COLUMBIA UNIVERSITY
Human Resources

MY CUBenefits

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)

- **Effective January 1, 2027, the out-of-network annual deductible** per person in the Choice Plus 80 Plan will increase from $600 to $850.
- 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 8 for current limits.
- **New contribution rates.** See the 2027 Contribution Rates on page 5.

Want to dive deeper?

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

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

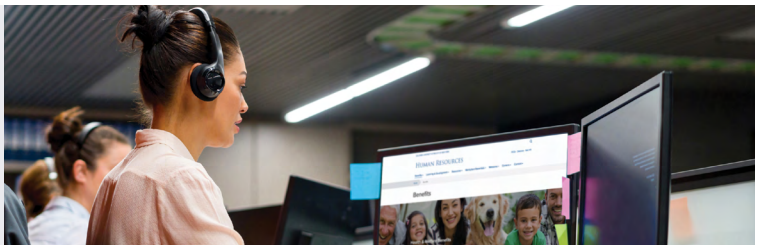
Remember: The choices you make during Open Enrollment will stay in effect all year—unless you experience a Qualified Life Status Change.

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

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

Wednesday, Oct. 28 **3 p.m. – 4 p.m.**

Thursday, Nov. 5 **3 p.m. – 4 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

What happens if you don't enroll?

You will no longer have coverage for:

- Healthcare Flexible Spending Account
- Dependent Care Flexible Spending 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 and Accidental Death and Dismemberment Insurance
- Voluntary Benefits

Comparing your medical plans

Below is an overview of the two medical plans, administered by UnitedHealthcare (UHC). **Changes for 2027 in bold.**

Benefit	Choice Plus 80		Choice In-Network	
	In-Network	Out-of-Network*	In-Network	Out-of-Network
Annual Deductible Individual Family	$400 per person	**$850 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	**$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
Prescription Drug Coverage with Optum RxRetail	**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**	N/A
	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.

** 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.

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.

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 Pre-Tax Contributions for Medical, Basic Vision and Rx

Salary Tier	Yourself Only	Yourself & Child(ren)	Yourself & Spouse	Family
Full-Time (hired on or after 4/1/13)				
Choice Plus 80	$40	$42	$45	$75
Choice In-Network	$65	$87.50	$92.50	$115
Full-Time (hired on or before 4/1/13)				
Choice Plus 80	$40	$42	$45	$75
Choice In-Network	$45	$56.25	$58.75	$70

2027 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.

2027 Monthly Pre-Tax Contributions for Aetna Dental

	Yourself	You Plus One	Family
Available to Full-Time TWU Members Only			
Aetna Columbia Dental Plan	$35	$85	$133
Aetna DMO Plan	$12.57	$35.83	$35.83

2027 Monthly Contributions for Optional UHC Vision

	Yourself Only	Yourself & Child(ren)	Yourself & Spouse	Family
Optional UHC Vision	$4.99	$11.55	$9.25	$16.18

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.

Vision coverage

All TWU Lamont 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 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, TWU 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 page 5 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 contribution costs and the participating dentists in the network.

The EmblemHealth Preferred Dental Benefits

The EmblemHealth Preferred Dental Benefits Plan covers 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. You must 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)	
Network	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%	60%	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

Tuition Programs

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.

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 eligible expenses you will incur throughout the year. These include the 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).

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
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.

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.