

2018 Benefits Highlights

Officers

Effective January 1, 2018



About This Communication

Benefits Highlights summarizes the benefits programs that are available to benefits-eligible employees of Columbia University. 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 Descriptions (SPDs), the Summary of Benefits and Coverage (SBC), and the Benefits Brochure (Summary of Material Modifications – SMM) online at <http://hr.columbia.edu/forms-docs/search>. You may also want to request to receive a paper copy of an SPD or SMM by contacting the Benefits Service Center at **212-851-7000**. As a requirement of the Patient Protection and Affordable Care Act, Columbia University must provide an 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. An SBC for each medical plan is available at <http://hr.columbia.edu/forms-docs/search>. You may request to receive a paper copy of any SBC by contacting the Benefits Service Center at **212-851-7000**. 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 Summary Plan Descriptions. You can find the documents online at <http://hr.columbia.edu/forms-docs/search>. 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 complete benefits information, please refer to the HR Benefits website
at <http://hr.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 for retirement, meet your educational goals and much more.

Choose Your Coverage Carefully

Your 2018 elections will be in effect from January 1 or your date of hire (whichever is later) until December 31, 2018. Unless you have a Qualified Life Status Change, you will not have another opportunity to change your benefits coverage until the annual Benefits Open Enrollment held each fall.

How to Enroll

Step 1 Go to <http://hr.columbia.edu/officers> and click "Log in: CU Benefits Enrollment System." Enter your UNI and password, and then confirm your access using multi-factor authentication (DUO). If you do not know your UNI or password, go to <http://uni.columbia.edu>.


For further assistance with DUO or your UNI and password, please contact the CUIT Service Desk: **212-854-1919** or email askcuit@columbia.edu.

Step 2 Select "New Hire Enrollment or Newly Eligible Benefits Enrollment." Then, follow the instructions to make your benefits choices. Please be sure to click "Save and Continue" to finish the enrollment process and go to your "Benefits Enrollment Confirmation."

Step 3 Carefully review your Benefits Enrollment Confirmation before exiting the system. If you see a problem or want to make a change, simply go back into the online system and modify your election. You may print this confirmation if you would like a paper copy of your benefits enrollment.

Step 4 Now is also a good time to review your retirement investments. Select "Update your Retirement Elections" to review and/or make changes. Please be sure to "Save and Continue." Print your Benefits Confirmation Statement if you would like a paper copy of your Statement.

If you have questions, contact Columbia Benefits Service Center: **212-851-7000** or hrrbenefits@columbia.edu

 If you are a new hire, you must enroll for benefits within 31 days of your date of hire or eligibility.

Advantages of Enrolling in Certain Benefits Upon Hire

As a new hire, you have a one-time opportunity to elect Optional Life Insurance and Optional Long-Term Disability, up to certain limits, without providing Evidence of Insurability (EOI).

If you enroll for Long-Term Care Insurance within 60 days of your date of hire, you can also take advantage of being accepted for coverage through a streamlined application.

Benefits Glossary

To learn more about the benefits terms used throughout this Guide, review the Glossary at <http://hr.columbia.edu/benefits/glossary-terms>.

Who Is Eligible for Benefits

The online CU Benefits Enrollment System will show you the benefits and options you are eligible for, as well as their monthly cost, and the benefits effective date. Eligibility begins upon your date of hire.

	Eligible for:	Not Eligible for:
Full-Time Officers (salaried)	All benefits programs as described in this book	N/A
Part-Time Officers of Administration (regularly scheduled to work 20 hours per week)	<ul style="list-style-type: none"> • Medical, Vision and Prescription drug benefits • Dental benefits • Officers' Retirement Plan • Voluntary Retirement Savings Plan (VRSP) • Basic Life Insurance • Optional Term Life Insurance • Flexible Spending Accounts (FSAs) • Transit/Parking Reimbursement Program (T/PRP) 	<ul style="list-style-type: none"> • Tuition benefits • Long-Term Care • Basic Long-Term Disability • Optional Long-Term Disability • Child Care Benefit
Temporary Full-Time Officers (approved for a period of four months or more and with a specific end date)	<ul style="list-style-type: none"> • Medical, Vision and Prescription drug benefits • Dental benefits • Voluntary Retirement Savings Plan (VRSP) • Basic Life Insurance • Optional Life Insurance • Basic Long-Term Disability • Optional Long-Term Disability • Flexible Spending Accounts (FSAs) • Child Care Benefit • Transit/Parking Reimbursement Program (T/PRP) 	<ul style="list-style-type: none"> • Tuition benefits • Long-Term Care • Officers' Retirement Plan

Eligible Dependents

For most Columbia benefits, including Medical, Vision and Dental benefits, your dependents—your spouse or same-sex domestic partner and your eligible children—can be covered if you verify that they meet the following requirements:

- Legal spouse
- Same-sex domestic partner
- Legally dependent children, including adopted children

For more details on dependent eligibility, go to <http://hr.columbia.edu/dependent-eligibility>.

Please note that eligible children are defined differently for the Flexible Spending Accounts (FSAs), Health Savings Account (HSA), Tuition Benefits programs and Dependent Life Insurance (see eligibility details under each plan description).

Ineligible Officers

The following are not eligible for coverage under most* Columbia University benefits:

- Temporary part-time Officers
- Variable Hours Officers
- Part-time academic Officers, including student Officers

*If you have W-2 earnings, you are eligible for the Voluntary Retirement Savings Plan.

Who You Can Cover for Medical (including Vision) and Dental

You do not have to cover the same eligible dependents for the medical and dental plans. For each plan, you have the choice of covering:

- Yourself only;
 - Yourself and your spouse or eligible same-sex domestic partner;
 - Yourself and a child or children; or
 - Family: you, your spouse or eligible same-sex domestic partner, plus children.
-

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 two months in advance of your retirement from the University, you should enroll in Medicare to avoid any gaps in coverage.

Making Changes to Dependent Eligibility

There are two ways to add or make a change in dependent eligibility:

1. Go to <http://hr.columbia.edu/officers> and click "Log in: CU Benefits Enrollment System" to make changes to the status of your dependents (through a Qualified Life Status Change); or
2. Call the Columbia Benefits Service Center at **212-851-7000** for instructions.

When your dependent is no longer eligible, it is your responsibility to report this change to the Columbia Benefits Service Center within 31 days of the change.

Both Work for the University?

If you and your spouse both work for the University and are eligible for coverage, you must choose your coverage in one of the following ways:

- One spouse makes the choice for the entire family, including eligible dependent children, if any. In this case, the other spouse must select "No Coverage."
- Each spouse can make his or her own choice. In this case, all eligible dependent children must be covered by one spouse or the other.

Proof of Dependent Eligibility

Columbia University has a responsibility to ensure 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.

Verifying Dependent Eligibility

If you are adding a dependent spouse, same-sex domestic partner or child(ren) to your coverage, you are required to provide documentation before the dependent's coverage is effective. If you are not able to provide proof that your dependent is eligible for coverage, your dependent's coverage will not be activated.

- To add your dependent at the time you enroll in your own benefits, follow the instructions on the CU Benefits Enrollment System. To make changes due to a Qualified Life Status Change, please refer to the "Making Changes to your Benefits" section. The system will take you to the "Dependent Required Documentation" page. If you need assistance, call the Columbia Benefits Service Center at **212-851-7000**.

You can provide your documentation through the following methods:

- Scan and email to hrbenefits@columbia.edu; or
- Fax to **212-851-7025**. This is a secure fax.

If you do not have access to scan documents and send them via email or fax, contact the Columbia Benefits Service Center.

Important


For security reasons, please remove all Social Security Numbers from paperwork—you should enter Social Security Numbers directly into the CU Benefits Enrollment System when first adding your dependents.

Remember

You must enroll for benefits within 31 days of your date of hire or eligibility.

Dependent	Documentation*
Spouse	Copy of legal marriage certificate
Same-Sex Domestic Partner	Any two of the following: <ul style="list-style-type: none">• Joint lease or mortgage• Joint ownership of property• Joint bank account statement• Designation of the partner as primary beneficiary in your will or designation of the partner as beneficiary for your life insurance or retirement benefits• Assignment of power of attorney to your partner
Child	One of the following: <ul style="list-style-type: none">• Child's birth certificate• Hospital record of birth (temporarily accepted for newborns until birth certificate is received)• Adoption certificate/court order

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

 Under the Patient Protection and Affordable Care Act (ACA), the IRS requires all employers to collect the Social Security Number (SSN) for all employees and their dependents covered by our benefits plans. Social Security Numbers are required to add a dependent to your coverage. If you have dependents who do not have Social Security Numbers, please call the Columbia Benefits Service Center at **212-851-7000**.

Making Changes to Your Benefits

Qualified Life Status Changes

The IRS restricts when you can add coverage for a dependent or make changes to your benefits elections during the year.

After new hire enrollment, or after annual Benefits Open Enrollment, you will only be able to change most benefits for the remainder of the calendar year if you experience a Qualified Life Status Change.

If you experience a Qualified Life Status Change, go to the CU Benefits Enrollment system within 31 days of the event. The benefits changes must comply with IRS regulations and be consistent with the nature of your Qualified Life Status Change. In addition, you must provide proper documentation for your change, such as a birth certificate, marriage certificate or divorce decree. If you need assistance, please contact the Columbia Benefits Service Center at **212-851-7000**.

Examples of a Qualified Life Status Change

Examples of a Qualified Life Status Change include marriage, divorce, birth, adoption and loss of eligibility for coverage.

For a full list of Qualified Life Status Change examples, go to <http://hr.columbia.edu/qualified-life-status-changes>.

Medical Coverage

Overview of Medical Coverage

Columbia University offers comprehensive medical plan options through UnitedHealthcare (UHC). There are four plans offered: the High Deductible Health Plan (HDHP) and three Choice Plus plans (80, 90 and 100). All of the plans cover the same comprehensive set of services and provide in-network preventive care, such as annual physicals, immunizations and well-baby visits, at 100% with no deductible. To learn more about preventive care, go to <http://hr.columbia.edu/preventive-care>. All medical plan options also include coverage for out-of-network services. If you enroll in the medical plan, you will be automatically enrolled in prescription drug and vision coverage.

All University medical plan options cover only medically necessary services and supplies for the purpose of preventing, diagnosing or treating an acute sickness, injury, mental illness, substance abuse or symptoms. For details on the medical plan options, see the SPDs on the Benefits website at <http://hr.columbia.edu/officers-medical-benefits>.

The medical plans differ not in covered services, but in the way the costs are structured:

- **Contributions:** The amount you pay toward the cost of your medical, vision and prescription drug coverage through pre-tax payroll deductions. Contributions vary by plan and income level, but not by the amount of medical services you utilize. Your contributions do not accumulate toward your deductible or out-of-pocket maximum.
- **Copay:** The amount you pay directly to the medical service provider at the time of service. There are no medical copays for the HDHP. The copay for the Choice Plus plans is \$30 for in-network providers, regardless of which Choice Plus plan you select. Your in-network copays accumulate toward your in-network out-of-pocket maximum. Copays do not accumulate toward your deductible.
- **Deductible:** The amount you must pay each year before the Plan begins to pay for non-preventive expenses. Your in-network deductible accumulates toward your in-network out-of-pocket maximum.
- **Coinsurance:** Once you reach your deductible, coinsurance is the amount the plan will cover of your remaining in-network medical expenses. You are responsible for directly paying the remaining balance, until you reach the out-of-pocket maximum. The amount you pay in coinsurance will vary by the plan you select and your usage of medical services.
- **Out-of-Pocket Maximum:** The most you will be responsible for paying out of your own pocket each year for covered medical services. Once you reach your in-network out-of-pocket maximum, the Plan will pay 100% of all remaining in-network covered medical expenses for the year.

The Bottom Line: Consider Total Costs

As with any major purchase decision, cost will likely play a factor when selecting your medical plan. But costs can be difficult to accurately calculate. Lower payroll deductions might make a particular plan option look inexpensive, but you may have a higher deductible to meet. Or, a particular option may have higher payroll deductions, but lower costs when you receive care. Since everyone is different—requiring different levels of care—it is important to consider the total costs for each medical plan option: the cost you pay at the time you use health care (e.g., your deductible, coinsurance or copay) plus the cost you pay out of your paycheck. If you don't take the time to consider the total cost of each medical plan, you may end up paying for more coverage than you need.

Review "Estimate My Medical Costs for In-Network Services" on the CU Benefits Enrollment System to help determine which medical plan is best for you. You can model different health scenarios for yourself and your family to estimate what your out-of-pocket costs will be.

For more details on the structure of the plans (HDHP and Choice Plus), review the Medical Plan Comparison Chart.

Medical Plan Comparison Chart

The Medical Plan Comparison Chart below summarizes the differences between each of the four University-provided medical plans. For detailed information, please review the Summary of Benefits and Coverage (SBC) and Summary Plan Description (SPD) available online at <http://hr.columbia.edu/officers-medical-benefits>.

Benefit	High Deductible Health Plan (HDHP)		Choice Plus 80		Choice Plus 90		Choice Plus 100	
	In-Network	Out-of-Network*	In-Network	Out-of-Network*	In-Network	Out-of-Network*	In-Network	Out-of-Network*
Annual Deductible Individual Family	\$1,500 \$3,000	\$2,900 per person	\$600 per person**	\$850 per person	\$400 per person	\$850 per person	\$200 per person	\$850 per person
Coinsurance	90% after deductible	60% after deductible	80% after deductible	60% after deductible	90% after deductible	60% after deductible	100% after deductible	60% after deductible
Out-of-pocket Maximum Individual Family	\$3,550 \$7,100	\$6,850 \$13,700	\$3,750 \$7,500	\$5,250 \$10,500	\$3,250 \$6,500	\$5,250 \$10,500	\$4,750 \$9,500	\$5,250 \$10,500
Preventive Care	100%	Not covered	100%	Not covered	100%	Not covered	100%	Not covered
Physician Office Visits, including specialists	90% after deductible	60% after deductible	\$30 copay	60% after deductible	\$30 copay	60% after deductible	\$30 copay	60% after deductible
Laboratory/Radiology Services, including services rendered in a physician's office	90% after deductible	60% after deductible	80% after deductible	60% after deductible	90% after deductible	60% after deductible	100% after deductible if non-hospital location \$150 copay if hospital***	60% after deductible
Inpatient Hospital Care	90% after deductible	60% after deductible; Precertification required	80% after deductible	60% after deductible; Precertification required	90% after deductible	60% after deductible; Precertification required	\$500 copay per admission	60% after deductible; Precertification required
Outpatient Hospital Care	90% after deductible	60% after deductible; Precertification required	80% after deductible	60% after deductible; Precertification required	90% after deductible	60% after deductible; Precertification required	\$150 copay (including lab and radiology)***	60% after deductible; Precertification required
Mental Health and Substance Abuse—Inpatient care	90% after deductible	60% after deductible; Precertification required	80% after deductible	60% after deductible; Precertification required	90% after deductible	60% after deductible; Precertification required	\$500 copay per admission	60% after deductible; Precertification required
Mental Health and Substance Abuse—Outpatient programs	90% after deductible for facility-based care including intensive outpatient programs	70% after deductible for facility-based care including intensive outpatient programs; Precertification required	\$30 copay	70% after deductible for facility-based care including intensive outpatient programs; Precertification required	\$30 copay	70% after deductible for facility-based care including intensive outpatient programs; Precertification required	\$30 copay****	70% after deductible for facility-based care, including partial hospital/day treatment and intensive outpatient programs. Precertification required.

* 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. See the list of NYP participating locations at <http://hr.columbia.edu/forms-docs/nyp-outpatient-laboratory-locations>.

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

Remember: In the Choice Plus plans, in-network deductible, coinsurance and medical and prescription copays accumulate toward the in-network out-of-pocket maximum. In addition, out-of-network out-of-pocket expenses accumulate toward the in-network out-of-pocket maximum.

In the HDHP, the in-network deductible, coinsurance and prescription copays accumulate toward the in-network out-of-pocket maximum.

Important Notes: UHC's Choice network is a national provider network and does not require a primary care physician or referrals to see specialists. UHC requires precertification for some services. If you use an in-network provider, your participating network physician or hospital generally handles the precertification process. However, it is your responsibility to confirm that your provider has obtained the necessary authorizations from UHC. If you see a provider who is out-of-network, you are responsible for obtaining precertification for most services except routine office visits.

Benefit	High Deductible Health Plan (HDHP)		Choice Plus 80		Choice Plus 90		Choice Plus 100	
	In-Network	Out-of-Network*	In-Network	Out-of-Network*	In-Network	Out-of-Network*	In-Network	Out-of-Network*
Mental Health and Substance Abuse—Outpatient counseling	90% after deductible	70% after deductible	\$30 copay	70% after deductible	\$30 copay	70% after deductible	\$30 copay	70% after deductible
Emergency Room	90% after in-network deductible	90% after in-network deductible	\$150 copay (Waived if admitted)	\$150 copay (Waived if admitted)	\$150 copay (Waived if admitted)	\$150 copay (Waived if admitted)	\$150 copay (Waived if admitted)	\$150 copay (Waived if admitted)
Basic and Comprehensive Infertility Treatment	Unlimited benefit for diagnosis and basic medical treatment, including artificial insemination							
Advanced Infertility Treatment	\$30,000 lifetime maximum for advanced treatments and Assisted Reproductive Technology including IVF, GIFT and ZIFT							
Prescription Drug coverage with OptumRx	Non-preventive prescription drugs are subject to an annual in-network deductible. Copays apply up to the annual in-network out-of-pocket maximum.		Retail (30 days) <ul style="list-style-type: none"> • Generic: \$10 copay • Single-source: \$25 copay • Multi-source: \$45 copay 				Mail-order (90 days) <ul style="list-style-type: none"> • Generic: \$15 copay • Single-source: \$50 copay • Multi-source: \$90 copay 	

* 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.

Vision Coverage

All employees and their covered dependents who participate in any of Columbia's medical plans are covered by a vision benefit.

Vision Benefits	High Deductible Health Plan (HDHP)	Choice Plus Plans
	Benefits apply both In-Network and Out-of-Network	
Routine Eye Exams	Adults: One exam every 12 months; plan pays 90% after in-network deductible, no copay. Children:* One exam every 12 months; plan pays 90% after in-network deductible, no copay.	Adults: One exam every 12 months with a \$10 copay. Children:* One exam every 12 months with a \$10 copay.
Lenses	Adults: \$100 allowance every 12 months (combined for lenses, frames and contact lenses). Children:* 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.	Adults:** Every 24 months, \$20 allowance for single lenses, \$30 for bifocal, \$40 for trifocal or \$75 for lenticular. Children:* Lenses covered in full every 12 months. More frequently if medically necessary.
Frames		Adults:** \$30 allowance every 24 months. Children:* Up to \$100 covered in full every 12 months. More frequently if medically necessary. Cost above \$100 covered at 60%.
Contact Lenses		Adults:** \$75 allowance every 24 months. Children:* Single purchase of a pair of contact lenses or 1 box of contact lenses per eye covered at 100% every 12 months.

* Child is defined as a member less than age 19.

** Available for either frames and lenses or contact lenses.

Note: Provider might require payment in full at the time of service. The patient then submits a claim to UHC for reimbursement.

For a listing of vision providers, log in to www.myuhc.com and click "Coverage & Benefits," "Vision" and then "Vision benefit highlights." You will be taken to the UHC Vision website where you can search for a vision provider under "Find a Provider."

ID Card

You do not need a vision ID card to use your benefits. Your vision ID number is the same ID that is on your UHC Medical card. However, if you would like one, you may print one from the Vision website. Go to myuhc.com and select "Vision" from the "Coverage & Benefits" tab, then click "Vision Benefit highlights" and you will be taken to the UHC Vision website.

Choice Plus Plans

Columbia offers three different Choice Plus medical plans—80, 90 and 100—so that you can choose the plan that best suits your needs.

With any of these plans, you have the flexibility to use in-network or out-of-network providers each time you seek care. However, you can minimize your out-of-pocket expenses when you use in-network providers.

In-Network Coverage: For the 80, 90 and 100 medical plans, you pay a \$30 copay for physician office visits (including specialists and urgent care), when you use UHC network providers. Preventive care is covered at 100% with no deductible for in-network services. The deductible, coinsurance and all medical and prescription drug copays accumulate toward your annual out-of-pocket maximum.

Choice Plus 80

Other than preventive care and copays, for most in-network medical services you must meet an annual deductible of \$600 per member before the Plan pays the coinsurance of 80% of the negotiated fee; you are responsible for the remaining 20% of the coinsurance. After you reach the in-network out-of-pocket maximum of \$3,750 for an individual and \$7,500 for a family, the Choice Plus 80 plan pays 100% of covered in-network medical charges and prescription drug copays for the remainder of the calendar year. Most out-of-network services are covered at 60%* after the annual deductible of \$850 per member.

Choice Plus 90

Other than preventive care and copays, for most in-network medical services you must meet the annual deductible of \$400 per member before the Choice Plus 90 plan pays the coinsurance of 90% of the negotiated fee; you are responsible for the remaining 10% of the coinsurance. After you reach the in-network out-of-pocket maximum of \$3,250 for an individual and \$6,500 for a family, the Plan pays 100% of covered in-network medical charges and prescription drug copays for the remainder of the calendar year. Most out-of-network services are covered at 60%* after the annual deductible of \$850 per member.

Choice Plus 100

The Choice Plus 100 plan has a \$200 deductible for some in-network services. Copays apply for certain services and in some cases are dependent on where the service is received. For example, inpatient hospital services require a \$500 per admission copay; outpatient hospital services, including lab and radiology, require a \$150 copay.** In addition, after you reach the in-network out-of-pocket maximum of \$4,750 for an individual and \$9,500 for a family, the Plan pays 100% of covered in-network medical charges for the remainder of the calendar year. Most out-of-network services are covered at 60%* after the annual deductible of \$850 per member.

Whenever you are having diagnostic or preventive tests, be sure to ask your physician if he/she is referring you to a provider who is in-network.

Medical & Prescription Drug ID Cards

If you newly enroll in medical benefits, you will receive a UHC ID card. This card will include member information for medical and prescription drug coverage. It takes approximately three weeks for new hires to receive an ID card. If you need a temporary ID card sooner, go to www.myuhc.com two weeks after you complete your benefits enrollment to download and print your temporary card.

Travel Vaccination Coverage

If you are traveling out of the country, travel vaccinations will be covered under the medical plan (deductible and coinsurance will apply).

Preventive Care

To learn more about preventive care, go to <http://hr.columbia.edu/preventive-care>.

* of 190% of the Medicare Maximum Allowable Charge (MAC)

** The \$150 outpatient hospital copay does not apply if you obtain your lab and/or radiology at certain New York Presbyterian (NYP) locations. See the list of NYP participating locations at <http://hr.columbia.edu/forms-docs/search> (under "NYP").

High Deductible Health Plan (HDHP)

Columbia University offers a High Deductible Health Plan (HDHP) that provides comprehensive coverage through UHC, with low monthly contributions. In exchange for lower contributions, the HDHP deductible and out-of-pocket maximum are higher. 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 to use for eligible healthcare expenses now or in the future. **Note:** If you enroll in the HSA, you cannot enroll in the Healthcare FSA at the same time.

What You Need to Know About the HDHP

- Preventive medical care is covered at 100% with no deductible when you use an in-network provider.
- For non-preventive care—and non-preventive drugs—you pay for your expenses until you reach your deductible: \$1,500 for individual coverage or \$3,000 for family coverage.
- You must first meet your deductible: \$1,500 for individual coverage or \$3,000 for family coverage for your medical and prescription drug expenses before the HDHP begins to pay for covered services.
- If one or more family members are covered in addition to yourself, you reach the family deductible when total expenses reach \$3,000, no matter how the expenses are spread across the family. The entire \$3,000 family deductible must be met, even if only one family member has claims. There is no individual deductible when you elect family coverage.
- After you reach the deductible, any additional medical expenses are shared between the Plan and you as “coinsurance.” The Plan’s coinsurance is 90% and your coinsurance is 10%.
- When your coinsurance, plus deductible and prescription copay reaches the out-of-pocket maximum, the Plan pays 100% of your remaining in-network covered medical services, including prescription drug costs, for the rest of the calendar year. The “out-of-pocket maximum” for in-network expenses is \$3,550 for individual coverage or \$7,100 for family coverage. For family coverage, the entire \$7,100 out-of-pocket maximum must be met, even if only one family member has claims.

Getting the Most Value

To get the most value from your HDHP, be sure to enroll in a Health Savings Account (HSA). See page 24 for more details.

High Deductible Health Plan (HDHP) vs. Choice Plus Plans

Plan Provision	Choice Plus Plans	High Deductible Health Plan (HDHP)
Monthly Payroll Contributions	Higher	Lower
Annual Deductible	Lower	Higher
In-Network Preventive Care	Covered at 100% with no deductible in all plans	
In-Network Physician Office Visits	\$30 copay per visit	Covered at 90% after the deductible
Preventive Prescription Drugs at Retail Pharmacy or Mail Order	Copays; not subject to the deductible	
Non-Preventive Prescription Drugs at Retail Pharmacy or Mail Order	Only copays apply	Covered with copays after meeting the deductible
Health Savings Account (HSA)	Not available if you elect any of the Choice Plus plans.	Save up to \$3,450* single/\$6,900* family on a pre-tax basis to pay for healthcare expenses now or in the future. Rolls over from year to year.
Healthcare Flexible Spending Account (FSA)	Set aside up to \$2,600* 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.	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.

* IRS limits are subject to change

Out-of-Network Coverage

For all four medical plan options, the out-of-network expenses are handled the same way, as outlined below:

- You are responsible for obtaining precertifications from UHC before most non-office visit treatment begins (unless it is an emergency). If you do not request precertification before having inpatient or outpatient surgery and/or certain treatment, you will be subject to a \$500 penalty. If you are having trouble finding providers and/or services in the network, please call UHC at **800-232-9357**. In an emergency, if you or your covered dependent is admitted to a non-network hospital, you must contact UHC **within 48 hours of admission** or you will be subject to a \$500 penalty.
- Before the Plan starts to pay anything for out-of-network services, you must meet your out-of-network deductible.
- Then the Plan pays coinsurance of 60%* of remaining covered charges up to a maximum of 190% of the Maximum Allowable Charge (MAC).
- **If you reach the out-of-network out-of-pocket maximum, the Plan will pay 190% of the Medicare MAC.**

Note: For the Choice Plus 80, 90 and 100 plans, your out-of-network expenses can be used to satisfy the in-network deductible and in-network out-of-pocket maximum. For the HDHP, these expenses do not satisfy the in-network deductible and out-of-pocket maximum.

Important

Most out-of-network services are covered at 60%* of 190% of the Medicare Maximum Allowable Charge (MAC) after the annual deductible for out-of-network services has been met.

* 70% for outpatient mental health/substance abuse services.

Medicare Maximum Allowable Charge (MAC)

Out-of-network services in the healthcare plans are indexed to 190% of the Medicare MAC. Out-of-network services for all medical plan options are covered at 60% of 190% of the Medicare MAC, except for mental health and substance use disorder outpatient counseling and outpatient programs which are covered at 70% of 190% of the Medicare MAC.

Here's an example: Your out-of-network physician charges you \$200 for an office visit. The claim submitted to UHC has a billing code of 99212 (office visit for an established patient in ZIP code 10010 in New York City). 190% of the Medicare MAC for this billing code is \$95.87. Therefore, \$95.87 (not \$200) is the basis for the out-of-network reimbursement.

- If you had not met the out-of-network annual deductible, you would be responsible to pay the full \$200, and \$95.87 would be applied to the out-of-network deductible.
- If you had already met the out-of-network annual deductible, the plan would pay the coinsurance of 60% of \$95.87, which is \$57.22. Your share of the coinsurance is 40% of \$95.87, which is \$38.35. You are also responsible to pay the amount in excess of the 190% of the Medicare MAC; that is $\$200 - \$95.87 = \$104.13$. In total, you would pay $\$38.35 + \$104.13 = \$142.48$, and \$38.35 would be applied toward your out-of-pocket maximum.
- If you had met the out-of-network annual out-of-pocket maximum, the medical carrier would pay 190% of the Medicare MAC (\$95.87), and you would be responsible for the balance (\$104.13).

Charges in excess of 190% of the Medicare MAC (in this example, \$104.13) do not count toward the out-of-network out-of-pocket maximum.

For information on specific Medicare MAC(s) talk to your physician or his/her office staff.

! Providers can bill you for any unpaid balance for amounts above these limits, and you are solely responsible for these payments.

- Any charges exceeding plan limits do not count toward the out-of-pocket maximum, including any charges exceeding 190% of the Medicare MAC.
- You can find out how much you will be reimbursed for out-of-network services before you seek treatment by first asking your physician for the medical "procedure code" along with the associated fee. Then, call UHC's member services to request an estimate of their reimbursement.

Retiree Medical Insurance

You may be eligible for this coverage if you leave the University on or after age 55 and you complete at least 10 years of full-time benefits-eligible service with the University after age 45. To learn more, please contact the Columbia Benefits Service Center at **212-851-7000**, Monday through Friday, 9 a.m. to 4 p.m. You may also contact us via email at hrbenefits@columbia.edu.

Note: A spouse or dependent is only eligible to enroll if the retiree is a participant or if the retiree is deceased. Spousal coverage will only be offered to a spouse the retiree is legally married to on the date of retirement. Eligible children are covered until age 26 as long as they are full-time students. Qualifying events must be reported within 31 days of the event.

Prescription Drug Coverage

When you enroll in any Columbia medical plan, you are automatically enrolled in Columbia University's Prescription Drug Plan. OptumRx administers the Prescription Drug benefits plan for the University.

Using Your Prescription Drug Benefit

After you enroll in medical benefits, you will receive a Medical ID card which will include your medical and prescription drug plan information.

Retail*

You will need to present your ID card at the pharmacy 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 certain other states, the pharmacy is required by law to substitute a brand name drug with a generic. Your copay will be \$10. If the cost of the generic drug is less than \$10, you will only pay the cost of the drug.
- If your physician prescribes the brand-name drug instead of the generic, then you will pay the highest copay, \$45. Your physician must request the pharmacist "Dispense as Written" to receive the brand-name drug.
- If no generic is available for your prescription, then your drug is a single-source prescription. Your copay will be \$25.

Mail-Order

Mail-order copays are for up to a 90-day supply. If you take medication on a regular basis for conditions such as high blood pressure or asthma, the mail-order option will be less expensive than the retail option.

After you have enrolled in the OptumRx mail-order program, you can refill prescriptions easily, either online or over the phone.

Specialty Medications

Specialty medications must be purchased via mail-order from BrivoRx, an OptumRx specialty pharmacy. BrivoRx will mail your prescription to you at the address of your choice. For your privacy, the package is delivered in a non-labeled box. Call **855-427-4682** to speak to a patient care representative. Typically, you will receive a 30-day supply of the prescription at the retail pharmacy copay. **Note:** If you use a pharmacy other than BrivoRx, you will be subject to the full cost of the medication instead of copays.

Prescription Drug Costs

The cost of your 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 a single-source or multi-source drug.

Learn More

To find participating pharmacies or enroll in the OptumRx mail-order program, log in to www.myuhc.com and click "Manage Your Prescriptions" then "Go to OptumRx." You may also call **800-232-9357** for assistance.

* Copays are different in the HDHP if the prescription is a non-preventive drug.

Copays

Copays for prescription drugs work differently under the Choice Plus plans and the High Deductible Health Plan (HDHP). However, under all of the plans, the copays and deductible accumulate toward the out-of-pocket maximum for your plan. Therefore, once you reach the annual out-of-pocket maximum, the Plan pays 100% of the cost of prescription drugs (preventive and non-preventive).

- Under the **Choice Plus** plans, all prescription drugs are subject to a copay.
- Under the **High Deductible Health Plan (HDHP)**, preventive drugs and non-preventive drugs are treated differently.
 - **Preventive Drugs:** Prescription drugs that are categorized as “preventive” under federal guidelines are not subject to the HDHP deductible, so you are only responsible for paying the copay. Copays accumulate toward your out-of-pocket maximum. Preventive drugs under federal guidelines include medications such as anticoagulants, cholesterol lowering agents and prenatal vitamins. To check if your prescription is considered preventive, please call OptumRx at **800-232-9357**.
 - **Non-Preventive Prescription Drugs:** Prescription drugs that are categorized as “non-preventive” under federal guidelines are subject to the HDHP deductible. This means you will pay the entire cost for your **non-preventive prescription drugs** until you meet the plan deductible. Once the deductible is met, the prescription drug copay will apply. **Note:** you will receive a discount on the cost of your prescription drugs if you use an OptumRx participating pharmacy.

Plan	Retail Pharmacy (up to 30-day supply)	Mail-order (up to 90-day supply)
Choice Plus (80, 90, 100)	<ul style="list-style-type: none">• \$10 generic• \$25 single-source• \$45 multi-source	<ul style="list-style-type: none">• \$15 generic• \$50 single-source• \$90 multi-source
High Deductible Health Plan	<p>Preventive Drugs</p> <ul style="list-style-type: none">• \$10 generic• \$25 single-source• \$45 multi-source <p>Non-Preventive Drugs</p> <ul style="list-style-type: none">• Subject to HDHP in-network deductible; then Rx copays apply	<p>Preventive Drugs</p> <ul style="list-style-type: none">• \$15 generic• \$50 single-source• \$90 multi-source <p>Non-Preventive Drugs</p> <ul style="list-style-type: none">• Subject to HDHP in-network deductible; then Rx copays apply

Is a Drug “Single-Source” or “Multi-Source”?

- If no generic is available, this is a single-source drug.
- If both a generic and brand name prescription are available, this is a multi-source drug.

To find out if a drug is single-source or multi-source, ask your pharmacist or contact OptumRx at **800-232-9357** or **www.myuhc.com**. Keep in mind that your prescription may move from “single-source” to “multi-source” during the year due to periodic reviews or if the U.S. Food and Drug Administration (FDA) approves a generic equivalent drug.

Cost of Coverage: Your Contributions

Contributions are the amount you pay toward the cost of your medical, vision and prescription drug coverage through pre-tax payroll contributions. Your healthcare contributions are deducted from your pay before any taxes are taken out.

2018 Monthly Pre-Tax Contributions for Medical & Rx Coverage (Full-Time)

Salary Tier	Yourself Only	Yourself & Spouse or Same-Sex Domestic Partner	Yourself & Child(ren)	Family
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\$0 - \$44,999

High Deductible Health Plan	\$5	\$18	\$8	\$21
Choice Plus 80	\$18	\$61	\$32	\$74
Choice Plus 90	\$26	\$88	\$46	\$109
Choice Plus 100	\$90	\$251	\$162	\$323

\$45,000 - \$59,999

High Deductible Health Plan	\$14	\$46	\$24	\$56
Choice Plus 80	\$48	\$169	\$87	\$207
Choice Plus 90	\$72	\$247	\$128	\$304
Choice Plus 100	\$252	\$705	\$453	\$904

\$60,000 - \$79,999

High Deductible Health Plan	\$23	\$76	\$39	\$91
Choice Plus 80	\$65	\$225	\$117	\$277
Choice Plus 90	\$95	\$331	\$171	\$407
Choice Plus 100	\$331	\$925	\$594	\$1,187

\$80,000 - \$134,999

High Deductible Health Plan	\$27	\$89	\$47	\$109
Choice Plus 80	\$75	\$264	\$135	\$324
Choice Plus 90	\$112	\$387	\$199	\$475
Choice Plus 100	\$377	\$1,051	\$676	\$1,354

\$135,000 - \$174,999

High Deductible Health Plan	\$30	\$99	\$51	\$120
Choice Plus 80	\$86	\$294	\$153	\$362
Choice Plus 90	\$124	\$430	\$222	\$531
Choice Plus 100	\$407	\$1,135	\$730	\$1,459

Salary Tier	Yourself Only	Yourself & Spouse or Same-Sex Domestic Partner	Yourself & Child(ren)	Family
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\$175,000 - \$224,999

High Deductible Health Plan	\$38	\$132	\$67	\$161
Choice Plus 80	\$106	\$371	\$191	\$457
Choice Plus 90	\$156	\$544	\$280	\$669
Choice Plus 100	\$535	\$1,497	\$963	\$1,924

\$225,000 - \$299,999

High Deductible Health Plan	\$43	\$151	\$79	\$187
Choice Plus 80	\$127	\$441	\$228	\$541
Choice Plus 90	\$186	\$646	\$332	\$792
Choice Plus 100	\$576	\$1,610	\$1,036	\$2,070

\$300,000+

High Deductible Health Plan	\$55	\$196	\$101	\$242
Choice Plus 80	\$148	\$518	\$267	\$636
Choice Plus 90	\$218	\$759	\$390	\$932
Choice Plus 100	\$592	\$1,655	\$1,064	\$2,127

Your pre-tax contributions are based on which plan you select, who you cover and your Annual Benefits Salary. Your 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.

2018 Monthly Pre-Tax Contributions for Medical & Rx Coverage (Part-Time Officers of Administration)

Salary Tier	Yourself Only	Yourself & Spouse or Same-Sex Domestic Partner	Yourself & Child(ren)	Family
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REGULAR PART-TIME SALARIED OFFICERS OF ADMINISTRATION

High Deductible Health Plan	\$292	\$612	\$553	\$872
Choice Plus 80	\$343	\$720	\$651	\$1,029
Choice Plus 90	\$404	\$847	\$767	\$1,210
Choice Plus 100	\$525	\$1,102	\$996	\$1,573

Same-Sex Domestic Partner Credit

Federal income tax rules require that your contributions toward the coverage of a same-sex domestic partner be deducted from your pay on an after-tax basis. In addition, University contributions toward the total cost of coverage for your same-sex domestic partner are taxable to you. To assist with this tax burden, if you are eligible for same-sex domestic partner medical coverage and you elect coverage, Columbia will provide a credit of \$1,000 per year (\$41.67 per pay period), beginning the pay period following the effective date of your election.

Aetna Columbia Dental Plan

The Aetna Columbia Dental Plan provides you with the flexibility to see Columbia University College of Dental Medicine faculty and alumni, called the Columbia Preferred Dental Network, along with the national Aetna PPO network of dentists, all under one comprehensive program. You may also see a dentist outside of the network, although your cost will be significantly higher whenever you use out-of-network dentists.

Aetna Columbia Dental Plan Overview

Benefit	Columbia Preferred Dental Network	Aetna Dental Network	Out-of-Network*
Preventive Care Includes routine cleanings, routine exams and X-rays	100%	100%	100%
Basic Restorative Care Includes fillings and extractions	100%	80%	80%
Major Restorative Care Includes crowns, root canals, bridges and dentures	60%	50%	50%
Orthodontia for Adults & Children	50%	50%	50%
Annual Deductible (per person)	none	\$25	\$25
Annual Maximum Benefit (per person)	\$1,500	\$1,250	\$1,250
Orthodontic Lifetime Maximum (per person)	\$1,500	\$1,250	\$1,250

! * The percentage paid by Aetna Dental is limited to the network-negotiated fees. This means if you use an out-of-network dentist, your reimbursement will be based on the network fees for the services provided. For example, if your dentist bills you \$800 for a crown but the network-negotiated fee is \$400, you will be reimbursed for 50% of \$400 (the network-negotiated fee) totaling \$200. You are responsible for paying the balance of \$600 to your out-of-network dentist.

2018 Monthly Pre-Tax Contributions for Dental	
Full-Time	
Yourself	\$27
You Plus One	\$68
Family	\$109

2018 Monthly Pre-Tax Contributions for Dental	
Part-Time	
Yourself	\$40
You Plus One	\$80
Family	\$119

Using the Columbia Preferred Dental Network

When you use a dentist who participates in the Columbia University network, you receive a greater benefit for services. To locate a Columbia Preferred dentist, go to <http://hr.columbia.edu/benefits-vendor-contacts>. Columbia Preferred dentists are located throughout the tristate area of New York, New Jersey and Connecticut.

Columbia Preferred dentists accept reimbursement for services covered at 100% as payment in full. You are not responsible for paying any fees that exceed the network-negotiated fees. You also do not have to submit any claim forms when you use a network participating dentist.

Columbia Preferred Dental Plan Facilities cudentalassociates.columbia.edu

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

Dental ID Cards

Aetna will not mail you an ID card after you enroll. Instead, they will mail you a letter confirming your enrollment. When you go to the dentist, you can show the office a copy of that letter, or tell the office your name, date of birth and Member ID# (or your Social Security Number). If you prefer to have an ID card, sign up on Aetna's member website at www.aetna.com to print out a card for you and your dependents.

Using the Aetna Dental Network

If you see an Aetna participating dentist, you will not be billed for any fees that exceed the Aetna negotiated amount. To locate an Aetna participating dentist, go to <http://hr.columbia.edu/benefits-vendor-contacts>.

International Coverage When Traveling

If Traveling Six Months or More

The Cigna International Plan is a medical plan option for which you may be eligible, if you are out of the U.S. for an extended period of time (six months or more), provided you receive pay through Columbia University's U.S. payroll. You must be covered under this option to cover any dependents under this plan.

If you are enrolled in one of the Columbia University medical plans (the Choice Plus plans or the HDHP), it is important to know that these plans provide overseas coverage for emergencies only, while the Cigna International Plan provides comprehensive coverage while you are outside of the U.S.

Some of the benefits of Cigna International's coverage include:

- Easy access to comprehensive, quality healthcare around the world
- Around-the-clock support, regardless of your time-zone
- Connection to the right physician or hospital in your area 24/7

When you need assistance, contact Cigna anytime by phone or fax. Collect calls are accepted anytime.

If you believe you are eligible for this medical plan option, please contact the Columbia Benefits Service Center at **212-851-7000** for more information.

If you travel 100 miles or more from home or abroad and need emergency travel assistance, refer to Emergency Travel Assistance program on the next page.

If Traveling Six Months or Less

The Cigna International Medical Gap Plan, called "Medical Benefits Abroad (MBA)," provides faculty and staff traveling on international business for six months or less with medical coverage. It is administered in conjunction with International SOS. The program provides full coverage for medically necessary services, without deductibles, coinsurance or copays. The Plan also includes emergency dental coverage up to a \$1,000 limit. Preventive and routine care is not covered under this policy. For more information, go to <http://globaltravel.columbia.edu/content/health-insurance>.

Emergency Travel Assistance

When you are covered under our Basic Term Life Insurance Plan (from Cigna), you and your eligible dependents are also covered for emergency travel assistance ("Cigna Secure Travel"*) when traveling 100+ miles from home or when traveling in a foreign country for trips up to 180 days. Travel can be either personal or work-related. This assistance can be for situations as serious as needing to be evacuated from a foreign country to something as simple as information on visas.

This program can help you with travel emergencies both in the U.S. and internationally.

Here is a summary of the range of services Cigna Secure Travel offers:

- Emergency medical evacuation
- 24-hour multi-lingual assistance
- Pre-trip planning services, including foreign travel
- Medical and prescription drug assistance
 - Medical referrals
 - Locating medical care
 - Medical insurance coordination
- Emergency transportation
 - Emergency evacuation when adequate medical facilities are not available locally
 - Family or friend travel arrangements
- Travel assistance
 - Provide assistance with emergency credit card and ticket replacement
 - Provide assistance with emergency passport replacement
- Assistance with lost or stolen items
- Repatriation of remains
- Emergency cash—Advance up to \$1,500 with confirmation of reimbursement
- Personal security
 - Latest information on social or political unrest
 - Legal referrals to local attorneys, embassies and consulates
 - Weather or health hazards
 - Security evacuation services

The University also provides additional emergency assistance resources. If you are traveling to another country for official Columbia purposes, be sure to register in advance of your trip at globalsupport.columbia.edu

What You Need to Know

In an emergency, you may call:

United States or Canada:
888-226-4567 and choose
Option 1; all other locations,
call collect: **202-331-7635**

The toll-free customer service center is available 24/7, 365 days a year. Please reference Group Number 57 when you contact Cigna Secure Travel.

For more information, email Cigna Secure Travel at:
cigna@gga-usa.com.

Important

Services are only covered if coordinated by Cigna Secure Travel.

*J-1 visa holders will be covered for Emergency Travel Assistance through UnitedHealthcare Global.

Tax Savings Accounts

Columbia University offers several tax savings accounts, including the Healthcare and Dependent Care Flexible Spending Accounts (FSA)s, Transit/Parking Reimbursement Program (T/PRP) account and the Health Savings Account (HSA) to help you save. Using these tax savings accounts could save you hundreds of dollars on eligible healthcare, dependent care, transit and/or parking expenses.

No matter which medical plan option you choose (or if you choose not to enroll in Columbia University medical coverage), you can enroll in the T/PRP and Dependent Care FSA.

- If you enroll in the 80, 90 or 100 Choice Plus plan or choose to have no medical coverage through the University: You can enroll in a Healthcare FSA.
- If you enroll in the HDHP: You can enroll in an HSA or the Healthcare FSA, but not both.
- If you choose not to enroll in Columbia University medical coverage, you can enroll in a Healthcare FSA.

Flexible Spending Accounts

Flexible Spending Accounts allow you to contribute pre-tax money to reimburse yourself for eligible healthcare and dependent day care expenses. 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.

You can enroll in the T/PRP and Healthcare and Dependent Care FSA programs even if you do not enroll in a Columbia University medical plan.

Columbia University offers two types of FSAs that are administered by UHC:

- **Healthcare FSA** for eligible healthcare expenses, including medical, prescription drug or dental copays and deductibles, as well as vision or hearing services. For a list of eligible expenses, please visit www.myuhc.com or IRS Publication 502.
- **Dependent Care FSA** for eligible child or adult day care expenses for your dependents, such as licensed day care centers and nursery schools, before-school or after-school programs and home attendants. **Note:** for dependents' health-related expenses, use the Healthcare FSA.

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. Please refer to "Making Changes to Your Benefits" for more details.

Keep in Mind

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 rather than using either the Healthcare FSA or the HSA. You may want to consult with a tax adviser or financial professional to determine which works best for you.

Also, you may use the Dependent Care FSA, the federal tax credit or a combination of both for your eligible dependent care expenses. Your choice will depend on your family income and the number of dependents you have in eligible day care programs. Generally, if your family's adjusted gross income exceeds \$40,000, you may save more in taxes using the Dependent Care FSA. You can also go to www.irs.gov/taxtopics/tc602.html or consult your tax adviser or financial professional.

Health Care Spending Card

After you elect the FSA, UHC will send two Health Care Spending Cards in your name to your home mailing address. These cards are linked to any 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 expense at participating locations.

If you do not use your card at the time of purchase, keep your receipt(s). You may need to submit an out-of-network medical claim to UHC so you can 1) be reimbursed for the out-of-pocket expense from your FSA; and/or 2) to substantiate your expenses with UHC if you are manually filing a claim.

Requesting Reimbursement

To learn more about how to request FSA reimbursement, go to <http://hr.columbia.edu/fsas-how-to-request-reimbursement>.

Convenient Automatic Reimbursement

If you are enrolled in a Columbia-provided medical and/or dental plan, you will be automatically reimbursed for most medical, prescription, vision and dental out-of-pocket expenses. This convenient automated feature processes medical, dental, vision and prescription drug claims—and then automatically sends Healthcare FSA participants reimbursement checks for their out-of-pocket costs if those claims were submitted to the Columbia University health plans.

Opting out of automatic reimbursement. If you prefer to manage your FSA funds and choose which expenses are reimbursed, you can opt out of the claim auto-rollover at any time by logging in to www.myuhc.com. If you opt out, you will need to file reimbursement claims online or manually with UHC. **Note:** You must opt out of the claim auto-rollover each year.

Make the Most of Your FSA with myuhc.com

If you are covered under a Columbia-provided medical plan:

1. Go to myuhc.com and click on "Register Now."
Your health plan ID card includes information you will need to register. Or, you can register using your Social Security Number and date of birth.
2. Click on "View Account Balances," then select "Flexible Spending Account(s)."

Don't Have a Health Plan with UHC?

You do not need to be a member of a Columbia health plan to participate in an FSA. To manage your FSA expenses, you can register using your Social Security Number and date of birth. Under group/account number, enter "902784."

Forfeiture Rule

The IRS has strict rules regarding FSAs. It is important to estimate your expenses carefully, incur your expenses by December 31 and make sure that your claims for the calendar year are received by the FSA administrator (UHC) no later than March 31 of the following year. A balance of up to \$500 in your Healthcare FSA can be rolled over to the next plan year if you do not enroll in an HSA. However, any money left in your Dependent Care FSA will be forfeited.

Important

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.

Eligibility Regarding Same-Sex Domestic Partners

IRS regulations do not allow you to use FSA funds for expenses incurred by or on behalf of same-sex domestic partners, or their children, unless they qualify as your legal tax dependents.

Healthcare FSA

The current IRS limit for the Healthcare FSA is \$2,600.* You can elect between \$120 and \$2,600* in this account to cover out-of-pocket eligible healthcare expenses for yourself, your spouse and your children, even if you do not elect to cover them under Columbia University benefits plans.

If you are hired after the beginning of the year, you can elect to contribute the maximum contribution limit (\$2,600*) provided you have not contributed during the year to an FSA with Columbia University. If you are married, your spouse may also contribute \$2,600* to an FSA sponsored by his/her employer. 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.

Note: To be eligible to participate in the Healthcare FSA, children must be your dependents for income tax purposes. For more information on healthcare expenses for which you can use your Healthcare FSA, go to <http://hr.columbia.edu/forms-docs/eligible-fsa-expenses>.

For More Information

To learn more about the Healthcare FSA, go to <http://hr.columbia.edu/officers-spending-accounts>.

Health Savings Account

If you elect coverage under the High Deductible Health Plan (HDHP), you may also elect a Health Savings Account (HSA). It is important to keep in mind that you can only use HSA funds after you have contributed them.

Each year, you can contribute money to your HSA on a pre-tax basis through payroll deductions up to \$3,450* for Yourself Only coverage and \$6,900* for Yourself and Spouse/Same-Sex Domestic Partner/Child or Family coverage. Any unused balance accumulates year over year. You can manage both your HDHP and your HSA at www.myuhc.com.

Qualified medical expenses that may be paid through your HSA on a tax-free basis include: most medical care and services; dental and vision care; prescription drugs; and premiums paid for COBRA, long-term care and medical and prescription drug expenses as a retiree, including Medicare premiums. You can see a complete list of eligible expenses at www.irs.gov (Publications 969 and 502).

- Optum Bank, a subsidiary of UnitedHealth Group, is the administrator of the HSA.
- You can reach Optum Bank by calling UHC customer service at **800-791-9361** or at www.optumbank.com.
- The HSA is your personal account even if you change health plans, leave Columbia or retire.
 - You do not pay taxes on the money you withdraw to pay for current and/or future qualified healthcare expenses.
- Withdrawals for non-qualified expenses are subject to taxes and an additional 20% penalty if you're under age 65. For more details, go to https://www.optum.com/content/dam/optum/Employer/50+HSA_Planning_Guide.pdf.
- You should keep careful records of your healthcare expenses and the corresponding withdrawals from your HSA, in case you need to provide proof to the IRS to support your account distributions reported on Form 8889 with your annual IRS tax return.
- If you have an account balance of at least \$2,000, you can choose to invest among multiple investment options with the balance over \$2,000. Any earnings are automatically reinvested and grow tax-free.

Learn More

You must enroll in the HDHP to be eligible for the HSA. For more details on the HDHP, see page 11.

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.

HSA Restrictions

When Electing an HSA

- Under IRS regulations, if you enroll in the HSA, you cannot participate in any Healthcare Flexible Spending Account (FSA) (including rollover amounts).
- In addition, if your spouse participates in a Healthcare FSA that permits reimbursement of your unreimbursed medical expenses, you will not be eligible to establish or contribute to an HSA until you are no longer covered by your spouse's Healthcare FSA.
- You will not be eligible to establish or contribute to an HSA if you are covered by a medical plan option that is not an HSA-qualified HDHP (e.g., a spouse's employer's non-HDHP coverage).
- You can contribute to the HSA if you are over age 65, but only if you are not enrolled in any Medicare benefits (including Part A).

Important for Same-Sex Domestic Partners

IRS rules do not allow you to use your HSA to reimburse yourself for the expenses of your same-sex domestic partner or his/her children.

Funding Your HSA

Here's how you can save using your HSA:

- **Pre-tax contributions.** You can elect automatic payroll deductions on a pre-tax basis to fund your account and your election will be deducted in equal installments from each paycheck. You can change your contribution amount at any time. Keep in mind that the total amount of your contributions cannot exceed \$3,450 for Yourself Only coverage and \$6,900 for Yourself and Spouse/Same-Sex Domestic Partner/Child or Family coverage. You cannot elect to pre-fund your HSA at the beginning of the year.
- **Catch-up contributions.** If you are at least age 55 and are not enrolled in Medicare, you can make "catch-up" contributions to your HSA. The maximum catch-up contribution is \$1,000.

Note: If you are considering after-tax HSA contributions, you may want to consult with a tax adviser or financial professional.

How to Access Your HSA Funds

You can choose to pay your bills out of your own pocket or through your HSA. If you choose to pay through your HSA, you can use:

- Your Optum Bank HSA Debit Mastercard;
- Online Bill Payment Service available on www.myuhc.com.

For example, you could use your HSA debit card to pay for prescription drugs at the pharmacy.

Important

You cannot access funds in your HSA until you have contributed them. You need to build up your HSA contributions—made through payroll deductions—before taking money out of your HSA for eligible expenses. Your HSA funds will be available as soon as administratively possible after Columbia has sent your semi-monthly payroll deductions to Optum Bank.

For more important reminders about the HSA, go to hr.columbia.edu/hsa-important-reminders.

Healthcare Flexible Spending Account (FSA) vs. Health Savings Account (HSA)

Feature	Healthcare FSA	HSA (only available with HDHP)
Pre-tax contributions	Yes	Yes, if you are not enrolled in Medicare*
Unused funds roll over from year-to-year	Yes, up to \$500**	Yes, full amount
Investment options with tax-free earnings	No	Yes
Tax-free withdrawal for eligible expenses	Yes	Yes
Can use for eligible healthcare and dental expenses	Yes	Yes
Portable – can take it with you when you leave Columbia	No	Yes
Can be used to pay for retiree medical expenses	No	Yes
Annual elected amount available at beginning of year	Yes	No
Can contribute if in HDHP	Yes, if you are not enrolled in the HSA	Yes

* If you enroll in Medicare, you cannot make new contributions to the HSA; however, you can use any accumulated HSA funds to pay for eligible medical expenses.

** In the FSA, you must incur claims or expenses by December 31 each year or any balance over \$500 will be forfeited. Balances of \$500 or less will roll over to the next calendar year if you remain a benefits-eligible employee at Columbia University.

Important

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 vehicle. This rule does not apply to domestic partners because the IRS does not allow the use of either account for the expenses of a domestic partner. If you have a balance of \$500 or less rolled over from your Healthcare FSA from 2017, you will automatically be enrolled in a Healthcare FSA in 2018. However, if you would like to contribute the maximum allowable amount in 2018, you must enroll in the Healthcare FSA during Open Enrollment.

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 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 \$120,000 – 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. If your child will turn 13 during the year, you can submit claims only for expenses incurred up to the child's birthday. You may be eligible to un-enroll 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.

For additional information on eligible dependent care providers, go to <http://hr.columbia.edu/fsas-eligible-dependent-care-providers>.

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.

Important

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.

* IRS limits are subject to change.

Child Care Benefit

Eligible Officers can elect to receive up to a \$2,000 contribution from Columbia to a Dependent Care FSA. If you elect this benefit during the year because of a Qualified Life Status Change, you will receive a prorated portion of the benefit.

To be eligible for this benefit, you must meet all of the eligibility criteria below:

- Be a full-time, benefits-eligible Officer with an Annual Benefits Salary of less than or equal to \$120,000.*
- Have a dependent child under the age of five and not yet attending kindergarten who:
 - Has been verified by the Columbia Benefits Service Center as an eligible dependent; and
 - Meets the IRS definition of a tax dependent.
- Elect to participate in the Child Care Benefit as a new hire, during the annual Open Enrollment period or if you experience a Qualified Life Status Change.

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 Officers.

Officers who receive the Child Care Benefit can also contribute personal pre-tax payroll contributions to their Dependent Care FSA. The total contributions between the Dependent Care FSA and the Child Care Benefit cannot exceed the \$5,000 annual maximum.

* IRS limits are subject to change.

Transit/Parking Reimbursement Program

The Transit/Parking Reimbursement Program (T/PRP) is a convenient way to pay commuting expenses using pre-tax dollars. You may enroll in or make changes to the T/PRP at any time during the year.

How the Program Works

You may 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. For examples of eligible and ineligible expenses, go to <http://hr.columbia.edu/tprp-expenses>.


You choose a monthly election, which is available to you as of the first of each month. Your contributions will then be deducted in equal installments from two paychecks each month. For example, if you choose a Transit account of \$130 per month that is effective July 1, you can access the full \$130 as of July 1.

Any unused funds will roll over from month to month. For example, if you take a vacation during the month of August, the unused August balance will roll over to September. The funds are available to you as long as your monthly spending does not exceed the IRS allowable monthly amount.

If you leave the University or become ineligible for benefits, you can only be reimbursed for expenses incurred prior to your termination date or the date you became ineligible for benefits. If you use funds that were not deducted from your paychecks, you will be responsible for repaying those funds to the University. To learn more, go to <http://hr.columbia.edu/tprp-important-reminders>.

When Will My T/PRP Election Take Effect?

Enroll/Change	Effective Date
January 10 (before the 20th of the month)	February 1
January 21 (after the 20th of the month)	March 1

 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 \$255* IRS monthly maximum.

You Can Make Changes During the Year

You can make changes to your T/PRP anytime during the year. To do so, go to the CU Benefits Enrollment system at <http://hr.columbia.edu/officers> and log in with your UNI and password and click on "Update 2018 Transit and Parking Elections."

* IRS limits are subject to change.

How to Access Your T/PRP Program

If you newly elect to participate in the Transit/Parking Reimbursement Program (T/PRP), you will receive a Benefits Card at your home mailing address from EBPA, the administrator of this benefit. This card is linked to all T/PRP accounts. The Benefits Card allows you to pay for transit or parking expenses through any vendor that sells commuter tickets or MetroCards and accepts MasterCard. Just swipe your credit card.

The Benefits Card will be automatically loaded with your new election.

Personal Identification Numbers (PINs) are available to you for use with your Benefits Card. For information on how to obtain a PIN, see <http://hr.columbia.edu/tprp-important-reminders>.

If You Do Not Use the Benefits Card

You may also submit claims with a paper form. Please note that if you use a paper form, you must include receipts.

You can arrange to have your reimbursements deposited directly into the bank account of your choice. If you would like to authorize this, the EBPA direct deposit form is available on the HR website.

To obtain either a claim form or a direct deposit form, go to <http://hr.columbia.edu/transitparking-reimbursement-program>.

Manage Your T/PRP Account with EBPA

To create an EBPA online account:

1. Go to <http://select.ebpabenefits.com/columbia/>.
2. At the "Columbia University Portal," click "Transit/Parking Reimbursement."
3. Select the EBPA Benefits Card image, then click "Continue."
4. Click "Register" in the upper right-hand corner of the page.

Contact EBPA If You Need Assistance

P.O. Box 1140

Exeter, NH 03833-1140

888-456-4576

Monday - Friday, 8:00 a.m. - 6:00 p.m.

www.ebpabenefits.com

Disability Insurance

Columbia'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 to you. You may elect to buy additional coverage under the Optional LTD Plan, and the University recommends you seriously consider this valuable coverage. The 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 Evidence of Insurability.

Disability Option	Coverage	Your Cost of Coverage
Salary Continuation Plan* For first six months	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.	\$0
Basic Long-Term Disability After six months	<p>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 66⅔% of your Annual Benefits Salary** and it is reduced to 60% thereafter.</p> <ul style="list-style-type: none"> • Coverage applies to a maximum Annual Benefits Salary** of \$100,000. • The maximum monthly benefit is \$5,000. • There is no cost-of-living adjustment (COLA). • Contributions to the Officers' Retirement Plan continue if you become Totally and Permanently Disabled.*** 	\$0
Optional Long-Term Disability After six months	<p>The same benefit provisions as for the Basic LTD apply, with the following enhancements:</p> <ul style="list-style-type: none"> • Coverage applies to a maximum Annual Benefits Salary** of \$300,000. • The maximum monthly benefit is \$15,000. • You receive an annual 3% COLA, beginning January 1 after you have received 12 months of LTD payments. • Contributions to the Officers' Retirement Plan continue if you become Totally and Permanently Disabled.*** 	\$0.216 per \$100 of your monthly covered Annual Benefits Salary.**

* 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.

*** As defined by Cigna, the long-term disability provider.

The LTD benefits are reduced by other disability income you receive, such as Social Security or Workers' Compensation. Any payments made to your dependents because of your disability will also reduce your LTD benefit amount.

Here's an example of how Basic LTD benefit payments are calculated:

After your first 6 months on Basic LTD benefits, the percentage reimbursement of your Annual Benefits Salary is reduced to 60%:

$$\begin{array}{rcl} \text{Basic LTD Covered Earnings} & & \$60,000 \\ \text{Basic LTD \% of Salary Benefit 60\%} & \times & 0.60 \\ \hline \text{Your Basic LTD Benefit} & = & \$36,000 \text{ annually or } \$3,000 \text{ per month} \end{array}$$

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 for a maximum benefit period based on your age on the date you become disabled. Benefits continue as long as you remain totally disabled throughout the Maximum Benefit Period as defined by Cigna. These benefits are taxable.

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

Optional LTD Insurance Plan

Statistically, your chance of becoming disabled is greater than your chance of dying during most of your working years. Please consider electing Optional LTD coverage to 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.

There are important benefits from Optional LTD, including:

- An annual 3% cost-of-living increase in the disability benefits payment.
- Contributions to the Officers' Retirement Plan commence when you become permanently and totally disabled and unable to engage in any substantial gainful activity by reason of any medically determinable physical or mental impairment which can be expected to result in death or which has lasted or can be expected to last for a continuous period of not less than 12 months.
- The Officers' Retirement Plan contributions may increase based on a 3% annual cost-of-living adjustment.

You can elect Optional LTD when you are hired or during annual Benefits Open Enrollment. You pay for this coverage with after-tax dollars, so your Optional LTD benefits are only partially taxable if you become disabled.

Keep in Mind

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 Evidence of Insurability. Your coverage, as well as your payroll contributions, will not begin until Cigna has approved your application.

Term Life Insurance

Life insurance can provide valuable financial protection and Columbia University offers you the choice of different levels of coverage to help meet your needs. Columbia offers two term life insurance plans: the Basic Term Life Insurance Plan and the Optional Term Life Insurance Plan. Both 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 Life Insurance without providing Evidence of Insurability for amounts up to the Guaranteed Issue Amount.

Basic Term Life Insurance Plan

The Basic Term Life Insurance Plan is provided automatically by Columbia University at no cost to you. You will automatically receive Basic Term Life Insurance of one times your Annual Benefits Salary, up to \$50,000.

The Basic Term Life Insurance Plan pays a lump sum benefit to your beneficiary in the event of your death while actively employed by Columbia University.

The Plan can also pay a living benefit. If you become terminally ill, you may elect to have the Plan pay out a benefit while you are still living. Any amount you receive will reduce the benefit paid to your beneficiary.

Optional Term Life Insurance Plan

You may elect additional amounts of coverage of one, two, three, four, five or six times your Annual Benefits Salary up to a maximum of \$1,750,000, including your Basic Term Life Insurance coverage amount. The additional amounts of coverage are paid with post-tax dollars.

The benefit will be determined using your Annual Benefits Salary rounded to the next highest \$1,000. You will see your personal monthly premiums on the CU Benefits Enrollment System based on your age. Go to <http://hr.columbia.edu/officers> and click on "CU Benefits Enrollment System" to add or update beneficiaries at any time during your employment.

We encourage you to use the tool, "Determine My Life Insurance Needs," also available on the CU Benefits Enrollment System.

Monthly Cost of Coverage

You pay a monthly premium for each \$1,000 of coverage. Your premium is based on your age as of January 1:

Age	Monthly cost per \$1,000	Age	Monthly cost per \$1,000
Less than 25	0.029	50 to 54	0.139
25 to 29	0.038	55 to 59	0.238
30 to 34	0.048	60 to 64	0.396
35 to 39	0.060	65 to 69	0.635
40 to 44	0.068	70 to 74	0.844
45 to 49	0.089	75 or older	1.091

How to Calculate Your Optional Term Life Monthly Premium Cost

Example: An employee, age 41, with an Annual Benefits Salary of \$40,000, elects Optional Term Life Insurance of 3x salary (\$120,000).

Amount of Optional Term Life Insurance	\$120,000
Divide by 1,000	120
Rate @ age 41, from table (page 34)	x 0.068
Your total monthly premium	= \$ 8.16

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 did not elect Optional Term Life Insurance previously and want to elect this coverage during Benefits Open Enrollment;
- You wish to increase the level of your coverage by more than 1x your salary or beyond the Guaranteed Issue Amount during Benefits Open Enrollment.

If Evidence of Insurability applies to you, the CU Benefits Enrollment System will guide you through what to do next. To obtain Evidence of Insurability forms, go to <http://hr.columbia.edu/officers-term-life-insurance>. The forms can also be printed using the link in the CU Benefits Enrollment System once the election has been made. Send the completed form directly to Cigna.

Dependent Life Insurance

Dependent Life Insurance provides a benefit to you in the case of the death of your spouse, your same-sex domestic partner or your dependent children up to age 26. You pay the full cost of this benefit.

Coverage choices:

- Spouse/Same-Sex Domestic Partner Life Insurance – \$10,000, \$30,000, \$50,000 or \$100,000 of coverage.
Note: You cannot elect Dependent Life Insurance greater than your own total life insurance value.
- Your spouse/same-sex domestic partner must provide Evidence of Insurability if you elect spouse/same-sex domestic partner coverage of \$100,000.
- Child Life Insurance – \$10,000 for each dependent child; you pay one premium rate, regardless of the number of children in your family.

Coverage	\$10,000	\$30,000	\$50,000	\$100,000
Spouse/ Same-Sex Domestic Partner Life Insurance	\$1.50 per month	\$4.50 per month	\$7.50 per month	\$15.00 per month
Child Life Insurance	\$0.50 per month	N/A	N/A	N/A

New Hire Opportunity

As a new hire, take advantage of the one-time opportunity to enroll in Spouse/Same-Sex Domestic Partner Life Insurance up to \$50,000 without having to provide Evidence of Insurability.

Long-Term Care Insurance

Long-Term Care (LTC) Insurance, offered by Genworth Life Insurance Company of New York (Genworth Life), can help you and your family pay some of the costs associated with long-term nursing home or home healthcare services that are not covered by traditional medical insurance or Medicare. As a newly hired Officer, this is your opportunity to enroll in LTC through a streamlined application, if you are under age 66.

LTC Insurance is available to you, your spouse, your domestic partner, your parents/parents-in-law, grandparents/ grandparents-in-law and adult children. You do not need to be enrolled in LTC in order for a family member to apply for this coverage. Once you or a family member are approved for the LTC benefit, coverage is guaranteed as long as the premiums are paid. The cost of LTC coverage depends on the level of coverage you choose and your age when your application is signed. The younger you are when you enroll, the lower your premium.

How LTC Insurance Works

LTC pays part of the daily cost of services designed to help a person perform certain activities of daily living such as bathing, eating and dressing. The covered person will receive reimbursement for covered care expenses up to a percentage of the daily maximum benefit, depending on the type of care he or she receives.

For Example:

- Nursing home or alternative care facility – 100% of daily maximum benefit
- Home healthcare or adult care services – 75% of daily maximum benefit
- Informal care such as light housekeeping or shopping – 25% of daily maximum benefit, up to 30-day annual maximum

You can elect a daily maximum benefit of \$100, \$150, \$200 or \$250.

Evidence of Insurability

Newly hired or newly eligible? Please consider your unique opportunity to elect LTC within 60 days of your date of hire through a streamlined application.

If you are age 18-65, you can apply for LTC with a streamlined application within 60 days of eligibility. If you are age 66 or older, you must provide full Evidence of Insurability (EOI).

All eligible family members applying for LTC must provide full EOI.

All LTC applications must be approved by Genworth Life.

Learn More

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

Tuition Programs

Columbia University offers three tuition benefits programs to support the education of you and your family. Complete policy information is online at <http://hr.columbia.edu/officers-tuition-benefits>. You can review your tuition benefits eligibility by logging in to the CU Benefits Enrollment System and choosing "Tuition Programs, Print Your Eligibility Form."

Tuition Exemption (TE) Benefit for Officers and Their Children

The Tuition Exemption Benefits Program pays tuition cost for your undergraduate and graduate courses at Columbia University, Barnard College and Teachers College. This is not a reimbursement or remission program; your tuition is simply exempt. You are eligible for this benefit after completing two years of regular full-time salaried continuous service.

Once you become eligible, Tuition Exemption will pay 100% of the tuition for a pre-defined number of courses each term when you submit your eligibility form to your school's Student Financial Services office. See the policy for details of your benefits coverage at <http://hr.columbia.edu/officers-tuition-benefits>.

Your children may also be eligible for a 100% Tuition Exemption benefit for undergraduate degrees at Columbia and Barnard College. For Columbia University Officers' children who attend Barnard College, the Tuition Exemption benefit is limited to eight Fall and Spring terms. Officers are eligible for this benefit after completing four years of regular full-time salaried continuous service. Your child must matriculate into their degree program by the end of the month in which they turn age 26.

College Tuition Scholarship (CTS) Benefit for Officers' Children

For eligible dependent children, a College Tuition Scholarship benefit pays 50% of a student's undergraduate tuition at accredited institutions outside of Columbia (up to an annually defined limit) for up to eight semesters. You are eligible for this benefit after completing four years of regular full-time salaried continuous service. Your child must matriculate into their degree program by the end of the month in which they turn age 26.

Primary Tuition Scholarships (PTS) Benefit for Officers' Children

For eligible full-time regular salaried Officers. Both you and your child(ren) must live within the five boroughs of New York City.

The PTS Benefit for K-8 within New York City

The PTS Benefit program pays between 10% and 35% of your child's tuition in grades K-8 at a private school within the five boroughs of New York City, based on eligible family income.

The PTS Benefit for The School at Columbia University

The PTS Benefit pays 50% of your child's tuition for grades K-8 at The School at Columbia University.

Reduced Employee Rate

As a newly hired Officer, if you want to take courses prior to meeting the service requirements, you are eligible for the Reduced Employee Rate, which provides a 35% reduction in tuition costs, at Columbia only.

Retirement Savings Programs

Columbia University's retirement savings program is designed to provide retirement income that will add to your other savings and investments, as well as your Social Security benefits. The program consists of two retirement plans: the Voluntary Retirement Savings Plan (VRSP) and the Officers' Retirement Plan.

Voluntary Retirement Savings Plan (VRSP)

The 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, in whole percentages through convenient payroll contributions. **The most you can contribute to the VRSP for the current year is \$18,000* or, if you are age 50 or over, an additional \$6,000* (annual total of \$24,000*).** This IRS limit applies to **your combined contributions, pre-tax and Roth.** Eligibility begins on your date of hire. You can enroll or make changes to your VRSP at any time during the year.

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 Voluntary Retirement Savings Plan (VRSP) and the Officers' Retirement Plan, including your contributions, investment options, educational information and planning resources, please see the brochure, *Columbia University Retirement Savings Program*, at <http://hr.columbia.edu/officers-vrsp>. Be sure to refer to the appropriate version, either for Officers hired on or after July 1, 2013, or for Officers hired prior to July 1, 2013.

Financial Planning and Retirement Education Resources

Representatives from TIAA and Vanguard visit the University throughout the year to discuss personal financial planning, investment strategies, portfolio reviews and retirement education at no cost to you. These individual counseling sessions are personalized to meet your goals and objectives and your spouse or partner is welcome to attend.

You can register for these sessions by contacting the carriers directly.

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

Retirement planning workshops are offered throughout the year by the Columbia University HR Benefits department. You can view more details and sign up for these workshops through the HR Events Calendar at <http://hr.columbia.edu/events/search>.

Investment Default

If you do not select your investment funds for the VRSP and the Officers' Retirement Plan, your contributions will be invested in the appropriate Qualified Default Investment Alternative (QDIA) with TIAA and Vanguard. You may change your investment fund options at any time. If you do not select an investment carrier, your funds will be invested with Vanguard.

Important: If you are an Officer who is 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.

Make Sure You Are Signed Up

Not sure if you are participating in the VRSP today? The simplest way to check is to look at your payroll statement and look under "Before-Tax Deductions" or "After-Tax Deductions" if you are making Roth contributions.

* IRS limits are subject to change.

Getting the Most Out of Your Benefits

To help you get the most out of your benefits, the University provides a wide variety of wellness programs, tools and resources to assist and support your ongoing health and welfare.

Wellness Resources

There is nothing more important than your health. Wellness programs are about inspiring you to care about your health and to make time in your busy schedule to focus on you. These programs can help you choose the right activities to meet your goals and to stay motivated so that you stay on track. To help you find your path to good health, Columbia University offers wellness resources to help you to eat right, exercise more, stop smoking or just relax.

The following programs are provided at no cost to you if you are enrolled in a Columbia-provided medical plan.

UHC Wellness Portal

Register at www.myuhc.com for the wellness portal, which gives you access to self-care goals, and includes a health assessment, personal health record, online coaching and health and wellness information.

Virtual Visits

Get online access to virtual physicians 24/7 through your mobile phone, tablet or computer. Speak with a physician in real-time to obtain a diagnosis or a prescription drug, if necessary. To learn more about Virtual Visits, go to <http://hr.columbia.edu/virtual-visits>.

NurseLine

This 24/7 toll-free telephone line gives you access to registered nurses who can help you with symptom and condition support, provider referrals, medication information, an audio information library and many more services: **800-232-9357**.

Women's Health Programs

- **Maternity Support Program.** This program helps ensure you and your baby receive the best care from pregnancy through the first few months of the baby's life.
- **Fertility Solutions.** If you are one of the millions of people dealing with infertility, this program can help through education and guidance. Experienced fertility nurses offer 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 these resources, go to <http://hr.columbia.edu/womens-health-programs>.

Live and Work Well

This behavioral health website provides confidential help when coping with grief and loss, managing relationship difficulties and dealing with anxiety, stress and depression. Log in to www.myuhc.com and click on "Coverage & Benefits." Then, select "Mental Health" and "Mental Health and Substance Abuse Highlights" to learn more.

Digital Health Website

You can use this service if you own or want to purchase a fitness tracker (such as a Fitbit). The Rally Digital Health service lets you take a health survey, sign up for health challenges and health missions—and much more.

Employee Assistance Program

The Employee Assistance Program (EAP) is a network of services to help you and your household members cope with issues that you experience in everyday life. The EAP, provided by Humana, also offers short-term confidential counseling, wellness resources and different tools to help you be successful in the workplace. You do not have to be covered by a Columbia University medical plan to take advantage of the EAP. You, and members of your household, can receive assistance with a wide variety of services, including:

- Confidential 24/7 counseling and referral services—
 - Short-term counseling of up to three sessions per topic (e.g., stress, anxiety or relationship issues); and
 - Phones answered by licensed Master's or Ph.D.-level mental health/substance abuse professionals and, if needed, referral to a network of more than 20,000 counselors available nationwide.
- Adult/Elder Care research and referral services.
- Life Coach, a personalized program to help you achieve lifestyle goals. Meet with a coach by phone, email or online chat.
- Convenience Services, research and referrals for every day needs (e.g., travel arrangements, pet care, movers and restaurant recommendations).

Additional online services include: Text4Baby, the Spendless Discount Program and CaringBridge.

For 24/7 free, confidential help and support, call **888-673-1153** or go to www.humana.com/eap (Username: **Columbia**; Password: **eap**).

Free to You

Columbia University assumes all costs for initial assessment and confidential counseling sessions through the EAP for up to three counseling sessions per subject. If additional assistance is necessary, the counselor will give you referrals, taking into account your preferences, medical plan and financial circumstances.

Office of Work/Life Wellness

Columbia University's Office of Work/Life aims to foster the well-being of the Columbia community in their pursuit of meaningful and productive academic, personal and work lives. Work/Life offers a number of wellness services including:

- **Wellness Programs.** Onsite wellness programs are workshops offered each semester:
 - *University-wide* – Walk to Wellness, Mindfulness Training for Stress Reduction, EAT 5 Nutrition and more.
 - *Departments, Schools and Buildings* – Yoga@Work, EAT 5 Nutrition, mindfulness workshops and wellness challenge programs. Additional offerings available upon request.
- **Campus Initiatives.** Work/Life helps deliver healthy and sustainable campus initiatives, including Bicycle Friendly University, Columbia Recommended Food and Beverage Standard and Take the Stairs.
- **Wellness Discounts.** Discounts are available for gym memberships, bicycling and more.

For more information on wellness initiatives and additional Work/Life services, including back-up care, breastfeeding support, housing information and child care and schooling search, visit <http://worklife.columbia.edu>, email worklife@columbia.edu or call **212-854-8019**.

Helpful Resources

The following programs are available to you if you are covered under the Basic Life Insurance Program through Cigna.

Health Advocate

Free 24/7 health advocacy services, available through Cigna, can help faculty and staff—and their spouses, dependent children, parents and parents-in-law—resolve healthcare issues and health insurance challenges.

How a Health Advocate Can Help

- Find the right doctors, hospitals and other healthcare providers.
- Explain complex medical conditions; research and locate the latest treatments.
- Coordinate care and schedule follow-up visits; facilitate second opinions; transfer X-rays and medical records.
- Arrange specialized treatments and tests; answer questions about results, treatment options and prescribed medications.
- Work with insurance companies to clarify benefits including copays; help facilitate access to appropriate care.
- Help locate eldercare services including assisted living and adult day care; address other issues facing parents and parents-in-law.
- Offer personal contact with nurses to support treatment decisions.
- Resolve insurance claims; negotiate billing.

Special Help for Seniors

- Transition retirees to a new health plan.
- Enroll in Medicare; dependents under 65.
- Clarify Medicare Parts A, B, D and supplemental plans.
- Locate eldercare services that fall outside traditional healthcare coverage.
- Assist with the transition from the traditional insurance to Medical HMO.

To learn more about Health Advocate, go to hr.columbia.edu/health-advocate or call **866-799-2725**.

Online Will Preparation Services

Plan for your family's future and financial well-being through Cigna's Will Preparation Services. Cigna's Will Center is secure, easy to use and available to you and your covered spouse seven days a week, 365 days a year. If you have any questions, phone representatives are available to assist you at **800-901-7534**. To get started, go to CIGNAWillCenter.com or to learn more, you can also go to <http://hr.columbia.edu/will-preparation-services>.

Identity Theft Program

Cigna's Identity Theft Program provides resolution services to help you work through critical identity theft issues and gives assistance with credit card fraud and financial and medical identity theft. Receive real-time, one-on-one assistance 24/7, 365 days a year, no matter where you are in the world. The program provides tools and guidance to help with prevention, detection and resolution. To learn more, go to <http://hr.columbia.edu/identity-theft-program>.

Additional UHC Resources

Care Management and Outreach

If you participate in the medical plan options, you are eligible to participate in a care management program. This program will help you and/or your family members become more knowledgeable and active in managing a medical condition. Participation in the program is voluntary and there is no cost to participate. You will receive a call from a UHC representative to discuss your condition, and partner with you on your road to recovery (or managing your condition).

Health4Me

UHC's Health4Me™ app provides instant access to your family's critical health information—anytime and anywhere. Whether you want to find a physician near you, check the status of a claim or speak directly with a healthcare professional, Health4Me is your go-to resource. Key features allow you to check the status of deductible and out-of-pocket spending, as well as locate convenience clinics, urgent care facilities and emergency rooms.

Advocate4Me

The Advocate4Me team is available to help you with medical claims and billing inquiries, as well as general medical and behavioral health benefits questions. For assistance, please call **800-232-9357**.

Notes

Contact Information

Benefit	Provider	Website/Email	Phone
Dental	Aetna Columbia Dental Plan	www.aetna.com Provider Directory: http://hr.columbia.edu/benefits-vendor-contacts	800-773-9326
Employee Assistance Program (EAP)	Humana	www.humana.com/eap Username: Columbia Password: eap	888-673-1153
FSA	UHC	www.myuhc.com	800-232-9357
Health Advocacy	Health Advocate	N/A	866-799-2725
HSA	Optum Bank	www.myuhc.com	800-791-9361
Identity Theft Assistance	Cigna	N/A	888-226-4567 or 202-331-7635 Group #57
Life Insurance	Cigna	www.cigna.com	800-732-1603
Long-Term Care	Genworth	www.genworth.com/columbia	800-416-3624
Long-Term Disability	Cigna	N/A	800 362-4462
Medical	UHC Medical	http://columbia.welcometouhc.com/home Member Services: www.myuhc.com	800-232-9357
	UHC Behavioral Health		
Prescription Drug	OptumRx	www.myuhc.com	800-232-9357
Retirement Plans	The Vanguard Group	http://columbia.vanguard-education.com/ekit/	800-523-1188
	TIAA	www.tiaa.org/columbia	800-842-2252
Transit/Parking	EBPA	http://select.ebpabenefits.com/columbia/ Employer ID #10586	888-456-4576
Travel Assistance (including international)	Cigna Secure Travel	Cigna Assistance Services Policy #FLY980017 Group #57 Cigna Assistance Services can be reached at cigna@gga-usa.com	In the United States and Canada call: 888-226-4567 In other locations worldwide call: 202-331-7635 Note: collect calls accepted
	UnitedHealthcare Global (J-1 Visa Holders Only)	Global Intelligence Center https://members.uhcglobal.com Group #9061 United Healthcare Global Travel Assistance can also be reached at Assistance@uhcglobal.com	In the United States or Canada call: 800-527-0218 In other locations worldwide, call collect 1-410-453-6330
Vision	UHC Vision	www.myuhc.com	800-638-3120
Will Preparation	Cigna	www.CignaWillCenter.com	800-901-7534

Columbia Benefits Contacts

For all benefits-related questions, contact:

Columbia Benefits Service Center

Studebaker 4th Floor, MC 8703

622 West 132nd Street

New York, NY 10027

Phone: (212) 851-7000

Secure fax: (212) 851-7025

Email: hrbenefits@columbia.edu

For updates, forms, Tuition Exemption and information about other HR programs:

Benefits website: <http://hr.columbia.edu/benefits>

HR website: <http://hr.columbia.edu>

