

# 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-pd-fellows](https://humanresources.columbia.edu/oe-pd-fellows)

- **Aetna Dental PPO new maximum.** Annual maximums will increase for dental services and new lifetime maximums will increase for orthodontia.
- **Introducing Maven Milk.** A reliable solution that makes it possible for new parents to continue breastfeeding while they return to work.
- **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.



## LEARN MORE

### 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.

### 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.

### New Contribution Rates

- See the 2024 Contribution Rates flyer.

### Specialized Information Session

#### • 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.

### 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.

# 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.

# Important Reminders



## CHOOSE YOUR COVERAGE

Elections or changes made during annual benefits Open Enrollment will be effective on January 1, 2024, and will be in effect for the 2024 calendar year.

Columbia University requires full-time Postdoctoral Clinical and Research Fellows to carry health insurance. If you choose not to enroll in the University plan, you will need to complete the attestation form on CUBES to attest that you have a comparable non-University health plan.

## 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 TELUS Health (formerly LifeWorks), EAP services include short-term counseling, wellness resources and a variety of tools to help you in and outside the workplace.

## QUALIFIED LIFE STATUS CHANGE

If you do not enroll during Open Enrollment, 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. If you experience a Qualified Life Status Change event, such as marriage or divorce, birth or adoption of a child, you have 31 days from the eligible event to make updates in CUBES.

- + 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.

## 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.

## CHILD CARE BENEFIT

Eligible Postdoctoral Fellows must re-enroll every year in the Child Care Benefit in order to receive a contribution from the University.

- + For more information, visit [humanresources.columbia.edu/pd-child-care](https://humanresources.columbia.edu/pd-child-care)

## 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 University-provided medical plan, administered by UnitedHealthcare (UHC).

## MEDICAL PLAN SUMMARY

Benefit	Choice Plus 80	
	In-Network	Out-of-Network*
<b>Annual Deductible</b>		
Individual	\$500 per person	\$850 per person
Family		
<b>Coinsurance</b>	80% after deductible	60% after deductible
<b>Out-of-Pocket Maximum</b>		
Individual	\$3,750	\$5,250
Family	\$7,500	\$10,500
<b>Preventive Care</b>	100%	60% after deductible
<b>Physician Office Visits, including specialists</b> (excludes additional services)	\$30 copay	60% after deductible
<b>Laboratory/Radiology Services, including services rendered in a physician's office</b>	80% after deductible	60% after deductible
<b>Inpatient Hospital Care</b>	80% after deductible	60% after deductible; Precertification required
<b>Outpatient Hospital Care</b>	80% after deductible	60% after deductible; Precertification required
<b>Mental Health and Substance Abuse—Inpatient care</b>	80% after deductible	60% after deductible; Precertification required
<b>Mental Health and Substance Abuse—Outpatient programs</b>	\$30 copay	70% after deductible for facility-based care including intensive outpatient programs; Precertification required
<b>Mental Health and Substance Abuse—Outpatient counseling</b>	\$30 copay	70% after deductible
<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	
<b>Advanced Infertility Treatment</b>	\$30,000 lifetime maximum for advanced treatments and Assisted Reproductive Technology including IVF, GIFT and ZIFT	
<b>Prescription Drug coverage with Optum Rx**</b>	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>	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>
	<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>	

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.

\* 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.

# 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 (DMO):

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](https://humanresources.columbia.edu/directory). For more information, go to [humanresources.columbia.edu/pd-fellows-dental](https://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)	\$1,500	\$1,750	\$1,500	24 months of comprehensive orthodontic treatment, plus 24 months of retention
Annual Deductible (per person)	\$25	None	\$25	None
Annual Maximum Benefit (per person)	\$1,500	\$1,750	\$1,500	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.



# 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.

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.

## 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
	In-Network and Out-of-Network		
<b>Routine Eye Exams</b>	<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> 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. Up to \$100 maximum out-of-network allowance</p> <p><b>Adults and Child(ren):*</b> Medically necessary contact lenses 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.

➕ 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.

### 2024 MONTHLY CONTRIBUTIONS FOR MEDICAL, BASIC VISION & RX

	Yourself Only	Yourself & Child(ren)	Yourself & Spouse	Family
Choice Plus 80	\$55	\$55	\$55	\$55

### MONTHLY CONTRIBUTIONS FOR AETNA DENTAL

	Yourself	You Plus One	Family
Aetna Columbia Dental Plan	\$47	\$93	\$139
Aetna DMO Plan	\$11.68	\$33.29	\$33.29

### 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

### 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 \$55 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 (\$1,609). 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](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.