

2023 Open Enrollment: October 31 – November 18, 2022

Benefits Effective January 1, 2023

Columbia University Benefits

As a Postdoctoral Fellow at Columbia University, you can take advantage of medical, dental, vision, and life insurance benefits. 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 6 for more details.
- **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 and search "Primary Care (Columbia Primary Care)."

Continued on page 2



QUESTIONS?

Contact the Columbia Benefits Service Center
212-851-7000
hrbenefits@columbia.edu

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



What's New for 2023 (continued)

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.
- **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.
- **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.

LEARN MORE

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.
Irving Medical Center
50 Haven Avenue

Visit humanresources.columbia.edu/oe to register.

NEW CONTRIBUTION RATES

- 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 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.



Important Reminders

CHOOSE YOUR COVERAGE

Elections or changes made during annual benefits Open Enrollment will be effective on January 1, 2023, and will be in effect for the 2023 calendar year. **If you do not enroll between October 31 – November 18, 2022, you must wait until next year's Open Enrollment to enroll or make changes to your benefits**—unless you experience a Qualified Life Status Change.

CHILD CARE BENEFIT

Eligible Postdoctoral Fellows may receive up to a \$4,000 contribution from the University to a Dependent Care Flexible Spending Account (DC FSA).

Eligible Fellows must have an annual benefits salary less than \$135,000, and have a dependent child under the age of six 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. Child Care Benefit contributions are considered imputed income.


 For more information, go to humanresources.columbia.edu/pd-child-care.

TAKE ADVANTAGE OF THE EAP

The Employee Assistance Program (EAP) is a network of services to help you and your household members cope with issues experienced in everyday life. Administered by Lifeworks (beginning 12/1/2022), EAP services include short-term counseling, wellness resources and a variety of tools to help you in and outside the workplace.

QUALIFIED LIFE STATUS CHANGES

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

 For more information, including a list of Qualified Life Status Change events, go to humanresources.columbia.edu/benefits and click the "Making Changes to Benefits" icon.

TERM LIFE INSURANCE

The Basic Term Life Insurance Plan of \$50,000 is automatically provided by the University at no cost to you. You should designate a beneficiary for this policy if you have not done so already.

EMERGENCY TRAVEL ASSISTANCE

Get help during travel emergencies in the U.S. and abroad. Services include confirming visa information, referrals to doctors, and emergency medical evacuation to an adequate facility. Personal assistance, travel assistance and security assistance is also offered.

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



Your Medical Plan

Below is an overview of the University-provided medical plan, administered by UnitedHealthcare (UHC).

Medical Plan Summary		
Benefit	Choice Plus 80	
	In-Network	Out-of-Network*
Annual Deductible Individual Family	\$500 per person	\$850 per person
Coinsurance	80% after deductible	60% after deductible
Out-of-pocket Maximum Individual Family	\$3,750 \$7,500	\$5,250 \$10,500
Preventive Care	100%	60% after deductible
Physician Office Visits, including specialists (Additional services may have additional charges)	\$30 copay	60% after deductible
Laboratory/Radiology Services, including services rendered in a physician's office	80% after deductible	60% after deductible
Inpatient Hospital Care	80% after deductible	60% after deductible; Precertification required
Outpatient Hospital Care	80% after deductible	60% after deductible; Precertification required
Mental Health and Substance Abuse—Inpatient care	80% after deductible	60% after deductible; Precertification required
Mental Health and Substance Abuse—Outpatient programs	\$30 copay	70% after deductible for facility-based care including intensive outpatient programs; Precertification required
Mental Health and Substance Abuse—Outpatient counseling	\$30 copay	70% after deductible
Emergency Room	\$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**	Retail (30 days) <ul style="list-style-type: none"> • Tier I: \$10 copay • Tier II: \$25 copay • Tier III: \$45 copay 	Mail-order (90 days) <ul style="list-style-type: none"> • Tier I: \$15 copay • Tier II: \$50 copay • Tier III: \$90 copay
	<ul style="list-style-type: none"> • 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. 	

* 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.

In the Choice Plus 80 plan, 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 eligible expenses accumulate toward the in-network out-of-pocket maximum.

⚠ Important: 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.



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. For more information, go to humanresources.columbia.edu/pd-fellows-dental.

Dental Plan Comparison Chart				
Benefit	Aetna Columbia Dental Plan			Aetna DMO Plan*
	Aetna Dental Network	Columbia Preferred Dental Network	Out-of-Network**	Aetna DMO Network
Preventive Care	100%	100%	100%	100%
Basic Restorative Care	80%	100%	80%	100%
Major Restorative Care	50%	60%	50%	60%
Orthodontia	50%	50%	50%	\$2,400 member copay applies per lifetime, plan pays remainder
Orthodontic Lifetime Maximum (per person)	\$1,250	\$1,500	\$1,250	24 months of comprehensive orthodontic treatment, plus 24 months of retention
Annual Deductible (per person)	\$25	None	\$25	None
Annual Maximum Benefit (per person)	\$1,250	\$1,500	\$1,250	None

* The Aetna DMO plan requires that you select a primary care dentist from the list of providers in the Aetna DMO network.

** The percentage paid by Aetna Dental is limited to network-negotiated fees. If you use an out-of-network dentist, reimbursement will be based on network fees.

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. 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.



Vision Coverage

All Postdoctoral Fellows 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, Postdoctoral Fellows 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	
	Choice Plus 80		In-Network Coverage	Out-of-Network Coverage
	Benefits apply both In-Network and Out-of-Network			
Routine Eye Exams	Adults: One exam every 12 months with a \$10 copay Child(ren):* One exam every 12 months with a \$10 copay		Adults: 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 Child(ren):* One exam every 12 months plus one additional exam ages 0-12; with a \$10 copay	Adults: 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 Child(ren):* One exam every 12 months plus one additional exam ages 0-12; plan pays up to \$40 per exam
Lenses	Adults:** Every 24 months, \$20 allowance for single lenses, \$30 for bifocal, \$40 for trifocal or \$75 for lenticular Child(ren):* Lenses covered in full every 12 months. More frequently if medically necessary		Adults: 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 Child(ren):* Plan pays 100% every 12 months for polycarbonate lenses, including standard scratch coating. Replacement frames available if prescription change of 0.5 dipter or more	Adults and Child(ren):* 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
Frames	Adults:** \$30 allowance every 24 months Child(ren):* Up to \$100 every 12 months. Cost above \$100 covered at 60%		Adults and Child(ren):* \$130 allowance every 12 months. Cost above \$130 may be covered at 30% at participating providers***	Adults and Child(ren):* Up to \$45 allowance every 12 months
Contact Lenses	Adults:** \$75 allowance every 24 months Child(ren):* Single purchase of a pair of contact lenses or 1 box of contact lenses per eye covered at 100% every 12 months		Adults and Child(ren):* 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	Adults and Child(ren):* \$130 allowance for elective contacts, up to \$210 allowance for medically necessary contacts
Laser Vision Discount	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; 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.



2023 Monthly Contributions for Medical, Basic Vision & Rx

	Yourself Only	Yourself & Child(ren)	Yourself & Spouse	Family
Choice Plus 80	\$49	\$49	\$49	\$49



2023 Monthly Contributions for Aetna Dental

	Yourself	You Plus One	Family
Aetna Columbia Dental Plan	\$45.00	\$90.00	\$135.00
Aetna DMO Plan	\$11.91	\$33.96	\$33.96



2023 Monthly Contributions for Optional UHC Vision

	Yourself Only	Yourself & Child(ren)	Yourself & Spouse	Family
Optional UHC Vision	\$5.23	\$12.11	\$9.69	\$16.96

BILLING INFORMATION

After you enroll, EBPA, our third party billing administrator, will send billing statements (also called coupons) for your medical contributions and contributions for dental and/or optional vision to your home mailing address. You are responsible for remitting payment to EBPA promptly, as instructed on the coupons. If payment is not received by the stated deadline, insurance coverage will be canceled for non-payment.

Note: Your medical, embedded basic vision and prescription drug contribution is \$49 per month, with your fellowship allowance or training grant expense account and departmental or other unrestricted funds available to the Principal Investigator (PI) covering the remainder of the monthly cost (\$1,530). Up to 75% of your fellowship or training grant may be used by your department or PI to pay for the departmental/PI share of the costs. Contributions made by your department, fellowship allowance or training grant for your medical, dental, optional vision, and/or child care benefit are treated as taxable income for you.

REFERENCES AND RESOURCES

Go to 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.

