LOCAL 2110 BENEFITS HIGHLIGHTS

EFFECTIVE JANUARY 1, 2021
ABOUT THIS COMMUNICATION

Benefits Highlights summarizes the changes to the benefits programs that are available to benefits-eligible employees of Columbia University. This communication is intended to be a Summary of Material Modifications (SMM) to the Medical Plans and other benefits programs. It does not include important information about exclusions and limitations. For additional details of benefits coverage, eligibility, limitations and exclusions, you must refer to the Summary Plan Description (SPD), the Summary of Benefits and Coverage (SBC) and the Benefits Highlights online at https://humanresources.columbia.edu/benefits. You may also want to request to receive a paper copy of a SPD, SBC or SMM by contacting the Columbia Benefits Service Center at 212-851-7000. As a requirement of the Patient Protection and Affordable Care Act, Columbia University must provide a SBC to all participants and their dependents. The SBC is designed to provide you with an easy-to-understand summary about a health plan’s benefits and coverage and to help you better understand and evaluate your health insurance choices. You are entitled to receive these Plan documents under the Employee Retirement Income Security Act of 1974 (ERISA). You also have other important rights and protections under ERISA, which are explained in more detail in the SPDs. If there are any discrepancies between the information in this publication, verbal representations and the Plan documents, the Plan documents will always govern. Columbia University reserves the right to change or terminate these benefits Plans at any time. This publication is in no way intended to imply a contract of employment. The Columbia University Group Benefit Plan (the “Plan”) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex.
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For additional benefits information go to the HR Benefits website: humanresources.columbia.edu/benefits.
Welcome to Columbia

Columbia University offers a full range of benefits to help you and your eligible dependents stay healthy, build long-term financial security, meet educational and professional goals, and much more. We are committed to providing the resources you need to care for yourself and your family. This guide is an overview of what’s available to you in 2021.

CHOOSE YOUR COVERAGE FOR THE YEAR

Your 2021 elections will be in effect from January 1—or your date of hire or benefits eligibility (whichever is later)—through December 31, 2021. 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. Be sure to “CHECKOUT” to finish the enrollment process, then click “VIEW AND PRINT CONFIRMATION”. You can see your confirmed elections, and 2021 COST BREAKDOWN on the My Benefits Dashboard page.

Step 3  Click “2021 CONFIRMATION (PDF)” on My Benefits Dashboard page to view and print your Personalized Benefits Confirmation Statement for your records before exiting CUBES. To make a change, return to the election process and modify your selections.

Step 4  This is a good time to review your retirement contributions. Select “Retirement” from the top navigation or click the Retirement box 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 in benefits within 31 days of your date of hire or benefits eligibility. After your new hire information is processed, you will receive an automated email at your Columbia University email address letting you know you may log in to CUBES and enroll in benefits. Your coverage is effective from the first of the month following the completion of the applicable waiting period through the end of the calendar year.

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

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

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Eligibility

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

If you are a full-time University employee and you do not enroll within 31 days of hire or eligibility:

- You will be automatically enrolled for individual Choice Plus 90 medical coverage and individual EmblemHealth Dental coverage only.
- You will receive the University contribution to the Healthcare FSA.
- You will not be able to enroll your eligible dependents in Medical, Prescription Drug, Vision or Dental coverage.
- You will not have FSAs or most other benefits coverage from the University through the calendar year.

### Waiting Periods for Benefits Coverage

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

* Eligible part-time employees are regularly scheduled to work 20 hours or more per week. However, all employees with W-2 earnings are eligible for the VRSP.

** The benefits of eligible full-time and part-time 2110 members are effective the first day of the month following the completion of the applicable waiting period.

*** EmblemHealth Dental only.
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.

The definition of “eligible dependent” varies by benefit. For dependent eligibility details, go to humanresources.columbia.edu/dependent-eligibility.

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.

Active 2110 members and their spouses age 65 and over who are enrolled in a University-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 retirement from the University, however, it’s recommended to enroll in Medicare to avoid gaps in coverage.
VERIFYING DEPENDENT ELIGIBILITY

The 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 below), follow the instructions on CUBES. You will be prompted to upload documentation for any unverified dependents, (you can also submit documents by fax to 844-301-7225). You are required to provide the documentation listed below 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>Civil/legal marriage certificate</td>
</tr>
</tbody>
</table>
| Child     | One of the following:  
• Child’s legal birth certificate  
• Adoption certificate/court order |

* If your document is in a foreign language, please submit a copy of the original document, as well as an official English translation. The document must be translated by someone other than yourself or your family member.

MAKING CHANGES TO YOUR ENROLLMENT

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

Changes to other benefits can be made only during the annual benefits Open Enrollment period unless you experience a Qualified Life Status Change (see below).

If You Don’t Make Changes During Open Enrollment

If you don’t change your benefits during Open Enrollment, enrollment and coverage levels will continue as previously elected for all plans, except for the Healthcare and Dependent Care Flexible Spending Accounts (see pages 18–21). 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 benefits 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 annual benefits Open Enrollment period, unless you experience another qualifying 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 the “Making Changes to Benefits” icon.
Medical Coverage

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

OVERVIEW OF MEDICAL COVERAGE

The Choice Plus 90 and Choice In-Network medical plans cover the same comprehensive set of medically-necessary services and supplies, including in-network preventive care—such as annual physicals, immunizations and well-baby visits—at 100% with no deductible. Under the Choice Plus 90 plan there is also coverage for out-of-network services. For details, review the Medical Plan Comparison Chart on page 8.

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

Both plans give you access to the same network of providers and facilities. However, the Choice In-Network plan can only be used for in-network providers. Coverage for out-of-network services is provided under the Choice Plus 90 plan. Vision and prescription drug coverage are provided automatically when you enroll in medical coverage.

<table>
<thead>
<tr>
<th>Plan Provision</th>
<th>Choice Plus 90</th>
<th>Choice In-Network</th>
</tr>
</thead>
<tbody>
<tr>
<td>In-Network Preventive Care</td>
<td>Covered at 100% with no deductible</td>
<td></td>
</tr>
<tr>
<td>In-Network Physician Visits</td>
<td>$30 copay</td>
<td>$30 copay</td>
</tr>
<tr>
<td>Out-of-Network Coverage</td>
<td>60% after deductible</td>
<td>None</td>
</tr>
<tr>
<td>Annual Deductible</td>
<td>For other than preventive care, annual deductible must be met before coinsurance begins</td>
<td></td>
</tr>
<tr>
<td>Coinsurance</td>
<td>Plan pays 90%/Member pays 10%</td>
<td>Plan pays 100%</td>
</tr>
<tr>
<td>Out-of-pocket Maximum</td>
<td>Lower</td>
<td>Higher</td>
</tr>
<tr>
<td>Healthcare FSA</td>
<td>University contribution $120/$240/$360</td>
<td>No University contribution</td>
</tr>
</tbody>
</table>
Glossary

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

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

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

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

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

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

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

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

**LEARN MORE**

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

This chart summarizes the University-provided medical plans, administered by UHC. For more details, go to [humanresources.columbia.edu](http://humanresources.columbia.edu) and click “Forms & Documents” to review the SPDs and SBCs.

<table>
<thead>
<tr>
<th>Benefit</th>
<th>Choice Plus 90</th>
<th>Choice In-Network</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>In-Network</td>
<td>Out-of-Network*</td>
</tr>
<tr>
<td>Annual Deductible</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Individual Family</td>
<td>$400 per person</td>
<td>$850 per person</td>
</tr>
<tr>
<td>Family</td>
<td>$6,500</td>
<td>$10,500</td>
</tr>
<tr>
<td>Coinsurance</td>
<td>90% after deductible</td>
<td>60% after deductible</td>
</tr>
<tr>
<td>Out-of-pocket Maximum</td>
<td>$3,250</td>
<td>$5,250</td>
</tr>
<tr>
<td>Individual Family</td>
<td>$6,500</td>
<td>$10,500</td>
</tr>
<tr>
<td>Preventive Care</td>
<td>100%</td>
<td>60% after deductible</td>
</tr>
<tr>
<td>Physician Office Visits</td>
<td>$30 copay</td>
<td>60% after deductible</td>
</tr>
<tr>
<td>Laboratory/Radiology Services, including</td>
<td>90% after</td>
<td>60% after deductible</td>
</tr>
<tr>
<td>services rendered in a physician’s office</td>
<td>deductible</td>
<td></td>
</tr>
<tr>
<td>Inpatient Hospital Care</td>
<td>90% after</td>
<td>60% after deductible; Precertification required</td>
</tr>
<tr>
<td>Outpatient Hospital Care</td>
<td>90% after</td>
<td>60% after deductible; Precertification required</td>
</tr>
<tr>
<td>Mental Health and Substance Abuse – Inpatient care</td>
<td>90% after deductible</td>
<td>60% after deductible; Precertification required</td>
</tr>
<tr>
<td>Mental Health and Substance Abuse –</td>
<td>$30 copay</td>
<td>70% after deductible for facility-based care including intensive outpatient programs; Precertification required</td>
</tr>
<tr>
<td>Outpatient programs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mental Health and Substance Abuse –</td>
<td>$30 copay</td>
<td>70% after deductible</td>
</tr>
<tr>
<td>Outpatient counseling</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Emergency Room</td>
<td>$150 copay (Waived if admitted)</td>
<td>$150 copay (Waived if admitted)</td>
</tr>
<tr>
<td>Basic and Comprehensive Infertility Treatment</td>
<td>Unlimited benefit for diagnosis and basic medical treatment, including artificial insemination</td>
<td>N/A</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>N/A</td>
</tr>
<tr>
<td>Prescription Drug coverage with OptumRx***</td>
<td>Retail (30 days)</td>
<td>Mail-order (90 days)</td>
</tr>
<tr>
<td></td>
<td>• Generic: $10 copay</td>
<td>• Generic: $15 copay</td>
</tr>
<tr>
<td></td>
<td>• Single-source: $25 copay</td>
<td>• Single-source: $50 copay</td>
</tr>
<tr>
<td></td>
<td>• Multi-source: $45 copay</td>
<td>• Multi-source: $90 copay</td>
</tr>
</tbody>
</table>

* Out-of-network coinsurance reimbursement is indexed to 190% of the Medicare Maximum Allowable Charge (MAC), including expenses in excess of the out-of-network out-of-pocket maximum.

** No copay for lab and radiology at certain designated New York Presbyterian (NYP) locations. Go to [humanresources.columbia.edu/documents](http://humanresources.columbia.edu/documents) and search “New York-Presbyterian (NYP) Outpatient Laboratory Locations” for the list of locations.

*** $30,000 lifetime maximum for infertility medication.
MEDICAL, VISION, AND PRESCRIPTION DRUG ID CARDS

UHC ID cards have member information for medical, vision, and prescription drug coverage. You do not need separate cards for each benefit. After enrolling in a medical plan, it can take three weeks for a UHC ID card to arrive in your mail. If necessary, you can print a temporary UHC ID card two weeks after enrolling. Create an account on myuhc.com to print a temporary ID card. Use your Social Security Number, date of birth, and Group number 712790.

OUT-OF-NETWORK COVERAGE

Out-of-network services are covered only if you are enrolled in the UHC Choice Plus 90 medical plan, and are subject to a deductible and out-of-pocket maximum.

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

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

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

OUT-OF-POCKET MAXIMUM

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

VOLUNTARY BENEFITS

No matter who provides your medical insurance, the University or another source, the University offers Voluntary Benefits programs, including Accident, Critical Illness and Hospital Indemnity insurances to help you get all the support you need. See page 28 to learn more.

COLUMBIA DOCTORS

ColumbiaDoctors—faculty at Columbia University Irving Medical Center, affiliated with NewYork-Presbyterian Hospital—has more than 2,000 physicians, surgeons, dentists, and allied nurse professionals, 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. For more information, please visit columbiaDoctors.org.

TRAVEL VACCINATION COVERAGE

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

All 2110 members and their dependents enrolled in any of the University’s medical plans are covered by a vision benefit through UHC.

## Vision Benefits

<table>
<thead>
<tr>
<th></th>
<th>Choice Plus 90</th>
<th>Choice In-Network Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Routine Eye Exams</strong></td>
<td><strong>Adults:</strong> One exam every 12 months with a $10 copay&lt;br&gt;<strong>Children:</strong> One exam every 12 months with a $10 copay</td>
<td><strong>Adults:</strong> One exam every 12 months with a $10 copay&lt;br&gt;<strong>Children:</strong> One exam every 12 months with a $10 copay</td>
</tr>
<tr>
<td><strong>Lenses</strong></td>
<td><strong>Adults:</strong> Every 24 months, $20 allowance for single lenses, $30 for bifocal, $40 for trifocal or $75 for lenticular&lt;br&gt;<strong>Children:</strong> Lenses covered in full every 12 months (more frequently if medically necessary)</td>
<td><strong>Adults:</strong> Every 24 months, $20 allowance for single lenses, $30 for bifocal, $40 for trifocal or $75 for lenticular&lt;br&gt;<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&lt;br&gt;<strong>Children:</strong> Up to $100 covered in full every 12 months (more frequently if medically necessary)&lt;br&gt;Cost above $100 covered at 60%</td>
<td><strong>Adults:</strong> $30 allowance every 24 months&lt;br&gt;<strong>Children:</strong> Up to $100 covered in full every 12 months (more frequently if medically necessary)&lt;br&gt;Cost above $100 covered at 60%</td>
</tr>
<tr>
<td><strong>Contact Lenses</strong></td>
<td><strong>Adults:</strong> $75 allowance every 24 months&lt;br&gt;<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>Adults:</strong> $75 allowance every 24 months&lt;br&gt;<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”. Click “Find a Provider” to search.

Provider may require payment in full at the time of service. If so, submit 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 your prescriptions depends on a number of factors, including whether you buy medication through a retail pharmacy or through the mail-order program, and whether the drug is single-source or multi-source. All prescription drugs are subject to a copay, which accumulates toward your out-of-pocket maximum.

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

Copays

All University medical plans have copays for prescription drugs.

### Prescription Drug Copays

<table>
<thead>
<tr>
<th>Retail Pharmacy (up to 30-day supply)</th>
<th>Mail-order (up to 90-day supply)</th>
</tr>
</thead>
<tbody>
<tr>
<td>$10 generic</td>
<td>$15 generic</td>
</tr>
<tr>
<td>$25 single-source</td>
<td>$50 single-source</td>
</tr>
<tr>
<td>$45 multi-source</td>
<td>$90 multi-source</td>
</tr>
</tbody>
</table>

**Single-Source vs. Multi-Source**

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

To find out if a drug is single-source or multi-source, ask your pharmacist, call OptumRx: 800-232-9357, or log in to [myuhc.com](http://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 a 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. 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 any pharmacy other than Optum Specialty Pharmacy, you will be subject to the full cost of the medication, not a copay.
Cost of Coverage
Contributions for your medical, vision and prescription drug coverage are deducted from your pay before taxes.

<table>
<thead>
<tr>
<th>2021 Monthly Pre-Tax Contributions for Medical &amp; Rx</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>Full-Time</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Choice Plus 90</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>Choice In-Network</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td><strong>Part-Time</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Choice Plus 90</td>
<td>$203</td>
<td>$385</td>
<td>$425</td>
<td>$607</td>
</tr>
<tr>
<td>Choice In-Network</td>
<td>$204</td>
<td>$388</td>
<td>$429</td>
<td>$613</td>
</tr>
</tbody>
</table>

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

As a Local 2110 member you have three dental plan options: The EmblemHealth Preferred Dental Benefits Plan A (“EmblemHealth Dental”), the Aetna Columbia Dental Plan, and the Aetna Dental Maintenance Organization (DMO) plan.

EMBLEMHEALTH DENTAL

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

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

For a list of participating dentists, go to: emblemhealth.com/find-a-doctor/directory; select "Dental Preferred" and enter your preferred location to search for participating providers nearby. For more information, call EmblemHealth: 212-501-4443.

EmblemHealth Dental Plan Overview

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

* For dependent children only.

2021 Monthly Pre-Tax Contributions for EmblemHealth Dental

<table>
<thead>
<tr>
<th></th>
<th>Full-Time</th>
<th>Part-Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yourself</td>
<td>$0</td>
<td>$8.68</td>
</tr>
<tr>
<td>Family**</td>
<td>$0</td>
<td>$27.82</td>
</tr>
</tbody>
</table>

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

The University offers two comprehensive dental plans through Aetna. Both plans cover the same range of services. No matter which plan you choose, you can locate providers, review your dental benefits coverage, and get cost estimates at aetna.com.

**Aetna Columbia Dental Plan**: Choose from a broad range of dentists in three categories, including Columbia University College of Dental Medicine faculty and alumni—the “Columbia Preferred Dental Network”, or dentists in the national Aetna PPO network. You may also see an out-of-network dentist, although your cost may be significantly higher.

**Aetna Dental Maintenance Organization (DMO)**: Under this plan, monthly premiums are generally lower and there is no deductible, or annual or lifetime benefit maximums, for most major services. You must choose a primary care dentist from the Aetna DMO network. Referrals are needed for specialists and there is no out-of-network coverage.

<table>
<thead>
<tr>
<th>Benefit</th>
<th>Aetna Columbia Dental Plan</th>
<th>Aetna DMO Plan*</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Aetna Dental Network</td>
<td>Columbia Preferred Dental Network</td>
</tr>
<tr>
<td>Preventive Care</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Basic Restorative Care</td>
<td>80%</td>
<td>100%</td>
</tr>
<tr>
<td>Major Restorative Care</td>
<td>50%</td>
<td>60%</td>
</tr>
<tr>
<td>Orthodontia</td>
<td>50%</td>
<td>50%</td>
</tr>
<tr>
<td>Orthodontic Lifetime Maximum (per person)</td>
<td>$1,250</td>
<td>$1,500</td>
</tr>
<tr>
<td>Annual Deductible (per person)</td>
<td>$25</td>
<td>None</td>
</tr>
<tr>
<td>Annual Maximum Benefit (per person)</td>
<td>$1,250</td>
<td>$1,500</td>
</tr>
</tbody>
</table>

* The Aetna DMO plan requires that you select a primary care dentist from the list of providers in the Aetna DMO network.

** 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—not an ID card—confirming your enrollment. 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.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 the negotiated amount. And there are no claim forms to submit.

<table>
<thead>
<tr>
<th>Columbia Preferred Dental Plan Facilities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Columbia Dental Associates</td>
</tr>
<tr>
<td>Morningside Associates</td>
</tr>
<tr>
<td>1244 Amsterdam Avenue (near 121st Street)</td>
</tr>
<tr>
<td>New York, NY 10027</td>
</tr>
<tr>
<td>212-961-1266</td>
</tr>
<tr>
<td>and</td>
</tr>
<tr>
<td>430 West 116th Street</td>
</tr>
<tr>
<td>New York, NY 10027</td>
</tr>
<tr>
<td>212-662-4887</td>
</tr>
</tbody>
</table>

| Columbia Dental Associates               |
| Medical Center Practice                  |
| 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                                |

Columbia Preferred dentists are located throughout New York, New Jersey and Connecticut. Go to humanresources.columbia.edu/benefits and click “Vendor Contacts” to locate participating dentists.

USING THE AETNA DENTAL MAINTENANCE ORGANIZATION NETWORK

Everyone enrolled in the Aetna DMO plan must go to providers in the Aetna DMO network. The Aetna DMO is not available outside the U.S. Go to humanresources.columbia.edu/2110-dental to find out more about coverage.

To select your primary care dentist go to humanresources.columbia.edu/benefits-vendor-contacts; click “Dental Providers” then “Search Aetna DMO Dentists”.

COST OF DENTAL COVERAGE

<table>
<thead>
<tr>
<th>2021 Monthly Pre-Tax Contributions for Aetna Dental (Full-Time)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aetna Columbia Dental Plan</td>
</tr>
<tr>
<td>Yourself</td>
</tr>
<tr>
<td>You Plus One</td>
</tr>
<tr>
<td>Family</td>
</tr>
</tbody>
</table>
Coverage When Traveling
When employees travel outside of the U.S., the University medical plans only cover medically-necessary, emergency services.

EMERGENCY TRAVEL ASSISTANCE
When you are covered under the University’s Basic Term Life Insurance Plan (from Cigna), you and your eligible dependents are also covered for emergency travel assistance through Cigna Secure Travel when traveling 100+ miles from home, or when traveling out of the U.S. for personal or business trips up to 180 days. This assistance can be for situations as simple as information on visas and as serious as requiring evacuation.

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

For more information, email Cigna Secure Travel: cigna@gga-usa.com.
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: $2,750*  
  Funds are deducted throughout the year, but annual total funds are available on January 1 |
| 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: $270* 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: $270* per month                                                                                   |

* IRS limits are subject to change.

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

FLEXIBLE SPENDING ACCOUNTS

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 annual 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 two pay periods each month throughout the calendar year. You cannot change your election amount during the calendar year unless you have a Qualified Life Status Change.

For more information about Qualified Life Status Changes, see page 5 or go to humanresources.columbia.edu/benefits and click the “Making Changes to Benefits” icon.
Tax Considerations
Consult a tax adviser or financial professional to determine what is best for you.

- **Healthcare FSA**: If your medical expenses exceed 7.5% of your adjusted gross income and you itemize deductions, you may be better off deducting your expenses from your income tax.

- **Dependent Care FSA**: 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](http://irs.gov).

- **Healthcare FSA**: IRS Publication 502
- **Dependent Care FSA**: IRS Publication 503

Health Care Spending Card
After you elect an FSA, UHC will mail you two Health Care Spending Cards in your name. 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, ask for a receipt, and submit a Request for Reimbursement form to UHC.

Automatic Reimbursement
If you are enrolled in a University medical and/or Aetna 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](http://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](http://humanresources.columbia.edu/fsas).

Forfeiture Rules
You should incur eligible expenses by December 31 (and submit claims for reimbursement by March 31 of the following year). The University's Healthcare FSA allows you to carry $550 in unused funds to the following plan year. Balances over $550 will be forfeited. 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 $2,750*. You can contribute between $120 and $2,750* annually to this account to cover out-of-pocket eligible healthcare expenses for yourself, your spouse and your child(ren), even if none of you are covered under a University medical plan. However, your spouse or child(ren)’s expenses only qualify if he or she is claimed as a dependent on your taxes. The full annual election amount is available for claim reimbursement as of your account’s effective date.

If you are hired after January 1, you can contribute the maximum amount to a Healthcare FSA if you have not contributed during the calendar year to an FSA with the University. If you are married, your spouse may also contribute $2,750* to an FSA sponsored by his/her employer.

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

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

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

The contribution is made at the beginning of the year and will not count toward the $2,750* limit, but will count toward the $550 rollover limit. New hires and part-time employees will have prorated contributions. Coverage level increases during the year will also be prorated.

If you have a balance of $550 or less in your 2020 Healthcare FSA, those funds will be used to automatically enroll you in a 2021 Healthcare FSA. However, if you would like to contribute additional funds in 2021, you must actively enroll in the Healthcare FSA during annual benefits Open Enrollment.

* IRS limits are subject to change.
DEPENDENT CARE FSA

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

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

• 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 $130,000* – 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 age 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.

* 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. Go to CUBES to 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 $270* 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. Even if you have a surplus, $270* 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>Enroll/Change</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, EBPA, the administrator of this benefit, will mail you a Benefits Card. 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 and/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 for reimbursement. You may also sign up for direct deposit of reimbursements.

Manage Your T/PRP Account Online

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

1. Go to ebpabenefits.com/my-group-links/10586.
2. On the EBPA portal, click “My Parking and Transit (Commuter) Plan” then “Accept” to be directed to the login page.
3. In the upper right-hand corner of the EBPA landing page, click “Register”.

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

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

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 in 0.5% increments on a pre-tax and/or Roth post-tax basis, through payroll contributions. You’re eligible to participate beginning on your date of hire. You can enroll in or make changes to the VRSP at any time throughout the year via CUBES.

The most you can contribute to the VRSP is $19,500* per year or, if you are age 50 or over anytime during the year an additional $6,500* ($26,000* total). This IRS limit applies to the combined pre-tax and Roth after-tax contributions.

Make Sure You Are Signed Up

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

RETIREMENT PLAN FOR SUPPORTING STAFF OF COLUMBIA UNIVERSITY

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

For detailed information on the VRSP and the Retirement Plan for Supporting Staff, including University contributions, investment options, educational information and planning resources, go to the Retirement Savings and Financial Planning section of our website: humanresources.columbia.edu/retirement.

FINANCIAL PLANNING AND RETIREMENT EDUCATION RESOURCES

Representatives from TIAA and Vanguard are available throughout the year to discuss personal financial planning and investment strategies, and offer portfolio reviews and retirement education. These one-on-one counseling sessions are personalized to help you meet your goals and objectives, and your spouse or partner is welcome to attend.

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

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

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

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

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

* IRS limits are subject to change.
Tuition Programs

Columbia University offers tuition programs to support the education of you and your family.

TUITION EXEMPTION

The Tuition Exemption benefit pays 100% tuition costs for a certain number of undergraduate and graduate courses at Columbia University, Barnard College and Teachers College. There is a two-semester waiting period (seven months) to be eligible for this benefit.

As a full-time or part-time member of 2110, tuition for undergraduate or graduate courses is covered at 100%, up to a certain number of credits each term.

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

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

Review your eligibility by logging in to CUBES and choosing “Tuition”.

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

COLLEGE COACH

College admissions assistance for you and your children includes topical webinars, workshops, online resources, and one-on-one personal assistance, 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.

EAP services are available to all benefits-eligible employees and their household members; you do not need to be enrolled in a Columbia University medical plan to take advantage of the EAP.

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

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

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

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

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

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

Health Advocate can help:

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

Special Help for Seniors

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

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

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

LIFE INSURANCE

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

New Hire Opportunity

As a new hire, take advantage of the one-time opportunity to enroll in Optional Term Life Insurance without providing Evidence of Insurability for amounts up to the Guaranteed Issue Amount of 3x salary or $500,000.

Basic Term Life Insurance

Basic Term Life Insurance—one times your Annual Benefits Salary, up to $50,000—is provided by the University at no cost to you.

In the event of your death while 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-five times your Annual Benefits Salary up to $1,000,000, including your Basic Term Life Insurance coverage amount.

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

Monthly Cost of Coverage

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

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

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

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

UNIVERSAL LIFE INSURANCE WITH LONG-TERM CARE
Trustmark Universal Life is two-in-one security. It features permanent life insurance that helps protect your family from money issues if you or your spouse pass away. It can also help pay for the high costs of long-term care services. You “lock-in” a price that won’t increase due to age, and your policy builds cash value over time. You can choose a benefit amount that works for you, and you can use your cash benefit to pay for whatever you need most—like funeral costs, mortgage, tuition, or any other bills. Enrollment is available at time of hire or during annual benefits Open Enrollment.

For more information on Universal Life Insurance with Long-Term Care, go to humanresources.columbia.edu/universal-life-insurance.

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. Enrollment is available at time of hire or during annual benefits Open Enrollment.

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

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

VOLUNTARY BENEFITS
The University provides several additional insurance offerings to support you and your family in the event the unthinkable happens. These options provide income and/or pay for special expenses. Eligible employees can enroll whether covered for other benefits through the University or somewhere else.

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. Enrollment is available at time of hire or during annual benefits Open Enrollment.

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. Enrollment is available at time of hire or during annual benefits Open Enrollment.

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. Enrollment is available at time of hire or during annual benefits Open Enrollment.

For more information on Accident, Critical Illness and Hospital Indemnity insurance, all of which are insured and administered by Cigna, go to humanresources.columbia.edu/voluntary-benefits. To ask a question or enroll, call Farmington, the University’s Voluntary Benefits administrator: 866-494-4498.
MORE VOLUNTARY BENEFITS

The following insurance options offer special rates to supplement your other insurance coverage. These programs are available to all benefits-eligible employees, whether covered for other benefits through the University or somewhere else. You can enroll in these plans at any time during the year.

Auto Insurance
Auto insurance covers you in case of an accident or theft. The University’s auto insurance benefit, administered by MetLife Auto & Home, includes bonus discounts on policies for auto, boat, motorcycle, RV and other vehicles.

Home Insurance
Home insurance pays for damages to your home and your belongings, and helps protect you from financial liability if someone is injured on your property. The University’s home insurance benefit, administered by MetLife Auto & Home, can help increase your savings with discounts 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, provided by LifeLock, 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, administered by Nationwide, 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 Auto, Home, Identity Theft protection, and Pet insurance, go to humanresources.columbia.edu/voluntary-benefits. Enrollment is available at any time throughout the year. To ask a question or enroll, call Farmington, the University’s Voluntary Benefits administrator: 866-494-4498.
WELL-BEING RESOURCES

The following programs are available to you and your family if you are enrolled in a University medical plan through UHC.

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.

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

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 for emails announcing upcoming workshops and events. To view recordings of past events, go to worklife.columbia.edu/videolibrary.

Programs and services:

• **Affiliated Early Learning 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 children (in-home or center-based) or adults/elders (in-home). Available nationwide, with a small copay

• **Breastfeeding Support**: Lactation rooms on all campuses and educational workshops

• **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, charter, faith-based, independent and special-needs schools

• **Well-being Program**: Programs and workshops, online resources, and University-wide initiatives 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
The Columbia University Human Resources website has a directory of contact information for Human Resources departments, including Benefits, Employment, Tuition Programs, Retirement, Client Services, Labor Relations, and Learning & Development. Go to humanresources.columbia.edu/directory and bookmark the page for future reference.

For updates, forms, and information about CUHR programs, go to humanresources.columbia.edu.

Below is a list of many of the University's benefits providers. Go to humanresources.columbia.edu/benefits-vendor-contacts for more.

<table>
<thead>
<tr>
<th>Benefit</th>
<th>Provider</th>
<th>Website/Email</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accidental Death &amp; Dismemberment Insurance</td>
<td>Cigna</td>
<td>cigna.com</td>
<td>800-732-1603</td>
</tr>
<tr>
<td>Dental</td>
<td>Aetna Columbia Dental Plan</td>
<td>aetna.com</td>
<td>800-773-9326</td>
</tr>
<tr>
<td></td>
<td>Aetna DMO</td>
<td>Provider Directory: humanresources.columbia.edu/benefits-vendor-contacts</td>
<td></td>
</tr>
<tr>
<td></td>
<td>EmblemHealth Dental</td>
<td><a href="http://www.emblemhealth.com/find-a-doctor/directory">www.emblemhealth.com/find-a-doctor/directory</a></td>
<td>212-501-4443</td>
</tr>
<tr>
<td>Employee Assistance Program (EAP)</td>
<td>Humana</td>
<td>humana.com/eap</td>
<td>888-673-1153</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Username: Columbia Password: eap</td>
<td></td>
</tr>
<tr>
<td>FSA</td>
<td>UHC</td>
<td>myuhc.com</td>
<td>800-232-9357</td>
</tr>
<tr>
<td>Health Advocacy</td>
<td>Health Advocate</td>
<td>healthadvocate.com</td>
<td>866-799-2725</td>
</tr>
<tr>
<td>Medical</td>
<td>UHC Medical</td>
<td>columbia.welcometouhc.com</td>
<td>800-232-9357</td>
</tr>
<tr>
<td></td>
<td>UHC Behavioral Health</td>
<td>Member Services: myuhc.com</td>
<td></td>
</tr>
<tr>
<td>Prescription Drug</td>
<td>OptumRx</td>
<td>myuhc.com</td>
<td>800-232-9357</td>
</tr>
<tr>
<td>Retirement Plan Investment Carriers</td>
<td>The Vanguard Group</td>
<td>columbia.vanguard-education.com/ekit</td>
<td>800-523-1188</td>
</tr>
<tr>
<td></td>
<td>TIAA</td>
<td>tiaa.org/columbia</td>
<td>800-842-2252</td>
</tr>
<tr>
<td>Term Life Insurance</td>
<td>Cigna</td>
<td>cigna.com</td>
<td>800-732-1603</td>
</tr>
<tr>
<td>Transit/Parking</td>
<td>EBPA</td>
<td>ebpabenefits.com/my-group-links/10586 Employer ID #CBA10602</td>
<td>888-456-4576</td>
</tr>
<tr>
<td>Travel Assistance</td>
<td>Cigna Secure Travel</td>
<td>Cigna Assistance Services Policy #FLY980017 Group #57</td>
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<td>Cigna Assistance Services can be reached at</td>
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<tr>
<td></td>
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<td><a href="mailto:cigna@gga-usa.com">cigna@gga-usa.com</a></td>
<td></td>
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<tr>
<td>Vision</td>
<td>UHC Vision</td>
<td>myuhc.com</td>
<td>800-638-3120</td>
</tr>
<tr>
<td>Voluntary Benefits Enrollment: Accident</td>
<td>Farmington</td>
<td>humanresources.columbia.edu/voluntary-benefits</td>
<td>866-494-4498</td>
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<tr>
<td></td>
<td>Auto</td>
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<td>Critical Illness</td>
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<td>Home</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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<tr>
<td></td>
<td>Universal Life with long-term care</td>
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</tbody>
</table>

Columbia Benefits Service Center

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