

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.



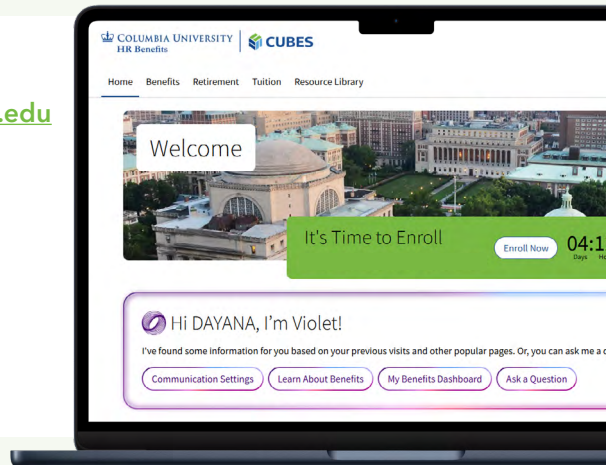
What happens if you don't enroll?

You will lose coverage for the Healthcare Flexible Spending Account, Dependent Care Flexible Spending Account and the Child Care Benefit.

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 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. The Child Care Benefit remains at \$5,000.
- **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:**
 - Reduced rates for Voluntary Accidental Death and Dismemberment Insurance, and Optional Life Insurance.
- **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 \$500,000) 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-materialhandlers

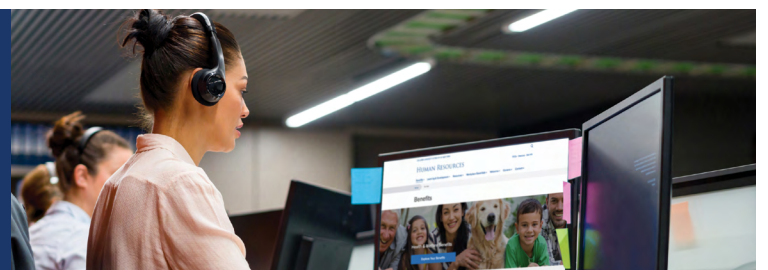


Questions?

Contact the Columbia Benefits Service Center

212-851-7000 | hrbenefits@columbia.edu

Open Enrollment hours: Monday through Friday, 9 a.m. - 5 p.m.





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

Thursday, Oct. 23 12 p.m. - 1 p.m.

Open Enrollment Information Forum

Wednesday, Oct. 29 3 p.m. - 4 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 to register



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

✗ 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 2025:

- Medical
- Dental
- Optional Vision
- Transit/Parking Reimbursement Program (T/PRP)
- Life and Accidental Death and Dismemberment Insurance
- Voluntary Benefits



Medical coverage

Overview of Medical Coverage

The Choice Plus 80 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 80 plan does allow for out-of-network services (see Summary Plan Description for details).

Choice Plus 80 vs. Choice In-Network

Plan Provision	Choice Plus 80	Choice In-Network
In-Network Preventive Care	Covered at 100%	
In-Network Physician Visits	\$30 copay	
Out-of-Network Coverage	60% after deductible	None
Annual Deductible	\$400	\$0
Coinsurance	Plan pays 80% Member pays 20% after deductible	Plan pays 100%
Out-of-Pocket Maximum	Lower	Higher

For details of each plan, please see Comparing your medical plans on page 5.



← Comparing your medical plans

Below is an overview of the two medical plans, administered by UnitedHealthcare (UHC).

Benefit	Choice Plus 80		Choice In-Network	
	In-Network	Out-of-Network*	In-Network	Out-of-Network
Annual Deductible Individual Family	\$400 per person	\$600 per person	\$0	N/A
Coinsurance	80% after deductible	60% after deductible	100%	N/A
Out-of-Pocket Maximum Individual Family	\$3,000 \$6,000	\$4,500 \$9,000	\$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	80% after deductible	60% after deductible	\$150 copay if hospital** 100% after deductible if non-hospital location	N/A
Inpatient Hospital Care	80% after deductible	60% after deductible; Precertification required	\$500 copay per admission; 100% after the deductible for inpatient professional services	N/A
Outpatient Hospital Care	80% 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	80% 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			N/A
Advanced Infertility Treatment***	\$30,000 lifetime maximum for advanced treatments and Assisted Reproductive Technology including IVF, GIFT, ZIFT and artificial insemination			N/A
Prescription Drug Coverage with Optum RxRetail	Retail (30 days) • Tier I: \$10 copay • Tier II: \$25 copay • Tier III: \$45 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.		Mail-order (90 days) • Tier I: \$15 copay • Tier II: \$50 copay • Tier III: \$90 copay	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.



Vision coverage

All 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 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, 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.



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



Dental coverage

You have three options for dental coverage: one from EmblemHealth and two from Aetna. Each provides preventive, basic and major services. The plans differ in how you pay for services throughout the year—copays, deductibles, coinsurance and your maximum annual benefit, your pre-tax contributions costs and the participating dentists in the network. Please review the information below before choosing your dental coverage.

EmblemHealth Preferred Dental Benefits

EmblemHealth Preferred Dental Benefits cover 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 my.emblemhealth.com/member/s/find-care-services and select "Dental Preferred" from the menu. For more information, call EmblemHealth: 212-501-4443.

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	EmblemHealth Dental Plan		Aetna Columbia Dental Plan (PPO)			Aetna Dental Maintenance Organization (DMO)	
	In-Network	Out-of-Network	Aetna PPO Dental Network	Columbia Preferred Dental Network	Out-of-Network*	Aetna DMO Network	Out-of-Network
Preventive	100%	Reimbursement subject to established plan schedule	100%	100%	100%	100%	No coverage
Annual Deductible (per person)	None	None	\$25	None	\$25	None	No coverage
Basic Restorative Care	100%	Reimbursement subject to established plan schedule	80%	100%	80%	100%	No coverage
Major Restorative Care	100%	Reimbursement subject to established plan schedule	50%	60%	50%	60%	No coverage
Annual Maximum Benefit (per person)	Unlimited	Unlimited	\$1,500	\$1,750	\$1,500	None	No coverage
Orthodontia	No Coverage	No Coverage	50%	50%	50%	\$2,400 member copay applies per lifetime, plan pays remainder	No coverage
Orthodontic Lifetime Maximum (per person)	No Coverage	No Coverage	\$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.



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.

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

Review Beneficiaries

Update your beneficiary information for life insurance (CUBES) and retirement plans (TIAA/Vanguard).

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.



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 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
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



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.

 **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 Pre-Tax Contributions for Medical, Basic Vision and Rx

	Yourself Only	Yourself & Child(ren)	Yourself & Spouse	Family
Choice Plus 80	\$40	\$42	\$45	\$75
Choice In-Network	\$65	\$87.50	\$92.50	\$115

2026 Monthly Pre-Tax Contributions for EmblemHealth Dental

	Yourself	Family*
Full-Time	\$0	\$0

* Dependent children can only be covered under EmblemHealth Dental through the end of the calendar year in which they turn 19.

2026 Monthly Pre-Tax Contributions for Aetna Dental

	Yourself	You Plus One	Family
Aetna Columbia Dental Plan	\$32	\$79	\$125
Aetna DMO Plan	\$11.97	\$34.12	\$34.12

2026 Monthly Contributions for Optional UHC Vision

	Yourself Only	Yourself & Child(ren)	Yourself & Spouse	Family
Optional UHC Vision	\$5.31	\$12.29	\$9.84	\$17.21

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.