

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-officers

- **Aetna Dental PPO new maximum.** Annual maximums will increase for dental services and new lifetime maximums will increase for orthodontia.
- **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 5.
- **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.
- **Increases to HDHP deductible and out-of-pocket maximums.** The 2024 HDHP deductible and out-of-pocket maximums are changing due to IRS regulations. HDHP members will receive new UHC ID cards. Those who elected paperless will receive a digital ID card. See page 6 for more information.



WHAT'S NEW FOR 2024 (continued)

- **Introducing Maven Milk.** A reliable solution that makes it possible for new parents to continue breastfeeding while they travel for University business.
- **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.
- **EBPA Tuition Scholarship Tracking Portal.** Register with EBPA to track the status of your Primary Tuition Scholarship or College Tuition Scholarship applications and benefit payments details.

LEARN MORE

- There are three ways to learn more about Open Enrollment. Attend any or all of the events to learn more about your 2024 benefits offerings.
 - Attend a virtual information session.
 - Attend one or both of the specialized information sessions, one focused on Vision Benefits, and the other on MetLife's Legal Services.
 - Join us for Benefits Expos and Health Screenings. Speak with representatives from Columbia Benefits, ColumbiaDoctors and select benefits vendor partners.

See page 5 for dates and times or go to humanresources.columbia.edu/oe for details on Benefits, Retirement, Tuition Programs and Columbia's Vendor Partners.

- **New contribution rates.** See the 2024 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:



- 1 Go to 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
- Health Savings Account

✗ You will also be ineligible to newly enroll in the following benefits:

- Accident Insurance
- Critical Illness Insurance
- Hospital Indemnity Insurance
- Identity Theft Protection
- Legal Services with MetLife
- 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 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 | hrrbenefits@columbia.edu

Open Enrollment hours:

Monday through Friday
9 a.m. to 5 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 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.

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).

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
Health Savings Account	\$4,150/year (individual) \$8,300/year (family)	No limit
Dependent Care Flexible Spending Account	\$5,000/year	\$0

To learn more go to humanresources.columbia.edu/tax-savings.

* IRS limits are subject to change.

HOW TO CHOOSE A MEDICAL PLAN

When choosing your 2024 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.

$$\begin{array}{r} \text{Full year's payroll contributions} \\ + \text{ Out-of-pocket maximum} \\ \hline = \text{Maximum annual cost} \end{array}$$



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 for more detailed information on how to choose a plan.

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.



ATTEND A VIRTUAL INFORMATION SESSION

Virtual Information Sessions

- Wednesday, October 25 11 a.m. – 12 p.m.
- Monday, October 30 4 p.m. – 5 p.m.
- Wednesday, November 15 10 a.m. – 11 a.m.

Specialized Information Sessions

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

- **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 to register.

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.

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*
Annual Deductible Individual Family	\$1,600 \$3,200	\$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	\$3,650 \$7,300	\$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%	60% after deductible	100%	60% after deductible	100%	60% after deductible	100%	60% after deductible
Physician Office Visits (excludes additional services)	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; 100% after the deductible for inpatient professional services	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)***; 100% after the deductible for hospital professional services	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 intensive outpatient programs; Precertification required
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

* 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 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">Preventive care medications follow the Choice Plus plans copay amounts.Non-Preventive care medications are subject to the annual in-network deductible before copay amounts apply.		<div>Retail (30 days)<ul style="list-style-type: none">Tier I: \$10 copayTier II: \$25 copayTier III: \$45 copay</div> <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.		<div>Mail-order (90 days)<ul style="list-style-type: none">Tier I: \$15 copayTier II: \$50 copayTier III: \$90 copay</div>			

* 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; 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/directory. For more information, go to 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.

If you use an out-of-network service, you will be required to pay in full at the time of service, then submit a claim for reimbursement to UHC.

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			
Routine Eye Exams	Adults: One exam every 12 months; plan pays 90% after in-network deductible, no copay Child(ren):* One exam every 12 months; plan pays 90% after in-network deductible, no copay	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	<div><div></div><div>↑</div></div> Adults: \$100 allowance every 12 months (combined for lenses, frames and contact lenses) Child(ren):* One pair of eyeglasses (lenses and frames) OR one pair of contact lenses from Essential Health Benefits (EHB) Formulary List (or a 12-month supply) every 12 months with a \$75 copay. More frequently if medically necessary (for spectacle or contact lenses only)	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 diopter 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	OR one pair of contact lenses from Essential Health Benefits (EHB) Formulary List (or a 12-month supply) every 12 months with a \$75 copay. More frequently if medically necessary (for spectacle or contact lenses only)	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	<div><div></div><div>↓</div></div> Child(ren): \$75 copay; up to \$100 maximum out-of-network allowance Adults and Child(ren):* Medically necessary contact lenses covered at 100% every 12 months	Adults:** \$75 allowance every 24 months Child(ren):* Single purchase of a pair of contact lenses or 1 box of contact lenses from Essential Health Benefits (EHB) Formulary List per eye covered at 100% every 12 months Child(ren): Up to \$100 maximum out-of-network allowance Adults and Child(ren):* Medically necessary contact lenses 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 through pretax payroll deductions.

2024 MONTHLY MEDICAL CONTRIBUTIONS FOR FULL-TIME OFFICERS

Salary Tier	Yourself Only	Yourself & Child(ren)	Yourself & Spouse	Family
\$0-\$49,999				
High Deductible Health Plan	\$10	\$16	\$30	\$33
Choice Plus 80	\$30	\$50	\$90	\$109
Choice Plus 90	\$40	\$67	\$128	\$159
Choice Plus 100	\$106	\$192	\$297	\$380
\$50,000-\$59,999				
High Deductible Health Plan	\$30	\$51	\$94	\$116
Choice Plus 80	\$84	\$152	\$268	\$338
Choice Plus 90	\$129	\$238	\$394	\$503
Choice Plus 100	\$300	\$536	\$834	\$1,067
\$60,000-\$79,999				
High Deductible Health Plan	\$47	\$87	\$161	\$199
Choice Plus 80	\$113	\$210	\$326	\$424
Choice Plus 90	\$169	\$317	\$460	\$594
Choice Plus 100	\$393	\$705	\$1,097	\$1,407
\$80,000-\$134,999				
High Deductible Health Plan	\$65	\$122	\$229	\$284
Choice Plus 80	\$148	\$273	\$396	\$524
Choice Plus 90	\$203	\$382	\$536	\$693
Choice Plus 100	\$452	\$809	\$1,255	\$1,617
\$135,000-\$174,999				
High Deductible Health Plan	\$98	\$185	\$294	\$381
Choice Plus 80	\$164	\$304	\$478	\$615
Choice Plus 90	\$237	\$445	\$596	\$789
Choice Plus 100	\$488	\$873	\$1,358	\$1,743
\$175,000-\$224,999				
High Deductible Health Plan	\$153	\$284	\$400	\$534
Choice Plus 80	\$231	\$438	\$568	\$772
Choice Plus 90	\$289	\$545	\$751	\$945
Choice Plus 100	\$643	\$1,151	\$1,788	\$2,297

2024 MONTHLY MEDICAL CONTRIBUTIONS FOR FULL-TIME OFFICERS (CONTINUED)

Salary Tier	Yourself Only	Yourself & Child(ren)	Yourself & Spouse	Family
\$225,000-\$299,999				
High Deductible Health Plan	\$202	\$383	\$502	\$681
Choice Plus 80	\$281	\$533	\$667	\$918
Choice Plus 90	\$338	\$639	\$878	\$1,095
Choice Plus 100	\$681	\$1,222	\$1,898	\$2,439
\$300,000+				
High Deductible Health Plan	\$257	\$485	\$610	\$838
Choice Plus 80	\$336	\$634	\$775	\$1,073
Choice Plus 90	\$391	\$741	\$1,029	\$1,269
Choice Plus 100	\$699	\$1,255	\$1,951	\$2,506

Your pretax contributions are based on the plan you select, which dependents 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.

2024 MONTHLY MEDICAL CONTRIBUTIONS FOR PART-TIME OFFICERS

	Yourself Only	Yourself & Child(ren)	Yourself & Spouse	Family
High Deductible Health Plan	\$253	\$481	\$532	\$760
Choice Plus 80	\$277	\$525	\$581	\$829
Choice Plus 90	\$291	\$553	\$611	\$873
Choice Plus 100	\$320	\$608	\$672	\$960

2024 MONTHLY DENTAL CONTRIBUTIONS FOR OFFICERS

	Yourself	You Plus One	Family
Full-Time Officers			
Aetna Columbia Dental Plan	\$32	\$79	\$125
Aetna DMO	\$11.68	\$33.29	\$33.29
Part-Time Officers			
Aetna Columbia Dental Plan	\$47	\$93	\$139
Aetna DMO	\$11.68	\$33.29	\$33.29

2024 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