

## 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 **two free exams and cleanings annually**, and discounts off all other 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 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 two routine cleanings and two exams 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](http://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.

# 2026 Enrollment Form – Columbia Dental Plan for Retired Officers

Please complete this enrollment form then mail with a check payable to “Columbia University” for the total annual premium to:

**EBPA CL #18  
PO Box 1387  
Williston, VT 05495-1387**

If you elect auto payment with EBPA your bank statement will have the description “DFS In. FLEX Plan.” Funds will occur on the first business day of each month.

I wish to enroll:

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

## Retiree Information

I elect the Dental Plan for Retired Officers, effective: _____			
Last Name:		First Name:	
Social Security Number:	- -	Date of Birth:	- -
Mailing Address:			
Telephone Number:	- -	Retirement Date:	- -

## Dependent Information

Only the spouse 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 to be covered. You must 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:	- -

Annual re-enrollment is required for the dental plan. If a retired employee does not re-enroll each year, he/she will permanently forfeit 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.

<b>Retiree Signature:</b>	<b>Date (mm/dd/yyyy):</b>
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