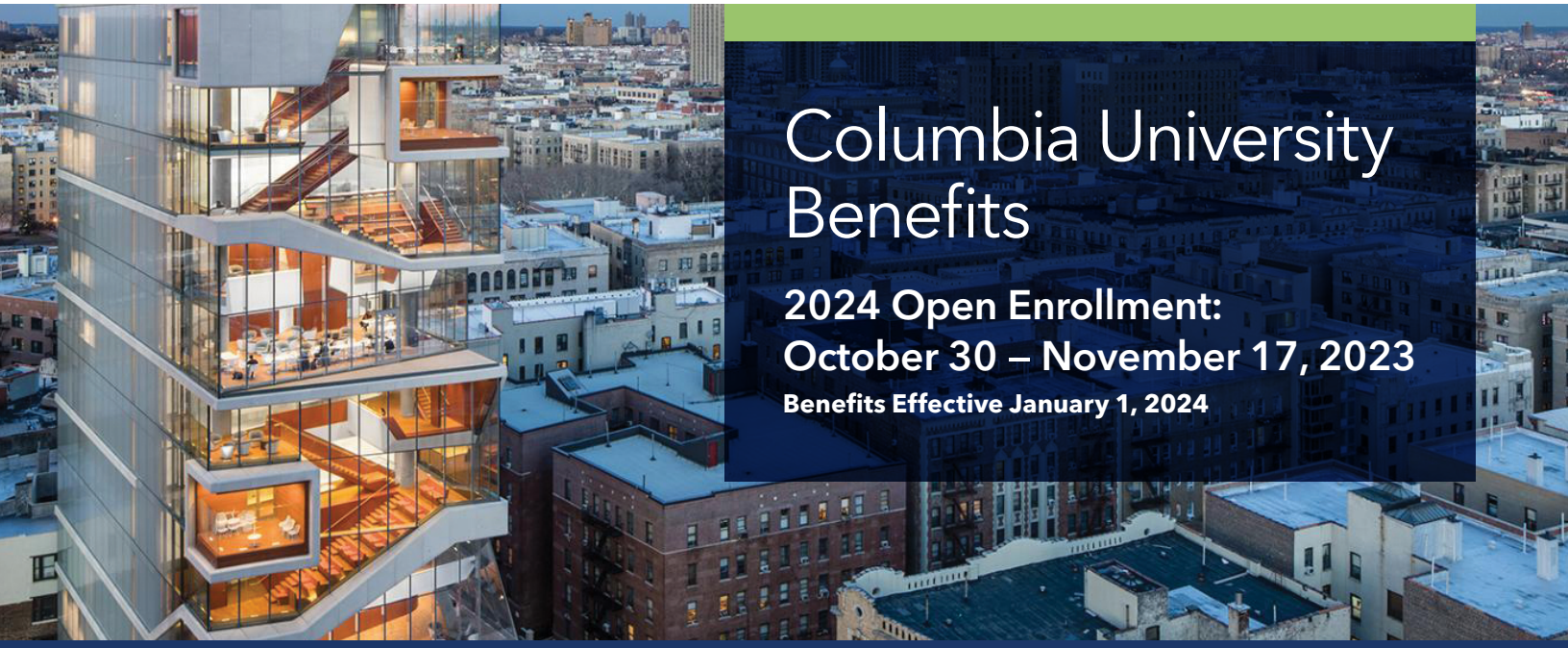
COLUMBIA UNIVERSITY
Human Resources

MY CUBenefits



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-ssa

- **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 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.
- **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

- 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.

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.

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.

New Contribution Rates

- New contribution rates for Aetna Dental and part-time employees. See the 2024 Contribution Rates flyer.

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.

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

✗ **You will also be ineligible to newly enroll in the following Voluntary 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)
- Optional Life Insurance
- Accidental Death and Dismemberment Insurance
- Voluntary Benefits

* If you are enrolled in the Choice Plus 90 plan, you will receive the University's contribution to your Healthcare FSA.

Questions?

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

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.

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

If you enroll in the Choice Plus 90 plan, you will automatically receive the University's contribution to your Healthcare FSA.

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

Medical Coverage

OVERVIEW OF MEDICAL COVERAGE

The Choice Plus 90 and Choice In-Network medical plans both cover the same comprehensive set of medically-necessary services and supplies, including in-network preventive care—such as annual physicals, immunizations and well-baby visits—at 100% with no deductible. Both plans give you access to the same network of providers and facilities. Basic vision and prescription drug coverage are provided automatically when you enroll in either plan for medical coverage.

The plans differ in how you pay for services throughout the year—copays, deductibles, coinsurance and your out-of-pocket maximum. When making your choice, also consider that the Choice In-Network plan does not cover out-of-network services, whereas the Choice Plus 90 plan does allow for out-of-network services (see Summary Plan Description for details). Additionally, if you enroll in the Choice Plus 90 plan, you receive a contribution from the University to your Healthcare FSA.

CHOICE PLUS 90 VS. CHOICE IN-NETWORK

Plan Provision	Choice Plus 90	Choice In-Network
In-Network Preventive Care	Covered at 100% with no deductible	
In-Network Physician Visits	$30 copay	
Out-of-Network Coverage	60% after deductible	None
Annual Deductible	Other than preventive care, annual deductible must be met before coinsurance begins	
Coinsurance	Plan pays 90% Member pays 10% after deductible	Plan pays 100% after deductible
Out-of-Pocket Maximum	Lower	Higher
Healthcare FSA	University contribution	No University contribution

For details of each plan, please see Comparing Your Medical Plans on page 6.

UNIVERSITY CONTRIBUTION TO HEALTHCARE FSA

If you participate in the Choice Plus 90 plan, the University will make a contribution on your behalf to the Healthcare FSA. The contribution will be made at the beginning of the year and it will not count toward the $3,050* IRS limit. You may also contribute your own funds to the FSA, up to the IRS limit, but to do so you must enroll in the Healthcare FSA during the Open Enrollment period. UHC will send two Health Care Spending Cards in your name to your home mailing address. These cards can be used as debit cards to make eligible purchases, such as prescription drugs or office visit copays.

UNIVERSITY CONTRIBUTION TO FSA

Coverage in Medical Plan	Annual University Contribution
Yourself	$120
You & Spouse or Child(ren)	$240
Family	$360

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.

* IRS limits are subject to change.

Comparing Your Medical Plans

Only you can decide which coverage is best for you and your family. Below is an overview of the two medical plans, administered by UnitedHealthcare (UHC).

UHC MEDICAL PLAN COMPARISON CHART

Benefit	Choice Plus 90		Choice In-Network	
	In-Network	Out-of-Network*	In-Network	Out-of-Network
Annual Deductible **Individual** **Family**	$400 per person	$850 per person	N/A	N/A
Coinsurance	90% after deductible	60% after deductible	100%	N/A
Out-of-Pocket Maximum **Individual** **Family**	$3,250 $6,500	$5,250 $10,500	$3,500 $7,000	N/A
Preventive Care	100%	60% after deductible	100%	N/A
Physician Office Visits, including specialists (excludes additional services)	$30 copay	60% after deductible	$30 copay	N/A
Laboratory/Radiology Services, including services rendered in a physician's office	90% after deductible	60% after deductible	$150 copay if hospital*** 100% after deductible if non-hospital location	N/A
Inpatient Hospital Care	90% after deductible	60% after deductible; Precertification required	$500 copay per admission; 100% after the deductible for inpatient professional services	N/A
Outpatient Hospital Care	90% after deductible	60% after deductible; Precertification required	$150 copay (including lab and radiology);** 100% after the deductible for hospital professional services	N/A
Mental Health and Substance Abuse—Inpatient care	90% after deductible	60% after deductible; Precertification required	$500 copay per admission	N/A
Mental Health and Substance Abuse—Outpatient programs	$30 copay	70% after deductible for facility-based care including intensive outpatient programs; Precertification required	$30 copay	N/A
Mental Health and Substance Abuse—Outpatient counseling	$30 copay	70% after deductible	$30 copay	N/A
Emergency Room	$150 copay (waived if admitted)			
Basic and Comprehensive Infertility Treatment	Unlimited benefit for diagnosis and basic medical treatment, including artificial insemination			N/A
Advanced Infertility Treatment	$30,000 lifetime maximum for advanced treatments and Assisted Reproductive Technology including IVF, GIFT and ZIFT			N/A
Prescription Drug coverage with Optum Rx* **	Retail (30 days) • Tier I: $10 copay • Tier II: $25 copay • Tier III: $45 copay Mail-order (90 days) • Tier I: $15 copay • Tier II: $50 copay • Tier III: $90 copay • 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.			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 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**; 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

EMBLEMHEALTH PREFERRED DENTAL BENEFITS PLAN B

EmblemHealth Preferred Dental Benefits Plan B 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** and select "Dental Preferred" from the menu. For more information, call EmblemHealth: 212-501-4443.

AETNA DENTAL PLANS

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**. For more information, go to **humanresources.columbia.edu/SSA-dental**.

Vision Coverage

All SSA members 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, SSA 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 Plus 90	Choice In-Network		
	In-Network and Out-of-Network	In-Network Only	In-Network Coverage	Out-of-Network Coverage
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 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	**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. 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.

✚ 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.

Columbia University Human Resources

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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
Full-Time				
Choice Plus 90	$0	$0	$0	$0
Choice In-Network	$0	$0	$0	$0
Part-Time				
Choice Plus 90	$464	$881	$974	$1,391
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 SSA 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.

MONTHLY PRE-TAX CONTRIBUTIONS FOR AETNA DENTAL*

	Yourself	You Plus One	Family
Aetna Columbia Dental Plan	$32	$79	$125
Aetna DMO Plan	$11.68	$33.29	$33.29

* Part-Time SSA members are not eligible for dental coverage.

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

KNOW YOUR OPTIONS

Evaluate the medical plan options available to you and your family. 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 (part-time employees only). Decide if it is more cost-effective to cover your family under your Columbia plan or your spouse's plan.