



**2025 Open Enrollment:
November 4 – 22, 2024**
Benefits Effective Jan. 1, 2025



You must enroll in your 2025 benefits by Nov. 22, 2024.

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 time to review your options so you can choose your 2025 benefits with confidence.

WHAT'S NEW FOR 2025



For more information, visit humanresources.columbia.edu/oe-officers

- **Retirement contributions.** Catch-up contributions are changing in 2025 for those ages 50+. See page 8.
- **Special enrollment opportunity: Long-Term Disability.** Enroll in optional long-term disability insurance coverage without providing Evidence of Insurability.
- **Support for menopause.** Maven, which currently provides support for maternity, fertility and adoption, will also provide support for menopause. You can connect with specialists, access educational resources and receive mental health support.
- **Additional caregiving resources.** Family First, part of MetLife's Legal Services, provides holistic care plans and the resources and guidance needed to make care-related decisions.
- **Enroll in Identity Theft anytime.** Identity Theft insurance covers expenses incurred to restore your identity or recover a stolen wallet. You can now enroll anytime—before, during or after Open Enrollment.



WHAT'S NEW FOR 2025 (continued)

- **Calm Health.** A new well-being app that includes mental health resources, coaching and therapy at no charge, available only to Columbia University medical plan participants.
- **Increases to HDHP deductible and out-of-pocket maximums.** Due to IRS regulations, the annual deductible and out-of-pocket maximums for the High Deductible Health Plan will increase. See page 5 for more information.

LEARN MORE

- There are three ways to learn more about Open Enrollment. Attend any or all of the events to learn more about your 2025 benefits offerings.
 - Attend a virtual information session.
 - Attend one or both of the specialized information sessions, one focused on Maven Menopause, and the other on Calm Health.
 - Join us for Benefits Expos and Health Screenings. Speak with representatives from Columbia Benefits, ColumbiaDoctors and our benefits vendor partners.

See page 4 for dates and times of those events or go to humanresources.columbia.edu/oe for details on Benefits, Retirement, Tuition Programs and Columbia's Vendor Partners.

- **Verify your Eligible Dependents.** In 2025, Columbia will conduct a Dependent Eligibility Audit of the Group Medical Plan, which may require faculty and staff who cover a dependent to submit documentation to demonstrate eligibility for coverage (ex: marriage certificate, birth certificate). Select faculty and staff will receive notifications in 2025. Officers are encouraged to use the Open Enrollment period to review and drop coverage for ineligible dependents that may currently be active under The Plan.
- **New contribution rates.** See the 2025 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" to save and submit your elections.

Log in with your UNI and password; confirm access using multifactor authentication (DUO).

You must enroll in your 2025 benefits by Nov. 22, 2024.



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
 - Legal Services with MetLife
 - Universal Life with long-term care insurance
- ✓ **You will be automatically re-enrolled in your current 2024:**
 - 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
 - Legal Services with MetLife
 - Voluntary Benefits



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.

HOW TO CHOOSE A MEDICAL PLAN

When choosing your 2025 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.

Full year's payroll contributions	
+ Out-of-pocket maximum	

= Maximum annual cost	


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.



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.

ATTEND A VIRTUAL INFORMATION SESSION

Virtual Information Sessions

- Wednesday, Oct. 30 12 p.m. to 1 p.m.
- Monday, Nov. 4 3 p.m. to 4 p.m.
- Tuesday, Nov. 19 10 a.m. to 11 a.m.

Specialized Information Sessions

- **Maven Menopause**
Wednesday, Nov. 6 12 p.m. to 1 p.m.
- **Calm Health**
Tuesday, Nov. 12 12 p.m. to 1 p.m.

BENEFITS EXPOS & HEALTH SCREENINGS

Join us for our annual 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 are available at Morningside and Manhattanville events.
- Ergonomic assessments, acupuncture, upper body massages and emotional freedom technique (EFT) tapping.
- **Thursday, Nov. 7**
8 a.m. to 2 p.m.
Columbia University Irving Medical Center
50 Haven Avenue—The Ballroom
- **Wednesday, Nov. 13**
8 a.m. to 2 p.m.
Lerner Hall (Morningside campus)
2920 Broadway at W. 115th Street
- **Thursday, Nov. 14**
9 a.m. to 2 p.m.
Lenfest Center (Manhattanville campus)
615 W. 129th Street

Visit humanresources.columbia.edu/oe to register.



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	\$1,700 \$3,400	\$3,400 per person	\$600 per person** \$850 per person	\$850 per person	\$400 per person \$850 per person	\$850 per person	\$200 per person \$850 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	\$3,750 \$7,500	\$7,500 \$15,000	\$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							
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. 		Retail (30 days) <ul style="list-style-type: none"> Tier I: \$10 copay Tier II: \$25 copay Tier III: \$45 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. 			Mail-order (90 days) <ul style="list-style-type: none"> Tier I: \$15 copay Tier II: \$50 copay Tier III: \$90 copay 		

* 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

AETNA DENTAL PLANS COMPARISON CHART

The University offers two comprehensive dental plans: the **Aetna Columbia Dental Plan (PPO)** and **Aetna Dental Maintenance Organization (DMO)**.

Under the **Aetna Columbia Dental Plan**, you can go to a broad range of in-network dentists in the national Aetna PPO network and Columbia Preferred Dental Network. The Columbia Preferred Network gives you access to ColumbiaDoctors Dentistry. Under this plan, you may also see an out-of-network dentist, although your cost may be significantly higher.

Under the **Aetna Dental Maintenance Organization**, you must choose a primary care dentist in advance from a select group of Aetna in-network providers. Please confirm the dentist you choose is in the DMO network prior to enrolling.

Plan	Aetna Columbia Dental Plan (PPO)			Aetna Dental Maintenance Organization (DMO)	
	Aetna PPO Dental Network	Columbia Preferred Dental Network	Out-of-Network*	Aetna DMO Network	Out-of-Network
Preventive	100%	100%	100%	100%	No coverage
Annual deductible (per person)	\$25	None	\$25	None	No coverage
Basic restorative care	80%	100%	80%	100%	No coverage
Major restorative care	50%	60%	50%	60%	No coverage
Annual maximum benefit (per person)	\$1,500	\$1,750	\$1,500	None	No coverage
Orthodontia	50%	50%	50%	\$2,400 member copay applies per lifetime, plan pays remainder	No coverage
Orthodontic lifetime maximum (per person)	\$1,500	\$1,750	\$1,500	24 months of comprehensive orthodontic treatment, plus 24 months of retention	No coverage

* The percentage paid by Aetna is limited to the network negotiated fees. If you use an out-of-network provider, reimbursement will be based on the negotiated fees for services provided. You will be responsible for paying the full amount of any charges that exceed this limit.



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 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, Officers 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.

For additional information on your vision coverage, go to humanresources.columbia.edu/content/officers-vision.



More About Your Benefits

REVIEW BENEFICIARIES

Any time during the year, you can update your beneficiary information for life insurance (CUBES) and retirement plans (TIAA/Vanguard).

RETIREMENT CATCH-UP CONTRIBUTIONS

Beginning January 1, 2025, the catch-up contribution limit is increasing for active participants in a calendar year.

- Individuals between the ages of 50-59 can make an additional catch-up contribution of \$7,500
- Individuals between the ages of 60-63 can make an additional catch-up contribution of \$11,250
- Individuals above the age of 63 can make an additional catch-up contribution of \$7,500



Retirement guidance all year

Open Enrollment isn't the only time to learn about your retirement benefits. The Columbia University Benefits department sponsors retirement and financial planning workshops several times a year. Visit humanresources.columbia.edu/events to register.

QUALIFIED LIFE STATUS CHANGE

You can update your 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.

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).

2025 TAX SAVINGS ACCOUNTS

	Current IRS limits*	Rollover limit for 2025
Transit/Parking Reimbursement Program	\$315/month	No limit
Healthcare Flexible Spending Account	\$3,200/year	\$640
Health Savings Account Individual Family	\$4,300/year \$8,550/year	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.



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.

2025 MONTHLY MEDICAL CONTRIBUTIONS FOR FULL-TIME OFFICERS

Salary Tier	Yourself Only	Yourself & Child(ren)	Yourself & Spouse	Family
\$0-\$49,999				
High Deductible Health Plan	\$11	\$18	\$33	\$36
Choice Plus 80	\$33	\$55	\$99	\$120
Choice Plus 90	\$44	\$73	\$140	\$174
Choice Plus 100	\$114	\$207	\$321	\$410
\$50,000-\$59,999				
High Deductible Health Plan	\$33	\$56	\$103	\$127
Choice Plus 80	\$92	\$167	\$294	\$371
Choice Plus 90	\$141	\$261	\$432	\$551
Choice Plus 100	\$324	\$579	\$901	\$1,152
\$60,000-\$79,999				
High Deductible Health Plan	\$52	\$95	\$177	\$218
Choice Plus 80	\$124	\$230	\$357	\$465
Choice Plus 90	\$185	\$348	\$504	\$651
Choice Plus 100	\$424	\$761	\$1,185	\$1,520
\$80,000-\$134,999				
High Deductible Health Plan	\$71	\$134	\$251	\$311
Choice Plus 80	\$162	\$299	\$434	\$574
Choice Plus 90	\$223	\$419	\$588	\$760
Choice Plus 100	\$488	\$874	\$1,355	\$1,746
\$135,000-\$174,999				
High Deductible Health Plan	\$107	\$203	\$322	\$418
Choice Plus 80	\$180	\$333	\$524	\$674
Choice Plus 90	\$260	\$488	\$653	\$865
Choice Plus 100	\$527	\$943	\$1,467	\$1,882
\$175,000-\$224,999				
High Deductible Health Plan	\$168	\$311	\$439	\$585
Choice Plus 80	\$253	\$480	\$623	\$846
Choice Plus 90	\$317	\$598	\$823	\$1,036
Choice Plus 100	\$694	\$1,243	\$1,931	\$2,481

2025 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	\$221	\$420	\$550	\$747
Choice Plus 80	\$308	\$584	\$731	\$1,006
Choice Plus 90	\$371	\$701	\$963	\$1,200
Choice Plus 100	\$735	\$1,320	\$2,050	\$2,634
\$300,000+				
High Deductible Health Plan	\$282	\$532	\$669	\$919
Choice Plus 80	\$368	\$695	\$850	\$1,176
Choice Plus 90	\$429	\$812	\$1,128	\$1,391
Choice Plus 100	\$755	\$1,355	\$2,107	\$2,706

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

2025 MONTHLY MEDICAL CONTRIBUTIONS FOR PART-TIME OFFICERS

	Yourself Only	Yourself & Child(ren)	Yourself & Spouse	Family
High Deductible Health Plan	\$276	\$524	\$580	\$828
Choice Plus 80	\$303	\$574	\$635	\$907
Choice Plus 90	\$318	\$605	\$669	\$955
Choice Plus 100	\$350	\$664	\$734	\$1,050

2025 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

2025 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