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.
2020 Benefits Highlights

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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 your date of hire 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, Spouse Life Insurance and Optional Long-Term Disability, 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. Eligibility begins on your date of hire.

<table>
<thead>
<tr>
<th>Benefits Eligibility</th>
<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>
<td>N/A</td>
</tr>
</tbody>
</table>
| Part-Time Officers of Administration (regularly scheduled to work 20 hours or more per week) | • Medical, Vision and Prescription Drug Coverage  
• Dental Coverage  
• Voluntary Retirement Savings Plan (VRSP)  
• Officers’ Retirement Plan  
• Tax Savings Accounts  
• Life, Disability* and Voluntary Benefits | • Child Care Benefit  
• Tuition Programs  
• Long-Term Care  
• Basic Long-Term Disability  
• Optional Long-Term Disability |
| Temporary Full-Time Officers (approved for a period of four months or more and with a specific end date) | • Medical, Vision and Prescription Drug Coverage  
• Dental Coverage  
• Voluntary Retirement Savings Plan (VRSP)  
• Tax Savings Accounts  
• Child Care Benefit  
• Life, Disability and Voluntary Benefits | • Officers’ Retirement Plan  
• Tuition Programs  
• Long-Term Care |

* Not Eligible for Basic or Optional Long-Term Disability Insurance.

If you are a Visiting Faculty member, or have a Flexible Work Arrangement (9, 10 or 11 month), please see humanresources.columbia.edu/officers-eligibility for details on your benefits eligibility.

INELIGIBLE OFFICERS

The following employees are not eligible for most 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

However, if you have W-2 earnings, you are eligible for the VRSP, see page 27.
ELIGIBLE 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), Health Savings Account (HSA), tuition, dependent life insurance. 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 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.

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 (see page 5), 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), Health Savings Account (HSA), 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 the Open Enrollment period, you’ll continue enrollment and coverage levels under all plans previously elected, except for the Healthcare and Dependent Care Flexible Spending Accounts, the Child Care Benefit and the Health Savings Account (see page 23). 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 the annual open enrollment period. 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 period, 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](http://humanresources.columbia.edu/benefits) and click “Making Changes to Your Benefits.”
Medical Coverage

The University offers four comprehensive medical plan options through UnitedHealthcare (UHC). Each plan includes vision and prescription drug coverage.

OVERVIEW OF MEDICAL COVERAGE

The High Deductible Health Plan (HDHP) and the three Choice Plus plans (80, 90 and 100) 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 pages 8–9.

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

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

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 co-insurance 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.

Copays + Deductible + Coinsurance = Out-of-Pocket Maximum
MEDICAL, VISION AND PRESCRIPTION DRUG 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.”

HOW TO CHOOSE A MEDICAL PLAN

The University offers an HDHP and three different Choice Plus medical plans—80, 90 and 100. The HDHP has lower monthly contributions and a higher deductible and out-of-pocket maximum.

<table>
<thead>
<tr>
<th>HDHP vs. Choice Plus Plans</th>
<th>HDHP</th>
<th>Choice Plus Plans</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monthly Payroll Contributions</td>
<td>Lower</td>
<td>Higher</td>
</tr>
<tr>
<td>In-network deductible, coinsurance and medical and prescription copays</td>
<td>Accumulate toward the in-network out-of-pocket maximum</td>
<td>Accumulate toward the in-network out-of-pocket maximum</td>
</tr>
<tr>
<td>Out-of-network out-of-pocket eligible expenses</td>
<td>Do not apply to in-network out-of-pocket maximum</td>
<td>Accumulate toward the in-network out-of-pocket maximum</td>
</tr>
<tr>
<td>Annual Deductible</td>
<td>Higher</td>
<td>Lower</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>Covered at 90% after the deductible</td>
<td>$30 copay per visit</td>
</tr>
<tr>
<td>Out-of-Pocket Maximum</td>
<td>Includes deductible, coinsurance, medical and prescription copays</td>
<td></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>Covered with copays after meeting the deductible</td>
<td>Only copays apply</td>
</tr>
<tr>
<td>Health Savings Account (HSA)</td>
<td>Save up to $3,550* single/$7,100* family on a pre-tax basis to pay for healthcare expenses now or in the future. Rolls over from year to year</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>
</tr>
<tr>
<td>Healthcare Flexible Spending Account (FSA)</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>
<td>Set aside up to $2,700* 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>
</tr>
</tbody>
</table>

* IRS limits are subject to change.

⚠️ 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 for eligible healthcare expenses now or in the future. For more information, go to page 20. You cannot simultaneously enroll in an HSA and a Healthcare FSA.

SMARTSELECT DECISION SUPPORT TOOL

To select the plan that best suits your family, use SmartSelect, a comparison tool accessible through CUBES, to consider differences between plans, the cost of coverage (including your contributions), model different health scenarios, estimate out-of-pocket costs and determine which medical plan is best for you. SmartSelect can use your past calendar year’s health claims if you were enrolled in a Columbia medical plan last year.
This chart summarizes the four University-provided medical plans. For more details, go to humanresources.columbia.edu and click “Forms & Documents” to review the SBC and SPD.

**MEDICAL COVERAGE**

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

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

* 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. Go to humanresources.columbia.edu/documents for a list.

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

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### Medical Plan Comparison Chart

This chart compares the four University-provided medical plans:

- High Deductible Health Plan (HDHP)
- Choice Plus 80
- Choice Plus 90
- Choice Plus 100

#### Benefit Comparison

<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</td>
<td>$1,500</td>
<td>$3,000 per person</td>
<td>$600</td>
<td>$850 per person</td>
</tr>
<tr>
<td>Individual Family</td>
<td></td>
<td></td>
<td>$2,900</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</td>
<td>$3,550</td>
<td>$6,850</td>
<td>$3,750</td>
<td>$5,250</td>
</tr>
<tr>
<td>Individual Family</td>
<td>$7,100</td>
<td>$13,700</td>
<td>$7,500</td>
<td>$10,500</td>
</tr>
<tr>
<td>Preventive Care</td>
<td>100%</td>
<td>60% after deductible</td>
<td>100%</td>
<td>60% after deductible</td>
</tr>
<tr>
<td>Office Visits</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</td>
<td>90% after deductible</td>
<td>60% after deductible</td>
<td>80% after deductible</td>
<td>60% after deductible</td>
</tr>
<tr>
<td>including services rendered in a physician’s office</td>
<td></td>
<td></td>
<td></td>
<td></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>
### 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></td>
<td></td>
<td>$150 copay (Waived if admitted)</td>
</tr>
<tr>
<td>Basic and Comprehensive Infertility Treatment</td>
<td></td>
<td>Unlimited benefit for diagnosis and basic medical treatment, including artificial insemination</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>
</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.**

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

---

### OUT-OF-NETWORK COVERAGE

Out-of-network services are covered identically by each of the University’s medical plans, and are subject to the out-of-network deductible and out-of-pocket maximum. You can use out-of-network providers for preventive services, subject to a separate deductible and coinsurance.

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.

---

### NEW VOLUNTARY BENEFITS

No matter who provides your medical insurance, the University or another source, see page 31 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.

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### TRAVEL VACCINATION COVERAGE

When traveling out of the U.S., related vaccinations are covered under all plans (deductible and coinsurance apply). See International Travel Coverage page 18.
# Vision Coverage

All Officers 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>High Deductible Health Plan (HDHP)</th>
<th>Choice Plus Plans</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Routine Eye Exams</strong></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.</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><strong>Children:</strong>* One exam every 12 months with a $10 copay.</td>
</tr>
<tr>
<td><strong>Lenses</strong></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.</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><strong>Children:</strong>* Lenses covered in full every 12 months. More frequently if medically necessary.</td>
</tr>
<tr>
<td><strong>Frames</strong></td>
<td><strong>Adults:</strong>** $30 allowance every 24 months.</td>
<td><strong>Adults:</strong>** $30 allowance every 24 months.</td>
</tr>
<tr>
<td></td>
<td><strong>Children:</strong>* Up to $100 covered in full every 12 months. More frequently if medically necessary.</td>
<td><strong>Children:</strong>* Up to $100 covered in full every 12 months. More frequently if medically necessary. Cost above $100 covered at 60%.</td>
</tr>
<tr>
<td><strong>Contact Lenses</strong></td>
<td><strong>Adults:</strong>** $75 allowance every 24 months.</td>
<td><strong>Adults:</strong>** $75 allowance every 24 months.</td>
</tr>
<tr>
<td></td>
<td><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><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>
</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 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 single-source or multi-source.

**Copays**

Copays for prescription drugs work differently under the Choice Plus plans and the High Deductible Health Plan (HDHP).

<table>
<thead>
<tr>
<th>Plan</th>
<th>Choice Plus (80, 90, 100)</th>
<th>High Deductible Health Plan (HDHP)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Retail Pharmacy (up to 30-day supply)</td>
<td>Mail-order (up to 90-day supply)</td>
</tr>
<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>
</tbody>
</table>

**Preventive Drugs**

- $10 generic
- $25 single-source
- $45 multi-source

**Non-Preventive Drugs**

- Subject to HDHP in-network deductible; then Rx copays apply

**Preventive Drugs**

- $15 generic
- $50 single-source
- $90 multi-source

**Non-Preventive Drugs**

- Subject to HDHP in-network deductible; then Rx copays apply

To check if your prescription is considered preventive, go to humanresources.columbia.edu; click “Forms & Documents;” search “preventive medications.”

Copays and deductibles accumulate toward the out-of-pocket maximum of all plans. After you reach the annual out-of-pocket maximum, the plans pay 100% of the cost of preventive and non-preventive 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 at 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.

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

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

#### 2020 Monthly Pre-Tax Contributions for Medical & Rx for Full-Time Officers

<table>
<thead>
<tr>
<th>Salary Tier</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>$0 - $44,999</strong></td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>High Deductible Health Plan</td>
<td>$7</td>
<td>$10</td>
<td>$21</td>
<td>$24</td>
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<tr>
<td>Choice Plus 80</td>
<td>$21</td>
<td>$36</td>
<td>$67</td>
<td>$81</td>
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<tr>
<td>Choice Plus 90</td>
<td>$29</td>
<td>$50</td>
<td>$96</td>
<td>$120</td>
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<tr>
<td>Choice Plus 100</td>
<td>$92</td>
<td>$166</td>
<td>$257</td>
<td>$330</td>
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<tr>
<td><strong>$45,000 - $59,999</strong></td>
<td></td>
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<td></td>
<td></td>
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<tr>
<td>High Deductible Health Plan</td>
<td>$21</td>
<td>$37</td>
<td>$71</td>
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<tr>
<td>Choice Plus 80</td>
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<td>$202</td>
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<tr>
<td>Choice Plus 90</td>
<td>$97</td>
<td>$180</td>
<td>$299</td>
<td>$382</td>
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<tr>
<td>Choice Plus 100</td>
<td>$260</td>
<td>$467</td>
<td>$727</td>
<td>$932</td>
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<tr>
<td><strong>$60,000 - $79,999</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>High Deductible Health Plan</td>
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<td>$64</td>
<td>$121</td>
<td>$150</td>
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<tr>
<td>Choice Plus 80</td>
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<td>$157</td>
<td>$247</td>
<td>$321</td>
</tr>
<tr>
<td>Choice Plus 90</td>
<td>$126</td>
<td>$239</td>
<td>$348</td>
<td>$450</td>
</tr>
<tr>
<td>Choice Plus 100</td>
<td>$341</td>
<td>$612</td>
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<td><strong>$80,000 - $134,999</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>High Deductible Health Plan</td>
<td>$48</td>
<td>$91</td>
<td>$171</td>
<td>$213</td>
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<tr>
<td>Choice Plus 80</td>
<td>$109</td>
<td>$204</td>
<td>$297</td>
<td>$393</td>
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<tr>
<td>Choice Plus 90</td>
<td>$151</td>
<td>$286</td>
<td>$402</td>
<td>$521</td>
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<tr>
<td>Choice Plus 100</td>
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<td><strong>$135,000 - $174,999</strong></td>
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<td>High Deductible Health Plan</td>
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<td>Choice Plus 80</td>
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<td>$358</td>
<td>$462</td>
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<tr>
<td>Choice Plus 90</td>
<td>$176</td>
<td>$333</td>
<td>$449</td>
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<tr>
<td>Choice Plus 100</td>
<td>$420</td>
<td>$752</td>
<td>$1,170</td>
<td>$1,503</td>
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### 2020 Monthly Pre-Tax Contributions for Medical & Rx for Full-Time Officers (cont.)

<table>
<thead>
<tr>
<th>Salary Tier</th>
<th>Yourself Only</th>
<th>Yourself &amp; Child(ren)</th>
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<td>Choice Plus 80</td>
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<td>$426</td>
<td>$580</td>
</tr>
<tr>
<td>Choice Plus 90</td>
<td>$216</td>
<td>$409</td>
<td>$565</td>
<td>$711</td>
</tr>
<tr>
<td>Choice Plus 100</td>
<td>$552</td>
<td>$992</td>
<td>$1,542</td>
<td>$1,982</td>
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<tr>
<td>$225,000 - $299,999</td>
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<td></td>
<td></td>
<td></td>
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<tr>
<td>High Deductible Health Plan</td>
<td>$153</td>
<td>$291</td>
<td>$381</td>
<td>$518</td>
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<tr>
<td>Choice Plus 80</td>
<td>$213</td>
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<td>$507</td>
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<tr>
<td>Choice Plus 90</td>
<td>$256</td>
<td>$486</td>
<td>$669</td>
<td>$834</td>
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<tr>
<td>Choice Plus 100</td>
<td>$594</td>
<td>$1,068</td>
<td>$1,659</td>
<td>$2,133</td>
</tr>
<tr>
<td>$300,000+</td>
<td></td>
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<tr>
<td>High Deductible Health Plan</td>
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<td>$369</td>
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<td>$638</td>
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<td>Choice Plus 80</td>
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<td>Choice Plus 100</td>
<td>$610</td>
<td>$1,096</td>
<td>$1,705</td>
<td>$2,191</td>
</tr>
</tbody>
</table>

Your pre-tax contributions are based on which plan you select, who you cover and your Annual Benefits Salary (for definition, go to [humanresources.columbia.edu/glossary](http://humanresources.columbia.edu/glossary)).

### 2020 Monthly Pre-Tax Contributions for Medical & Rx for Part-Time Officers

<table>
<thead>
<tr>
<th>REGULAR PART-TIME SALARIED OFFICERS OF ADMINISTRATION</th>
<th>Yourself Only</th>
<th>Yourself &amp; Child(ren)</th>
<th>Yourself &amp; Spouse</th>
<th>Family</th>
</tr>
</thead>
<tbody>
<tr>
<td>High Deductible Health Plan</td>
<td>$183</td>
<td>$347</td>
<td>$383</td>
<td>$548</td>
</tr>
<tr>
<td>Choice Plus 80</td>
<td>$197</td>
<td>$375</td>
<td>$414</td>
<td>$591</td>
</tr>
<tr>
<td>Choice Plus 90</td>
<td>$208</td>
<td>$394</td>
<td>$436</td>
<td>$622</td>
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<tr>
<td>Choice Plus 100</td>
<td>$228</td>
<td>$434</td>
<td>$479</td>
<td>$685</td>
</tr>
</tbody>
</table>
Dental Coverage

The University offers two comprehensive dental plans. 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 carefully chosen group of Aetna in-network providers able to offer lower rates.

### Aetna Columbia Dental Plan Overview

<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.”
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.

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

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 PLAN

With the Aetna Dental Maintenance Organization (DMO) plan, monthly premiums are generally lower and there is no deductible or annual or lifetime benefit maximums for most major services. Your primary care dentist must be in the Aetna DMO network. Referrals are needed for specialists. There is no out-of-network coverage.

| Aetna DMO Plan Overview |
|-------------------------|---|
| Benefit                 | Coverage                                  |
| Preventive Care         | 100%                                      |
| Basic Restorative Care  | 100%                                      |
| Major Restorative Care  | 60%                                       |
| Orthodontia for Adults & Children | $2,400 Member copay applies per lifetime, plan pays remainder |
| Orthodontic Lifetime Maximum (per person) | 24 Months of comprehensive orthodontic treatment, plus 24 months of retention |
| Annual Deductible (per person) | None                                      |
| Annual Benefit Maximum (per person) | None                                      |
## 2020 Monthly Pre-Tax Contributions for Dental (Full-Time Officers)

<table>
<thead>
<tr>
<th></th>
<th>Aetna Columbia Dental Plan</th>
<th>Aetna DMO</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 Dental (Part-Time Officers)

<table>
<thead>
<tr>
<th></th>
<th>Aetna Columbia Dental Plan</th>
<th>Aetna DMO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yourself</td>
<td>$41.00</td>
<td>$12.82</td>
</tr>
<tr>
<td>You Plus One</td>
<td>$82.00</td>
<td>$36.55</td>
</tr>
<tr>
<td>Family</td>
<td>$122.00</td>
<td>$36.55</td>
</tr>
</tbody>
</table>
International Travel Coverage

When employees travel outside of the U.S., the University provides assistance and coverage that varies by duration and whether or not the travel is business-related. The University medical plans through UHC only cover medically-necessary, emergency services outside the U.S.

IF TRAVELING ON COLUMBIA BUSINESS

Less Than Six Months

The Cigna International Medical Gap Plan, called “Medical Benefits Abroad,” is medical coverage for faculty and staff traveling on international business for less than six months. Administered in conjunction with International SOS, Medical Benefits Abroad provides full coverage for medically-necessary services, without deductibles, coinsurance or copays and includes emergency dental coverage up to a $1,000.

For more information, go to globaltravel.columbia.edu/content/health-insurance.

Six Months or More

The Cigna International Plan provides comprehensive coverage if you are traveling outside the U.S. for six months or more while still on the University’s U.S. payroll. To cover any dependents, you must have this coverage as well.

Benefits include:

- Easy access to comprehensive, quality healthcare anywhere in the world
- 24/7 support; collect calls accepted
- 24/7 connection to the nearest and most appropriate physician or hospital

If you believe you are eligible for this medical plan option, contact the Columbia Benefits Service Center at 212-851-7000 or hrbenefits@columbia.edu for more information, including monthly rates.

In the event of an emergency, if on Columbia business abroad, call International SOS: +1-215-942-8478.

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.
PERSONAL TRAVEL

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.

In the event of an emergency while on personal travel 100+ miles from home, call Cigna Secure Travel:
+1-888-226-4567 (U.S. and Canada) or +1-202-331-7635 (all other locations).

* J-1 visa holders will be covered for Emergency Travel Assistance through American International Group, Inc.
# 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>
</table>
| Healthcare Flexible Spending Account (FSA) | Most medical, dental and vision care expenses not covered by your health plan, such as copayments, coinsurance, deductibles, eyeglasses and prescriptions | Maximum: $2,700*  
You cannot enroll if you have an HSA. Funds are deducted throughout the year, but annual total funds are available on January 1 |
| Health Savings Account (HSA) | Most medical, dental and vision care expenses not covered by your health plan, such as copayments, coinsurance, deductibles, eyeglasses and prescriptions. Eligible expenses also include premiums paid for COBRA, long-term care and retiree medical and prescription drug expenses, including Medicare premiums | Maximum: $3,550* for individuals and $7,100* for families  
If you are age 55 or older, you can contribute an additional $1,000.* Funds are not available upfront; they become available as they are deducted throughout the year |
| Dependent Care FSA          | 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 | Maximum: $5,000*  
($2,500 if married and filing separate tax returns) |
| Transit Reimbursement Account | Expenses for transportation to or from work on a subway, train, bus or ferry | Maximum: $265* per month |
| Parking Reimbursement Account | Expenses for work-related parking at or near your workplace or a commuter lot where you transfer to a vanpool or mass transit | Maximum: $265* per month |

* IRS limits are subject to change.

⚠️ You or your tax dependents don’t need to be enrolled in a 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

A Flexible Spending Account (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 Savings Account: IRS Publication 969

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. You may elect a Healthcare FSA even if you are enrolled in Medicare.

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.

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

* IRS limits are subject to change.
HEALTH SAVINGS ACCOUNT

A Health Savings Account (HSA) is a pre-tax savings account paired with the University’s High Deductible Health Plan (HDHP) to pay for current and future medical expenses for you and your dependents. The HSA is administered by Optum Bank.

START IT

Enrolling in the HSA is easy, but there are a few rules to know first:
• You must be enrolled in the HDHP
• You cannot be covered under any other medical plan option, including Medicare Part A
• You cannot have access to a Healthcare FSA, including if your spouse participates in a Healthcare FSA
Contributions to the HSA are tax-free for you. When you enroll, elect an annual amount to contribute, to be divided equally across remaining paychecks for the calendar year. You cannot pre-fund your HSA at the beginning of the year.

BUILD IT

• All of the money in your HSA is yours even if you leave your job, change plans or retire
• In 2020, contributions can be up to $3,550* for individual coverage and $7,100* for family coverage
If you are age 55 or older, you can make catch-up contributions up to $1,000.*

GROW IT

• Unused money in your HSA will roll over, earn interest and grow tax-free over time
• If you have at least $2,000, you can invest it with Optum Bank. Earnings are automatically reinvested and grow tax-free
• You decide how to use the HSA money, including whether to save it or spend it on eligible expenses. When your balance is large enough, you can invest it

USE IT

• You can withdraw this money tax-free at any time, as long as you use it for qualified expenses (go to irs.gov for a list)
• You can also save this money for future eligible health care expenses, including Medicare Part B premiums
• The HSA is your personal account, which you can continue to use even if you change medical plans, leave the University or retire

⚠ You must enroll in the HDHP to be eligible for the HSA. For more details on the HDHP, see page 7.

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.

* IRS limits are subject to change.
### COMPARISON OF ACCOUNTS

<table>
<thead>
<tr>
<th>Feature</th>
<th>FSA</th>
<th>HSA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do I need to be in a specific medical plan to participate?</td>
<td>No, you can be enrolled in any of the University’s medical plans, or have coverage from another source</td>
<td>Yes, you must be enrolled in the University’s HDHP medical plan to participate</td>
</tr>
<tr>
<td>Is there an IRS maximum annual contribution?</td>
<td>Yes Healthcare: $2,700*</td>
<td>Yes Employee: $3,550* Family: $7,100* Those 55 and older can contribute an additional $1,000* annually</td>
</tr>
<tr>
<td>When will my annual election be available?</td>
<td>The full annual election amount is available for claim reimbursement as of your account’s effective date</td>
<td>HSA funds are sent as soon as administratively possible after each payroll to Optum Bank</td>
</tr>
<tr>
<td>Will my savings roll over each year?</td>
<td>Yes Up to $500 for Healthcare FSA</td>
<td>Yes Unlimited</td>
</tr>
<tr>
<td>Will I earn interest on my savings?</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>Are withdrawals for eligible expenses tax-free?</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Will I get a debit card?</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Do I keep the money if I leave the University?</td>
<td>No Option to continue Healthcare FSA only through COBRA</td>
<td>Yes</td>
</tr>
<tr>
<td>Can I also have an FSA?</td>
<td>N/A</td>
<td>No Dependent Care FSA only</td>
</tr>
</tbody>
</table>

* IRS limits are subject to change.

For more about the HSA, go to [humanresources.columbia.edu/hsa](http://humanresources.columbia.edu/hsa).

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 account.

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.
DEPENDEENT 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. 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.

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 Officer 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 employees.

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.

<table>
<thead>
<tr>
<th>When Does a T/PRP Election Take Effect?</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Enroll/Change</strong></td>
</tr>
<tr>
<td>On or before the 20th day of a month</td>
</tr>
<tr>
<td>The 21st of a month or any day after</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.

**Combined Monthly Contributions**

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 $265* IRS monthly maximum.

**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.ebpabenefits.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 Officers’ Retirement Plan.

VOLUNTARY RETIREMENT SAVINGS PLAN

The Voluntary Retirement Savings Plan (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, through payroll contributions. You’re eligible to participate on your date of hire. You can enroll in or make changes to the VRSP at any time via CUBES.

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

If you are an Officer 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. You will also have the option to opt out 90 days from the date you are automatically enrolled.

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 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 VRSP and the Officers’ Retirement Plan, 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 Officers’ Retirement Plan, 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.

* IRS limits are subject to change.
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.”

TUITION EXEMPTION
The Tuition Exemption benefit pays 100% of tuition for Officers for undergraduate and graduate courses at Columbia University, Barnard College and Teachers College. Available after completing two years of regular, full-time, salaried, continuous service.

This benefit is available to eligible dependent child(ren) after four years of regular, full-time, salaried, continuous service.

Reduced Employee Rate
This benefit is available: 1) before the waiting period for Tuition Exemption is met; and 2) when an Officer has met the waiting period and is taking courses which exceed the benefits coverage.

COLLEGE TUITION SCHOLARSHIP
The College Tuition Scholarship (CTS) benefit pays 50% of undergraduate tuition at accredited institutions outside of Columbia, up to an annually-defined limit, for up to eight semesters. Available to eligible Officers, after completing four years of regular, full-time, salaried, continuous service.

PRIMARY TUITION SCHOLARSHIPS
Both Primary Tuition Scholarship (PTS) benefits are available immediately to Officers for eligible family members. Both you and your child(ren) must live within the five boroughs of New York City.

- **PTS for K–8 within New York City:** Pays 10% to 35% of your eligible dependent child’s K-8 tuition at an accredited private school within the five boroughs of New York City, based on qualifying family income.
- **PTS for The School at Columbia University:** Pays 50% of your eligible dependent child’s K-8 tuition.

For more information on Tuition Exemption, Reduced Employee Rate, CTS and PTS, including policy details, go to humanresources.columbia.edu/tuition.

New Hire Opportunity
As a new hire, if you take courses prior to meeting the service requirements, you are eligible for the Reduced Employee Rate benefit.

If you join mid-year, you can get a prorated Primary Tuition Scholarship benefit.

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, Disability and Voluntary Benefits

The University offers Basic Term Life Insurance and Long-Term Disability Insurance. You have the option to buy additional life or disability 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 $1,000,000.

Basic Term Life Insurance

Basic Term Life Insurance—one times your Annual Benefits Salary, 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.

To learn more about Annual Benefits Salary, go to humanresources.columbia.edu/glossary.

Optional Term Life Insurance

You may elect additional coverage of one-to-six times your Annual Benefits Salary up to $1,750,000, 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>
</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>
</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 $1,000,000 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.

**Dependent Life Insurance**

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

Coverage options:

- Spouse Life Insurance – $10,000, $30,000, $50,000 or $100,000
  - You cannot elect Dependent Life Insurance greater than your own total life insurance value.
  - EOI must be provided by your spouse if:
    - As a new hire, you elect a coverage amount of $100,000
    - If you elect coverage greater than $10,000 during annual Benefits Open Enrollment
- Child Life Insurance – $10,000 for each dependent child
  - You pay one premium rate, regardless of the number of dependent children

<table>
<thead>
<tr>
<th>Coverage</th>
<th>$10,000</th>
<th>$30,000</th>
<th>$50,000</th>
<th>$100,000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Spouse Life Insurance</td>
<td>$1.50 per month</td>
<td>$4.50 per month</td>
<td>$7.50 per month</td>
<td>$15.00 per month</td>
</tr>
<tr>
<td>Child Life Insurance</td>
<td>$0.50 per month</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
</tbody>
</table>
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 on 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.
DISABILITY INSURANCE

The University’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. You may buy additional coverage under the Optional LTD Plan, and the University recommends you seriously consider this valuable coverage. LTD plans are insured and administered by Cigna.

**New Hire Opportunity**

As a new hire, take advantage of the one-time opportunity to enroll in Optional LTD without providing EOI.

### Disability Coverage

<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>*&lt;br&gt;For first six months</td>
<td>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>
</tbody>
</table>
| **Basic Long-Term Disability**<br>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 66\(\frac{2}{3}\)% of your Annual Benefits Salary** and it is reduced to 60% thereafter.<br>\>
  - Coverage applies to a maximum Annual Benefits Salary** of $100,000<br>  - The maximum monthly benefit is $5,000<br>  - There is no cost-of-living adjustment (COLA)<br>  - Contributions to the Officers’ Retirement Plan continue as defined by Cigna, the long-term disability provider |
| **Optional Long-Term Disability**<br>After six months | The same benefit provisions as for the Basic LTD apply, with the following enhancements:<br>\>
  - Coverage applies to a maximum Annual Benefits Salary** of $300,000<br>  - The maximum monthly benefit is $15,000<br>  - You receive an annual 3% COLA, beginning January 1 after you have received 12 months of LTD payments<br>  - Contributions to the Officers’ Retirement Plan continue as defined by Cigna, the long-term disability provider |

* 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.

**Reduction in LTD Benefits**

LTD benefits are reduced by other disability income received, such as Social Security or Workers’ Compensation. Any payments made to your dependents because of your disability will also reduce your LTD benefit amount.
Sample Basic LTD Benefit Payment Calculation
After your first six months on Basic LTD, 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 60% of Salary Benefit</td>
<td>× 0.60</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 as long as you remain disabled throughout the Maximum Benefit Period (as defined by Cigna). These benefits are taxable.

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

Optional LTD Insurance Plan
Optional LTD insurance can provide additional income protection in the event of disability.

The Optional LTD Plan pays 66⅔% of the first $300,000 of your Annual Benefits Salary for the first six months, and 60% thereafter, up to $15,000 per month. You pay for this coverage with after-tax dollars, so Optional LTD is only partially taxable if you become disabled.

Benefits include:
• An annual 3% cost-of-living increase in payment
• Contributions to the Officers’ Retirement Plan beginning 12 months after the start of long-term disability
• Officers’ Retirement Plan contributions may increase based on the annual 3% cost-of-living adjustment

⚠️ 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 EOI. Your coverage, as well as your payroll contributions, will not begin until Cigna has approved your application.
LONG-TERM CARE INSURANCE

Long-Term Care (LTC) insurance can help you and your family pay costs associated with long-term nursing homes or home-healthcare services not covered by traditional medical insurance or Medicare.

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 for a family member to apply. Once you (or your family member) are approved, coverage is guaranteed as long as premiums are paid. Cost depends on coverage level and your age when your application is signed. The younger you are when you enroll, the lower your premium. LTC plans are insured and administered by Genworth Life Insurance Company of New York (Genworth Life).

New Hire Opportunity

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 EOI is required if you are age 66 or older.

For information on eligibility and restrictions, or to apply for coverage, go to genworth.com/columbia or call Genworth Life: 800-416-3624.

How LTC Insurance Works

LTC pays part of the daily cost of services designed to help a person perform certain activities, such as bathing, eating and dressing. You can elect a daily maximum benefit of $100, $150, $200 or $250. The covered person will receive reimbursement for covered expenses up to a percentage of the daily maximum benefit, depending on type of care received.

Sample Daily Maximum Reimbursement:

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

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 EOI
- All eligible family members applying for LTC must provide full EOI
- All LTC applications must be approved by Genworth Life
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 on 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
- **Faculty Spouse/Partner Dual Career Service**: Employment opportunities for spouses and partners of new faculty living in the New York metropolitan area
- **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](http://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](http://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>
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<td></td>
<td>Aetna DMO</td>
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<tr>
<td>Employee Assistance Program (EAP)</td>
<td>Humana</td>
<td>humana.com/eap</td>
<td>888-673-1153</td>
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<tr>
<td>FSA</td>
<td>UHC</td>
<td>myuhc.com</td>
<td>800-232-9357</td>
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<tr>
<td>Health Advocacy</td>
<td>Health Advocate</td>
<td>healthadvocate.com</td>
<td>866-799-2725</td>
</tr>
<tr>
<td>HSA</td>
<td>Optum Bank</td>
<td>myuhc.com</td>
<td>800-791-9361</td>
</tr>
<tr>
<td>Long-Term Care Insurance</td>
<td>Genworth</td>
<td>genworth.com/columbia</td>
<td>800-416-3624</td>
</tr>
<tr>
<td>Long-Term Disability Insurance</td>
<td>Cigna</td>
<td>N/A</td>
<td>800-362-4462</td>
</tr>
<tr>
<td>Medical</td>
<td>UHC Medical</td>
<td>columbia.welcometouhc.com</td>
<td>800-232-9357</td>
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<tr>
<td></td>
<td>UHC Behavioral Health</td>
<td></td>
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<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>
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<td></td>
<td>TIAA</td>
<td>tiaa.org/columbia</td>
<td>800-842-2252</td>
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<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</td>
<td>888-456-4576</td>
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<tr>
<td>Travel Assistance (including International)</td>
<td>Cigna Secure Travel</td>
<td>Cigna Assistance Services Policy #FLY980017 Group #57 Cigna Assistance Services can be reached at <a href="mailto:cigna@gga-usa.com">cigna@gga-usa.com</a></td>
<td>In the United States and Canada call: 888-226-4567 In other locations worldwide call: 202-331-7635 Note: collect calls accepted</td>
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<td>American International Group, Inc. (J-1 Visa Holders Only)</td>
<td>aig.com/us/travelguardassistance AIG Travel Guard can be reached at <a href="mailto:assistance@aig.com">assistance@aig.com</a></td>
<td>Within the U.S.: 877-224-6871 Outside the U.S., call collect: 1-715-346-0859</td>
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<tr>
<td>Vision</td>
<td>UHC Vision</td>
<td>myuhc.com</td>
<td>800-638-3120</td>
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<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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<tr>
<td></td>
<td>Accident</td>
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<td>Critical Illness</td>
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<td>Hospital Indemnity</td>
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<td>Identity Theft</td>
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<td>Pet</td>
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<td></td>
<td>Universal Life with long-term care</td>
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</tbody>
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**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