

## 2023 Open Enrollment: October 31 – November 18, 2022

Benefits Effective January 1, 2023

### Columbia University Benefits

As an Officer of Columbia University, you can take advantage of a comprehensive benefits package. We are committed to providing valuable benefits and resources to support your healthcare, financial, and wellness needs.

Now is the time to review your current enrollment, think about changes to your personal situation, and choose the benefits that will best meet your needs in 2023.



### What's New for 2023

#### ENHANCED BENEFITS OFFERINGS

- **Optional vision coverage.** A new optional vision insurance plan which provides enhanced coverage for eye exams, lenses, frames and more. See page 8 for more details.
- **Special enrollment opportunity: life insurance.** Enroll in new optional term life insurance, or increase existing coverage this year without providing Evidence of Insurability. Go to: [humanresources.columbia.edu/content/officers-term-life-insurance](https://humanresources.columbia.edu/content/officers-term-life-insurance).
- **Special enrollment opportunity: long-term disability (LTD).** If you have never enrolled, or were previously denied coverage for LTD, you have a one-time opportunity to elect optional LTD coverage without providing Evidence of Insurability. Go to: [humanresources.columbia.edu/content/officers-disability-insurance](https://humanresources.columbia.edu/content/officers-disability-insurance).
- **Easier access to world-class healthcare.** If you are enrolled in any of the University's medical plans, you will have access to Columbia Community Connect to facilitate access to Columbia Primary Care. Call 844-387-CARE (2273) from 8 a.m. to 5 p.m. Monday-Friday or go to [doctors.columbia.edu](https://doctors.columbia.edu) and search "Primary Care (Columbia Primary Care)."



## What's New for 2023 (continued)

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### LIFE AND FAMILY SUPPORT

- **Lifeworks.** As of December 1, 2022, Lifeworks will be the new Employee Assistance Program (EAP) provider, offering enhanced content, tools and services to support your personal success. Go to: [humanresources.columbia.edu/employee-assistance](https://humanresources.columbia.edu/employee-assistance).
- **Student Debt Solutions.** A new program offering assistance in navigating student loan debt, repayment plans, and federal student loan programs, such as the Public Service Loan Forgiveness (PSLF) program. Go to: [humanresources.columbia.edu/student-debt-solutions](https://humanresources.columbia.edu/student-debt-solutions).
- **Family Building Benefits.** Maven is a new benefit available to all employees and covered dependents enrolled in a Columbia University medical plan. Maven is an all-in-one digital health platform that supports all paths to parenthood. Go to: [humanresources.columbia.edu/build-family](https://humanresources.columbia.edu/build-family).

### ENROLLMENT ENHANCEMENTS

- **Voluntary Benefits.** Enrollment in voluntary benefits is now even easier in CUBES. Learn more about the eight voluntary benefits offered to you at [humanresources.columbia.edu/voluntary-benefits](https://humanresources.columbia.edu/voluntary-benefits).
- **Dodge Fitness Center.** Select a Dodge Fitness Center membership through CUBES and your membership fees will be automatically deducted from your paycheck.

### LEARN MORE

- There are three ways to learn more about Open Enrollment. Attend any or all of the events to learn more about your 2023 benefits offerings.
    - Attend a virtual information session.
    - Attend one or both of the specialized information sessions, one focused on tax savings accounts, and the other on the new family building benefit Maven.
    - Join us in person for a Health Screening or to speak with representatives from Benefits and ColumbiaDoctors.
- See page 5 for dates and times or go to [humanresources.columbia.edu/oe](https://humanresources.columbia.edu/oe) for details.
- New contribution rates. See the 2023 Contribution Rates flyer.

# Log in to CUBES to Enroll

The Columbia University Benefits Enrollment System (CUBES) gives you secure access to personalized information about your benefits. The site is available 24/7, which means you can enroll online anytime from anywhere during the annual benefits Open Enrollment period.

## To get started:

Go to [humanresources.columbia.edu](https://humanresources.columbia.edu) and click the CUBES logo.

Select "Get Started" to make your elections.

Be sure to "Checkout" in order to save and submit your elections.

Log in with your UNI and password; confirm access using multifactor authentication (DUO).

**You must enroll in your 2023 benefits by November 18, 2022.** Remember: The choices you make during Open Enrollment will stay in effect all year—unless you experience a Qualified Life Status Change.

## What Happens if You Don't Enroll?

### You will no longer have coverage for:

- Healthcare FSA
- Dependent Care FSA
- Child Care Benefit
- Health Savings Account

You will also be ineligible to newly enroll in the following Voluntary Benefits:

- Accident Insurance
- Critical Illness Insurance
- Hospital Indemnity Insurance
- Identity Theft Protection
- Universal Life with long-term care insurance

### You will be automatically re-enrolled in your current 2022:

- Medical
- Dental
- Transit/Parking Reimbursement Program (T/PRP)
- Life Insurance (Optional, Spouse and Child)
- Accidental Death and Dismemberment Insurance
- Optional Long-Term Disability
- Voluntary Benefits



## QUESTIONS?

Contact the Columbia Benefits Service Center  
212-851-7000  
[hrbenefits@columbia.edu](mailto:hrbenefits@columbia.edu)

**Open Enrollment hours:**  
Monday through Friday  
9:00 a.m. to 5:00 p.m.



## Important Reminders

### REVIEW BENEFICIARIES

Update your beneficiary information for life insurance (CUBES) and retirement plans (TIAA/Vanguard).

### QUALIFIED LIFE STATUS CHANGE

You can update benefits elections on CUBES if you experience a Qualified Life Status Change event such as marriage or divorce, or birth or adoption of a child. You have 31 days from the eligible event to make updates.

**+** For additional information, including a list of Qualified Life Status Change events, go to [humanresources.columbia.edu/benefits](https://humanresources.columbia.edu/benefits) and click the "Making Changes to Benefits" icon.

### MAKE CATCH-UP CONTRIBUTIONS TO THE VRSP

If you are age 50 or older (or will turn 50 in 2023), you can contribute an additional \$6,500 pre- or post-tax to your Voluntary Retirement Savings Program (VRSP) account, for a total of \$27,000 in 2023.\*

### LEARN ABOUT TAX SAVINGS ACCOUNTS

All tax savings accounts can save you money by setting aside pre-tax dollars from your paycheck to pay for expenses you will incur throughout the year. These include a Transit/Parking Reimbursement Program (T/PRP), Healthcare Flexible Spending Account (HC FSA), Health Savings Account (HSA), and Dependent Care Flexible Spending Account (DC FSA).

2023 Tax Savings Accounts		
	Current IRS limits*	Rollover limit for 2023
T/PRP	\$280/month	No limit
HC FSA	\$2,850/year	\$570
HSA	\$3,850/year (individual) \$7,850/year (family)	No limit
DC FSA	\$5,000/year	\$0

To learn more go to [humanresources.columbia.edu/tax-savings](https://humanresources.columbia.edu/tax-savings).

\* IRS limits are subject to change.

### ABOUT THIS COMMUNICATION

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



## HOW TO CHOOSE A MEDICAL PLAN

When choosing your 2023 medical plan, think about your total costs—what you pay at the time you use healthcare (e.g., your deductible, coinsurance or copay) plus your payroll contributions—then compare the total possible cost of each plan.

Full year's payroll contributions


+ Out-of-pocket maximum

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= Maximum annual cost

## EVALUATE YOUR COSTS - SMARTSELECT

Evaluate the medical plan options available to you and your family using SmartSelect, the comparison tool on CUBES. You can model different health scenarios for yourself and your family, using your prior calendar year's UHC medical claims, to estimate what your annual out-of-pocket costs will be. Decide which plan is right for you and your family.

 Go to [humanresources.columbia.edu/oe](https://humanresources.columbia.edu/oe) for more detailed information on how to choose a plan.

## REFERENCES AND RESOURCES

Go to [humanresources.columbia.edu/benefits](https://humanresources.columbia.edu/benefits) for the Summary Plan Description (SPD) and Summary of Benefits and Coverage (SBC) for each health plan, legal notices, FAQs, Benefits Vendor Contacts, and our Benefits Glossary.



## ATTEND A VIRTUAL INFORMATION SESSION

### Virtual Information Sessions

- Wednesday, October 26, 11:00 a.m. – 12:00 p.m.
- Tuesday, November 1, 4:00 p.m. – 5:00 p.m.
- Tuesday, November 15, 10:00 a.m. – 11:00 a.m.

### Specialized Information Sessions

- **Family Building** (Maven)  
Friday, October 28, 12:00 p.m. – 1:00 p.m.
- **Tax Savings**  
Wednesday, November 9, 12:00 p.m. – 1:00 p.m.

## IN-PERSON HEALTH SCREENINGS

Join us at an in-person event for free health screenings:

- Check your blood pressure, cholesterol and glucose levels, and more. Results available while you wait and certified health professionals on site can help you understand them. You can fast before your appointment to receive additional values of LDL cholesterol and total triglycerides
- ColumbiaDoctors Ophthalmology will be at all three events to provide free eye exams
- At CUIMC event only, ColumbiaDoctors Dermatology will be available to provide free skin screenings
- **Wednesday, November 2**  
8:00 a.m. to 2:00 p.m.  
Lerner Hall Morningside  
2920 Broadway at W. 115th Street
- **Thursday, November 3**  
8:00 a.m. to 2:00 p.m.  
LenFest Manhattanville  
615 W. 129th Street
- **Thursday, November 10**  
8:00 a.m. to 2:00 p.m.  
Columbia University Irving Medical Center  
50 Haven Avenue

Visit [humanresources.columbia.edu/oe](https://humanresources.columbia.edu/oe) to register.



# Comparing Your Medical Plans

Only you can decide which coverage levels are best for you and your family. Below is an overview of the four medical plans, all administered by UnitedHealthcare (UHC), to consider before enrolling.

UHC Medical Plan Comparison Chart								
Benefit	High Deductible Health Plan		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*
<b>Annual Deductible Individual Family</b>	\$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
<b>Coinsurance</b>	90% after deductible	60% after deductible	80% after deductible	60% after deductible	90% after deductible	60% after deductible	100% after deductible	60% after deductible
<b>Out-of-pocket Maximum Individual Family</b>	\$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
<b>Preventive Care</b>	100%	60% after deductible	100%	60% after deductible	100%	60% after deductible	100%	60% after deductible
<b>Physician Office Visits</b> (excludes additional services)	90% after deductible	60% after deductible	\$30 copay	60% after deductible	\$30 copay	60% after deductible	\$30 copay	60% after deductible
<b>Laboratory/Radiology Services, including services rendered in a physician's office</b>	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
<b>Inpatient Hospital Care</b>	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; 100% after the deductible for inpatient professional services	60% after deductible; Precertification required
<b>Outpatient Hospital Care</b>	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)***; 100% after the deductible for hospital professional services	60% after deductible; Precertification required
<b>Mental Health and Substance Abuse—Inpatient care</b>	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
<b>Mental Health and Substance Abuse—Outpatient programs</b>	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 intensive outpatient programs; Precertification required
<b>Mental Health and Substance Abuse—Outpatient counseling</b>	90% after deductible	70% after deductible	\$30 copay	70% after deductible	\$30 copay	70% after deductible	\$30 copay	70% after deductible

\* Eligible Expenses are determined in accordance with the Claims Administrator's reimbursement policy as described in the Summary Plan Description.

\*\* 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. Go to [humanresources.columbia.edu/documents](https://humanresources.columbia.edu/documents) and search "New York-Presbyterian (NYP) Outpatient Laboratory Locations" for the list of locations.

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


## UHC Medical Plan Comparison Chart *(continued)*


Benefit	High Deductible Health Plan		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*
Emergency Room	90% after in-network deductible		\$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 **	<ul style="list-style-type: none"> <li>Preventive care medications follow the Choice Plus plans copay amounts.</li> <li>Non-Preventive care medications are subject to the annual in-network deductible before copay amounts apply.</li> </ul>		Retail (30 days) <ul style="list-style-type: none"> <li>Tier I: \$10 copay</li> <li>Tier II: \$25 copay</li> <li>Tier III: \$45 copay</li> </ul> <ul style="list-style-type: none"> <li>Eligible specialty medications will be processed through PillarRx with a 30% coinsurance, offset by the manufacturer discount. You will be notified in advance if you need to enroll.</li> </ul>		Mail-order (90 days) <ul style="list-style-type: none"> <li>Tier I: \$15 copay</li> <li>Tier II: \$50 copay</li> <li>Tier III: \$90 copay</li> </ul>			

\* Eligible Expenses are determined in accordance with the Claims Administrator's reimbursement policy as described in the Summary Plan Description.

\*\* \$30,000 lifetime maximum for infertility medication.

The Medical Plan Comparison chart represents highlights of Plan provisions. Clinical medical management restrictions and other limits apply.

 Go to [humanresources.columbia.edu](https://humanresources.columbia.edu); click "Forms & Documents"; search "SPD" to view the Summary Plan Descriptions.

 UHC's Choice network is a national provider network and does not require referrals to see specialists. UHC requires precertification for some services; it is your responsibility to confirm that your provider has obtained the necessary authorizations from UHC.



## Dental Coverage

The University offers two comprehensive dental plans, through Aetna.

### COLUMBIA DENTAL PLAN

Under the Aetna Columbia Dental Plan you can go to a broad range of dentists including the national Aetna PPO network and the Columbia Preferred Dental Network. The Columbia Preferred Network gives you access to ColumbiaDoctors Dentistry—some of the country's leaders in oral health care—and provides comprehensive care across all specialties. This plan network was uniquely designed to support a broad range of dental needs of Columbia University faculty and staff and has added benefits, such as higher annual maximum care allotments when receiving services with in-network providers. Under this plan you may also see an out-of-network dentist, although your cost may be significantly higher.

### DENTAL MAINTENANCE ORGANIZATION

Under the Aetna Dental Maintenance Organization (DMO), you choose one primary care dentist in advance from a select group of Aetna in-network providers able to offer lower rates. Please confirm your current dentist is in the DMO network prior to enrolling. Columbia Dentistry does not participate in the DMO network, nor is the DMO available outside the U.S. and in some states.

 For a list of participating dentists, go to [humanresources.columbia.edu/benefits-vendor-contacts](https://humanresources.columbia.edu/benefits-vendor-contacts). For more information, go to [humanresources.columbia.edu/officers-dental](https://humanresources.columbia.edu/officers-dental).



## Vision Coverage

All Officers and their covered dependents enrolled in any of the University's medical plans are covered by a basic vision benefit through UnitedHealthcare (UHC). This embedded plan provides coverage for eye exams, corrective lenses, frames and contact lenses.

### OPTIONAL VISION PLAN

For enhanced vision benefits, Officers can elect to purchase optional UHC vision coverage in place of the basic vision coverage for themselves and their covered dependents. You do not have to be enrolled in a medical plan to purchase this coverage. See contributions insert for monthly rates.

Vision Plan Comparison Chart				
Benefit	UHC Basic Vision Coverage		UHC Optional Vision Plan	
	High Deductible Health Plan	Choice Plus Plans	In-Network Coverage	Out-of-Network Coverage
	Benefits apply both In-Network and Out-of-Network			
<b>Routine Eye Exams</b>	<p><b>Adults:</b> One exam every 12 months; plan pays 90% after in-network deductible, no copay</p> <p><b>Child(ren):*</b> One exam every 12 months; plan pays 90% after in-network deductible, no copay</p>	<p><b>Adults:</b> One exam every 12 months with a \$10 copay</p> <p><b>Child(ren):*</b> One exam every 12 months with a \$10 copay</p>	<p><b>Adults:</b> One exam every 12 months with a \$10 copay. For pregnant/breastfeeding women and individuals with diabetes, two exams every 12 months with a \$10 copay</p> <p><b>Child(ren):*</b> One exam every 12 months plus one additional exam ages (0-12) with a \$10 copay</p>	<p><b>Adults:</b> One exam every 12 months, plan pays up to \$40. For pregnant/breastfeeding women and individuals with diabetes, two exams every 12 months, plan pays up to \$40 per exam</p> <p><b>Child(ren):*</b> One exam every 12 months plus one additional exam ages (0-12); plan pays up to \$40 per exam</p>
<b>Lenses</b>	<p><b>Adults:</b> \$100 allowance every 12 months (combined for lenses, frames and contact lenses)</p> <p><b>Child(ren):*</b> 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 (for spectacle or contact lenses only)</p>	<p><b>Adults:**</b> Every 24 months, \$20 allowance for single lenses, \$30 for bifocal, \$40 for trifocal or \$75 for lenticular</p> <p><b>Child(ren):*</b> Lenses covered in full every 12 months. More frequently if medically necessary</p>	<p><b>Adults:</b> Plan pays 100% every 12 months for single vision, lined bifocal, lined trifocal, or lenticular, including standard scratch coating. Additional costs apply for progressive lenses</p> <p><b>Child(ren):*</b> Plan pays 100% every 12 months for polycarbonate lenses, including standard scratch coating. Replacement frames available if prescription change of 0.5 diopter or more</p>	<p><b>Adults and Child(ren):*</b> Every 12 months, up to \$40 allowance for single lenses, up to \$60 for lined bifocal, up to \$80 for lined trifocal or up to \$80 for lenticular</p>
<b>Frames</b>		<p><b>Adults:**</b> \$30 allowance every 24 months</p> <p><b>Child(ren):*</b> Up to \$100 every 12 months. Cost above \$100 covered at 60%</p>	<p><b>Adults and Child(ren):*</b> \$130 allowance every 12 months. Cost above \$130 may be covered at 30% at participating providers***</p>	<p><b>Adults and Child(ren):*</b> Up to \$45 allowance every 12 months</p>
<b>Contact Lenses</b>		<p><b>Adults:**</b> \$75 allowance every 24 months</p> <p><b>Child(ren):*</b> Single purchase of a pair of contact lenses or 1 box of contact lenses per eye covered at 100% every 12 months</p>	<p><b>Adults and Child(ren):*</b> Up to 4 boxes for covered formulary contacts, including the fitting/evaluation fees and up to 2 follow-up visits covered in full. \$130 allowance for non-formulary contacts, 100% for medically necessary contacts</p>	<p><b>Adults and Child(ren):*</b> \$130 allowance for elective contacts, up to \$210 allowance for medically necessary contacts</p>
<b>Laser Vision Discount</b>	N/A		Access to discounted laser vision correction through QualSight LASIK; savings of up to 35% of national average price	

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

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

\*\*\* 30% discount available at most participating provider locations (in network)—may exclude certain frame manufacturers.

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

 To search for a vision provider, log in to [myuhc.com](http://myuhc.com); click "Coverage & Benefits", "Vision", then "Vision benefit highlights". You will be taken to the UHC Vision website. Click "Find a Provider" to search.





## Cost of Coverage

Contributions are the amount you pay toward the cost of medical (includes prescription drugs and basic vision), dental, and optional vision coverage through pre-tax payroll deductions.

<b>2023 Monthly Medical Contributions for Full-Time Officers</b>				
<b>Salary Tier</b>	<b>Yourself Only</b>	<b>Yourself &amp; Child(ren)</b>	<b>Yourself &amp; Spouse</b>	<b>Family</b>
<b>\$0 - \$44,999</b>				
High Deductible Health Plan	\$9	\$14	\$27	\$30
Choice Plus 80	\$27	\$46	\$83	\$101
Choice Plus 90	\$37	\$62	\$118	\$147
Choice Plus 100	\$102	\$184	\$285	\$365
<b>\$45,000 - \$59,999</b>				
High Deductible Health Plan	\$27	\$47	\$87	\$107
Choice Plus 80	\$77	\$141	\$248	\$313
Choice Plus 90	\$119	\$220	\$365	\$466
Choice Plus 100	\$288	\$515	\$802	\$1,026
<b>\$60,000 - \$79,999</b>				
High Deductible Health Plan	\$43	\$80	\$148	\$183
Choice Plus 80	\$104	\$193	\$301	\$391
Choice Plus 90	\$156	\$292	\$424	\$548
Choice Plus 100	\$376	\$675	\$1,050	\$1,347
<b>\$80,000 - \$134,999</b>				
High Deductible Health Plan	\$60	\$112	\$211	\$262
Choice Plus 80	\$136	\$252	\$365	\$483
Choice Plus 90	\$187	\$352	\$494	\$639
Choice Plus 100	\$432	\$774	\$1,202	\$1,548
<b>\$135,000 - \$174,999</b>				
High Deductible Health Plan	\$90	\$170	\$271	\$351
Choice Plus 80	\$151	\$280	\$441	\$567
Choice Plus 90	\$218	\$410	\$550	\$728
Choice Plus 100	\$467	\$836	\$1,300	\$1,669
<b>\$175,000 - \$224,999</b>				
High Deductible Health Plan	\$141	\$262	\$369	\$493
Choice Plus 80	\$213	\$404	\$524	\$712
Choice Plus 90	\$266	\$503	\$693	\$872
Choice Plus 100	\$615	\$1,102	\$1,712	\$2,200
<b>\$225,000 - \$299,999</b>				
High Deductible Health Plan	\$187	\$355	\$465	\$631
Choice Plus 80	\$260	\$494	\$618	\$851
Choice Plus 90	\$313	\$592	\$814	\$1,015
Choice Plus 100	\$655	\$1,176	\$1,826	\$2,347

Continued on back

**2023 Monthly Medical Contributions for Full-Time Officers (continued)**

Salary Tier	Yourself Only	Yourself & Child(ren)	Yourself & Spouse	Family
<b>\$300,000+</b>				
High Deductible Health Plan	\$238	\$449	\$565	\$777
Choice Plus 80	\$311	\$588	\$718	\$995
Choice Plus 90	\$362	\$687	\$954	\$1,177
Choice Plus 100	\$672	\$1,207	\$1,877	\$2,411

Your pre-tax contributions are based on the plan you select, which depends on you cover, and your Annual Benefits Salary, calculated as of July 1. Annual Benefits Salary 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, excluding any housing allowance.

**2023 Monthly Medical Contributions for Part-Time Officers**

	Yourself Only	Yourself & Child(ren)	Yourself & Spouse	Family
High Deductible Health Plan	\$235	\$447	\$494	\$705
Choice Plus 80	\$254	\$482	\$533	\$761
Choice Plus 90	\$267	\$508	\$561	\$801
Choice Plus 100	\$294	\$558	\$617	\$881

**2023 Monthly Dental Contributions for Officers**

	Yourself	You Plus One	Family
<b>Full-Time Officers</b>			
Aetna Columbia Dental Plan	\$30.00	\$74.00	\$118.00
Aetna DMO	\$11.68	\$33.29	\$33.29
<b>Part-Time Officers</b>			
Aetna Columbia Dental Plan	\$45.00	\$90.00	\$135.00
Aetna DMO	\$11.91	\$33.96	\$33.96

**2023 Monthly Contributions for Optional UHC Vision for Officers**

	Yourself Only	Yourself & Child(ren)	Yourself & Spouse	Family
Full-Time and Part-Time Officers	\$5.23	\$12.11	\$9.69	\$16.96