



2027 Open Enrollment:

November 2-20, 2026

Benefits effective January 1, 2027



Log in to CUBES to enroll

The Columbia University Benefits Enrollment System (CUBES) is 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.

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).



What's new in 2027

- **Family building and menopause/midlife health benefits** will be offered by **Progyny** after being previously offered by **Maven**. Includes comprehensive treatment coverage, access to high-quality care by fertility specialists, and personalized emotional support from patient care advocates.
- The Employee Assistance Program will transition from **TELUS** to **SupportLinc**. The program will continue to provide free, confidential, 24/7 counseling and referral services for personal and professional life issues.
- **Wellthy** is a digital caregiving support solution that helps families balance work and caregiving responsibilities through a combination of precision technology and human expertise – a care concierge to help families navigate any care situation or challenge.

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What's new in 2027 (continued)

- The **International Plan** will transition from Cigna to Aetna International. The plan provides comprehensive coverage if you are traveling on University business outside the U.S. for six months or more while still on the University's U.S. payroll.
- **HSA contribution limits** for those participating in the High Deductible Health Plan increase to \$4,500 for individuals, and \$9,000 for family coverage. The age 55 catch-up remains at \$1,000.
- Due to IRS regulations, the **annual deductibles** for the High Deductible Health Plan will increase. See page 4 for more information.
- Later this year, the IRS is expected to announce **pre-tax contribution limits** for the Healthcare Flexible Spending Account (FSA), Dependent Care Flexible Spending Account (DCFSA), Transit/Parking Reimbursement Program (T/PRP) and the Roth IRA retirement catch-up limits. See page 7 for current limits.
- **New contribution rates.** See the 2027 Contribution Rates flyer.



Want to dive deeper?

Find full benefit updates and details at humanresources.columbia.edu/oe-officers



You must enroll in your 2027 benefits by Nov. 20, 2026.

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



How to learn more about Open Enrollment

There are three ways to learn more about your Benefits and Open Enrollment. Attend any or all of the events to learn more about your 2027 benefits offerings.

See below for dates and times of these events or go to 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. Join us for Benefits Expos and Health Screenings. Speak with representatives from Columbia Benefits, ColumbiaDoctors and our benefits vendor partners.
3. Visit humanresources.columbia.edu/oe-officers to learn more about what's new for 2027, compare plans and evaluate costs and see how to choose your benefits for the year ahead.



Join us

Virtual Benefits Forums

Join us at our virtual information forums to learn more about your options during Open Enrollment. We will hold two sessions that will discuss what's new for Open Enrollment, and two specialized information sessions focused on our new benefits vendors. All webinars will be recorded and posted on our Open Enrollment website.

Open Enrollment Forums

Tuesday, Oct. 27 **12 p.m. - 1 p.m.**
Thursday, Nov. 12 **12 p.m. - 1 p.m.**

Specialized Forums

Employee Assistance Program (SupportLinc)
 Wednesday, Nov. 4 12 p.m. - 1 p.m.
Fertility and Family Building Benefits (Progyny)
 Wednesday, Nov. 11 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 screening results, fasting is recommended but not required.
- Speak with representatives from Columbia Benefits, ColumbiaDoctors and select benefits vendor partners.
- Acupuncture and chair massages provided by the CUIMC Integrative Therapies Program (at CUIMC only).
- Financial well-being workshops available at Morningside and Manhattanville.

Tuesday, Nov. 10 **8 a.m. - 2 p.m.**
 Columbia University Irving Medical Center
 50 Haven Avenue

Tuesday, Nov. 17 **8 a.m. - 2 p.m.**
 Lerner Hall (Morningside campus)
 2920 Broadway at W. 115th Street

Wednesday, Nov. 18 **9 a.m. - 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 to consider before enrolling. All plans are administered by UnitedHealthcare (UHC). **Changes for 2027 in bold.**

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	\$1,750 \$3,500	\$3,500 per person	\$600 per person**	\$850 per person	\$400 per person	\$850 per person	\$200 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.

→← 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*
Emergency Room	90% after in-network deductible		\$175 copay (Waived if admitted)					
Basic, Comprehensive and Advanced Infertility Treatment	Covered through Progyny, effective January 1, 2027.	N/A	Covered through Progyny, effective January 1, 2027.	N/A	Covered through Progyny, effective January 1, 2027.	N/A	Covered through Progyny, effective January 1, 2027.	N/A
Prescription Drug coverage with OptumRx	- 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) - Tier I: \$10 copay - Tier II: \$30 copay - Tier III: \$50 copay		Mail-order (90 days) - Tier I: \$15 copay - Tier II: \$60 copay - Tier III: \$100 copay		Effective January 1, 2027, all specialty medications, including non-diabetic GLP-1s, will be covered at a Tier III copay. Eligible specialty medications will be processed through PillarRx with a 30% coinsurance, offset by the manufacturer discount.	

* Eligible Expenses are determined in accordance with the Claims Administrator's reimbursement policy as described in the Summary Plan Description.

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. You must confirm the dentist you choose is in the DMO network prior to enrolling.

Plan	Aetna Columbia Dental Plan (PPO)			Aetna Dental Maintenance Organization (DMO)	
Network	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%	60%	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 provider, 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

Tax Savings Accounts

All tax savings accounts can save you money by setting aside pre-tax dollars from your paycheck to pay for eligible expenses you will incur throughout the year. These include the Health Savings Account (HSA), Transit/Parking Reimbursement Program (T/PRP), Healthcare Flexible Spending Account (HC FSA) and Dependent Care Flexible Spending Account (DC FSA).

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.

Tuition Programs

In addition to tuition exemption and scholarships for primary and college tuition, there are additional benefits available at no cost to active faculty and staff. **College Coach** gives parents/guardians of 9th-12th graders access to college admissions and finance experts who can offer impartial guidance and help maximize your child's success. Columbia also has partnered with TIAA and Savi to provide assistance in **navigating student loan debt**, repayment plans and the federal student loan program. For more details, visit humanresources.columbia.edu/tuition.

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 to learn more.

2027 Tax Savings Accounts

	Current IRS limits*	Rollover limit for 2027
Transit/Parking Reimbursement Program	\$340/month	No limit
Healthcare Flexible Spending Account	\$3,400/year	\$680*
Health Savings Account Individual Family	\$4,500/year \$9,000/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



What happens if you don't enroll?

✗ You will no longer have coverage for:

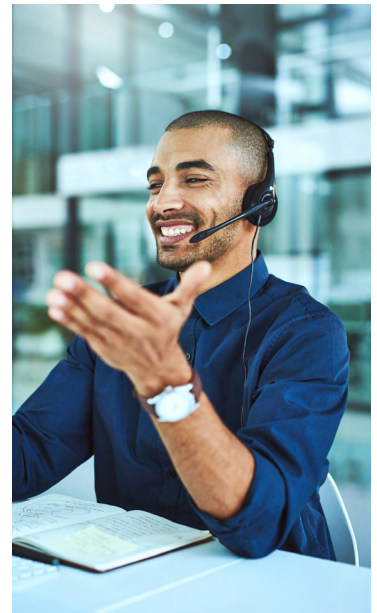
- Healthcare Flexible Spending Account
- Dependent Care Flexible Spending Account
- Child Care Benefit
- Health Savings Account

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

- Accident Insurance
- Specified Disease Insurance
- Hospital Indemnity Insurance
- Legal Services

✓ You will be automatically re-enrolled in your current 2026:

- 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
- Voluntary Benefits



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.



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.

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 pre-tax payroll deductions.

2027 Monthly Medical Contributions for Full-Time Active Officers

Salary Tier	Yourself Only	Yourself & Child(ren)	Yourself & Spouse	Family
\$0-\$49,999				
High Deductible Health Plan	\$13	\$20	\$37	\$40
Choice Plus 80	\$37	\$63	\$112	\$136
Choice Plus 90	\$50	\$83	\$159	\$197
Choice Plus 100	\$129	\$234	\$364	\$465
\$50,000-\$59,999				
High Deductible Health Plan	\$37	\$64	\$117	\$144
Choice Plus 80	\$104	\$190	\$333	\$421
Choice Plus 90	\$160	\$296	\$490	\$625
Choice Plus 100	\$367	\$657	\$1,022	\$1,307
\$60,000-\$79,999				
High Deductible Health Plan	\$59	\$108	\$201	\$247
Choice Plus 80	\$141	\$261	\$405	\$527
Choice Plus 90	\$210	\$395	\$572	\$738
Choice Plus 100	\$481	\$863	\$1,344	\$1,724
\$80,000-\$134,999				
High Deductible Health Plan	\$81	\$152	\$284	\$353
Choice Plus 80	\$184	\$339	\$492	\$651
Choice Plus 90	\$252	\$475	\$667	\$862
Choice Plus 100	\$554	\$992	\$1,537	\$1,980
\$135,000-\$174,999				
High Deductible Health Plan	\$121	\$230	\$365	\$474
Choice Plus 80	\$204	\$378	\$594	\$765
Choice Plus 90	\$295	\$554	\$740	\$981
Choice Plus 100	\$597	\$1,069	\$1,664	\$2,134
\$175,000-\$224,999				
High Deductible Health Plan	\$191	\$353	\$498	\$663
Choice Plus 80	\$286	\$544	\$706	\$960
Choice Plus 90	\$360	\$678	\$933	\$1,175
Choice Plus 100	\$787	\$1,410	\$2,191	\$2,814

2027 Monthly Medical Contributions for Full-Time Active Officers (CONTINUED)

Salary Tier	Yourself Only	Yourself & Child(ren)	Yourself & Spouse	Family
\$225,000-\$299,999				
High Deductible Health Plan	\$250	\$476	\$624	\$848
Choice Plus 80	\$349	\$662	\$830	\$1,141
Choice Plus 90	\$421	\$796	\$1,093	\$1,361
Choice Plus 100	\$834	\$1,497	\$2,325	\$2,987
\$300,000+				
High Deductible Health Plan	\$320	\$604	\$758	\$1,043
Choice Plus 80	\$417	\$788	\$964	\$1,333
Choice Plus 90	\$487	\$921	\$1,279	\$1,577
Choice Plus 100	\$856	\$1,537	\$2,390	\$3,069

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.

2027 Monthly Medical Contributions for Part-Time Active Officers

	Yourself Only	Yourself & Child(ren)	Yourself & Spouse	Family
High Deductible Health Plan	\$316	\$600	\$666	\$952
Choice Plus 80	\$348	\$654	\$728	\$1,039
Choice Plus 90	\$366	\$695	\$768	\$1,097
Choice Plus 100	\$403	\$757	\$839	\$1,205

2027 Monthly Dental Contributions for Active Officers

	Yourself	You Plus One	Family
Full-Time Officers			
Aetna Columbia PPO	\$35	\$85	\$133
Aetna Columbia DMO	\$12.57	\$35.83	\$35.83
Part-Time Officers			
Aetna Columbia PPO	\$54	\$106	\$158
Aetna Columbia DMO	\$12.57	\$35.83	\$35.83

2027 Monthly Contributions for Optional UnitedHealthcare (UHC) Vision for Active Officers

	Yourself Only	Yourself & Child(ren)	Yourself & Spouse	Family
UHC Columbia Voluntary Plan	\$4.99	\$11.55	\$9.25	\$16.18