NON-UNION SUPPORT STAFF BENEFITS HIGHLIGHTS

EFFECTIVE JANUARY 1, 2020
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 a 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.
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For additional benefits information go to the HR Benefits website: 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, meet educational and professional goals and much more. We are committed to providing the resources you need to care for yourself and your family. This guide is an overview of what's available to you in 2020.

CHOOSE YOUR COVERAGE FOR THE YEAR

Your 2020 elections will be in effect from January 1 or your date of hire or benefits eligibility (whichever is later) through December 31, 2020. Unless you have a Qualified Life Status Change (see page 5), the annual benefits open enrollment period is your only opportunity to change your benefits coverage.


How to Enroll

Step 1  Go to humanresources.columbia.edu; click CUBES to access Columbia University’s Benefits Enrollment System; log in with your UNI and password; confirm with multi-factor authentication (DUO).

To reset your password go to uni.columbia.edu. For further assistance with DUO or your UNI and password, contact the CUIT Service Desk by phone 212-854-1919 or email askcuit@columbia.edu.

Step 2  Click “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 confirmed elections on the Benefits Details page.

Step 3  Review your Benefits Details page before exiting CUBES. To make a change, return to the election process and modify your election. You can print the Benefits Details page as a confirmation for your records.

Step 4  This is a good time to review your retirement contributions. Select “Retirement” from the top navigation to review and/or make changes. Be sure to “Save and Continue” to capture changes. You can print a confirmation of your changes from the Voluntary Retirement Savings Plan summary page.

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

New Hire Opportunity

You must enroll for benefits within 31 days of your date of hire or eligibility. After your new hire information is processed, you will receive an automated email at your Columbia email address confirming that you may log in to CUBES and enroll in benefits. Your coverage is effective on the first of the month following the completion of the applicable waiting period and stays in place until the end of the calendar year.

If you are a new hire or newly eligible for benefits, you have a one-time opportunity to elect Optional Life Insurance up to certain limits, without providing Evidence of Insurability (EOI). Look for more new hire opportunities throughout this guide.

To learn more about the benefits terms used throughout this guide, go to humanresources.columbia.edu and click “Glossary.”
Eligibility

Benefits eligibility at the University varies by role. When you log in to CUBES, you will see the benefits options you are eligible for, as well as monthly costs and coverage start date.

If you are full-time and do not enroll within 31 days of hire or eligibility, you will be automatically enrolled for individual Choice Plus 90 medical coverage, the University Contribution to the Healthcare FSA and individual EmblemHealth Dental coverage only. You also will not be able to enroll your eligible dependents in Medical, Prescription Drug, Vision or Dental coverage, and you will not be able to contribute to the FSAs or Optional Term Life Insurance coverage from Columbia for the remainder of the calendar year.

<table>
<thead>
<tr>
<th>Waiting Periods for Benefits Coverage</th>
<th>Full-Time</th>
<th>Part-Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical Coverage*</td>
<td>2 months</td>
<td>2 months</td>
</tr>
<tr>
<td>Dental Coverage*</td>
<td>2 months</td>
<td>2 months**</td>
</tr>
<tr>
<td>Life Insurance*</td>
<td>2 months</td>
<td>2 months</td>
</tr>
<tr>
<td>Flexible Spending Account (FSA)*</td>
<td>2 months</td>
<td>2 months</td>
</tr>
<tr>
<td>Transit/Parking Reimbursement Program (T/PRP)*</td>
<td>2 months</td>
<td>2 months</td>
</tr>
<tr>
<td>Columbia University Retirement Plan</td>
<td>None</td>
<td>None</td>
</tr>
<tr>
<td>Voluntary Retirement Savings Plan (VRSP)</td>
<td>None</td>
<td>None</td>
</tr>
<tr>
<td>Voluntary Benefits***</td>
<td>None</td>
<td>None</td>
</tr>
</tbody>
</table>

* The benefits of eligible full-time and part-time Non-Union Support Staff are effective the first day of the month following the completion of the applicable waiting period.
** EmblemHealth Dental only.
*** Eligible employees regularly scheduled to work 20 hours or more per week are eligible to apply for Voluntary Benefits. See pages 27-29 for programs specifics.
ELIGIBILITY DEPENDENTS

For most University benefits, including medical, vision and dental, your legal spouse and legally dependent children—including adopted children and stepchildren—can be covered.

For dependent eligibility details, go to humanresources.columbia.edu/dependent-eligibility.

Note: The definition of “eligible dependent” varies by benefit—flexible spending accounts (FSAs) and tuition. See eligibility details under each plan’s description.

Choosing Dependent Coverage

You do not have to cover the same eligible dependents for the medical and dental plans. For each plan, you can cover:

• Yourself only;
• Yourself and spouse;
• Yourself and child(ren); or
• Your family: Yourself, spouse and child(ren).

BOTH WORK FOR THE UNIVERSITY

If you and your spouse both work for the University and are eligible for coverage, choose coverage in one of the following ways:

1. One spouse enrolls for the entire family, including eligible dependent children, and the other spouse selects “No Coverage;” or
2. Each spouse enrolls separately and one spouse covers eligible dependent children.

If a dependent is no longer eligible or gains or loses other coverage, you must report this change within 31 days of the event. See page 5.

Under the Patient Protection and Affordable Care Act (ACA), the IRS requires all employers to collect Social Security Numbers for all employees and dependents covered by benefits plans. For your security, enter Social Security Numbers directly into CUBES when first adding your dependents. If you have dependents who do not have a Social Security Number, please call the Columbia Benefits Service Center.

ACTIVE SUPPORT STAFF TURNING 65

Active Support Staff 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.

VERIFYING 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. Thus, documentation verifying your dependents’ eligibility is required when they are added to your benefits record.

To add a dependent when you enroll in your own benefits, or as part of a Qualified Life Status Change, follow the instructions on CUBES. You will then be prompted to upload documentation for any unverified dependents, though you can also submit the documents by fax to 844-301-7225. You are required to provide the documentation on the next page before their coverage is effective. If you are not able to provide proof, your dependent’s coverage will not be activated.
**Dependent Verification**

<table>
<thead>
<tr>
<th>Dependent</th>
<th>Required Documentation*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Spouse</td>
<td>Copy of civil/legal marriage certificate</td>
</tr>
</tbody>
</table>
| Child     | One of the following:  
• Child’s legal birth certificate  
• Adoption certificate/court order |

* 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.

**MAKING CHANGES TO YOUR ENROLLMENT**

Changes to your Transit/Parking Reimbursement Program (T/PRP), Retirement Savings Plan and new Auto, Home, Identity Theft and Pet insurance can be made at any time during the year.

Changes to all other benefits can be made only during the Open Enrollment period unless you experience a Qualified Life Status Change.

**If You Don’t Make Changes During Open Enrollment**

If you don’t change your benefits during Open Enrollment, you’ll continue enrollment and coverage levels under all plans previously elected, except for the Healthcare and Dependent Care Flexible Spending Accounts and the Child Care Benefit (see pages 17-20). You must re-enroll in these benefits every year if you wish to participate.

**QUALIFYING LIFE EVENTS**

Due to federal regulations, you can only make or change benefits elections as a new hire or during Open Enrollment. However, you can update benefits elections if you experience a Qualified Life Status Change such as:

• Marriage, divorce or legal separation;
• Birth or adoption of a child; or
• Loss or gain of other coverage by the employee or dependent.

You have 31 days from the eligible event to update your coverage. Otherwise, you must wait until the next Open Enrollment, unless you experience another eligible event.

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

The University offers two comprehensive medical plan options through UnitedHealthcare (UHC). Both plans include vision and prescription drug coverage.

OVERVIEW OF MEDICAL COVERAGE

The Choice Plus 90 and Choice In-Network medical plans cover the same comprehensive set of medically-necessary services and supplies, including in-network preventive care—such as annual physicals, immunizations and well-baby visits—at 100% with no deductible, and coverage for out-of-network services. For details, review the Medical Plan Comparison Chart on page 7.

For more on preventive care, go to humanresources.columbia.edu/preventive-care.

For details on medical plan options and coverage specifics, review each plan’s Summary Plan Description (SPD) and Summary of Benefits and Coverage (SBC): go to humanresources.columbia.edu; click “Forms & Documents;” search by plan.

Glossary

**Contributions:** The amount you pay toward the cost of medical, vision and prescription drug coverage through pre-tax payroll deductions.

**Copay:** The fixed dollar amount you pay directly to the medical service provider or pharmacy at the time of service. Copays do not accumulate toward your deductible but are applied to your in-network out-of-pocket maximum.

**Deductible:** The amount you pay out-of-pocket before your plan begins to pay for non-preventive services. Your in-network deductible accumulates toward your in-network out-of-pocket maximum.

**Coinsurance:** The “co” of coinsurance means you and the Plan share the cost. Your coinsurance will apply to the out-of-pocket maximum.

**Medicare Maximum Allowable Charge:** How out-of-network services are reimbursed. The Plan indexed its maximum reimbursement rates for services to 190% of Medicare’s maximum allowable charge.

**Network:** The group of physicians, hospitals and other providers contracted with UHC to provide services at lower-priced, negotiated rates. UHC’s Choice network is a national provider network, and does not require a primary care physician designation or referrals to see specialists.

**Out-of-Pocket-Maximum:** The most you could pay out-of-pocket each year (not including your contributions) for covered medical services and prescriptions. Once you reach your in-network out-of-pocket maximum, the Plan will pay 100% of remaining in-network covered expenses for the year.

**Precertification:** The process of contacting UHC before certain services are provided, to determine if they will be covered by your insurance.

LEARN MORE

For a complete glossary of benefits and insurance terms, go to humanresources.columbia.edu/glossary.
MEDICAL PLAN COMPARISON CHART

This chart summarizes the University-provided medical plans. For more details, go to humanresources.columbia.edu and click “Forms & Documents” to review the SBC and SPD.

<table>
<thead>
<tr>
<th>Benefit</th>
<th>Choice Plus 90</th>
<th>Choice In-Network</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>In-Network</td>
<td>Out-of-Network*</td>
</tr>
<tr>
<td>Annual Deductible</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Individual</td>
<td>$400 per person</td>
<td>$850 per person</td>
</tr>
<tr>
<td>Family</td>
<td>$6,500</td>
<td>$10,500</td>
</tr>
<tr>
<td>Coinsurance</td>
<td>90% after deductible</td>
<td>60% after deductible</td>
</tr>
<tr>
<td>Out-of-pocket Maximum</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Individual</td>
<td>$3,250</td>
<td>$5,250</td>
</tr>
<tr>
<td>Family</td>
<td>$6,500</td>
<td>$10,500</td>
</tr>
<tr>
<td>Preventive Care</td>
<td>100%</td>
<td>60% after deductible</td>
</tr>
<tr>
<td>Physician Office Visits, including specialists</td>
<td>$30 copay</td>
<td>60% after deductible</td>
</tr>
<tr>
<td>Laboratory/ Radiology Services, 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></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>Retail (30 days)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Generic: $10 copay</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Single-source: $25 copay</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Multi-source: $45 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.

** 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.
MEDICAL, PRESCRIPTION DRUG AND VISION ID CARDS

When you enroll in medical benefits, you get a UHC ID card with member information for medical, vision and prescription drug coverage. It takes approximately three weeks for new enrollees to receive an ID card. Create an account on myuhc.com to check health information, FSA balances and print a temporary ID card. The temporary ID card will be available two weeks after enrolling. Use your Social Security Number, date of birth and Group 712790 to register.

You do not need a vision ID card to use your benefits. However, you may print a separate vision card from the UHC website. Log in to myuhc.com, go to the “COVERAGE & BENEFITS” tab, choose “VISION” then “Vision benefit highlights” then “Print ID Card.”

OUT-OF-NETWORK COVERAGE

Out-of-network services are covered under the UHC Choice Plus 90 medical plan, and are subject to deductibles and out-of-pocket maximums.

You are responsible for obtaining precertifications from UHC before most non-office visit treatment begins, and within 48 hours of an emergency hospital admission. If you do not obtain precertification, you will be subject to a $500 penalty.

Coverage for out-of-network services is capped at 190% of the Medicare Maximum Allowable Charge. If your provider charges more than 190% of the Medicare Maximum Allowable Charge, you may be responsible for the difference in cost which will not apply to your deductible, coinsurance or out-of-pocket maximum.

To determine your approximate covered cost, obtain the procedure code and associated fee amount from your provider, and contact UHC for an estimate. UHC will also request their office zip code and type of provider (i.e. M.D., nurse, licensed counselor) for more information, contact UHC at 800-232-9357.

OUT-OF-POCKET MAXIMUM

The in-network deductible, coinsurance and medical and prescription copays accumulate toward the in-network out-of-pocket maximum. In addition, under the Choice Plus 90 plan, out-of-network out-of-pocket eligible expenses accumulate toward the in-network out-of-pocket maximum.

NEW VOLUNTARY BENEFITS

No matter who provides your medical insurance, the University or another source, see page 27 to learn about a number of Voluntary Benefits programs including, Accident, Critical Illness and Hospital Indemnity insurances to help you get all the support you need.

COLUMBIA DOCTORS

ColumbiaDoctors—faculty at Columbia University Irving Medical Center, affiliated with NewYork-Presbyterian Hospital—has more than 1,800 physicians, surgeons, dentists and nurses, and offers comprehensive interdisciplinary care in more than 230 specialties at the medical center or at other ColumbiaDoctors locations in the New York metropolitan area.

TRAVEL VACCINATION COVERAGE

When traveling out of the U.S., related vaccinations are covered under the plans (deductible and coinsurance apply). See Coverage While Traveling page 17.
## Vision Coverage

All Support Staff and their dependents enrolled in any of the University’s medical plans are covered by a vision benefit.

### Vision Benefits

<table>
<thead>
<tr>
<th></th>
<th>Choice Plus 90</th>
<th>Choice In-Network Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Benefits apply both In-Network and Out-of-Network</td>
<td>Benefits apply In-Network only</td>
</tr>
<tr>
<td>Routine Eye Exams</td>
<td>Adults: One exam every 12 months with a $10 copay. Children:* One exam every 12 months with a $10</td>
<td>Adults: One exam every 12 months with a $10 copay. Children:* One exam every 12 months with a $10</td>
</tr>
<tr>
<td></td>
<td>copay.</td>
<td>copay.</td>
</tr>
<tr>
<td>Lenses</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></td>
<td>Children:* Lenses covered in full every 12 months. More frequently if medically necessary.</td>
<td>Children:* Lenses covered in full every 12 months. More frequently if medically necessary.</td>
</tr>
<tr>
<td>Frames</td>
<td>Adults:** $30 allowance every 24 months. Children:* Up to $100 covered in full every 12 months. More frequently if medically necessary. Cost above $100 covered at 60%.</td>
<td>Adults:** $30 allowance every 24 months. Children:* Up to $100 covered in full every 12 months. More frequently if medically necessary. Cost above $100 covered at 60%.</td>
</tr>
<tr>
<td>Contact Lenses</td>
<td>Adults:** $75 allowance every 24 months. Children:* Single purchase of a pair of contact lenses or 1 box of contact lenses per eye covered at 100% every 12 months.</td>
<td>Adults:** $75 allowance every 24 months. Children:* Single purchase of a pair of contact lenses or 1 box of contact lenses per eye covered at 100% every 12 months.</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; click “Coverage & Benefits,” “Vision,” then “Vision benefit highlights” and “Find a Provider.”

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

When you enroll in any University medical plan, you are automatically enrolled in the Prescription Drug Plan, administered by OptumRx.

USING YOUR PRESCRIPTION DRUG BENEFIT

Prescription Drug Costs

The cost of prescriptions depends on a number of factors including whether you buy your medication through a retail pharmacy or through the mail-order program and whether the drug is single-source or multi-source. All prescription drugs are subject to a copay, which accumulates toward your out-of-pocket maximum.

Copays

All University medical plans have copays for prescription drugs.

<table>
<thead>
<tr>
<th>Prescription Drug Copays</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Retail Pharmacy</strong></td>
</tr>
<tr>
<td>(up to 30-day supply)</td>
</tr>
<tr>
<td>• $10 generic</td>
</tr>
<tr>
<td>• $25 single-source</td>
</tr>
<tr>
<td>• $45 multi-source</td>
</tr>
</tbody>
</table>

⚠️ After you reach the annual out-of-pocket maximum, the plans pay 100% of the cost of prescription drugs.
Single-Source vs. Multi-Source

- If there is no generic equivalent, the drug is single-source
- If both generic and brand name prescriptions are available, the drug is multi-source

To find out if a drug is single-source or multi-source, ask your pharmacist, call OptumRx: 800-232-9357 or log in to myuhc.com; choose “MANAGE YOUR PRESCRIPTIONS.” Due to periodic reviews by OptumRx, or if the U.S. Food and Drug Administration (FDA) approves a generic-equivalent drug, prescriptions may move from single-source to multi-source during the year.

Retail

You need to present your UHC ID card 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 other states, a pharmacy is required by law to substitute a brand name drug with a generic. Your copay is $10 or the cost of the generic drug, whichever is less.
- If no generic is available for your prescription, your drug is “single-source” and you will pay $25.

Mail-Order

Using the prescription drug mail-order program, you can order up to a 90-day supply. Recommended for people who use medication on a regular basis, mail-order should be less expensive than retail pharmacies and offers easy refill—online or by phone.

To enroll in the OptumRx mail-order program or find participating pharmacies log in to myuhc.com; choose “MANAGE YOUR PRESCRIPTIONS,” then “Order Prescriptions” or call 800-232-9357.

Specialty Medications

Specialty medications must be purchased via mail-order from Optum Specialty Pharmacy (previously Briova). Optum Specialty Pharmacy will mail your prescription in an unlabeled package to you at the address of your choice. Call 855-427-4682 to speak to a patient care representative to get started. Typically, you will receive a 30-day supply of the prescription at the retail pharmacy copay.

⚠️ If you use another pharmacy other than Optum Specialty Pharmacy, you will be subject to the full cost of the medication, not a copay.
**Cost of Coverage**

Contributions for your medical, vision and prescription drug coverage are deducted from your pay before taxes.

<table>
<thead>
<tr>
<th></th>
<th>Yourself Only</th>
<th>Yourself &amp; Child(ren)</th>
<th>Yourself &amp; Spouse</th>
<th>Family</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>2020 Monthly Pre-Tax Contributions for Medical &amp; Rx</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<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>$198</td>
<td>$376</td>
<td>$415</td>
<td>$593</td>
</tr>
<tr>
<td>Choice In-Network</td>
<td>$202</td>
<td>$384</td>
<td>$425</td>
<td>$607</td>
</tr>
</tbody>
</table>

**University Contribution to Healthcare FSA**

If you enroll in the Choice Plus 90 plan, you will automatically receive a University contribution to the Healthcare FSA (Seed FSA contribution). See page 20 for more information.
Dental Coverage

As a Non-Union Support Staff member, you have three dental plan options: The EmblemHealth Preferred Dental Benefits Plan A ("EmblemHealth Dental"), the Aetna Columbia Dental Plan and the Aetna Dental Maintenance Organization (DMO) plan.

**EMBLEMHEALTH DENTAL**

This plan covers preventive, basic and major services. You may choose to use participating EmblemHealth dentists or go to a nonparticipating dentist.

- If you use a participating dentist, no forms are required
- If you use a nonparticipating dentist, you pay the provider then file a claim for reimbursement
  - You'll be reimbursed up to the allowance shown on the EmblemHealth Dental fee schedule for covered services, available from EmblemHealth
  - You may pay the difference between the total charge and the amount the Plan covers

For a list of participating dentists, go to: emblemhealth.com/find-a-doctor/directory; select “Dental Preferred;” enter your preferred location to search for participating providers nearby.

For more information, call EmblemHealth at 212-501-4443.

<table>
<thead>
<tr>
<th>EmblemHealth Dental Plan Overview</th>
<th>In-Network</th>
<th>Out-of-Network</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preventive and Diagnostic Services</td>
<td>100%</td>
<td>Reimbursement is subject to established plan schedule</td>
</tr>
<tr>
<td>Examinations, cleanings, X-rays, fluoride treatments,* space maintainers*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Basic Services</td>
<td>100%</td>
<td>Reimbursement is subject to established plan schedule</td>
</tr>
<tr>
<td>Extractions, root canals, gum disease, oral surgery, anesthesia, pain relief, denture repair, tests, lab exams</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Major Services</td>
<td>100%</td>
<td>Reimbursement is subject to established plan schedule</td>
</tr>
<tr>
<td>Dentures, crowns</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Maximum Annual Benefit</td>
<td>Unlimited</td>
<td></td>
</tr>
</tbody>
</table>

* For dependent children only.

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

<table>
<thead>
<tr>
<th></th>
<th>Full-Time</th>
<th>Part-Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yourself</td>
<td>$0</td>
<td>$8.42</td>
</tr>
<tr>
<td>Family**</td>
<td>$0</td>
<td>$26.99</td>
</tr>
</tbody>
</table>

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

** Dependent children can only be covered for EmblemHealth Dental through the end of the calendar year in which they turn 19.
AETNA DENTAL

The University offers two comprehensive dental plans through Aetna. Employees can participate in either the Aetna Columbia Dental Plan, a Preferred Provider Organization (PPO) or the Aetna Dental Maintenance Organization (DMO). No matter which plan you choose, you can locate providers, review your dental benefits coverage, and get cost estimates at aetna.com.

Aetna Columbia Dental Plan

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.

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

* The percentage paid by Aetna Dental is limited to network-negotiated fees. If you use an out-of-network dentist, reimbursement will be based on network fees.

Aetna will mail a letter confirming your enrollment, not an ID card. Share a copy of this letter with your dentist, or simply give your name, date of birth and member ID number (or your Social Security Number). If you prefer to have an ID card, go to Aetna’s website: aetna.com to download and print.

Using the Aetna Dental Network

If you see an Aetna-participating dentist, you will not be billed for fees that exceed the Aetna-negotiated amount.

To locate an Aetna participating dentist, go to humanresources.columbia.edu/benefits and click “Vendor Contacts.”

2020 Monthly Pre-Tax Contributions for Aetna Columbia Dental

<table>
<thead>
<tr>
<th>Full-Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yourself</td>
</tr>
<tr>
<td>You Plus One</td>
</tr>
<tr>
<td>Family</td>
</tr>
</tbody>
</table>
Using the Columbia Preferred Dental Network

If you go to a Columbia Preferred dentist, you receive greater coverage for services. You are not responsible for fees that exceed network-negotiated fees. And there are no claim forms to submit.

<table>
<thead>
<tr>
<th>Columbia Preferred Dental Plan Facilities</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Columbia Dental Associates</strong></td>
</tr>
<tr>
<td>Morningside Associates</td>
</tr>
<tr>
<td>1244 Amsterdam Avenue (near 121st Street)</td>
</tr>
<tr>
<td>New York, NY 10027</td>
</tr>
<tr>
<td>212-961-1266</td>
</tr>
<tr>
<td>and</td>
</tr>
<tr>
<td>430 West 116th Street</td>
</tr>
<tr>
<td>New York, NY 10027</td>
</tr>
<tr>
<td>212-662-4887</td>
</tr>
<tr>
<td><strong>Columbia Dental Associates</strong></td>
</tr>
<tr>
<td>Medical Center Practice</td>
</tr>
<tr>
<td>Bard Haven Towers</td>
</tr>
<tr>
<td>100 Haven Avenue</td>
</tr>
<tr>
<td>New York, NY 10032</td>
</tr>
<tr>
<td>212-342-0107</td>
</tr>
<tr>
<td><strong>Columbia-Presbyterian Eastside Dental Faculty Practice</strong></td>
</tr>
<tr>
<td><strong>Columbia Doctors Midtown</strong></td>
</tr>
<tr>
<td>51 West 51st Street</td>
</tr>
<tr>
<td>Suite 350</td>
</tr>
<tr>
<td>New York, NY 10019</td>
</tr>
<tr>
<td>212-326-8520</td>
</tr>
<tr>
<td><strong>Columbia Oral &amp; Maxillofacial Surgery Vanderbilt Clinic</strong></td>
</tr>
<tr>
<td>622 West 168th Street</td>
</tr>
<tr>
<td>7th Floor</td>
</tr>
<tr>
<td>New York, NY 10032</td>
</tr>
<tr>
<td>212-305-4552</td>
</tr>
</tbody>
</table>

To locate a Columbia Preferred dentist in one of the facilities above, go to cudentalassociates.columbia.edu. Columbia Preferred dentists are located throughout New York, New Jersey and Connecticut. Go to humanresources.columbia.edu/benefits and click “Vendor Contacts” to locate other participating dentists.
Aetna Dental Maintenance Organization

The Dental Maintenance Organization (DMO) plan is a group of Aetna in-network providers. With the Aetna DMO plan, your monthly premiums will be lower and you will not have a deductible or annual or lifetime benefit maximum for major services (except orthodontia). You choose a primary care dentist. A referral is needed for all specialists except orthodontists. There is no out-of-network coverage available.

### Aetna DMO Plan Overview

<table>
<thead>
<tr>
<th>Benefit</th>
<th>Coverage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preventive Care</td>
<td>100%</td>
</tr>
<tr>
<td>Includes routine cleanings, routine exams and X-rays</td>
<td></td>
</tr>
<tr>
<td>Basic Restorative Care</td>
<td>100%</td>
</tr>
<tr>
<td>Includes fillings and extractions</td>
<td></td>
</tr>
<tr>
<td>Major Restorative Care</td>
<td>60%</td>
</tr>
<tr>
<td>Includes crowns, root canals, bridges and dentures</td>
<td></td>
</tr>
<tr>
<td>Orthodontia for Adults &amp; Children</td>
<td>$2,400 Member copay applies per lifetime, plan pays remainder</td>
</tr>
<tr>
<td>Orthodontic Lifetime Maximum (per person)</td>
<td>24 Months of comprehensive orthodontic treatment, plus 24 months of retention</td>
</tr>
<tr>
<td>Annual Deductible (per person)</td>
<td>none</td>
</tr>
<tr>
<td>Annual Maximum Benefit (per person)</td>
<td>none</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Full-Time</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Yourself</td>
<td>$12.57</td>
</tr>
<tr>
<td>You Plus One</td>
<td>$35.83</td>
</tr>
<tr>
<td>Family</td>
<td>$35.83</td>
</tr>
</tbody>
</table>
Coverage While Traveling

When employees travel outside of the U.S., the University medical plans only cover medically-necessary, emergency services.

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 out of the U.S. for personal or business trips up to 180 days. This assistance can be for situations as simple as information on visas and as serious as requiring evacuation.

Benefits include:

- Pre-trip planning services, including travel outside the U.S.
- 24/7 multi-lingual assistance
- Assistance with lost or stolen items
- Emergency cash and transportation
- Assistance locating and coordinating medical and prescription drug services
- Emergency medical evacuation
- Repatriation of remains
- Personal security

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

Global Travel Support

The University maintains additional travel resources to support Columbia-related travel. To learn more—and register your trip—please visit globaltravel.columbia.edu.
## Tax Savings Accounts

Save money every year by using pre-tax funds for eligible healthcare, dependent care and commuting expenses.

<table>
<thead>
<tr>
<th>Account type</th>
<th>Eligible expenses</th>
<th>Annual contribution limits and other notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Healthcare Flexible Spending Account (FSA)</td>
<td>Most medical, dental and vision care expenses not covered by your health plan, such as copayments, coinsurance, deductibles, eyeglasses and prescriptions</td>
<td>Maximum: $2,700*&lt;br&gt;Funds are deducted throughout the year, but annual total funds are available on January 1.</td>
</tr>
<tr>
<td>Dependent Care FSA</td>
<td>Dependent care expenses, such as day care, after-school programs or elder care programs, for children under age 13 or elder care so you and your spouse can work or attend school full-time</td>
<td>Maximum: $5,000*&lt;br&gt;($2,500 if married and filing separate tax returns)</td>
</tr>
<tr>
<td>Transit Reimbursement Account</td>
<td>Expenses for transportation to or from work on a subway, train, bus or ferry</td>
<td>Maximum: $265* per month</td>
</tr>
<tr>
<td>Parking Reimbursement Account</td>
<td>Expenses for work-related parking at or near your workplace or a commuter lot where you transfer to a vanpool or mass transit</td>
<td>Maximum: $265* per month</td>
</tr>
</tbody>
</table>

* IRS limits are subject to change.

You or your tax dependents don’t need to be enrolled in the University health plan to participate in an FSA. To manage FSA expenses, go to myuhc.com; click “Register Now;” use your Social Security Number as your member ID; use 902784 for the group/policy number.

## FLEXIBLE SPENDING ACCOUNTS

An FSA helps you pay for eligible healthcare or dependent care expenses using pre-tax dollars. 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.

The Healthcare FSA allows you to contribute pre-tax money to reimburse yourself for eligible healthcare expenses for yourself and your tax dependents. The Dependent Care FSA allows you to reimburse yourself for eligible child or adult day care expenses. Both FSAs are administered by UHC.

### 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. See page 5 or go to humanresources.columbia.edu/benefits and click “Making Changes to Your Benefits” for details.
Tax Considerations
Consult a tax adviser or financial professional to determine what’s best for you.

Healthcare FSA: If your medical expenses exceed 75% of your adjusted gross income and you itemize deductions, you may be better off deducting your expenses from your income tax.

Dependent Care FSA & Child Care Benefit: If your family’s adjusted gross income exceeds $40,000, you may save more in taxes using the Dependent Care FSA. Depending on your family income and number of dependents in eligible day care, you may use the Dependent Care FSA, the federal tax credit, or a combination of both for eligible dependent care expenses.

What are eligible expenses?
The IRS provides a list of eligible expenses on their website: irs.gov.
- Healthcare FSA: IRS Publication 502
- Dependent Care FSA: IRS Publication 503

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 debit 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 expenses at participating locations. If you do not use your card to pay, keep your receipt(s) and submit a claim form.

Automatic Reimbursement
If you are enrolled in a University medical and/or dental plan and have a Healthcare FSA, most medical, prescription, vision and dental out-of-pocket claims will be automatically reimbursed through your FSA funds.

If you prefer to choose which expenses are reimbursed from FSA funds, you can opt out of the claim auto-rollover by logging in to myuhc.com If you opt out, you must file reimbursement claims with UHC. Note: You must opt out of the claim auto-rollover each year.

To learn more about FSAs, go to humanresources.columbia.edu/fsas.

Forfeiture Rules
It is important to incur your eligible expenses by December 31. Claims for reimbursement must be submitted by March 31 of the following year. The University’s Healthcare FSA allows you to carry over $500 in unused funds to the following plan year. Funds left in a Dependent Care FSA will be forfeited.

If you leave the University or become ineligible for benefits, you can only be reimbursed for expenses incurred prior to your employment end date or the date you become ineligible for benefits. Any remaining funds would be forfeited.
HEALTHCARE FSA

The current IRS limit for a Healthcare FSA is $2,700.* You can contribute between $120 and $2,700* annually to this account to cover out-of-pocket eligible healthcare expenses for yourself, your spouse and your children, even if none of you are covered under a University medical plan. However, a dependent’s expenses only qualify if he or she is claimed on your taxes. The full annual election amount is available for claim reimbursement as of your account’s effective date.

If you are hired after January 1, you can contribute the maximum amount to a Healthcare FSA if you have not contributed during the calendar year to an FSA with the University. If you are married, your spouse may also contribute $2,700* to an FSA sponsored by his/her employer. You may elect a Healthcare FSA even if you are enrolled in Medicare.

For more information on Healthcare FSAs, go to humanresources.columbia.edu/fsas.

If you participate in the Choice Plus 90 plan, the University will make a contribution on your behalf to the Healthcare FSA. The yearly amount of the contribution is based on your coverage level as follows:

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

The contribution is made at the beginning of the year and will not count toward the $2,700* limit, but will count toward the $500 rollover limit. New Hires and part-time employees will have prorated contributions. Coverage level increases during the year will also be prorated.

If you have a balance of $500 or less rolled over from your Healthcare FSA from 2019, you will automatically be enrolled in a Healthcare FSA in 2020. However, if you would like to contribute the maximum allowable amount in 2020, you must enroll in the Healthcare FSA during Open Enrollment.

* IRS limits are subject to change.
DEPENDENT CARE FSA

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

If you are married, the IRS has several guidelines that might affect how much you can deposit:

• If your spouse also has a Dependent Care FSA at work and you file a joint tax return – your combined deposits cannot exceed $5,000
• If you are married and file separate income taxes – the most you can contribute is $2,500
• If your prior year W-2 earnings exceed $125,000* – 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. You can submit claims only for expenses incurred up to the child’s 13th 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 humanresources.columbia.edu/fsas.

Your reimbursement for dependent care cannot exceed the balance in your account at the time of your claim. The card will only accept expenses up to the balance in your account at the time of use. 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.

Child Care Benefit

You may be eligible for a contribution—to your Dependent Care FSA—of up to $4,000, from the University. If you elect this benefit during the year as a new hire or because of a Qualified Life Status Change, you will receive a prorated portion of the benefit.

To qualify, you must:

• Be a full-time, benefits-eligible Non-Union Support Staff with an Annual Benefits Salary of less than or equal to $125,000 *
• Have a dependent child under the age of five and not yet attending kindergarten who:
  • Has been verified as an eligible dependent; and
  • Meets the IRS definition of a tax dependent
• Elect the Child Care Benefit

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 Support Staff.

If you receive the Child Care Benefit, you can also contribute personal pre-tax payroll contributions to your Dependent Care FSA, up to the annual household maximum of $5,000.*

* IRS limits are subject to change.
**TRANSIT/PARKING REIMBURSEMENT PROGRAM**

When you commute by public transit or pay for parking for your commute, you can save money by lowering your taxable income with the Transit/Parking Reimbursement Program (T/PRP). It’s also a convenient way to pay commuting expenses using pre-tax dollars. You can go to CUBES and enroll in or make changes to the T/PRP at any time during the year.

In the T/PRP you can 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.
- Choose an amount between $10 and $265* to be deducted in equal installments from two paychecks each month. This is your “contribution” to the T/PRP. Your total monthly contribution is available for use on the first of each month (that means it’s pre-funded). Even if you have a surplus, $265* is the maximum amount you are legally allowed to use each month.

### When Does a T/PRP Election Take Effect?

<table>
<thead>
<tr>
<th>Enroll/Change</th>
<th>Effective Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>On or before the 20th day of a month</td>
<td>The first day of the next month (enroll January 10; effective February 1)</td>
</tr>
<tr>
<td>The 21st of a month or any day after</td>
<td>The first day of the second following month (enroll January 29; effective March 1)</td>
</tr>
</tbody>
</table>

When you first enroll in the T/PRP you will receive a Benefits Card at your mailing address from EBPA, the administrator of this benefit. This card—which is not automatically sent again if you leave the program and re-enroll—is linked to all T/PRP accounts and will be automatically loaded with your monthly elected amount. The Benefits Card allows you to pay for transit or parking expenses through any vendor that sells commuter tickets or MetroCards and accepts MasterCard. Personal Identification Numbers (PINs) are available to you for use with your Benefits Card.

⚠️ If you do not use the Benefits Card, you can submit a paper claim form. You may also sign up for direct deposit of reimbursements.

**Manage Your T/PRP Account Online**

To create an EBPA online account, you must have an “Employee ID” (your Social Security Number) and a “Registration ID” (use your Benefits Card number or CBA10602, the ID specific to Columbia). If you have any questions on your EBPA account, contact EBPA at 888-456-4576 or fsa@ebpabenefits.com.

1. Go to [select.epbabenefits.com/columbia](select.epbabenefits.com/columbia).
2. On the Columbia University portal, click “Transit/Parking Reimbursement Program.”
3. Above the EBPA Benefits Card image, “Click here.”
4. In the upper right-hand corner of the EBPA landing page, click “Register.”

* IRS limits are subject to change.
Retirement Savings and Financial Planning

Columbia University’s retirement savings program consists of two retirement plans: the Voluntary Retirement Savings Plan and the Retirement Plan for Supporting Staff employees.

VOLUNTARY RETIREMENT SAVINGS PLAN

The Voluntary Retirement Savings Plan (VRSP) is a defined contribution 403(b) plan that lets you save for retirement by making contributions into your plan account. You can contribute from 1% to 80% of your eligible pay in 0.5% increments on a pre-tax and/or Roth after-tax basis, through payroll deductions. You’re eligible to participate on your date of hire. You can enroll in or make changes to the VRSP at any time throughout the year via CUBES.

The most you can contribute to the VRSP is $19,000* per year or, if you are age 50 or over anytime during the year, an additional $6,000* ($25,000* total). This IRS limit applies to the combined pre-tax and Roth after-tax contributions.

Make Sure You Are Signed Up

Not sure if you are participating in the VRSP? Look at your payroll statement, under “Before-Tax Deductions.” If you are making Roth contributions they will appear under “After-Tax Deductions.”

RETIREMENT PLAN FOR SUPPORTING STAFF EMPLOYEES OF COLUMBIA UNIVERSITY

The University makes contributions to the Retirement Plan for Supporting Staff on your behalf, as soon as you become eligible.

For detailed information on the VRSP and the Retirement Plan for Supporting Staff, including University contributions, investment options, educational information and planning resources, go to the Retirement Savings & Financial Planning section of our website: 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 and investment strategies, and offer portfolio reviews and retirement education. These one-on-one counseling sessions are personalized to help you meet your goals and objectives, and your spouse or partner is welcome to attend.

Register for a one-on-one counseling session by contacting the carriers:

Vanguard: meetvanguard.com 800-662-0106, ext. 14500
TIAA: tiaa.org/columbia 800-732-8353

Retirement planning workshops are offered throughout the year. For details and registration, go to the HR Events Calendar on our website: humanresources.columbia.edu/events.

If you do not select an investment carrier for the VRSP and/or the Retirement Plan for Supporting Staff, your contributions will be invested with Vanguard.

If you do not select investment funds, your contributions will be invested in the age-appropriate Qualified Default Investment Alternative (QDIA) fund. You may change your investment carrier at any time via CUBES.
Tuition Programs

Columbia University offers tuition programs to support the education of you and your family. Review your eligibility by logging in to CUBES and choosing “Tuition Programs, Print Your Eligibility Form.”

Tuition Programs

TUITION EXEMPTION

The Tuition Exemption benefit pays tuition for you at Columbia University, Barnard College and Teachers College. This is not a reimbursement or remission program; the tuition is simply exempt. There is a two-semester waiting period (7 months) to be eligible for this benefit.

As a full-time or part-time member of Non-Union Support Staff, tuition for undergraduate or graduate courses is covered at 100%, up to a certain number of credits each term.

Your spouse or same-sex domestic partner may also be eligible for the unused portion of your own Tuition Exemption benefit for undergraduate or graduate courses at Columbia only.

Your eligible children may be eligible for the unused portion of your own Tuition Exemption benefit if they are enrolled in a Bachelor’s or higher degree program at Columbia only, after you have completed two years of continuous service.

For more information, please see the full policy online at humanresources.columbia.edu/tuition.

COLLEGE COACH

College admissions assistance, including counseling, webinars, workshops and online resources, provided by Bright Horizons.

For more information, go to humanresources.columbia.edu/college-coach.
Well-being Programs
Columbia University offers access to free, confidential support 24/7 to help you deal with legal, financial and other everyday life issues. Support is also available to help you and your family navigate healthcare and health insurance questions.

EMPLOYEE ASSISTANCE PROGRAM
The Employee Assistance Program (EAP) is a network of services to help you and your household members cope with issues experienced in everyday life. Administered by Humana, EAP services include short-term counseling, wellness resources and a variety of tools to help you in and outside the workplace.

⚠️ You do not have to be covered by a Columbia University medical plan to take advantage of the EAP.

Confidential, 24/7 counseling and referral:
- Short-term counseling of up to three sessions per topic
- Licensed Master’s or PhD-level mental health and substance abuse professionals
- Referral to a national network of more than 30,000 counselors

The University assumes all costs for initial assessment and confidential counseling sessions through the EAP, for up to three sessions per subject (e.g., stress, anxiety or relationship issues). If additional assistance is necessary, the counselor will provide referrals, taking into account your preferences, medical plan and financial circumstances.

Legal and financial:
- Free 30-minute consultations with Humana-affiliated attorneys, financial counselors and/or 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.

Other Services:
- Adult/Elder Care research and referral services
- Life Coaching to help identify and achieve personal and professional goals
- Adoption Services to help prospective parents navigate the entire adoption process

Call 1-888-673-1153 or go to Humana’s Columbia-specific website: humana.eapwl.com/columbia for wellness guides and other services. If prompted, log in (Username: Columbia; Password: eap).
HEALTH ADVOCATE

Free, 24/7 healthcare and health insurance guidance, advice and advocacy for you, your spouse, dependent children, parents and parents-in-law navigating the healthcare system.

Health Advocate can help:

• Find the right doctors, hospitals and other healthcare providers
• Coordinate care; schedule follow-ups; facilitate second opinions; transfer X-rays and medical records
• Understand complex medical conditions; research and locate the latest treatment options
• Work with insurance companies to clarify benefits including copays; resolve claims and negotiate billing
• Locate eldercare services including assisted living and adult day care

Special Help for Seniors

• Transition retirees to a new health plan
• Enroll in Medicare and clarify Medicare Parts A, B, D and supplemental plans
• Locate eldercare services outside traditional healthcare coverage
• Assist with the transition from the traditional insurance to Medical HMO

To learn more about Health Advocate, go to humanresources.columbia.edu/well-being or call 866-799-2725.
Life Insurance and Voluntary Benefits

The University offers Basic Term Life Insurance. You have the option to buy additional life insurance and to supplement your coverage with Voluntary Benefits.

LIFE INSURANCE

The University offers two term life insurance plans: Basic Term Life Insurance and Optional Term Life Insurance. Both plans are insured and administered by Cigna. Go to CUBES to add or update beneficiaries at any time.

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 $500,000.

BASIC TERM LIFE INSURANCE

Basic Term Life Insurance—one times your Annual Benefits Salary (go to Glossary at humanresources.columbia.edu/glossary), up to $50,000—is provided by the University at no cost to you.

In the event of your death while you’re actively employed by the University, the Plan pays a lump sum benefit to your beneficiary. The Plan can also pay a living benefit if you become terminally ill, which would reduce the payment to your beneficiary.

OPTIONAL TERM LIFE INSURANCE

You may elect additional coverage of one-to-five times your Annual Benefits Salary up to $1,000,000, including your Basic Term Life Insurance coverage amount.

The benefit is determined using your Annual Benefits Salary then rounded to the next highest $1,000.

Monthly Cost of Coverage

You pay a monthly premium—based on your age on January 1—in post-tax dollars for each $1,000 of Optional Term Life coverage.

<table>
<thead>
<tr>
<th>Age</th>
<th>Monthly cost per $1,000</th>
<th>Age</th>
<th>Monthly cost per $1,000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than 25</td>
<td>0.029</td>
<td>50 to 54</td>
<td>0.139</td>
</tr>
<tr>
<td>25 to 29</td>
<td>0.038</td>
<td>55 to 59</td>
<td>0.238</td>
</tr>
<tr>
<td>30 to 34</td>
<td>0.048</td>
<td>60 to 64</td>
<td>0.396</td>
</tr>
<tr>
<td>35 to 39</td>
<td>0.060</td>
<td>65 to 69</td>
<td>0.635</td>
</tr>
<tr>
<td>40 to 44</td>
<td>0.068</td>
<td>70 to 74</td>
<td>0.844</td>
</tr>
<tr>
<td>45 to 49</td>
<td>0.089</td>
<td>75 or older</td>
<td>1.091</td>
</tr>
</tbody>
</table>
Evidence of Insurability
You must provide Evidence of Insurability (EOI) and be approved by Cigna if:

- You are newly hired and elect Optional Term Life Insurance coverage in excess of 3x your Annual Benefits Salary or $500,000 Guaranteed Issue Amount, whichever is less;
- You have not previously enrolled in Optional Term Life Insurance and want to this year;
- You wish to increase coverage by more than one times your salary or beyond the Guaranteed Issue Amount during Benefits Open Enrollment.

If you need to provide EOI, go to CUBES for the required forms.

ACCIDENT INSURANCE
Accident insurance can help you pay for expenses if you have an accident, like medical bills, hospital transportation and physical therapy. The Plan pays a set benefit amount based on the type of injury and required treatment.

CRITICAL ILLNESS INSURANCE
Critical Illness insurance can help you in the event of a serious illness, such as cancer, end-stage kidney (renal) failure, major organ failure, stroke, coronary artery disease or a specified event, such as a heart attack or stroke. The Plan pays a lump sum—in cash—following diagnosis of a covered condition.

HOSPITAL INDEMNITY INSURANCE
Hospital Indemnity insurance can help you pay for expenses when you are in the hospital, for planned or unplanned medical services. The Plan pays a set benefit amount based on the type of injury and required treatment.

For more information about Accident, Critical Illness and Hospital Indemnity insurance, go to humanresources.columbia.edu/voluntary-benefits. To ask a question or enroll, call Farmington, the University’s voluntary benefits administrator: 866-494-4498.
ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE
Accidental death and dismemberment insurance (AD&D) covers the insured person and his or her family in case of unintentional death or dismemberment (the loss—or the loss of use—of eyesight, hearing, speech, limbs or other body parts). The Plan pays a set benefit amount—in cash—based on the type of injury.

The AD&D plan is insured and administered by Cigna.

For more information, go to humanresources.columbia.edu/add.

UNIVERSAL LIFE INSURANCE WITH LONG-TERM CARE
Universal Life is insurance an insured person can use during their lifetime to pay the high cost of convalescent care. It also helps protect the family in the event of the death of an insured person. This benefit includes long-term care cost protection.

AUTO INSURANCE
Bonus policy discounts to increase your savings on auto, boat, motorcycle, RV and other vehicle insurance.

HOME INSURANCE
Bonus policy discounts to increase your savings on home, apartment and renters insurance.

IDENTITY THEFT PROTECTION
Identity Theft protection covers expenses incurred to restore your identity or recover a stolen wallet. This benefit includes 24/7 monitoring of your identity, credit and bank and investment accounts—sending out real-time alerts when necessary—to take the worry and hassle out of combating identity theft and related fraud.

PET INSURANCE
Pet insurance can help provide your pets with the best medical care possible, including treatments, surgeries, lab fees, X-rays and prescriptions. Policyholders can visit any licensed veterinarian, veterinary specialist or animal hospital in the world, and have access to a 24/7 helpline staffed by licensed veterinarians.

For more information about Universal Life insurance with long-term care, Auto and Home insurance, Identity Theft protection and Pet insurance, go to humanresources.columbia.edu/voluntary-benefits. To ask a question or enroll, call Farmington, the University’s voluntary benefits administrator: 866-494-4498.
Additional Benefits

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

VIRTUAL VISITS

Online access to virtual physicians 24/7 through your mobile phone, tablet or computer.

For more information, go to humanresources.columbia.edu/benefits and click “Virtual Visits.”

PERSONAL WELLNESS COACHING

Online access to assistance with eating better, getting fit, reducing stress and sleeping better. Choose from personal coaching via secure email or live chat, and online courses and programs.

WOMEN’S HEALTH PROGRAMS

- **Preventive Services**: Mammography screening and breast ultrasounds; osteoporosis screening; cancer prevention strategic counseling
- **Maternity Support Programs**: Help you and your baby receive the best care from pregnancy through the first few months of the baby’s life
- **Fertility Solutions**: Experienced fertility nurses offer education, 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 well-being resources, go to humanresources.columbia.edu/well-being.

LIVE AND WORK WELL

The behavioral health website provides resources and confidential help with eating right, reducing stress, coping with grief and loss, relationship difficulties, and anxiety and depression. You can also get guidance from a coach via phone, secure email or live chat.

To learn more, log in to myuhc.com; click “Coverage & Benefits;” select “Mental Health” and “Mental Health and Substance Abuse benefit highlights.”
WORK/LIFE PROGRAMS AND SERVICES

Columbia University’s Office of Work/Life fosters the well-being of the Columbia community in their pursuit of meaningful and productive academic, personal and work lives. Look out for emails announcing upcoming workshops and events.

Programs and services:

• **Affiliated Child Care Centers:** Independent centers, located on or near Columbia campuses, providing quality child care for Columbia families

• **Affinity Mortgage Lending Program:** Preferred lenders who can help refinance your current mortgage, consolidate debt and/or purchase a new home

• **Backup Care:** When usual care arrangements are interrupted or short-term care is required for adults or children, 24/7 coverage, nationwide and some international locations

• **Breastfeeding Support:** Lactation rooms on all campuses, workshops and equipment for purchase below retail cost

• **Housing Information and Referral:** individual consultation and resources for renting or purchasing non-University homes in the New York metropolitan area

• **School and Child Care Search:** assistance identifying child care and school options, including public, parochial, independent and special-needs schools

• **Wellness Program:** Initiatives and online resources to foster healthy eating, movement, mental and emotional well-being and more

For details on programs, additional services and events, go to worklife.columbia.edu or email worklife@columbia.edu.
Notes
Contact Information

Columbia University has a new site for Human Resources (HR) and HR-related departments contact information, including Client Services, Compensation, Employment, Learning & Development, Retirement and Tuition Programs. Go to humanresources.columbia.edu/directory and bookmark the page for future reference.

For updates, forms and information about other HR programs and departments, go to humanresources.columbia.edu.

Below is a list of many of the University’s benefits providers, plus contact information.

<table>
<thead>
<tr>
<th>Benefit</th>
<th>Provider</th>
<th>Website/Email</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accidental Death &amp; Dismemberment Insurance</td>
<td>Cigna</td>
<td>cigna.com</td>
<td>800-732-1603</td>
</tr>
<tr>
<td>Dental</td>
<td>Aetna Columbia Dental Plan</td>
<td>aetna.com</td>
<td>800-773-9326</td>
</tr>
<tr>
<td></td>
<td>Aetna DMO</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>EmblemHealth Dental</td>
<td><a href="http://www.emblemhealth.com/find-a-doctor/directory">www.emblemhealth.com/find-a-doctor/directory</a></td>
<td>212-501-4443</td>
</tr>
<tr>
<td>Employee Assistance Program (EAP)</td>
<td>Humana</td>
<td>humana.com/eap</td>
<td>888-673-1153</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Username: Columbia Password: eap</td>
<td></td>
</tr>
<tr>
<td>FSA</td>
<td>UHC</td>
<td>myuhc.com</td>
<td>800-232-9357</td>
</tr>
<tr>
<td>Health Advocacy</td>
<td>Health Advocate</td>
<td>healthadvocate.com</td>
<td>866-799-2725</td>
</tr>
<tr>
<td>Medical</td>
<td>UHC Medical</td>
<td>columbia.welcometouhc.com</td>
<td>800-232-9357</td>
</tr>
<tr>
<td></td>
<td>UHC Behavioral Health</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Prescription Drug</td>
<td>OptumRx</td>
<td>myuhc.com</td>
<td>800-232-9357</td>
</tr>
<tr>
<td>Retirement Plan Investment Carriers</td>
<td>The Vanguard Group</td>
<td>columbia.vanguard-education.com/ekit</td>
<td>800-523-1188</td>
</tr>
<tr>
<td></td>
<td>TIAA</td>
<td>tiaa.org/columbia</td>
<td>800-842-2252</td>
</tr>
<tr>
<td>Term Life Insurance</td>
<td>Cigna</td>
<td>cigna.com</td>
<td>800-732-1603</td>
</tr>
<tr>
<td>Transit/Parking</td>
<td>EBPA</td>
<td>select.ebpabenefits.com/columbia Employer ID #CBA10602</td>
<td>888-456-4576</td>
</tr>
<tr>
<td>Travel Assistance (including International)</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>Vision</td>
<td>UHC Vision</td>
<td>myuhc.com</td>
<td>800-638-3120</td>
</tr>
<tr>
<td>Voluntary Benefits Enrollment:</td>
<td>Farmington</td>
<td>humanresources.columbia.edu/voluntary-benefits</td>
<td>866-494-4498</td>
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</tbody>
</table>

Columbia Benefits Service Center
Hours: 9:00 a.m. – 4:00 p.m., Monday - Friday
Phone: 212-851-7000  Secure fax: 212-851-7025  Email: hrbenefits@columbia.edu
Website: humanresources.columbia.edu/benefits