

# Columbia University Benefits

2024 Open Enrollment:  
October 30 – November 17, 2023

Benefits Effective January 1, 2024



**You must enroll in your 2024 benefits by November 17, 2023.**

Columbia University cares about you and your family. That's why your comprehensive benefits package includes resources to help you take charge of your overall well-being.

Before Open Enrollment, take some time to review your options so you can choose your 2024 benefits with confidence.

## WHAT'S NEW FOR 2024



For more information, visit [humanresources.columbia.edu/oe-1199east](https://humanresources.columbia.edu/oe-1199east)

- **New legal services with MetLife.** Access to expert legal help so you can navigate life's big moments confidently. To learn more, attend the virtual information session or Benefits Expos. See page 2.
- **Voluntary benefits with MetLife.** Obtain critical illness, accident and hospital indemnity insurance with MetLife. Current policyholders will automatically be enrolled with MetLife January 1, 2024.
- **One Pass.** With One Pass, you have the flexibility to try different gyms and fitness classes to find something you love. You can also enjoy grocery and home essentials delivery.
- **Introducing Maven Milk.** A reliable solution that makes it possible for new parents to continue breastfeeding while they return to work.



## LEARN MORE

### Attend a Virtual Information Session

#### Virtual Information Sessions

- Thursday, October 26 4 p.m. – 5 p.m.
- Monday, October 30 11 a.m. – 12 p.m.
- Wednesday, November 15 1 p.m. – 2 p.m.

### Benefits Expos & Health Screenings

Join us for free, in-person events:

- Check your blood pressure, cholesterol, glucose levels and more. For accurate screenings results, fasting is recommended but not required.
- Speak with representatives from Columbia Benefits, ColumbiaDoctors and select benefits vendor partners.
- Free, walk-in flu vaccines available at Morningside and Manhattanville events.
- Ergonomic assessments to evaluate how you interact with your work environment.

#### Specialized Information Sessions

- **MetLife Legal Services**  
Thursday, October 26 2 p.m. – 3 p.m.
- **Optional Vision Plan**  
Wednesday, November 8 12 p.m. – 1 p.m.

#### Wednesday, November 1

8 a.m. to 2 p.m.  
Lerner Hall (Morningside campus)  
2920 Broadway at W. 115th Street

#### Thursday, November 2

8 a.m. to 2 p.m.  
LenFest (Manhattanville campus)  
615 W. 129th Street

#### Thursday, November 9

8 a.m. to 2 p.m.  
Columbia University Irving Medical Center  
50 Haven Avenue

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





## 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:



- 1 Go to [humanresources.columbia.edu](https://humanresources.columbia.edu) and click the CUBES logo.
- 2 Select "Get Started" to make your elections.
- 3 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 2024 benefits by November 17, 2023.



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 Flexible Spending Account
- Dependent Care Flexible Spending Account
- Child Care Benefit

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

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

### ✓ You will be automatically re-enrolled in your current 2023:

- Medical
- Dental
- Optional Vision
- Transit/Parking Reimbursement Program (T/PRP)
- Life and Accidental Death and Dismemberment Insurance
- 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 a.m. to 5 p.m.

# Your Medical Plan



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

## MEDICAL PLAN SUMMARY

Benefit	Choice In-Network	
	In-Network	Out-of-Network*
<b>Annual Deductible</b>		
Individual	\$0 per person	N/A
Family		
<b>Coinsurance</b>	100% after deductible	N/A
<b>Out-of-Pocket Maximum</b>		N/A
Individual	\$3,500	
Family	\$7,000	
<b>Preventive Care</b>	100%	N/A
<b>Physician Office Visits, including specialists</b> (excludes additional services)	\$30 copay	N/A
<b>Laboratory/Radiology Services, including services rendered in a physician's office</b>	\$150 copay if hospital** 100% after deductible if non-hospital location	N/A
<b>Inpatient Hospital Care</b>	\$500 copay per admission 100% after deductible for Inpatient Professional Services	N/A
<b>Outpatient Hospital Care</b>	\$150 copay (including lab and radiology)** 100% after the deductible for hospital professional services	N/A
<b>Mental Health and Substance Abuse—Inpatient care</b>	\$500 copay per admission	N/A
<b>Mental Health and Substance Abuse—Outpatient programs</b>	\$30 copay	N/A
<b>Mental Health and Substance Abuse—Outpatient counseling</b>	\$30 copay	N/A
<b>Emergency Room</b>	\$150 copay (waived if admitted)	
<b>Basic and Comprehensive Infertility Treatment</b>	Unlimited benefit for diagnosis and basic medical treatment, including artificial insemination	N/A
<b>Advanced Infertility Treatment</b>	\$30,000 lifetime maximum for advanced treatments and Assisted Reproductive Technology including IVF, GIFT and ZIFT	N/A
<b>Prescription Drug coverage with Optum Rx**</b>	<div> Retail (30 days) <div> Tier I: \$10 copay Tier II: \$25 copay Tier III: \$45 copay </div> </div> <div> Mail-order (90 days) <div> Tier I: \$15 copay Tier II: \$50 copay Tier III: \$90 copay </div> </div> <div> • 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. </div>	N/A

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

\*\* 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.

\*\*\* \$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.



## 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.

### PURSUE YOUR RETIREMENT GOALS

Retirement education is available all year. TIAA and Vanguard counselors provide one-on-one consultations, and Columbia also hosts regular retirement planning workshops focused on financial well-being. For dates and times, visit [humanresources.columbia.edu/events](https://humanresources.columbia.edu/events).

### 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), and Dependent Care Flexible Spending Account (DC FSA).

### 2024 TAX SAVINGS ACCOUNTS

	Current IRS limits*	Rollover limit for 2024
Transit/Parking Reimbursement Program	\$300/month	No limit
Healthcare Flexible Spending Account	\$3,050/year	\$610
Dependent Care Flexible Spending Account	\$5,000/year	\$0

\* IRS limits are subject to change.

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



## Dental Coverage

### EMBLEMHEALTH PREFERRED DENTAL BENEFITS PLAN A

EmblemHealth Preferred Dental Benefits Plan A covers preventive, basic and major services. You may choose to use a participating EmblemHealth Preferred Program dentist or go to a nonparticipating dentist. When you receive care from a nonparticipating dentist, you pay the provider up front, and then file a claim for reimbursement. You'll be reimbursed up to the allowance on the EmblemHealth Dental fee schedule for covered services, which is available from EmblemHealth. If you use a participating dentist, no forms are required.

- ✚ For EmblemHealth dentists, go to [emblemhealth.com/find-a-doctor/directory](https://emblemhealth.com/find-a-doctor/directory) and select "Dental Preferred" from the menu. For more information, call EmblemHealth: 212-501-4443.

### 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.



## Vision Coverage

Members and their covered dependents who participate in the University's medical plan are also 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, members 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 In-Network		
	In-Network Only	In-Network Coverage	Out-of-Network Coverage
<b>Routine Eye Exams</b>	<b>Adults:</b> One exam every 12 months with a \$10 copay <b>Child(ren):*</b> One exam every 12 months with a \$10 copay	<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 <b>Child(ren):*</b> One exam every 12 months plus one additional exam ages 0-12; with a \$10 copay	<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 <b>Child(ren):*</b> One exam every 12 months plus one additional exam ages 0-12; plan pays up to \$40 per exam
<b>Lenses</b>	<b>Adults:**</b> Every 24 months, \$20 allowance for single lenses, \$30 for bifocal, \$40 for trifocal or \$75 for lenticular <b>Child(ren):*</b> Lenses covered in full every 12 months. More frequently if medically necessary	<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 <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	<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
<b>Frames</b>	<b>Adults:**</b> \$30 allowance every 24 months <b>Child(ren):*</b> Up to \$100 every 12 months. Cost above \$100 covered at 60%	<b>Adults and Child(ren):*</b> \$130 allowance every 12 months. Cost above \$130 may be covered at 30% at participating providers***	<b>Adults and Child(ren):*</b> Up to \$45 allowance every 12 months
<b>Contact Lenses</b>	<b>Adults:**</b> \$75 allowance every 24 months <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. Up to \$100 maximum out-of-network allowance <b>Adults and Child(ren):*</b> Medically necessary contact lenses covered at 100% every 12 months	<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	<b>Adults and Child(ren):*</b> \$130 allowance for elective contacts, up to \$210 allowance for medically necessary contacts
<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.

✚ To search for a vision provider, log in to [myuhc.com](https://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.

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

## 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 pretax payroll deductions.

### 2024 MONTHLY PRE-TAX CONTRIBUTIONS FOR MEDICAL, BASIC VISION & RX

	Yourself Only	Yourself & Child(ren)	Yourself & Spouse	Family
<b>Full-Time</b>				
Choice In-Network	\$0	\$0	\$0	\$0
<b>Part-Time</b>				
Choice In-Network	\$482	\$915	\$1,012	\$1,445

### 2024 MONTHLY PRE-TAX CONTRIBUTIONS FOR EMBLEMHEALTH DENTAL\*

	Yourself	Family*
Full-Time	\$0	\$0

\* Part-Time 1199 East members are not eligible for dental coverage.

\*\* Dependent children can only be covered under EmblemHealth Dental through the end of the calendar year in which they turn 19.

### 2024 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

## 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.