

# 2026 Open Enrollment:

November 10-21, 2025

Benefits effective Jan. 1, 2026



## Same system, new look



The Columbia University Benefits Enrollment System (CUBES) may look different, but it's still your place for 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.



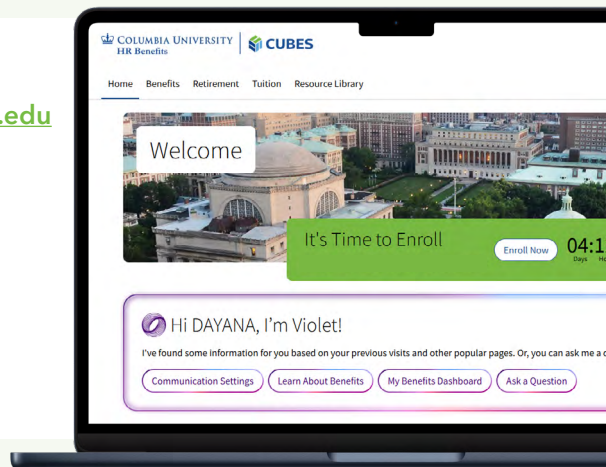
## What happens if you don't enroll?

You will lose coverage for the Healthcare Flexible Spending Account, Dependent Care Flexible Spending Account and Health Savings Account.

### 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" to save and submit your elections.

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



## You must enroll in your 2026 benefits by Nov. 21, 2025.

**Remember:** The choices you make during Open Enrollment will stay in effect all year—unless you experience a Qualified Life Status Change.



## What's new in 2026

- You can now add up to \$7,500 in your **Dependent Care Flexible Spending Account** in 2026.
- **Effective January 1, 2026**, if you earn \$145,000+ and have elected to make catch-up contributions, you must contribute to the Roth post-tax option. You will not be able to enroll in pre-tax catch-up contributions.
- **Enhancements to income replacement benefits:**
  - Optional long-term disability (LTD) benefits remain at 66 2/3% for the duration of a disability. If you haven't enrolled, or were previously denied coverage for LTD, you have a one-time opportunity to elect optional LTD coverage without providing Evidence of Insurability.
  - Reduced rates for Voluntary Accidental Death and Dismemberment Insurance, and Optional Life Insurance for yourself and your dependents.
- **Enhancements to voluntary benefits:**
  - Specified Disease Insurance (formerly known as Critical Illness), Hospital Indemnity and Accident benefits will be provided by New York Life, as of January 1, 2026. Current policyholders will automatically be enrolled with New York Life.
  - Reduced rates for Specified Disease, Hospital Indemnity and Accident Insurance.
- **Special Life Insurance Open Enrollment opportunity.** Enroll in optional term life insurance or increase existing coverage up to 3x your annual salary (up to \$1 million) without providing Evidence of Insurability.
- **Wellness credit.** Those enrolled in Specified Disease Insurance can receive a \$75 credit for completing one eligible preventative health screening each year.
- **Bereavement resources** for eligible employees, including Empathy and Survivor Support Benefits from New York Life. These resources support beneficiaries after the death of a loved one, offering grief-related guidance and resources.



## Want to dive deeper?

Find full 2026 contribution rates, benefit updates and details at [humanresources.columbia.edu/oe-officers](https://humanresources.columbia.edu/oe-officers)



## How to learn more about Open Enrollment

There are three ways to learn more about Open Enrollment. Attend any or all of the events to learn more about your 2026 benefits offerings.

See below for dates and times of these events or go to [humanresources.columbia.edu/oe](https://humanresources.columbia.edu/oe) for details on Benefits, Retirement, Tuition Programs and Columbia’s Vendor Partners.

1. Attend a virtual Open Enrollment information session.
2. Attend a general benefits information forum about the benefits you are eligible for as a Columbia University employee.
3. Join us for Benefits Expos and Health Screenings. Speak with representatives from Columbia Benefits, ColumbiaDoctors and our benefits vendor partners.



## Join us

### Virtual Benefits Forums

This year, the Human Resources-Benefits team will host a general benefits information forum designed to provide details about all the benefits offered to you. A week later, there will be a forum specifically for Open Enrollment—what’s new in 2026, and how, when and why to make benefits elections.

#### General Benefits Information Forum

**Tuesday, Oct. 21**                      **12 p.m. - 1 p.m.**

#### Open Enrollment Information Forum

**Tuesday, Oct. 28**                      **12 p.m. - 1 p.m.**

### Benefits Expos and 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 and upper body massages. Skin cancer screenings at CUIMC only.

**Thursday, Nov. 6**                      **8 a.m. - 2 p.m.**

Columbia University Irving Medical Center  
50 Haven Avenue

**Wednesday, Nov. 12**                      **9 a.m. - 2 p.m.**

Lenfest Center (Manhattanville campus)  
615 W. 129th Street

**Thursday, Nov. 13**                      **8 a.m. - 2 p.m.**

Lerner Hall (Morningside campus)  
2920 Broadway at W. 115th Street

Visit [humanresources.columbia.edu/oe](https://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.

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*
<b>Annual Deductible</b>								
<b>Individual</b>	\$1,700	\$3,400	\$600	\$850	\$400	\$850	\$200	\$850
<b>Family</b>	\$3,400	per person	per person**	per person	per person	per person	per person	per person
<b>Coinsurance</b>	90% after deductible	60% after deductible	80% after deductible	60% after deductible	90% after deductible	60% after deductible	100% after deductible	60% after deductible
<b>Out-of-Pocket Maximum</b>								
<b>Individual</b>	\$3,750	\$7,500	\$3,750	\$5,250	\$3,250	\$5,250	\$4,750	\$5,250
<b>Family</b>	\$7,500	\$15,000	\$7,500	\$10,500	\$6,500	\$10,500	\$9,500	\$10,500
<b>Preventive Care</b>	100%	60% after deductible	100%	60% after deductible	100%	60% after deductible	100%	60% after deductible
<b>Physician Office Visits (excludes additional services)</b>	90% after deductible	60% after deductible	\$30 copay	60% after deductible	\$30 copay	60% after deductible	\$30 copay	60% after deductible
<b>Laboratory/Radiology Services, including services rendered in a physician's office</b>	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
<b>Inpatient Hospital Care</b>	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
<b>Outpatient Hospital Care</b>	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
<b>Mental Health and Substance Abuse-Inpatient Care</b>	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
<b>Mental Health and Substance Abuse-Outpatient Programs</b>	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
<b>Mental Health and Substance Abuse-Outpatient Counseling</b>	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](https://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.

## ← Comparing your medical plans

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*
<b>Emergency Room</b>	90% after in-network deductible		\$150 copay (Waived if admitted)		\$150 copay (Waived if admitted)		\$150 copay (Waived if admitted)	
<b>Basic and Comprehensive Infertility Treatment</b>	Unlimited benefit for diagnosis and basic medical treatment							
<b>Advanced Infertility Treatment</b>	\$30,000 lifetime maximum for advanced treatments and Assisted Reproductive Technology including IVF, GIFT, ZIFT and artificial insemination							
<b>Prescription Drug coverage with OptumRx**</b>	<ul style="list-style-type: none"> <li>Preventive care medications follow the Choice Plus plans copay amounts.</li> <li>Non-Preventive care medications are subject to the annual in-network deductible before copay amounts apply.</li> </ul>		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> <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>			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>		

\* 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](https://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
<b>Preventive</b>	100%	100%	100%	100%	No coverage
<b>Annual Deductible (per person)</b>	\$25	None	\$25	None	No coverage
<b>Basic Restorative Care</b>	80%	100%	80%	100%	No coverage
<b>Major Restorative Care</b>	50%	60%	50%	60%	No coverage
<b>Annual Maximum Benefit (per person)</b>	\$1,500	\$1,750	\$1,500	None	No coverage
<b>Orthodontia</b>	50%	50%	50%	\$2,400 member copay applies per lifetime, plan pays remainder	No coverage
<b>Orthodontic Lifetime Maximum (per person)</b>	\$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 Clinical Providers 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, Clinical Providers 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](https://humanresources.columbia.edu/content/officers-vision)



## More about your benefits

### New Process for Dependent Verification

Columbia University is now using a two-document verification process for all new spouses joining the medical, dental or optional vision plans. For spouses, employees need to provide a marriage certificate and an additional proof of address. For additional information, visit [humanresources.columbia.edu/dependent-eligibility](https://humanresources.columbia.edu/dependent-eligibility).

### 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](https://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) and Dependent Care Flexible Spending Account (DC FSA).

### Review Beneficiaries

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



## Retirement guidance all year

There are several ways that Columbia University assists with financial planning: virtual consultations, an on-campus retirement planning specialist for individual meetings, and workshops available throughout the year. Visit [humanresources.columbia.edu/retirement](https://humanresources.columbia.edu/retirement) to learn more.

### 2026 Tax Savings Accounts

	Current IRS limits*	Rollover limit for 2026
Transit/Parking Reimbursement Program	\$340/month	No limit
Healthcare Flexible Spending Account	\$3,400/year	\$680
Health Savings Account Individual Family	\$4,400/year \$8,750/year	No limit
Dependent Care Flexible Spending Account	\$7,500/year	\$0

\* IRS limits are subject to change.

To learn more go to [humanresources.columbia.edu/tax-savings](https://humanresources.columbia.edu/tax-savings)



## What happens if you don't enroll?

### ✗ You will no longer have coverage for:

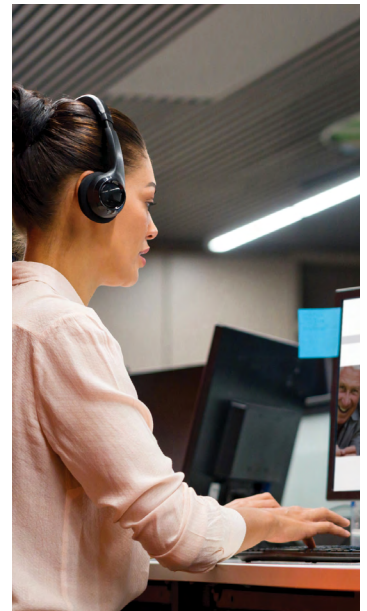
- Healthcare Flexible Spending Account
- Dependent Care Flexible Spending Account
- Health Savings Account

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

- Accident Insurance
- Specified Disease 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](mailto:hrbenefits@columbia.edu)

**Open Enrollment hours:**  
Monday through Friday  
9 a.m. – 5 p.m.



## 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.

### 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.

 **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.

**2026 Monthly Medical Contributions for Full-Time Clinical Providers**

Salary Tier	Yourself Only	Yourself & Spouse	Yourself & Child(ren)	Family
<b>\$0-\$49,999</b>				
High Deductible Health Plan	\$12	\$35	\$19	\$38
Choice Plus 80	\$35	\$105	\$59	\$128
Choice Plus 90	\$47	\$149	\$78	\$185
Choice Plus 100	\$121	\$342	\$220	\$437
<b>\$50,000-\$59,999</b>				
High Deductible Health Plan	\$35	\$110	\$60	\$135
Choice Plus 80	\$98	\$313	\$178	\$395
Choice Plus 90	\$150	\$460	\$278	\$587
Choice Plus 100	\$345	\$960	\$617	\$1,227
<b>\$60,000-\$79,999</b>				
High Deductible Health Plan	\$55	\$189	\$101	\$232
Choice Plus 80	\$132	\$380	\$245	\$495
Choice Plus 90	\$197	\$537	\$371	\$693
Choice Plus 100	\$452	\$1,262	\$810	\$1,619
<b>\$80,000-\$134,999</b>				
High Deductible Health Plan	\$76	\$267	\$143	\$331
Choice Plus 80	\$173	\$462	\$318	\$611
Choice Plus 90	\$237	\$626	\$446	\$809
Choice Plus 100	\$520	\$1,443	\$931	\$1,859
<b>\$135,000-\$174,999</b>				
High Deductible Health Plan	\$114	\$343	\$216	\$445
Choice Plus 80	\$192	\$558	\$355	\$718
Choice Plus 90	\$277	\$695	\$520	\$921
Choice Plus 100	\$561	\$1,562	\$1,004	\$2,004
<b>\$175,000-\$224,999</b>				
High Deductible Health Plan	\$179	\$468	\$331	\$623
Choice Plus 80	\$269	\$663	\$511	\$901
Choice Plus 90	\$338	\$876	\$637	\$1,103
Choice Plus 100	\$739	\$2,057	\$1,324	\$2,642

### 2026 Monthly Medical Contributions for Full-Time Clinical Providers (CONTINUED)

Salary Tier	Yourself Only	Yourself & Spouse	Yourself & Child(ren)	Family
<b>\$225,000-\$299,999</b>				
High Deductible Health Plan	\$235	\$586	\$447	\$796
Choice Plus 80	\$328	\$779	\$622	\$1,071
Choice Plus 90	\$395	\$1,026	\$747	\$1,278
Choice Plus 100	\$783	\$2,183	\$1,406	\$2,805
<b>\$300,000+</b>				
High Deductible Health Plan	\$300	\$712	\$567	\$979
Choice Plus 80	\$392	\$905	\$740	\$1,252
Choice Plus 90	\$457	\$1,201	\$865	\$1,481
Choice Plus 100	\$804	\$2,244	\$1,443	\$2,882

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.

### 2026 Monthly Medical Contributions for Part-Time Clinical Providers

	Yourself Only	Yourself & Spouse	Yourself & Child(ren)	Family
High Deductible Health Plan	\$300	\$631	\$570	\$902
Choice Plus 80	\$329	\$691	\$623	\$986
Choice Plus 90	\$346	\$727	\$658	\$1,039
Choice Plus 100	\$381	\$797	\$721	\$1,142

### 2026 Monthly Dental Contributions for Clinical Providers

	Yourself	You Plus One	Family
<b>Full-Time Officers</b>			
Aetna Columbia PPO	\$32	\$79	\$125
Aetna Columbia DMO	\$11.97	N/A	\$34.12
<b>Part-Time Officers</b>			
Aetna Columbia PPO	\$50	\$99	\$148
Aetna Columbia DMO	\$11.97	N/A	\$34.12

### 2026 Monthly Contributions for Optional UnitedHealthcare (UHC) Vision for Clinical Providers

	Yourself Only	Yourself & Spouse	Yourself & Child(ren)	Family
UHC Columbia Voluntary Plan	\$5.31	\$9.84	\$12.29	\$17.21