



**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-pd-fellows

- **Support for menopause.** Maven, which currently provides support for maternity, fertility, surrogacy 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.
- **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.



LEARN MORE

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.

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 available at Morningside and Manhattanville events.
- Ergonomic assessments, acupuncture, upper body massages and emotional freedom technique (EFT) tapping.

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. Postdoctoral Fellows 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.

Specialized Information Session

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

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.

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" 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.

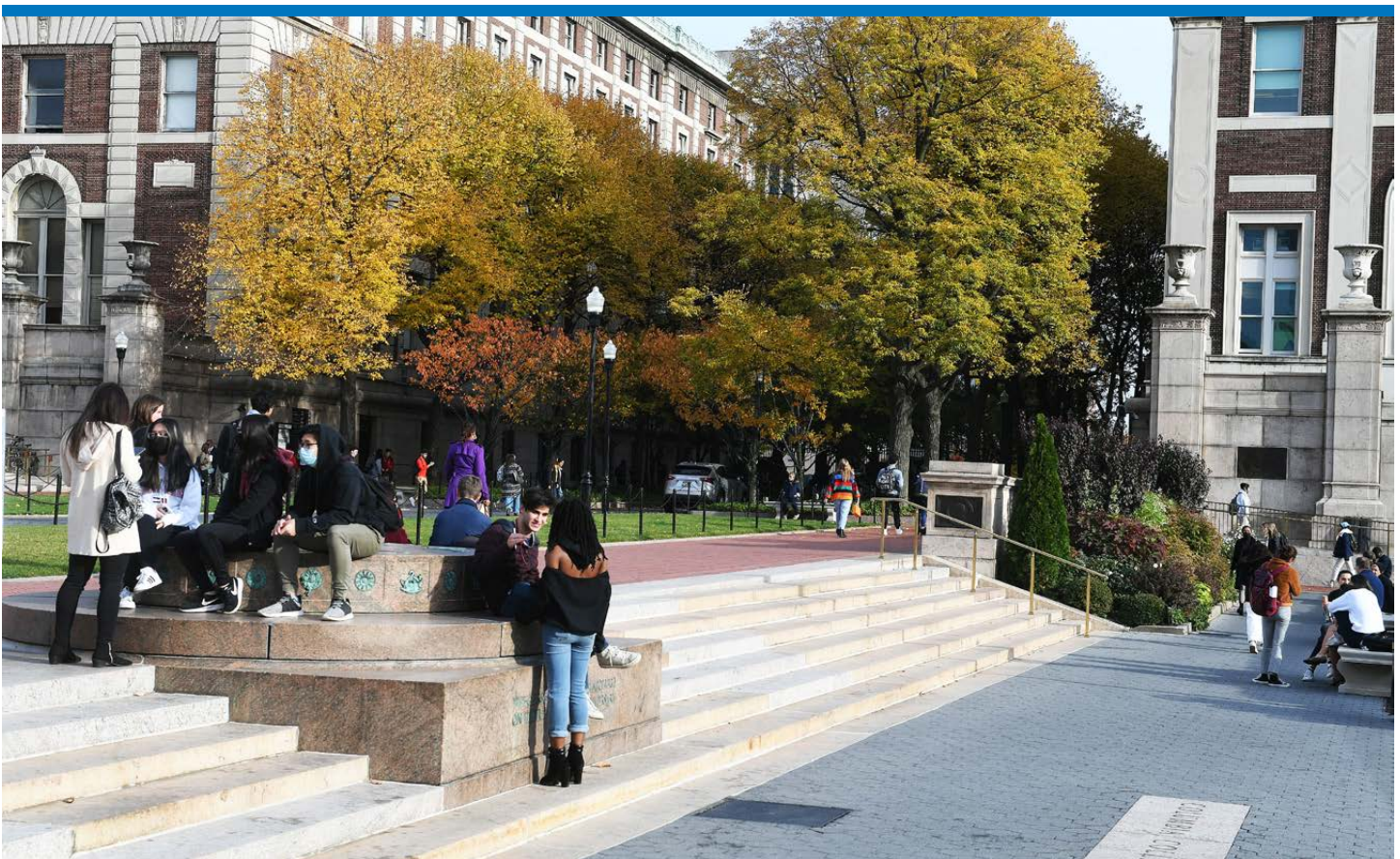
Your Medical Plan



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*
Annual Deductible Individual Family	\$500 per person	\$850 per person
Coinsurance	80% after deductible	60% after deductible
Out-of-Pocket Maximum Individual Family	\$3,750 \$7,500	\$5,250 \$10,500
Preventive Care	100%	60% after deductible
Physician Office Visits, including specialists (excludes additional services)	\$30 copay	60% after deductible
Laboratory/Radiology Services, including services rendered in a physician's office	80% after deductible	60% after deductible
Inpatient Hospital Care	80% after deductible	60% after deductible; Precertification required
Outpatient Hospital Care	80% after deductible	60% after deductible; Precertification required
Mental Health and Substance Abuse—Outpatient programs	\$30 copay	70% after deductible for facility-based care including intensive outpatient programs; Precertification required
Mental Health and Substance Abuse—Outpatient counseling	\$30 copay	70% after deductible



MEDICAL PLAN SUMMARY (continued)

Benefit	Choice Plus 80	
	In-Network	Out-of-Network*
Emergency Room	\$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 Optum Rx	Retail (30 days) <ul style="list-style-type: none"> • Tier I: \$10 copay • Tier II: \$25 copay • Tier III: \$45 copay 	Mail-order (90 days) <ul style="list-style-type: none"> • Tier I: \$15 copay • Tier II: \$50 copay • Tier III: \$90 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. 	

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

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 Postdoctoral Fellows and their covered dependents enrolled in the University's medical plan 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, 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.

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



More About Your Benefits

CHOOSE YOUR COVERAGE

Elections or changes made during annual benefits Open Enrollment will be effective on January 1, 2025, and will be in effect for the 2025 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, 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

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.

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. The Child Care Benefit is a University contribution of up to \$5,000 to a Dependent Care Flexible Spending Account (FSA).

- + For more information, visit humanresources.columbia.edu/pd-child-care



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.



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.

2025 MONTHLY PRE-TAX CONTRIBUTIONS FOR MEDICAL, BASIC VISION & RX

	Yourself Only	Yourself & Child(ren)	Yourself & Spouse	Family
Choice Plus 80	\$61	\$61	\$61	\$61

MONTHLY PRE-TAX 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

2025 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 \$61 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 (\$1,525). 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 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.