

Columbia Dental Plan for Retired Officers

The Columbia Dental Plan for Retirees is a reduced fee, dental preferred provider organization (PPO). Each member enrolled in the Retiree Plan is eligible for **one free exam and cleaning, and 25% off all other oral healthcare services when visiting a participating office**. There are no out-of-network benefits. Please contact Aetna Dental at 800-773-9326 for the costs of oral care services.

Please note that any dental procedures and/or treatment started prior to your effective date will **not** receive the 25% discounted rates.

The annual cost for this dental coverage is:

- \$180 for retiree only;
- \$360 for retiree and one dependent; or
- \$540 for retiree and more than one dependent.

Your enrollment will begin on the coverage effective date indicated, or the first of the month following the date your payment is received by EBPA, and will end on December 31. ***This plan is not prorated.***

Benefit Level	Retiree Dental Network
Preventive Care – includes routine cleaning and one exam	One preventive care visit per year; covered at 100%
Basic Restorative Care – includes fillings and extractions	Discounted rate
Major Restorative Care – includes crown, root canals, bridges and dentures	Discounted rate

The College of Dental Medicine (CDM) networked into this Plan has approximately **200** private offices in the New York metropolitan area. All of the participating dentists and oral surgeons are current faculty and/or alumni from the CDM along with participating Plan partners in their practices.

For a directory of participating Columbia dentists, please go to <https://humanresources.columbia.edu/content/current-retiree-officers-dental>

Enrollment Form – Columbia Dental Plan for Retirees

Please complete this Enrollment form and mail, with your check payable to Columbia University for the total annual premium, to:

**EBPA
37 Industrial Drive
Exeter, NH 03833-4410**

I wish to enroll:

- myself only (\$180)
- myself and one dependent (\$360)
- myself and more than one dependent (\$540)

Retiree Information

I elect the Retiree Dental plan, effective _____			
Last Name:		First Name:	
Social Security Number:	- -	Date of Birth:	- -
Mailing Address:			
Telephone Number:	- -	Retirement Date:	- -

Dependent Information

Please Note: Only the spouse/same-sex domestic partner who was your dependent when you retired will be eligible for dental benefits after you retire. However, you may continue to add new dependent children to your coverage. Eligible children are those who are under age 19, or if a full-time student, under age 26.

Enter information for all dependents you will cover. You must be prepared to provide proof of each dependent’s eligibility if you are selected for an audit.

Dependent #1: Name:				
Social Security Number:	- -	Relationship:	Date of Birth:	- -
Dependent #2: Name:				
Social Security Number:	- -	Relationship:	Date of Birth:	- -
Dependent #3: Name:				
Social Security Number:	- -	Relationship:	Date of Birth:	- -

Please be aware that you have a five-year window from your date of retirement during which you can unenroll and re-enroll in your Retiree Dental benefits. After the five-year window, if you do not re-enroll each year, you will permanently forfeit your eligibility for dental benefits.

I understand that if I waive my Columbia University Retiree Dental Coverage at this time, future eligibility will be determined upon the terms of the retiree dental plan in effect at the time.

Retiree Signature:	Date (mm/dd/yyyy):
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