Temporary part-time Officers  
• Variable hours Officers  
• Part-time academic Officers, including student Officers  
• Part-time administrative Officers regularly scheduled less than 20 hours per week

*If you have W-2 earnings, you are eligible for the Voluntary Retirement Savings Plan.
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.

Active Officers Turning 65

Active Officers and their spouses age 65 and over who are enrolled in a Columbia-provided medical plan do not need to enroll in Medicare because they still have creditable coverage through the University. At least three months in advance of your retirement from the University, however, you should enroll in Medicare to avoid any gaps in coverage.

Making Changes to Dependent Eligibility

To add or make a change in dependent eligibility:

Go to [https://humanresources.columbia.edu/](https://humanresources.columbia.edu/) and click on the CUBES logo. Then, log in with your UNI and password to make changes to the status of your dependents (through a Qualified Life Status Change).

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

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 or same-sex domestic partner both work for the University and are eligible for coverage, you must choose your coverage in one of the following ways:

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

Columbia University is responsible for ensuring 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, or due to a Qualified Life Status Change, follow the instructions on CUBES. The system will take you to the “Dependent Verification” page and you can upload your documentation.

You can also provide your documentation by sending a secure fax to 844-301-7225.

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

**Important**

For security reasons, please remove all Social Security Numbers from paperwork—you should enter Social Security Numbers directly into CUBES when first adding your dependents.

**Remember**

You must enroll for benefits within 31 days of your date of hire or eligibility.

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### Dependent Verification

<table>
<thead>
<tr>
<th>Dependent</th>
<th>Documentation*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Spouse</td>
<td>Copy of civil/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>• 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 an official 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 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.
Making Changes to Your Benefits

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 CUBES 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.

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

For a full list of Qualified Life Status Change examples, go to https://humanresources.columbia.edu/benefits and click on “Making Changes to Your Benefits.”
Medical Coverage

Overview of Medical Coverage

Columbia University offers comprehensive medical plan options through UnitedHealthcare (UHC). There are four plans offered: the High Deductible Health Plan (HDHP) and three Choice Plus plans (80, 90 and 100). All of the plans cover the same comprehensive set of services and provide 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 [https://humanresources.columbia.edu/preventive-care](https://humanresources.columbia.edu/preventive-care). All medical plan options also include coverage for out-of-network services. If you enroll in a 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 details on the medical plan options, review the Summary Plan Description (SPD) and Summary of Benefits and Coverage (SBC). To view both documents, go to [https://humanresources.columbia.edu/](https://humanresources.columbia.edu/) and click on the Forms & Documents icon.

The medical plans differ not in covered services, but in the way the costs are structured. For details on the structure of the plans (HDHP and Choice Plus), review the Medical Plan Comparison Chart. A few of the key terms are defined below:

- **Contributions**: The amount you pay toward the cost of your medical, vision and prescription drug coverage through pre-tax payroll deductions. Contributions vary by plan and income level, but not by the amount of medical services you utilize. 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. There are no medical copays for the HDHP. The copay for the Choice Plus plans is $30 for in-network providers, regardless of which Choice Plus plan you select. 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 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 the plan you select and 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 remaining in-network covered medical expenses for the year.

The Bottom Line: Consider Total Costs

As with any major purchase decision, cost will likely play a factor when selecting your medical plan. But costs can be difficult to accurately calculate. Lower payroll deductions might make a particular plan option look inexpensive, but you may have a higher deductible to meet. Or, a particular option may have higher payroll deductions, but lower costs when you receive care. Since everyone is different—requiring different levels of care—it is important to consider the total costs for each medical plan option: the cost you pay at the time you use health care (e.g., your deductible, coinsurance or copay) plus the cost you pay out of your paycheck. If you don’t take the time to consider the total cost of each medical plan, you may end up paying for more coverage than you need.

Use SmartSelect, a comparison tool on CUBES, to help determine which medical plan is best for you. You can model different health scenarios for yourself and your family to estimate what your total out-of-pocket costs will be.
Comparing Your Medical Plans

Here is a summary of the four University-provided medical plans. For detailed information, go to [https://humanresources.columbia.edu/](https://humanresources.columbia.edu/) and click on the Forms & Documents icon to review the SBC and SPD.

### Medical Plan Comparison Chart

<table>
<thead>
<tr>
<th>Benefit</th>
<th>High Deductible Health Plan (HDHP)</th>
<th>Choice Plus 80</th>
<th>Choice Plus 90</th>
<th>Choice Plus 100</th>
</tr>
</thead>
<tbody>
<tr>
<td>Annual Deductible Individual Family</td>
<td>$1,500</td>
<td>$3,000</td>
<td>$2,900 per person**</td>
<td>$600 per person</td>
</tr>
<tr>
<td>Coinsurance</td>
<td>90% after deductible</td>
<td>60% after deductible</td>
<td>80% after deductible</td>
<td>60% after deductible</td>
</tr>
<tr>
<td>Out-of-pocket Maximum Individual Family</td>
<td>$3,550</td>
<td>$7,100</td>
<td>$6,850</td>
<td>$13,700</td>
</tr>
<tr>
<td>Preventive Care</td>
<td>100%</td>
<td>Not covered</td>
<td>100%</td>
<td>Not covered</td>
</tr>
<tr>
<td>Physician Office Visits, including specialists</td>
<td>90% after deductible</td>
<td>60% after deductible</td>
<td>$30 copay</td>
<td>60% after deductible</td>
</tr>
<tr>
<td>Laboratory/ Radiology Services, including services rendered in a physician's office</td>
<td>90% after deductible</td>
<td>60% after deductible</td>
<td>80% after deductible</td>
<td>60% after deductible</td>
</tr>
<tr>
<td>Inpatient Hospital Care</td>
<td>90% after deductible</td>
<td>60% after deductible; Precertification required</td>
<td>80% after deductible</td>
<td>60% after deductible; Precertification required</td>
</tr>
<tr>
<td>Outpatient Hospital Care</td>
<td>90% after deductible</td>
<td>60% after deductible; Precertification required</td>
<td>80% after deductible</td>
<td>60% after deductible; Precertification required</td>
</tr>
<tr>
<td>Mental Health and Substance Abuse – Inpatient care</td>
<td>90% after deductible</td>
<td>60% after deductible; Precertification required</td>
<td>80% after deductible</td>
<td>60% after deductible; Precertification required</td>
</tr>
<tr>
<td>Mental Health and Substance Abuse – Outpatient programs</td>
<td>90% after deductible for facility-based care including intensive outpatient programs</td>
<td>70% after deductible for facility-based care including intensive outpatient programs; Precertification required</td>
<td>$30 copay</td>
<td>70% after deductible for facility-based care including intensive outpatient programs; Precertification required</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.

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

*** No copay for lab and radiology at certain designated New York Presbyterian (NYP) locations. For a list of NYP participating locations, go to [https://humanresources.columbia.edu/](https://humanresources.columbia.edu/), click on the Forms & Documents icon and search under “NYP”.

**** No copay for partial hospitalization/intensive outpatient treatment.

**Remember:** In the Choice Plus plans, 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 eligible expenses accumulate toward the in-network out-of-pocket maximum.

In the HDHP, the in-network deductible, coinsurance and prescription copays accumulate toward the in-network out-of-pocket maximum.
### Medical Plan Comparison Chart (cont.)

<table>
<thead>
<tr>
<th>Benefit</th>
<th>High Deductible Health Plan (HDHP)</th>
<th>Choice Plus 80</th>
<th>Choice Plus 90</th>
<th>Choice Plus 100</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>In-Network</td>
<td>Out-of-Network*</td>
<td>In-Network</td>
<td>Out-of-Network*</td>
</tr>
<tr>
<td>Mental Health and Substance Abuse – Outpatient counseling</td>
<td>90% after deductible</td>
<td>70% after deductible</td>
<td>$30 copay</td>
<td>70% after deductible</td>
</tr>
<tr>
<td>Emergency Room</td>
<td>90% after in-network deductible</td>
<td>90% after in-network deductible</td>
<td>$150 copay (Waived if admitted)</td>
<td>$150 copay (Waived if admitted)</td>
</tr>
<tr>
<td>Basic and Comprehensive Infertility Treatment</td>
<td>Unltd benefit for diagnosis and basic medical treatment, including artificial insemination</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Advanced Infertility Treatment</td>
<td>$30,000 lifetime maximum for advanced treatments and Assisted Reproductive Technology including IVF, GIFT and ZIFT</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Prescription Drug coverage with OptumRx</td>
<td>Non-preventive prescription drugs are subject to an annual in-network deductible. Copays apply up to the annual in-network out-of-pocket maximum.</td>
<td>Retail (30 days): Generic: $10 copay, Single-source: $25 copay, Multi-source: $45 copay</td>
<td>Mail-order (90 days): Generic: $15 copay, Single-source: $50 copay, Multi-source: $90 copay</td>
<td></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.

### Vision Coverage

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

#### Vision Benefits

<table>
<thead>
<tr>
<th>Benefit</th>
<th>High Deductible Health Plan (HDHP)</th>
<th>Choice Plus Plans</th>
</tr>
</thead>
<tbody>
<tr>
<td>Routine Eye Exams</td>
<td><strong>Adults:</strong> One exam every 12 months; plan pays 90% after in-network deductible, no copay.</td>
<td><strong>Adults:</strong> One exam every 12 months with a $10 copay. <strong>Children:</strong> One exam every 12 months with a $10 copay.</td>
</tr>
<tr>
<td></td>
<td><strong>Children:</strong> One exam every 12 months; plan pays 90% after in-network deductible, no copay.</td>
<td></td>
</tr>
<tr>
<td>Lenses</td>
<td><strong>Adults:</strong> $100 allowance every 12 months (combined for lenses, frames and contact lenses).</td>
<td><strong>Adults:</strong> Every 24 months, $20 allowance for single lenses, $30 for bifocal, $40 for trifocal or $75 for lenticular. <strong>Children:</strong> Lenses covered in full every 12 months. More frequently if medically necessary.</td>
</tr>
<tr>
<td></td>
<td><strong>Children:</strong> One pair of eyeglasses (lenses and frames) OR one pair of contact lenses (or a 12-month supply) every 12 months with a $75 copay. More frequently if medically necessary.</td>
<td></td>
</tr>
<tr>
<td>Frames</td>
<td><strong>Adults:</strong> $30 allowance every 24 months. <strong>Children:</strong> Up to $100 covered in full every 12 months. More frequently if medically necessary.</td>
<td><strong>Adults:</strong> $75 allowance every 24 months. <strong>Children:</strong> Single purchase of a pair of contact lenses or 1 box of contact lenses per eye covered at 100% every 12 months</td>
</tr>
<tr>
<td>Contact Lenses</td>
<td><strong>Adults:</strong> $75 allowance every 24 months. <strong>Children:</strong> Single purchase of a pair of contact lenses or 1 box of contact lenses per eye covered at 100% every 12 months.</td>
<td></td>
</tr>
</tbody>
</table>

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

**Available for either frames and lenses or contact lenses.

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

To search for a vision provider, log in to [www.myuhc.com](http://www.myuhc.com) and click “Coverage & Benefits,” “Vision,” then “Vision benefit highlights” and “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 ID card. However, if you would like one, you may print one from the Vision website. Go to [myuhc.com](http://myuhc.com) and select “Vision” from the “Coverage & Benefits” tab, then click “Vision Benefit highlights” and you will be taken to the UHC Vision website.
Choice Plus Plans
Columbia offers three different Choice Plus medical plans—80, 90 and 100—so that you can choose the plan that best suits your needs.

With any of these plans, 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 when you use in-network providers.

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.

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.

In-Network Coverage: For the 80, 90 and 100 medical plans, you pay a $30 copay for physician office visits (including specialists and urgent care), when you use UHC network providers. 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.

Choice Plus 80
Other than preventive care and copays, for most in-network medical services you must meet an annual deductible of $600 per member before the 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 Choice Plus 80 plan pays 100% of covered in-network medical charges and prescription drug copays for the remainder of the calendar year. Most out-of-network services are covered at 60%* after the annual deductible of $850 per member.

Choice Plus 90
Other than preventive care and copays, for most in-network medical services you must meet the annual deductible of $400 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 $3,250 for an individual and $6,500 for a family, the Plan pays 100% of covered in-network medical charges and prescription drug copays for the remainder of the calendar year. Most out-of-network services are covered at 60%* after the annual deductible of $850 per member.

Choice Plus 100
The Choice Plus 100 plan has a $200 deductible for some in-network services, such as such as professional fees for surgical and medical services. Copays apply for certain services and in some cases are dependent on where the service is received. For example, inpatient hospital services require a $500 per admission copay; outpatient hospital services, including lab and radiology, require a $150 copay.** In addition, after you reach the in-network out-of-pocket maximum of $4,750 for an individual and $9,500 for a family, the Plan pays 100% of covered in-network medical charges for the remainder of the calendar year. Most out-of-network services are covered at 60%* after the annual deductible of $850 per member.

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, vision and prescription drug coverage. It takes approximately three weeks for new enrollees 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).

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

* of 190% of the Medicare Maximum Allowable Charge (MAC)
** The $150 outpatient hospital copay does not apply if you obtain your lab and/or radiology at certain New York Presbyterian (NYP) locations. See the list of NYP participating locations at http://hr.columbia.edu/forms-docs/search (under “NYP“).
High Deductible Health Plan (HDHP)

Columbia University offers a High Deductible Health Plan (HDHP) that provides comprehensive coverage through UHC. The Plan has low monthly contributions in exchange for a higher deductible and out-of-pocket maximum. If you elect the HDHP, you can enroll in a Health Savings Account (HSA), a portable, personal savings account that lets you set aside pre-tax dollars to use for eligible healthcare expenses now or in the future. **Note:** If you enroll in the HSA, you cannot enroll in the Healthcare FSA at the same time.

What You Need to Know About the HDHP

- Preventive medical care is covered at 100% with no deductible when you use an in-network provider.

- For non-preventive care—and non-preventive drugs—you pay for your expenses until you reach your deductible: $1,500 for individual coverage or $3,000 for family coverage.

- For family coverage, the entire $3,000 deductible must be met, even if only one family member has expenses. There is no individual deductible when you elect family coverage.

- After you reach the deductible, the Plan begins to pay for covered services. Any additional medical expenses are shared between the Plan and you as coinsurance. The Plan’s coinsurance is 90% and your coinsurance is 10%.

- When your coinsurance, plus deductible and prescription drug copays reach the out-of-pocket maximum, the Plan pays 100% of your remaining in-network covered medical services, including prescription drug costs, for the rest of the calendar year. The out-of-pocket maximum for in-network expenses is $3,550 for individual coverage or $7,100 for family coverage. For family coverage, the entire $7,100 out-of-pocket maximum must be met, even if only one family member has claims.

Getting the Most Value

To get the most value from your HDHP, be sure to enroll in a Health Savings Account (HSA). See page 24 for more details.
### High Deductible Health Plan (HDHP) vs. Choice Plus Plans

<table>
<thead>
<tr>
<th>Plan Provision</th>
<th>Choice Plus Plans</th>
<th>High Deductible Health Plan (HDHP)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monthly Payroll Contributions</td>
<td>Higher</td>
<td>Lower</td>
</tr>
<tr>
<td>Annual Deductible</td>
<td>Lower</td>
<td>Higher</td>
</tr>
<tr>
<td>In-Network Preventive Care</td>
<td>Covered at 100% with no deductible in all plans</td>
<td></td>
</tr>
<tr>
<td>In-Network Physician Office Visits</td>
<td>$30 copay per visit</td>
<td>Covered at 90% after the deductible</td>
</tr>
<tr>
<td>Preventive Prescription Drugs at Retail Pharmacy or Mail Order</td>
<td>Copays; not subject to the deductible</td>
<td></td>
</tr>
<tr>
<td>Non-Preventive Prescription Drugs at Retail Pharmacy or Mail Order</td>
<td>Only copays apply</td>
<td>Covered with copays after meeting the deductible</td>
</tr>
<tr>
<td>Health Savings Account (HSA)</td>
<td>You may not contribute to the HSA while you are enrolled in any of the Choice Plus Plans; however, if you have an HSA balance, you can continue to use it for new expenses.</td>
<td>Save up to $3,500* single/$7,000* family on a pre-tax basis to pay for healthcare expenses now or in the future. Rolls over from year to year.</td>
</tr>
<tr>
<td>Healthcare Flexible Spending Account (FSA)</td>
<td>Set aside up to $2,650* per year on a pre-tax basis to pay for healthcare expenses during a single calendar year. Roll over up to $500 from one year to the next.</td>
<td>Not available if you elect the HDHP with an HSA. You cannot elect an HSA and an FSA in the same calendar year, or elect an HSA and have an FSA balance rollover in the same calendar year.</td>
</tr>
</tbody>
</table>

* IRS limits are subject to change

### Out-of-Network Coverage

All four medical plan options handle out-of-network expenses 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 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 Maximum Allowable Charge (MAC).

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

**Important**

Most out-of-network services are covered at 60%* of 190% of the Medicare Maximum Allowable Charge (MAC) after the annual deductible for out-of-network services has been met.

**Note:** For the Choice Plus 80, 90 and 100 plans, your eligible out-of-network expenses can be used to satisfy the in-network deductible and in-network out-of-pocket maximum. For the HDHP, these expenses do not satisfy the in-network deductible and out-of-pocket maximum.

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

Out-of-network services for all medical plans are indexed to 190% of the Medicare MAC. Most 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. You are solely responsible for charges in excess of 190% of the Medicare MAC.

Here’s an example: Your out-of-network physician charges you $200 for an office visit. 190% of the Medicare MAC is $100. Therefore, $100 is the basis for out-of-network reimbursement.

• If you have not met the out-of-network annual deductible, you will be responsible to pay the full $200. Only $100 will apply to your deductible.

• If you have already met the out-of-network annual deductible, the Plan will pay coinsurance of 60% of $100, or $60. Your share of the coinsurance is 40%, or $40. You are also responsible for the charges above 190% of Medicare MAC, so your total responsibility is $140.

• If you have met the out-of-network annual out-of-pocket maximum, the Plan will pay 190% of the Medicare MAC, or $100. You are responsible for the remaining balance.

Learn More

You can find out your reimbursement amount 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 at 800-232-9357 to request an estimate of their reimbursement.
Prescription Drug Coverage

When you enroll in any Columbia medical plan, you are automatically enrolled in Columbia University’s Prescription Drug Plan. OptumRx administers the Prescription Drug benefits plan for the University.

Using Your Prescription Drug Benefit
After you enroll in medical benefits, you will receive a UHC ID card which includes your medical and prescription drug plan information.

Prescription Drug Costs
The cost of your prescriptions depends on a number of factors, including the medical plan in which you are enrolled, 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.

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

* Non-preventive drugs in the HDHP are subject to the medical plan deductible. After the deductible is met, copays will apply.
Copays

Copays for prescription drugs work differently under the Choice Plus plans and the High Deductible Health Plan (HDHP). However, under all of the plans, the copays and deductible accumulate toward the out-of-pocket maximum for your plan. Therefore, once you reach the annual out-of-pocket maximum, the Plan pays 100% of the cost of prescription drugs (preventive and non-preventive).

- Under the Choice Plus plans, all prescription drugs are subject to a copay.
- Under the High Deductible Health Plan (HDHP), preventive drugs and non-preventive drugs are treated differently.

**Preventive Drugs:** Prescription drugs that are categorized as “preventive” under federal guidelines are not subject to the HDHP deductible, so you are only responsible for paying the copay. Copays accumulate toward your out-of-pocket maximum. Preventive drugs under federal guidelines include medications such as anticoagulants, cholesterol lowering agents and prenatal vitamins. To check if your prescription is considered preventive, go to [https://humanresources.columbia.edu/](https://humanresources.columbia.edu/) and click on Forms & Documents (search “preventive medications”).

**Non-Preventive Prescription Drugs:** Prescription drugs that are categorized as “non-preventive” under federal guidelines are subject to the HDHP deductible. This means you will pay the entire cost for your non-preventive prescription drugs until you meet the plan deductible. Once the deductible is met, the prescription drug copay will apply. **Note:** you will receive a discount on the cost of your prescription drugs if you use an OptumRx participating pharmacy.

### Prescription Drug Copays

<table>
<thead>
<tr>
<th>Plan</th>
<th>Retail Pharmacy (up to 30-day supply)</th>
<th>Mail-order (up to 90-day supply)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Choice Plus (80, 90, 100)</td>
<td>• $10 generic</td>
<td>• $15 generic</td>
</tr>
<tr>
<td></td>
<td>• $25 single-source</td>
<td>• $50 single-source</td>
</tr>
<tr>
<td></td>
<td>• $45 multi-source</td>
<td>• $90 multi-source</td>
</tr>
<tr>
<td>High Deductible Health Plan</td>
<td>Preventive Drugs</td>
<td>Preventive Drugs</td>
</tr>
<tr>
<td></td>
<td>• $10 generic</td>
<td>• $15 generic</td>
</tr>
<tr>
<td></td>
<td>• $25 single-source</td>
<td>• $50 single-source</td>
</tr>
<tr>
<td></td>
<td>• $45 multi-source</td>
<td>• $90 multi-source</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Non-Preventive Drugs</th>
<th>Subject to HDHP in-network deductible; then Rx copays apply</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Non-Preventive Drugs</th>
<th>Subject to HDHP in-network deductible; then Rx copays apply</th>
</tr>
</thead>
</table>

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

- If no generic is available, it is a single-source drug.
- If both a generic and brand name prescription are available, it 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](http://www.myuhc.com). Keep in mind that your prescription may move from single-source to multi-source during the year due to periodic reviews by OptumRx 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 ("Rx") coverage through pre-tax payroll contributions. Your healthcare contributions are deducted from your pay before any taxes are taken out.

<table>
<thead>
<tr>
<th>2019 Monthly Pre-Tax Contributions for Medical &amp; Rx Coverage (Full-Time)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Salary Tier</strong></td>
</tr>
<tr>
<td>----------------</td>
</tr>
<tr>
<td>$0 - $44,999</td>
</tr>
<tr>
<td>High Deductible Health Plan</td>
</tr>
<tr>
<td>Choice Plus 80</td>
</tr>
<tr>
<td>Choice Plus 90</td>
</tr>
<tr>
<td>Choice Plus 100</td>
</tr>
<tr>
<td>$45,000 - $59,999</td>
</tr>
<tr>
<td>High Deductible Health Plan</td>
</tr>
<tr>
<td>Choice Plus 80</td>
</tr>
<tr>
<td>Choice Plus 90</td>
</tr>
<tr>
<td>Choice Plus 100</td>
</tr>
<tr>
<td>$60,000 - $79,999</td>
</tr>
<tr>
<td>High Deductible Health Plan</td>
</tr>
<tr>
<td>Choice Plus 80</td>
</tr>
<tr>
<td>Choice Plus 90</td>
</tr>
<tr>
<td>Choice Plus 100</td>
</tr>
<tr>
<td>$80,000 - $134,999</td>
</tr>
<tr>
<td>High Deductible Health Plan</td>
</tr>
<tr>
<td>Choice Plus 80</td>
</tr>
<tr>
<td>Choice Plus 90</td>
</tr>
<tr>
<td>Choice Plus 100</td>
</tr>
<tr>
<td>$135,000 - $174,999</td>
</tr>
<tr>
<td>High Deductible Health Plan</td>
</tr>
<tr>
<td>Choice Plus 80</td>
</tr>
<tr>
<td>Choice Plus 90</td>
</tr>
<tr>
<td>Choice Plus 100</td>
</tr>
</tbody>
</table>
### 2019 Monthly Pre-Tax Contributions for Medical & Rx Coverage (Full-Time) (cont.)

<table>
<thead>
<tr>
<th>Salary Tier</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>$175,000 - $224,999</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>High Deductible Health Plan</td>
<td>$76</td>
<td>$218</td>
<td>$141</td>
<td>$283</td>
</tr>
<tr>
<td>Choice Plus 80</td>
<td>$140</td>
<td>$401</td>
<td>$261</td>
<td>$522</td>
</tr>
<tr>
<td>Choice Plus 90</td>
<td>$187</td>
<td>$549</td>
<td>$346</td>
<td>$692</td>
</tr>
<tr>
<td>Choice Plus 100</td>
<td>$535</td>
<td>$1,497</td>
<td>$963</td>
<td>$1,924</td>
</tr>
<tr>
<td>$225,000 - $299,999</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>High Deductible Health Plan</td>
<td>$99</td>
<td>$268</td>
<td>$186</td>
<td>$355</td>
</tr>
<tr>
<td>Choice Plus 80</td>
<td>$171</td>
<td>$476</td>
<td>$318</td>
<td>$623</td>
</tr>
<tr>
<td>Choice Plus 90</td>
<td>$222</td>
<td>$651</td>
<td>$411</td>
<td>$813</td>
</tr>
<tr>
<td>Choice Plus 100</td>
<td>$576</td>
<td>$1,610</td>
<td>$1,036</td>
<td>$2,070</td>
</tr>
<tr>
<td>$300,000+</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>High Deductible Health Plan</td>
<td>$126</td>
<td>$332</td>
<td>$237</td>
<td>$443</td>
</tr>
<tr>
<td>Choice Plus 80</td>
<td>$203</td>
<td>$557</td>
<td>$377</td>
<td>$731</td>
</tr>
<tr>
<td>Choice Plus 90</td>
<td>$259</td>
<td>$764</td>
<td>$480</td>
<td>$944</td>
</tr>
<tr>
<td>Choice Plus 100</td>
<td>$592</td>
<td>$1,655</td>
<td>$1,064</td>
<td>$2,127</td>
</tr>
</tbody>
</table>

Your pre-tax contributions are based on which plan you select, who you cover and your Annual Benefits Salary. Your Annual Benefits Salary is calculated as of July 1 each year and is the greater of (a) your base salary; or (b) your prior 12 months’ compensation from the University as of June 30 each year, including certain approved additional and private practice compensation, and excluding any housing allowance.

### 2019 Monthly Pre-Tax Contributions for Medical & Rx Coverage (Part-Time Officers of Administration)

<table>
<thead>
<tr>
<th>Salary Tier</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>REGULAR PART-TIME SALARIED OFFICERS OF ADMINISTRATION</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>High Deductible Health Plan</td>
<td>$349</td>
<td>$734</td>
<td>$664</td>
<td>$1,048</td>
</tr>
<tr>
<td>Choice Plus 80</td>
<td>$377</td>
<td>$792</td>
<td>$717</td>
<td>$1,131</td>
</tr>
<tr>
<td>Choice Plus 90</td>
<td>$397</td>
<td>$834</td>
<td>$754</td>
<td>$1,191</td>
</tr>
<tr>
<td>Choice Plus 100</td>
<td>$437</td>
<td>$917</td>
<td>$830</td>
<td>$1,310</td>
</tr>
</tbody>
</table>

**Same-Sex Domestic Partner Credit**

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.
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 costs 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,</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>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</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>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,</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>bridges and dentures</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Orthodontia for Adults &amp;</td>
<td>50%</td>
<td>50%</td>
<td>50%</td>
</tr>
<tr>
<td>Children</td>
<td></td>
<td></td>
<td></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</td>
<td>$1,500</td>
<td>$1,250</td>
<td>$1,250</td>
</tr>
<tr>
<td>person)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Orthodontic Lifetime Maximum</td>
<td>$1,500</td>
<td>$1,250</td>
<td>$1,250</td>
</tr>
<tr>
<td>(per person)</td>
<td></td>
<td></td>
<td></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.

### 2019 Monthly Pre-Tax Contributions for Dental

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Full-Time</td>
<td></td>
</tr>
<tr>
<td>Yourself</td>
<td>$27</td>
<td></td>
</tr>
<tr>
<td>You Plus One</td>
<td>$68</td>
<td></td>
</tr>
<tr>
<td>Family</td>
<td>$109</td>
<td></td>
</tr>
</tbody>
</table>

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Part-Time</td>
<td></td>
</tr>
<tr>
<td>Yourself</td>
<td>$40</td>
<td></td>
</tr>
<tr>
<td>You Plus One</td>
<td>$80</td>
<td></td>
</tr>
<tr>
<td>Family</td>
<td>$119</td>
<td></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 [https://humanresources.columbia.edu/benefits](https://humanresources.columbia.edu/benefits) and click on “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
cidentalassociates.columbia.edu

<table>
<thead>
<tr>
<th>Columbia Dental Associates</th>
<th>Columbia-Presbyterian</th>
</tr>
</thead>
<tbody>
<tr>
<td>Morningside Associates</td>
<td>Eastside Dental Faculty Practice</td>
</tr>
<tr>
<td>1244 Amsterdam Avenue</td>
<td>Columbia Doctors Midtown</td>
</tr>
<tr>
<td>(near 121st Street)</td>
<td>51 West 51st Street</td>
</tr>
<tr>
<td>New York, NY 10027</td>
<td>Suite 350</td>
</tr>
<tr>
<td>212-961-1266</td>
<td>New York, NY 10019</td>
</tr>
<tr>
<td>and</td>
<td>212-326-8520</td>
</tr>
<tr>
<td>430 West 116th Street</td>
<td></td>
</tr>
<tr>
<td>New York, NY 10027</td>
<td></td>
</tr>
<tr>
<td>212-662-4887</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Columbia Dental Associates</th>
<th>Columbia Oral &amp; Maxillofacial Surgery</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical Center Practice</td>
<td>Vanderbilt Clinic</td>
</tr>
<tr>
<td>Bard Haven Towers</td>
<td>622 West 168th Street</td>
</tr>
<tr>
<td>100 Haven Avenue</td>
<td>7th Floor</td>
</tr>
<tr>
<td>New York, NY 10032</td>
<td>New York, NY 10032</td>
</tr>
<tr>
<td>212-342-0107</td>
<td>212-305-4552</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 [https://humanresources.columbia.edu/benefits](https://humanresources.columbia.edu/benefits) and click on “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.
International Coverage
When Traveling

If Traveling Less Than Six Months
The Cigna International Medical Gap Plan, called “Medical Benefits Abroad (MBA),” provides faculty and staff traveling on international business for six months or less with medical coverage. It is administered in conjunction with International SOS. The program provides full coverage for medically necessary services, without deductibles, coinsurance or copays. The Plan also includes emergency dental coverage up to a $1,000 limit. Preventive and routine care is not covered under this policy. For more information, go to http://globaltravel.columbia.edu/content/health-insurance.

If Traveling Six Months or More
The Cigna International Plan is a medical plan option for which you may be eligible, if you are traveling out of the U.S. for an extended period of time (six months or more), provided you receive pay through Columbia University’s U.S. payroll. You must be covered under this option to cover any dependents under this plan.

If you are enrolled in one of the Columbia University medical plans (the Choice Plus plans or the HDHP), it is important to know that these plans provide overseas coverage for emergencies only, while the Cigna International Plan provides comprehensive coverage while you are outside of the U.S.

Some of the benefits of Cigna International’s coverage include:

• Easy access to comprehensive, quality healthcare around the world
• Around-the-clock support, regardless of your time-zone
• Connection to the right physician or hospital in your area 24/7

When you need assistance, contact Cigna anytime by phone or fax. Collect calls are accepted anytime.

If you believe you are eligible for this medical plan option, please contact the Columbia Benefits Service Center for more information.

If you travel 100 miles or more from home or abroad and need emergency travel assistance, refer to Emergency Travel Assistance program on the next page.
Emergency Travel Assistance
When you are covered under the University’s Basic Term Life Insurance Plan (from Cigna), you and your eligible dependents are also covered for emergency travel assistance through 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 travel outside the U.S.
• Assistance locating and coordinating medical and prescription drug services
• Emergency transportation
• Travel assistance
• Assistance with lost or stolen items
• Repatriation of remains
• Emergency cash—Advance up to $1,500 with confirmation of reimbursement
• Personal security
The University also provides additional emergency assistance resources. If you are traveling outside the U.S. 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.

* J-1 visa holders will be covered for Emergency Travel Assistance through American International Group, Inc.
Tax Savings Accounts

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

No matter which medical plan option you choose (or if you choose not to enroll in Columbia University medical coverage), you can enroll in the T/PRP and Dependent Care FSA.

- If you enroll in the 80, 90 or 100 Choice Plus plan or choose not to enroll in medical coverage through the University: You can enroll in a Healthcare FSA.
- If you enroll in the HDHP: You can enroll in an HSA or the Healthcare FSA, but not both.

Flexible Spending Accounts

FSAs 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.

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 each pay period 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 either the Healthcare FSA or the HSA. 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. Please consult your tax adviser for additional guidance.
Health Care Spending Card

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

Create an Account on myuhc.com

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

1. Go to myuhc.com and click on “Register Now.” Your UHC 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 as your member ID and date of birth. Under group/policy 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.

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.

Forfeiture Rules

The IRS has strict rules regarding FSAs. It is important to estimate your expenses carefully, incur your expenses by December 31 and make sure that your claims for the calendar year are received by UHC, the FSA administrator, 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 if you do not enroll in an HSA. However, any money left in your Dependent Care FSA will be forfeited.

Requesting Reimbursement

To learn more about how to request FSA reimbursement, go to https://humanresources.columbia.edu/fsas.
Healthcare FSA

The current IRS limit for the Healthcare FSA is $2,650.* You can elect between $120 and $2,650* 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 ($2,650*) provided you have not contributed during the year to an FSA with Columbia University. If you are married, your spouse may also contribute $2,650* 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 https://humanresources.columbia.edu/fsas.

For More Information

To learn more about the Healthcare FSA, go to https://humanresources.columbia.edu/fsas.

Health Savings Account

If you elect coverage under the High Deductible Health Plan (HDHP), you may elect a Health Savings Account (HSA). It is important to keep in mind that you can only use HSA funds after you have contributed them.

Each year, you can contribute money to your HSA on a pre-tax basis through payroll deductions up to $3,500* for Yourself Only coverage and $7,000* for Yourself and dependent(s) coverage. Any unused balance accumulates year over year. You can manage both your HDHP and your HSA at www.myuhc.com.

Qualified medical expenses that may be paid through your HSA on a tax-free basis include: most medical care and services; dental and vision care; prescription drugs; and premiums paid for COBRA, long-term care and medical and prescription drug expenses as a retiree, including Medicare premiums. You can see a complete list of eligible expenses at www.irs.gov (Publications 969 and 502).

- Optum Bank, a subsidiary of UnitedHealth Group, is the administrator of the HSA.
- You can reach Optum Bank by calling UHC customer service at 800-791-9361 or at www.optumbank.com.
- If you have an account balance of at least $2,000, you can choose to invest among multiple investment options. Any earnings are automatically reinvested and grow tax-free.

If you change health plans, leave Columbia or retire:

- You do not pay taxes on the money you withdraw to pay for current and/or future qualified healthcare expenses.
- Withdrawals for non-qualified expenses are subject to taxes and an additional 20% penalty if you’re under age 65.
- You should keep careful records of your healthcare expenses and the corresponding withdrawals from your HSA, in case you need to provide proof to the IRS to support your account distributions reported on Form 8889 with your annual IRS tax return.

Learn More

You must enroll in the HDHP to be eligible for the HSA. For more details on the HDHP, see page 11.

Your HSA Elections

You can change your HSA elections at any time during the year. The change will always be effective on the first of the following month.

Your Personal Account

The HSA is your personal account, which you can continue to use even if you change health plans, leave Columbia or retire.

* IRS limits are subject to change.
HSA Restrictions

When Electing an HSA

- Under IRS regulations, if you enroll in the HSA, you cannot participate in any Healthcare FSA (including rollover amounts).
- In addition, if your spouse participates in a Healthcare FSA that permits reimbursement of your unreimbursed medical expenses, you will not be eligible to establish or contribute to an HSA until you are no longer covered by your spouse’s Healthcare FSA.
- You will not be eligible to establish or contribute to an HSA if you are covered by a medical plan option that is not an HSA-qualified HDHP (e.g., a spouse’s employer’s non-HDHP coverage).
- You can contribute to the HSA if you are over age 65, but only if you are not enrolled in any Medicare benefits (including Part A).

Important for Same-Sex Domestic Partners

IRS rules do not allow you to use your HSA to reimburse yourself for the expenses of your same-sex domestic partner or his/her children.

Funding Your HSA

Here’s how you can save using your HSA:

- **Pre-tax contributions.** You can elect automatic payroll deductions on a pre-tax basis to fund your account and your election will be deducted in equal installments from each paycheck. You can change your contribution amount at any time. Keep in mind that the total amount of your contributions cannot exceed $3,500* for Yourself Only coverage and $7,000* for Yourself and dependent(s) coverage. You cannot elect to pre-fund your HSA at the beginning of the year.

- **Catch-up contributions.** If you are at least age 55 and are not enrolled in Medicare, you can make “catch-up” contributions to your HSA. The maximum catch-up contribution is $1,000.

**Note:** If you are considering after-tax HSA contributions, you may want to consult with a tax adviser or financial professional.

How to Access Your HSA Funds

You can choose to pay your bills out of your own pocket or through your HSA. If you choose to pay through your HSA, you can use:

- Your Optum Bank HSA Debit Mastercard;
- Online Bill Payment Service available on [www.myuhc.com](http://www.myuhc.com).

For example, you could use your HSA debit card to pay for prescription drugs at the pharmacy.

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* IRS limits are subject to change.

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**Important**

You cannot access funds in your HSA until you have contributed them. You need to build up your HSA contributions—made through payroll deductions—before taking money out of your HSA for eligible expenses. Your HSA funds will be available as soon as administratively possible after Columbia has sent your payroll deductions to Optum Bank.

For more important reminders about the HSA, go to [https://humanresources.columbia.edu/hsa](https://humanresources.columbia.edu/hsa).
## Healthcare FSA vs. HSA

<table>
<thead>
<tr>
<th>Feature</th>
<th>Healthcare FSA</th>
<th>HSA (only available with HDHP)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre-tax contributions</td>
<td>Yes</td>
<td>Yes, if you are not enrolled in Medicare*</td>
</tr>
<tr>
<td>Unused funds roll over from year-to-year</td>
<td>Yes, up to $500**</td>
<td>Yes, full amount</td>
</tr>
<tr>
<td>Investment options with tax-free earnings</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>Tax-free withdrawal for eligible expenses</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Can use for eligible healthcare and dental expenses</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Portable – can take it with you when you leave Columbia</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>Can be used to pay for retiree medical expenses</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>Annual elected amount available at beginning of year</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

* If you enroll in Medicare, you cannot make new contributions to the HSA; however, you can use any accumulated HSA funds to pay for eligible medical expenses.

** In the FSA, you must incur claims or expenses by December 31 each year or any balance over $500 will be forfeited. Balances of $500 or less will roll over to the next calendar year if you remain a benefits-eligible employee at Columbia University.

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### Important

The IRS does not permit you to elect both a Healthcare FSA and an HSA. If your spouse has one of the two—for example, through another employer—you cannot elect another type of tax-savings vehicle. This rule does not apply to domestic partners because the IRS does not allow the use of either account for the expenses of a domestic partner. If you have a balance of $500 or less rolled over from your Healthcare FSA from 2018, you will automatically be enrolled in a Healthcare FSA in 2019. However, if you would like to contribute the maximum allowable amount in 2019, you must enroll in the Healthcare FSA during Open Enrollment.
Dependent Care FSA

The Dependent Care FSA helps you pay the cost of dependent day care services for an adult or child because you work or attend school. If you are married, your spouse must also work or go to school while you are at work in order to qualify for this coverage. You can contribute up to $5,000* to a Dependent Care FSA. If you are married, the IRS has several guidelines that might affect how much you can deposit:

• If your spouse also has a Dependent Care FSA at work and you file a joint tax return – your combined deposits cannot exceed $5,000.
• If you are married and file separate income taxes – the most you can contribute is $2,500.
• If your prior year W-2 earnings exceed $120,000 – Columbia Benefits may contact you to inform you whether your contributions must be capped as a result of mandatory IRS testing.

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

• Dependent children under the age of 13. If your child will turn 13 during the year, you can submit claims only for expenses incurred up to the child’s birthday. You may be eligible to disenroll 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 and who qualifies as a tax dependent.

For additional information on eligible dependent care providers, go to https://humanresources.columbia.edu/fsas.

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.
Child Care Benefit

Eligible Officers can elect to receive up to a $3,000 contribution from Columbia to a Dependent Care FSA. If you elect this benefit during the year because of a Qualified Life Status Change, you will receive a prorated portion of the benefit.

To be eligible for this benefit, you must meet all of the eligibility criteria below:

- Be a full-time, benefits-eligible Officer with an Annual Benefits Salary of less than or equal to $120,000.*
- Have a dependent child under the age of five and not yet attending kindergarten who:
  - Has been verified by the Columbia Benefits Service Center as an eligible dependent; and
  - Meets the IRS definition of a tax dependent.
- Elect to participate in the Child Care Benefit as a new hire, during the annual Open Enrollment period or if you experience a Qualified Life Status Change.

There is a limit of a single benefit per family regardless of the number of eligible children, and regardless of whether both parents are eligible Officers.

Officers who receive the Child Care Benefit can also contribute personal pre-tax payroll contributions to their Dependent Care FSA. The total contributions between the Dependent Care FSA and the Child Care Benefit cannot exceed the $5,000 annual maximum.

* 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 to contribute to a Transit account 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 responsible for repaying those funds to the University.

<table>
<thead>
<tr>
<th>When Will My T/PRP Election Take Effect?</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Enroll/Change</strong></td>
</tr>
<tr>
<td>January 10 (before the 20th of the month)</td>
</tr>
<tr>
<td>January 21 (after the 20th of the month)</td>
</tr>
</tbody>
</table>

To learn more, go to [https://humanresources.columbia.edu/tprp](https://humanresources.columbia.edu/tprp).

⚠️ If you drive to work and park in a University-owned lot or a NYP Hospital-owned lot, you already pay for parking with pre-tax payroll contributions. If you decide to also participate in the Parking Reimbursement Program through EBPA, your combined pre-tax monthly contributions cannot exceed the $260* IRS monthly maximum.

* IRS limits are subject to change.
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.

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 https://humanresources.columbia.edu/tprp.

If You Do Not Use the Benefits Card
You may also submit claims with a paper form. 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 https://humanresources.columbia.edu/tprp.

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
Disability Insurance

Columbia’s Salary Continuation Plan and Long-Term Disability (LTD) Insurance Plan can replace all or some of your income if you become ill or injured and cannot work. You are automatically covered under the Salary Continuation Plan and the Basic LTD Insurance Plan at no cost to you. You may elect to buy an enhanced level of coverage under the Optional LTD Plan, and the University recommends you seriously consider this valuable coverage. The LTD plans are insured and administered by Cigna.

<table>
<thead>
<tr>
<th>Disability Option</th>
<th>Coverage</th>
<th>Your Cost of Coverage</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Salary Continuation Plan</strong>*</td>
<td>For first six months Full-time Officers receive 100% of regular compensation for up to six months of disability during any rolling 12-month period. To receive disability benefits, you must be able to provide proof of your disability and must be under a physician’s care consistent with your medical condition.</td>
<td>$0</td>
</tr>
<tr>
<td><strong>Basic Long-Term Disability</strong></td>
<td>After six months Basic LTD begins after you have been disabled for 6 months. You must apply to receive long-term disability benefits. For the first 6 months of LTD, your benefit payment is 66⅔% of your Annual Benefits Salary** and it is reduced to 60% thereafter. • Coverage applies to a maximum Annual Benefits Salary** of $100,000. • The maximum monthly benefit is $5,000. • There is no cost-of-living adjustment (COLA). • Contributions to the Officers’ Retirement Plan continue as defined by Cigna, the long-term disability provider.</td>
<td>$0</td>
</tr>
<tr>
<td><strong>Optional Long-Term Disability</strong></td>
<td>After six months The same benefit provisions as for the Basic LTD apply, with the following enhancements: • Coverage applies to a maximum Annual Benefits Salary** of $300,000. • The maximum monthly benefit is $15,000. • You receive an annual 3% COLA, beginning January 1 after you have received 12 months of LTD payments. • Contributions to the Officers’ Retirement Plan continue as defined by Cigna, the long-term disability provider.</td>
<td>$0.216 per $100 of your monthly covered Annual Benefits Salary**</td>
</tr>
</tbody>
</table>

* Faculty should review their appointment letters for specific information relative to salary continuation payments.

** Annual Benefits Salary is calculated as of July 1 each year and is the greater of (a) your base salary or (b) your prior 12 months’ compensation from the University as of June 30 each year, including certain approved additional and private practice compensation, and excluding any housing allowance.

New Hire Opportunity

As a new hire, take advantage of the one-time opportunity to enroll in Optional LTD without providing Evidence of Insurability.
The LTD benefits are reduced by other disability income you receive, such as Social Security or Workers’ Compensation. Any payments made to your dependents because of your disability will also reduce your LTD benefit amount.

Here’s an example of how Basic LTD benefit payments are calculated:

After your first six months on Basic LTD benefits, the percentage reimbursement of your Annual Benefits Salary is reduced to 60%:

<table>
<thead>
<tr>
<th>Basic LTD Covered Earnings</th>
<th>$60,000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basic LTD % of Salary Benefit</td>
<td>60%</td>
</tr>
<tr>
<td>Your Basic LTD Benefit</td>
<td>$36,000 annually or $3,000 per month</td>
</tr>
</tbody>
</table>

The Basic LTD benefit payment is fully taxable because Columbia pays the premium.

**LTD Insurance Maximum Benefit Period**

If you remain disabled (as defined by Cigna), you will continue to receive LTD benefits for a maximum benefit period based on your age on the date you become disabled. Benefits continue as long as you remain totally disabled throughout the Maximum Benefit Period as defined by Cigna. These benefits are taxable.

<table>
<thead>
<tr>
<th>Age on Date of Disability</th>
<th>Maximum Benefit Period for Basic and Optional LTD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than 60</td>
<td>To age 65</td>
</tr>
<tr>
<td>60</td>
<td>60 months</td>
</tr>
<tr>
<td>61</td>
<td>48 months</td>
</tr>
<tr>
<td>62</td>
<td>42 months</td>
</tr>
<tr>
<td>63</td>
<td>36 months</td>
</tr>
<tr>
<td>64</td>
<td>30 months</td>
</tr>
<tr>
<td>65</td>
<td>24 months</td>
</tr>
<tr>
<td>66</td>
<td>21 months</td>
</tr>
<tr>
<td>67</td>
<td>18 months</td>
</tr>
<tr>
<td>68</td>
<td>15 months</td>
</tr>
<tr>
<td>69 or older</td>
<td>12 months</td>
</tr>
</tbody>
</table>
Optional LTD Insurance Plan

Statistically, your chance of becoming disabled is greater than your chance of dying during most of your working years. Consider electing Optional LTD coverage to provide additional income protection in the event of disability.

The Optional LTD Plan pays $66\frac{2}{3}\%$ of the first $300,000 of your Annual Benefits Salary for the first six months, and 60% thereafter, up to $15,000 per month.

There are important benefits from Optional LTD, including:

- An annual 3% cost-of-living increase in the disability benefits payment.
- Contributions to the Officers’ Retirement Plan begin 12 months from the start of long-term disability.
- The Officers’ Retirement Plan contributions may increase based on a 3% annual cost-of-living adjustment.

You can elect Optional LTD when you are hired or during annual Benefits Open Enrollment. You pay for this coverage with after-tax dollars, so your Optional LTD benefits are only partially taxable if you become disabled.

Keep in Mind

If you did not select Optional LTD coverage when you first became eligible, you'll need to be approved for coverage by Cigna after submitting Evidence of Insurability. Your coverage, as well as your payroll contributions, will not begin until Cigna has approved your application.
Term Life Insurance

Life insurance can provide valuable financial protection and Columbia University offers you the choice of different levels of coverage to help meet your needs. Columbia offers two term life insurance plans: the Basic Term Life Insurance Plan and the Optional Term Life Insurance Plan. Both plans are insured and administered by Cigna.

Basic Term Life Insurance Plan
The Basic Term Life Insurance plan is provided 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 to six times your Annual Benefits Salary up to a maximum of $1,750,000, including your Basic Term Life Insurance coverage amount. The premium payment for additional coverage is 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 CUBES based on your age. Go to https://humanresources.columbia.edu/ and click on the CUBES logo to add or update beneficiaries at any time during your employment.

Monthly Cost of Coverage
You pay a monthly premium for each $1,000 of Optional Term Life 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>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Age</th>
<th>Monthly cost per $1,000</th>
</tr>
</thead>
<tbody>
<tr>
<td>50 to 54</td>
<td>0.139</td>
</tr>
<tr>
<td>55 to 59</td>
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<td>60 to 64</td>
<td>0.396</td>
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<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 Term Life Insurance without providing Evidence of Insurability for amounts up to the Guaranteed Issue Amount of 3x salary or $1,000,000.
How to Calculate Your Optional Term Life Monthly Premium Cost

Example: An Officer, age 41, with an Annual Benefits Salary of $60,000, elects Optional Term Life Insurance of 3x Annual Benefits Salary ($180,000).

- Amount of Optional Term Life Insurance: $180,000
- Divide by 1,000: 180
- Rate @ age 41, from table (page 34): x 0.068
- Total Monthly Premium: $12.24

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 $1,000,000 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 you need to provide EOI, the process steps and required forms are available online via CUBES.
Dependent Life Insurance

Dependent Life Insurance provides a benefit to you in the case of the death of your spouse, your same-sex domestic partner or your dependent children up to age 26, if they are financially dependent on you. You pay the full cost of this benefit.

Coverage choices:

• Spouse/Same-Sex Domestic Partner Life Insurance – $10,000, $30,000, $50,000 or $100,000 of coverage.

  Note: You cannot elect Dependent Life Insurance greater than your own total life insurance value.

• Your spouse/same-sex domestic partner must provide Evidence of Insurability if you elect spouse/same-sex domestic partner coverage of $100,000.

• Child Life Insurance – $10,000 for each dependent child; you pay one premium rate, regardless of the number of children in your family.

<table>
<thead>
<tr>
<th>Dependent Life Insurance Monthly Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Coverage</td>
</tr>
<tr>
<td>Spouse/Same-Sex Domestic Partner Life Insurance</td>
</tr>
<tr>
<td>Child Life Insurance</td>
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</tbody>
</table>

New Hire Opportunity

As a new hire, take advantage of the one-time opportunity to enroll in Spouse/Same-Sex Domestic Partner Life Insurance up to $50,000 without having to provide Evidence of Insurability.
Long-Term Care Insurance

Long-Term Care (LTC) Insurance, offered by Genworth Life Insurance Company of New York (Genworth Life), can help you and your family pay some of the costs associated with long-term nursing home or home healthcare services that are not covered by traditional medical insurance or Medicare. As a newly hired Officer, this is your opportunity to enroll in LTC through a streamlined application process, if you are under age 66. Full Evidence of Insurability is required if you are age 66 or older.

LTC Insurance is available to you, your spouse, your domestic partner, your parents/parents-in-law, grandparents/grandparents-in-law and adult children (family members must be age 75 or younger to apply). You do not need to be enrolled in LTC in order for a family member to apply for this coverage. Once you or a family member are approved for the LTC benefit, coverage is guaranteed as long as the premiums are paid. The cost of LTC coverage depends on the level of coverage you choose and your age when your application is signed. The younger you are when you enroll, the lower your premium.

How LTC Insurance Works

LTC pays part of the daily cost of services designed to help a person perform certain activities of daily living such as bathing, eating and dressing. The covered person will receive reimbursement for covered care expenses up to a percentage of the daily maximum benefit, depending on the type of care he or she receives.

For Example:

- Nursing home or alternative care facility – 100% of daily maximum benefit
- Home healthcare or adult care services – 75% of daily maximum benefit
- Informal care – 25% of daily maximum benefit, up to 30-day annual maximum

You can elect a daily maximum benefit of $100, $150, $200 or $250.

Evidence of Insurability

If you are age 18-65 and newly hired or newly eligible, you can apply for LTC with a streamlined application within 60 days of eligibility. If you are age 66 or older, or applying after 60 days of your date of hire, you must provide full Evidence of Insurability (EOI). All eligible family members applying for LTC must provide full EOI. All LTC applications must be approved by Genworth Life.

Learn More

For more information on eligibility and restrictions, or to apply for coverage, go to www.genworth.com/columbia or call Genworth at 800-416-3624.
Columbia University offers three tuition benefits programs to support the education of you and your family. Complete policy information is online at [https://humanresources.columbia.edu/tuition](https://humanresources.columbia.edu/tuition). You can review your tuition benefits eligibility by logging in to CUBES and choosing “Tuition Programs, Print Your Eligibility Form.”

### Tuition Exemption (TE) Benefit for Officers and Their Children

The Tuition Exemption Benefits Program pays tuition cost for your undergraduate and graduate courses at Columbia University, Barnard College and Teachers College. This is not a reimbursement or remission program; your tuition is simply exempt. You are eligible for this benefit after completing two years of regular full-time salaried continuous service.

Once you become eligible, Tuition Exemption will pay 100% of the tuition for a pre-defined number of courses each term when you submit your eligibility form to your school’s Student Financial Services office. See the policy for details of your benefits coverage at [https://humanresources.columbia.edu/tuition](https://humanresources.columbia.edu/tuition).

Your children may also be eligible for a 100% Tuition Exemption benefit for undergraduate degrees at Columbia and Barnard College. For Columbia University Officers’ children who attend Barnard College, the Tuition Exemption benefit is limited to eight Fall and Spring terms. Officers are eligible for this benefit after completing four years of regular full-time salaried continuous service. Your child must matriculate into their degree program by the end of the month in which they turn age 26.

### College Tuition Scholarship (CTS) Benefit for Officers’ Children

For eligible dependent children, a College Tuition Scholarship benefit pays 50% of a student’s undergraduate tuition at accredited institutions outside of Columbia (up to an annually defined limit) for up to eight semesters. You are eligible for this benefit after completing four years of regular full-time salaried continuous service. Your child must matriculate into their degree program by the end of the month in which they turn age 26.

### Primary Tuition Scholarships (PTS) Benefit for Officers’ Children

For eligible full-time regular salaried Officers. Both you and your child(ren) must live within the five boroughs of New York City.

#### The PTS Benefit for K-8 within New York City

The PTS Benefit program pays between 10% and 35% of your child’s tuition in grades K-8 at a private school within the five boroughs of New York City, based on qualifying family income.

#### The PTS Benefit for The School at Columbia University

The PTS Benefit pays 50% of your child’s tuition for grades K-8 at The School at Columbia University.

### Reduced Employee Rate

As a newly hired Officer, if you want to take courses prior to meeting the service requirements, you are eligible for the Reduced Employee Rate, which provides a 35% reduction in tuition costs, at Columbia only.
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 Officers’ Retirement Plan.

Voluntary Retirement Savings Plan (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 $18,500* or, if you are age 50 or over, an additional $6,000* (annual total of $24,500*). 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.

Retirement Plan for Officers of Columbia University

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

For detailed information on the Voluntary Retirement Savings Plan (VRSP) and the Officers’ Retirement Plan, including your contributions, investment options, educational information and planning resources, please see the Retirement Savings & Financial Planning website at https://humanresources.columbia.edu/retirement.

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  800-662-0106, ext. 14500
TIAA  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 & Training Calendar at https://humanresources.columbia.edu/.

Investment Default

If you do not select your investment funds for the VRSP and the Officers’ Retirement Plan, 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.

Important: If you are an Officer who is hired after July 1, 2013, and you do not make an election to contribute on a pre-tax and/or Roth basis to the VRSP, you will automatically be enrolled to contribute 3% of your eligible pay on a pre-tax basis 60 days following your hire date.

Make Sure You Are Signed Up

Not sure if you are participating in the VRSP today? The simplest way to check is to look at your payroll statement and look under “Before-Tax Deductions” or “After-Tax Deductions” if you are making Roth contributions.

* IRS limits are subject to change.
Getting the Most Out of Your Benefits

The University provides a wide variety of wellness programs, tools and resources to support your ongoing health and welfare.

Well-being Resources

There is nothing more important than your health. Wellness programs inspire 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 Online Portal

Find your health plan information, along with provider budgeting tools, helpful wellness tips and more at www.myuhc.com. Download the Health4Me™ app to take this resource on the go. See page 44 for more details.

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, go to https://humanresources.columbia.edu/benefits and click on the “Virtual Visits” icon.

Personal Wellness Coaching

UHC's personal wellness coaching provides easy online access to tools, support and guidance to help you reach your health goals. This service is included as part of your benefits plan, at no additional cost to you, and offers programs to assist you with eating better, getting fit, reducing stress and sleeping better. Participants can get tailored support from a personal coach via secure email or live chat. There are also a host of online courses and programs available at your fingertips, such as Stress Less, Sleep Well and Eat Smart.

NurseLine

Speak with a registered nurse 24/7 to help you choose appropriate medical care, understand a new diagnosis, explore treatment options and more. To connect to a nurse, call 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 [https://humanresources.columbia.edu/well-being](https://humanresources.columbia.edu/well-being).

Live and Work Well

The behavioral health website provides confidential help and resources when coping with grief and loss, managing relationship difficulties and dealing with anxiety, stress and depression. You can also access online resources to help you reach your health goals such as eating right or reducing stress, and even get guidance from a coach via phone, secure email or live chat. Log in to [www.myuhc.com](http://www.myuhc.com) and click on “Coverage & Benefits.” Then select “Mental Health” and “Mental Health and Substance Abuse benefit 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)
  - Phones answered by licensed Master’s or Ph.D.-level mental health and substance abuse professionals and, if needed, referral to a network of more than 20,000 counselors available nationwide

- **Legal and financial services:**
  - Free 30-minute consultations with Humana-affiliated attorneys or financial counselors
  - Free 30-minute consultations with Humana-affiliated mediators
  - 25% discount on additional legal, tax preparation and mediation services
  - Do-it-yourself document preparation with hundreds of state-specific, fillable legal forms, including wills, living wills, powers of attorney, etc.

**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.
• ID Theft Emergency Response Kit:
  • 60-minute consultation with an expert fraud-resolution specialist
  • 25% discount on additional services
• Improving Your Financial Wellness webpage with articles, podcasts, webinars and other tools to help you deal with common financial issues
• 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).

Work/Life Programs
Columbia University’s Office of Work/Life fosters the well-being of the Columbia community and its people in their pursuit of meaningful and productive academic, personal and work lives.

Programs and services:
• Affiliated Child Care Centers are independent centers, located on or near Columbia campuses, which provide quality child care for Columbia families.
• Affinity Mortgage Lending Program includes preferred lenders that can help you refinance your current mortgage, consolidate debt or purchase a new home.
• Backup Care is for the care of adults or children when normal care arrangements are interrupted or when short-term care is required but you still need to attend work. Coverage is available 24/7, nationwide and in some international locations. (Please visit Work/Life website for eligibility requirements.)
• Breastfeeding Support Program includes private lactation rooms equipped with hospital-grade breast pumps, on all Columbia campuses. Breast pump attachments are available for purchase below retail cost. Breastfeeding workshops are also offered each semester.
• Faculty Spouse/Partner Dual Career Service is for the spouses/partners of faculty living in the New York metropolitan area who wish to explore employment opportunities.
• Housing Information and Referral Service provides individual consultation and information resources for renting or purchasing apartments or homes in the New York metropolitan area.
• School and Child Care Search Service assists families exploring child care and school options, including public, parochial, independent and special needs schools.
• Wellness Program includes initiatives to support physical activity, nutrition, weight management, stress reduction and more.

Work/Life Workshops and Other Events
Look for emails announcing upcoming Work/Life workshops and other events across the University. For more details on programs, services and events, go to http://worklife.columbia.edu or email worklife@columbia.edu.
Health Advocate
Free 24/7 services, available through Health Advocate, can help you, your spouse, 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.
• 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 https://humanresources.columbia.edu/well-being or call 866-799-2725.

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.
## 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></td>
<td>Provider Directory: <a href="https://humanresources.columbia.edu/benefits-vendor-contacts">https://humanresources.columbia.edu/benefits-vendor-contacts</a> (click on Dental Providers)</td>
<td></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>HSA</strong></td>
<td>Optum Bank</td>
<td><a href="http://www.myuhc.com">www.myuhc.com</a></td>
<td>800-791-9361</td>
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<td><strong>Identity Theft Assistance</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>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>
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<td><strong>Long-Term Care</strong></td>
<td>Genworth</td>
<td><a href="http://www.genworth.com/columbia">www.genworth.com/columbia</a></td>
<td>800-416-3624</td>
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<td><strong>Long-Term Disability</strong></td>
<td>Cigna</td>
<td>N/A</td>
<td>800 362-4462</td>
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<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>
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<td></td>
<td>UHC Behavioral Health</td>
<td>Member Services: <a href="http://www.myuhc.com">www.myuhc.com</a></td>
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<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>
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<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</strong></td>
<td>Cigna Secure Travel</td>
<td>Cigna Assistance Services Policy #FLY980017 Group #57</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Cigna Assistance Services can be reached at <a href="mailto:cigna@gga-usa.com">cigna@gga-usa.com</a></td>
<td></td>
</tr>
<tr>
<td></td>
<td>American International Group, Inc. (J-1 Visa Holders Only)</td>
<td>aig.com/us/travelguardassistance</td>
<td>In the United States and Canada call: 888-226-4567</td>
</tr>
<tr>
<td></td>
<td></td>
<td>AIG Travel Guard can be reached at <a href="mailto:assistance@aig.com">assistance@aig.com</a></td>
<td>In other locations worldwide call: 202-331-7635</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Note: collect calls accepted</td>
<td>Note: collect calls accepted</td>
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<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>Humana</td>
<td><a href="http://www.humana.com/eap">www.humana.com/eap</a></td>
<td>888-673-1153</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://humanresources.columbia.edu/benefits](http://humanresources.columbia.edu/benefits)  
HR website: [http://humanresources.columbia.edu](http://humanresources.columbia.edu)  
Vendor Contact List:  
[https://humanresources.columbia.edu/benefits-vendor-contacts](https://humanresources.columbia.edu/benefits-vendor-contacts)