

Columbia Dental Plan for Retired Officers – Summary

The Columbia Dental Plan for Retired Officers is a reduced fee, Dental Preferred Provider Organization (PPO). Everyone enrolled in the Plan is eligible for **one free exam and cleaning annually, and a discount of 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.

Dental procedures and/or treatments started prior to your effective date in this Plan are not eligible for 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 on the second page--or the first of the month following the date your payment is received by EBPA, the Columbia Dental Plan for Retired Officers administrator--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 Plan's network includes more than 200 dentists and oral surgeons who are faculty and/or alumni of The College of Dental Medicine. Their offices are in the New York metropolitan area. For a directory of participating dentists, go to humanresources.columbia.edu/current-retiree-officers-dental

Columbia University reserves the right to change, amend, or terminate any benefit plan as it deems appropriate. This notice in no way guarantees or implies that Columbia University's retiree medical plans will continue into the future nor does it guarantee or imply that the coverage and/or costs will remain the same in the future.



**AGREEMENT for PRE-AUTHORIZED PREMIUM PAYMENTS
(Auto Pay)**

I (we) authorize Employee Benefit Plan Administration, hereafter called EBPA, to withdraw (debit) the amount of my (our) monthly COBRA/Retiree or Direct Bill health premium payment from my (our) checking or savings account indicated below and the financial institution (e.g., bank, credit union, etc.) named below, hereafter called FINANCIAL INSTITUTION, to debit the same to such account. **Please note that your bank statement will have the description "DFS Inc FLEX Plan."** **Any past due premiums will be processed upon receipt of this form.** Ongoing debits will occur the first business day of each month.

Employer Name _____

Your Name _____ Last 4 Digits of SSN: XXX-XX-____

Address _____ City, State, ZIP _____

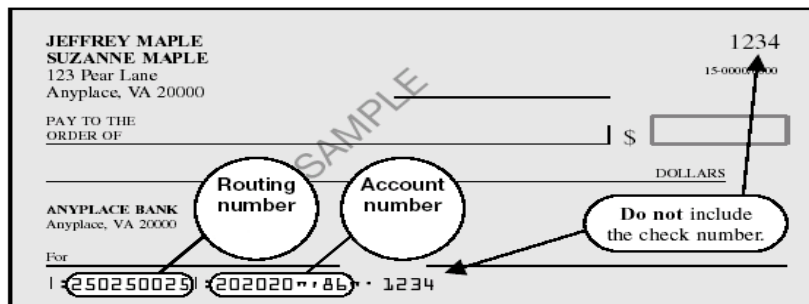
- ☐ Checking account (attach a voided check to this form)
- ☐ Savings account
(Obtain the 9 digit ABA routing number from your bank)

Financial Institution Name: _____

City, State, ZIP: _____

Financial Institution Routing # (see sample check below) _____

Account # (see sample check below) _____



Note. The routing and account numbers may be in different places on your check.

This authorization is to remain in full force and effect until **EBPA** has received written notification from me (us) of its termination in such time and in such manner as to afford EBPA and Financial Institution a reasonable opportunity to act on it.

Signature _____ Phone Number: (____) _____

Signature _____ Phone Number: (____) _____

(Joint Account Holder)

Please mail this completed Agreement form along with a voided check (if using checking account) to:

**EBPA CL# 218
PO Box 1387
Williston, VT 05495-1387**

If you have questions, call EBPA at 1-888-232-3203



October 4, 2024

To: «ParticipantFirstName» «ParticipantLastName»
«ParticipantAddress1» «Addressee2»
«ParticipantCity», «ParticipantState» «ParticipantZip»

Dear «ParticipantFirstName» «ParticipantLastName»,

«ServiceProviderCompanyName» is the service provider for your «EmployerCompanyName» benefit plan(s). Your participation provides you access to the Summit Online Portal, a password protected web site, where you can review account balances, payment due dates, access copies of your documents, and submit online payments. To log in to the Summit Online Portal for the first time, follow the steps below:

1. Go to **Portal URL:** <https://ebpa.summitfor.me/>
2. Click **Register**.
3. Enter «**EmployerCustomId**» in the Employer ID field.
4. Click **Next**
5. Select "I am an existing participant. I am/was a participant in at least one of my employer's benefit plans."
6. Click **Next**
7. Enter «participantid» in the Participant ID field.
8. Click **Next**.
9. Choose a User ID
10. Choose a Password.
11. Retype Password to confirm.
12. Select 2 Security Questions from the dropdown lists and key in answers.
13. Key in a Pass Phrase.
14. Select an authentication image.
15. Click **Next**.
16. Review selections.
17. Click **Finish**.
18. You are now logged into the Summit Participant Portal.

If you would like to use our Summit Mobile application, it is available on both Apple and Android devices. The TPA ID for EBPA is 10167.

Making One Time Payments Online

- Click on the **Coverage** tab, then click on **Make A Payment** and follow the instructions on the page.
- One Time Payment Options:
 - One Time E-Check Payment
 - One Time Debit/Credit Card Payment

Signing up for Automated Payments

- Click on your Username located at the top of the page
- Scroll down to **Banking Details**, click **Show** to expand
- Select your Bank Name and Routing Number, then enter your account number and account type, then scroll down and click Save.
- Automated payments are available at no additional cost.

Sincerely,

«ServiceProviderCompanyName»

Service Provider for «EmployerCompanyName»

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