Your Columbia University Benefits

As a member of SSA, you can take advantage of a comprehensive benefits package. We are committed to providing you with valuable benefits and resources to help you manage healthcare costs. This brochure is designed to help you understand your options.

Now is the time to review your current enrollment, think about changes to your personal situation and choose the benefits that will best meet your needs in 2020.

HOW TO ENROLL: LOG IN TO CUBES

CUBES gives you secure access to personalized information about your benefits. The site is available 24/7, which means you can enroll online anytime during Open Enrollment. To get started:

1. Go to humanresources.columbia.edu and click the CUBES logo; log in with your UNI and password; confirm access using multifactor authentication (DUO).
2. Select “Get Started” to make your elections.
3. Be sure to “CHECKOUT” in order to save and submit your elections.

Remember: You must enroll in your 2020 benefits by November 22, 2019. The choices you make during Open Enrollment will stay in effect all year—unless you experience a Qualified Life Status Change (see page 4 for more details).

Inside This Brochure

Learn about benefits changes for 2020 .................. 2
View the 2020 monthly pre-tax cost of coverage ................. 3
Reminders ................................................. 4

What Happens if You Don’t Enroll?

You will no longer have coverage for:
• Healthcare FSA*
• Dependent Care FSA

You will also be ineligible to enroll in most Voluntary Benefits—like Critical Illness and Universal Life with long term care insurance—until the next Open Enrollment period.

You will be automatically re-enrolled in your current 2019:
• Medical
• Dental
• Transit/Parking Reimbursement Program (T/PRP)
• Life Insurance

* If you are enrolled in the Choice Plus 90 medical plan, you will still be eligible for the University’s contribution to your Healthcare FSA.
What’s New for 2020

• Changes to the Choice Plus 90 medical plan. Learn more on page 6.

• New contribution rates. See page 3 to view the 2020 rates.

• Voluntary Benefits. Take advantage of new benefits like Critical Illness, Auto, Home and Pet insurance. Available to all eligible staff—whether you enroll in other benefits or not. See page 4 or go to humanresources.columbia.edu/voluntary-benefits.

• Additional dental plan option—Aetna Dental Maintenance Organization (DMO) plan. Go to humanresources.columbia.edu/ssa-dental.

• Accidental Death & Dismemberment coverage now available. Go to humanresources.columbia.edu/add for more details.

• Same-Sex Domestic Partner coverage for new enrollees will end after January 1, 2020. See page 3.

• Infertility benefit eligibility expanded. Go to humanresources.columbia.edu/womens-health for more details.

• Adoption services now included in the Employee Assistance Program (EAP). Go to humanresources.columbia.edu/well-being for more details.

• College Coach. A new program offering admissions assistance, one-on-one counseling, webinars and online resources. Go to humanresources.columbia.edu/college-coach for more details.

• Change to Voluntary Retirement Savings Plan (VRSP) election percentage. Save a dollar amount closer to your desired annual retirement savings goal. VRSP elections can now be made in half percentages.

⚠ Before you log in to CUBES to make your elections, think about your benefits needs for next year and learn about the 2020 changes.
Cost of Coverage

Contributions are the amount you pay toward the cost of medical, dental, vision and prescription drug (Rx) coverage through pre-tax payroll deductions.

### 2020 Monthly Pre-Tax Contributions for Medical, Vision & Rx

<table>
<thead>
<tr>
<th></th>
<th>Yourself Only</th>
<th>Yourself &amp; Child(ren)</th>
<th>Yourself &amp; Spouse or Same-Sex Domestic Partner</th>
<th>Family</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Full-Time</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Choice Plus 90</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>Choice In-Network</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td><strong>Part-Time</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Choice Plus 90</td>
<td>$396</td>
<td>$751</td>
<td>$831</td>
<td>$1,187</td>
</tr>
<tr>
<td>Choice In-Network</td>
<td>$411</td>
<td>$781</td>
<td>$863</td>
<td>$1,232</td>
</tr>
</tbody>
</table>

### 2020 Monthly Pre-Tax Contributions for Aetna Dental

<table>
<thead>
<tr>
<th>Available to Full-Time SSA members only</th>
<th>Aetna Columbia Dental Plan</th>
<th>Aetna DMO Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yourself</td>
<td>$28.00</td>
<td>$12.57</td>
</tr>
<tr>
<td>You Plus One</td>
<td>$68.00</td>
<td>$35.83</td>
</tr>
<tr>
<td>Family</td>
<td>$109.00</td>
<td>$35.83</td>
</tr>
</tbody>
</table>

### 2020 Monthly Pre-Tax Contributions for EmblemHealth Dental*

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

*Part-Time SSA members are not eligible for dental coverage.
**Dependent children can only be covered under EmblemHealth Dental through the end of the calendar year in which they turn 19.

### SAME-SEX DOMESTIC PARTNERS

Federal income tax rules require that contributions toward coverage of a same-sex domestic partner be deducted from 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.

2020 Open Enrollment (January 1, 2020 effective date of coverage) will be the last opportunity same-sex domestic partners will be considered benefits eligible.

If you are currently enrolled in same-sex domestic partner coverage and you enroll in benefits for 2020, you will continue to receive same-sex domestic partner benefits. Beginning January 1, 2020, new enrollees will not have the option of same-sex domestic partner coverage.
Important Reminders

KNOW YOUR OPTIONS
Evaluate the medical plan options available to you and your family. Think about your total costs—what you pay at the time you use healthcare (e.g. your deductible, coinsurance or copay) plus your payroll contributions (part-time employees only). Decide if it is more cost-effective to cover your family under your Columbia plan or your spouse or same-sex domestic partner’s plan.

CONSIDER VOLUNTARY BENEFITS
With the addition of these new benefits offerings, you can create a customized package to meet all your needs. The costs of treating major health emergencies and illnesses are usually more than standard health insurance plans cover. Adding Accident, Critical Illness and/or Hospital Indemnity insurance to an existing medical plan—through the University or elsewhere—can help you focus on getting better and worrying less about medical bills and related costs, such as transportation and child care. Also available: Auto, Home, Identity Theft, Universal Life with long-term care and Pet insurance.

For more information, go to humanresources.columbia.edu/voluntary-benefits. To ask a question or enroll, call Farmington, the University’s voluntary benefits administrator: 866-494-4498.

CHOOSE YOUR COVERAGE
Elections or changes made during Benefits Open Enrollment will be effective on January 1, 2020, and will be in effect for the 2020 calendar year. If you do not enroll between November 4-22, you must wait until next year’s Open Enrollment to enroll or make changes to your benefits—unless you experience a Qualified Life Status Change.

QUALIFIED LIFE STATUS CHANGES
You can update benefits elections on CUBES if you experience a Qualified Life Status Change such as marriage or divorce, birth or adoption of a child. You have 31 days from the eligible event to make updates.

For additional information, including a list of Qualified Life Status Change events, go to humanresources.columbia.edu/benefits and click “Making Changes to Your Benefits.”

ENROLLING IN THE T/PRP PROGRAM
You may enroll in and/or make changes to the Transit/Parking Reimbursement Program (T/PRP) at any time during the year. Enrollment and changes made before the 20th of a month will be effective the first day of the next month. The current IRS contribution limit is $265 per month.*

MAKE CATCH-UP CONTRIBUTIONS TO THE VRSP
If you are age 50 or older (or will turn 50 in 2020), you can contribute an additional $6,000 pre- or post-tax to your Voluntary Retirement Savings Program (VRSP) account, for a total of $25,000 in 2020.*

REVIEW BENEFICIARIES
Update your beneficiary information for life insurance and retirement plans.

RENEW OR OPEN AN FSA
If you are enrolled in or plan to enroll in either of the medical plans, you may want to consider renewing or opening a Flexible Spending Account (FSA). FSAs allow you to set aside money on a pre-tax basis to pay for eligible healthcare and dependent care expenses. Healthcare and Dependent Care FSAs can help you save money by giving you a tax break. The current IRS limit for the Healthcare FSA is $2,700 and $5,000 for the Dependent Care FSA.* To contribute your own funds to either the Healthcare or Dependent Care FSA for 2020, you must enroll during Open Enrollment.

If you enroll in the Choice Plus 90 plan, you will automatically receive the University’s contribution to your Healthcare FSA.

* IRS limits are subject to change.
Medical Coverage

OVERVIEW
The Choice In-Network and Choice Plus 90 plans both 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. If you enroll in either plan, you will be automatically enrolled in prescription drug and vision coverage.

The Choice Plus 90 plan includes coverage for out-of-network services and a University contribution to a Healthcare FSA. The Choice In-Network plan does not include out-of-network coverage.

UNIVERSITY CONTRIBUTION TO HEALTHCARE FSA
If you participate in the Choice Plus 90 plan, the University will make a contribution on your behalf to the Healthcare FSA. The contribution will be made at the beginning of the year and it will not count toward the $2,700* IRS limit. You may also contribute your own funds to the FSA, up to the IRS limit, but to do so you must enroll in the Healthcare FSA during the Open Enrollment period. UHC will send two Health Care Spending Cards in your name to your home mailing address. These cards can be used as credit cards to make eligible purchases, such as prescription drugs or office visit copays.

<table>
<thead>
<tr>
<th>Coverage in Medical Plan</th>
<th>Annual University Contribution</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yourself</td>
<td>$120</td>
</tr>
<tr>
<td>You Plus Spouse or Child(ren)</td>
<td>$240</td>
</tr>
<tr>
<td>Family</td>
<td>$360</td>
</tr>
</tbody>
</table>

* IRS limits are subject to change.
Comparing Your Medical Plans

Only you can decide which coverage is best for you and your family. Here is an overview of medical plan options.

<table>
<thead>
<tr>
<th>Benefit</th>
<th>Choice Plus 90</th>
<th>Choice In-Network</th>
</tr>
</thead>
<tbody>
<tr>
<td>Annual Deductible</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Individual Family</td>
<td>$400 per person</td>
<td>N/A</td>
</tr>
<tr>
<td>Family</td>
<td>$850 per person</td>
<td>N/A</td>
</tr>
<tr>
<td>Out-of-pocket Maximum</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Individual Family</td>
<td>$3,250</td>
<td>$3,500</td>
</tr>
<tr>
<td>Family</td>
<td>$6,500</td>
<td>$7,000</td>
</tr>
<tr>
<td>Preventive Care</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Physician Office Visits, including specialists</td>
<td>$30 copay</td>
<td>$30 copay</td>
</tr>
<tr>
<td>Laboratory/Radiology Services, including services rendered in a physician's office</td>
<td>90% after deductible</td>
<td>60% after deductible</td>
</tr>
<tr>
<td>Inpatient Hospital Care</td>
<td>90% 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>
</tr>
<tr>
<td>Mental Health and Substance Abuse—Inpatient care</td>
<td>90% after deductible</td>
<td>60% after deductible; Precertification required</td>
</tr>
<tr>
<td>Mental Health and Substance Abuse—Outpatient programs</td>
<td>$30 copay</td>
<td>70% after deductible for facility-based care including intensive outpatient programs; Precertification required</td>
</tr>
<tr>
<td>Mental Health and Substance Abuse—Outpatient counseling</td>
<td>$30 copay</td>
<td>70% after deductible</td>
</tr>
<tr>
<td>Emergency Room</td>
<td></td>
<td>$150 copay (Waived if admitted)</td>
</tr>
<tr>
<td>Basic and Comprehensive Infertility Treatment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Advanced Infertility Treatment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Prescription Drug coverage with OptumRx***</td>
<td></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.

** No copay for Lab and Radiology at certain designated New York Presbyterian (NYP) locations. Go to humanresources.columbia.edu/documents for a list.

*** $30,000 lifetime maximum for infertility medication.

The Medical Plan Comparison chart represents highlights of Plan provisions. Clinical medical management restrictions and other limits apply.

Go to humanresources.columbia.edu; click “Forms & Documents;” search “SPD” to view the Summary Plan Descriptions.

UHC’s Choice network is a national provider network and does not require referrals to see specialists. UHC requires precertification for some services; it is your responsibility to confirm that your provider has obtained the necessary authorizations from UHC.
Vision Coverage

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

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

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

To search for a vision provider, log in to myuhc.com and click “Coverage & Benefits,” “Vision” and then “Vision benefit highlights.” You will be taken to the UHC Vision website where you can search for a vision provider under “Find a Provider.”

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

Dental Coverage

**EMBLEMHEALTH PREFERRED DENTAL BENEFITS PLAN B**

EmblemHealth Preferred Dental Benefits Plan B covers preventive, basic and major services. You may choose to use a participating EmblemHealth Preferred Program dentist or go to a nonparticipating dentist. When you receive care from a nonparticipating dentist, you pay the provider up front, and then file a claim for reimbursement. You’ll be reimbursed up to the allowance shown on the EmblemHealth Dental fee schedule for covered services, which is available from EmblemHealth. If you use a participating dentist, no forms are required.

For EmblemHealth dentists, go to emblemhealth.com/find-a-doctor/directory and select “Dental Preferred” from the menu. For more information, call EmblemHealth: 212-501-4443.

**AETNA DENTAL PLANS**

The University offers two comprehensive dental plans through Aetna. Under the Aetna Columbia Dental Plan you can go to a broad range of dentists, including Columbia University College of Dental Medicine faculty and alumni (“Columbia Preferred Dental Network”) and dentists in the national Aetna PPO network. You may also see an out-of-network dentist, although your cost may be significantly higher. The Dental Maintenance Organization (DMO) plan is a select group of Aetna in-network providers able to offer lower rates.

For a list of participating dentists, go to humanresources.columbia.edu/benefits-vendor-contacts. For more information, go to humanresources.columbia.edu/benefits to view the 2020 Benefits Highlights.
## Benefits Open Enrollment Events

### Benefits Expos

<table>
<thead>
<tr>
<th>Locations</th>
<th>Dates and Times</th>
</tr>
</thead>
</table>
| **Lamont-Doherty Earth Observatory: Benefits Forum**  
Monell Building Lobby  
61 Route 9W  
Palisades, NY 10964 | Wednesday, November 6: 10:00 a.m. - 12:00 p.m. |
| **Morningside Campus**  
Alfred Lerner Hall  
Roone Arledge Auditorium  
2920 Broadway (at W. 115th Street)  
New York, NY 10027 | Thursday, November 7: 10:00 a.m. - 2:00 p.m.  
Preventive Health Screenings: 8:00 a.m. - 2:00 p.m.  
Flu Vaccines: 9:00 a.m. - 2:00 p.m. |
| **Manhattanville Campus**  
Lenfest Center for the Arts  
The Lantern (8th Floor)  
615 W. 129th Street  
New York, NY 10027 | Tuesday, November 12: 10:00 a.m. - 2:00 p.m.  
Preventive Health Screenings: 9:00 a.m. - 2:00 p.m. |
| **CUIMC**  
Armand Hammer Health Sciences Center  
Teaching and Learning Center (lower level)  
701 W. 168th Street (at Ft. Washington Ave.)  
New York, NY 10032 | Wednesday, November 13: 10:00 a.m. - 2:00 p.m.  
Preventive Health Screenings: 8:00 a.m. - 2:00 p.m. |

### FREE PREVENTIVE HEALTH SCREENINGS

Join us at the Benefits Expos and check your blood pressure, cholesterol and glucose levels, and more at a complimentary health screening. Results available while you wait and certified health professionals on site can help you understand them.

If you register in advance, you can fast before your appointment to receive additional values of LDL cholesterol and total triglycerides. Pre-register online at my.questforhealth.com and select “Register Now” (Registration Key: cu2019). Don’t take your health for granted—know your numbers!

### REFERENCES AND RESOURCES

Reference materials are available on the Columbia Benefits website. Go to [humanresources.columbia.edu/benefits](http://humanresources.columbia.edu/benefits) for the Benefits Highlights, Summaries of Benefits & Coverage (SBC), legal notices, FAQs, vendor contacts and glossary.

### QUESTIONS?

Contact the Columbia Benefits Service Center at [212-851-7000](tel:212-851-7000) or [hrbenefits@columbia.edu](mailto:hrbenefits@columbia.edu). Open Enrollment hours: Monday through Friday 9:00 a.m. to 5:00 p.m.

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**About This Communication**

The Benefits Brochure summarizes 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 [humanresources.columbia.edu/benefits](http://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.