



# 2021 Open Enrollment

November 2 – 20, 2020

## SSA

Benefits Effective January 1, 2021

## Your Columbia University Benefits

As a member of SSA, you can take advantage of a comprehensive benefits package. We are committed to providing valuable benefits and resources to manage healthcare costs. This brochure is designed to explain your options.

Now is the time to review your current enrollment, think about changes to your personal situation, and choose the benefits that will best meet your needs in 2021.

### HOW TO ENROLL: LOG IN TO CUBES




CUBES gives you secure access to personalized information about your benefits. The site is available 24/7, which means you can enroll online anytime during Open Enrollment. To get started:

1. Go to [humanresources.columbia.edu](https://humanresources.columbia.edu) and click the CUBES logo; log in with your UNI and password; confirm access using multifactor authentication (DUO).
2. Select “Get Started” to make your elections.
3. Be sure to “CHECKOUT” in order to save and submit your elections.

#### **You must enroll in your 2021 benefits by November 20, 2020.**

Remember: The choices you make during Open Enrollment will stay in effect all year—unless you experience a Qualified Life Status Change (see page 3 for more details).

### QUESTIONS?

-  Contact the Columbia Benefits Service Center by phone: **212-851-7000**, or email: [hrbenefits@columbia.edu](mailto:hrbenefits@columbia.edu).  
Open Enrollment hours: Monday through Friday  
9:00 a.m. to 5:00 p.m.

### What Happens if You Don't Enroll?

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

- Healthcare FSA\*
- Dependent Care FSA

You will also be ineligible to enroll in most Voluntary Benefits—like Critical Illness and Universal Life with long term care insurance—until the next Open Enrollment period.

#### **You will be automatically re-enrolled in your current 2020:**

- Medical
- Dental
- Transit/Parking Reimbursement Program (T/PRP)
- Life and Accidental Death & Dismemberment Insurance

\* If you are enrolled in the Choice Plus 90 medical plan, you will still be eligible for the University's contribution to your Healthcare FSA.

# What's New for 2021

- **New contribution rates for part-time employees.**  
See page 3 to view the 2021 rates.
- **Healthcare FSA carryover to new year.** The amount of healthcare FSA funds that can be carried over from 2020 to 2021 has increased to \$550.
- **New dental ID cards.** This December, EmblemHealth will send new ID cards to everyone enrolled in the plan. These cards will be effective January 1, 2021, and can be used all year.
- **This year's Expos and Information Sessions will be virtual.** Join us. Go to [humanresources.columbia.edu/oe](https://humanresources.columbia.edu/oe) for schedule and registration link.

## Important Reminders

### CHOOSE YOUR COVERAGE

Elections or changes made during Benefits Open Enrollment will be effective on January 1, 2021, and will be in effect for the 2021 calendar year. **If you do not enroll between November 2-20, you must wait until next year's Open Enrollment to enroll or make changes to your benefits—**unless you experience a Qualified Life Status Change.

### REVIEW BENEFICIARIES

Update your beneficiary information for life insurance and retirement plans.

### RENEW OR OPEN AN FSA

If you are enrolled in, or plan to enroll in, either of the medical plans, you may want to consider renewing or opening a Flexible Spending Account (FSA). FSAs allow you to set aside money on a pre-tax basis from each paycheck to pay for eligible healthcare and dependent care expenses.

Current IRS limits are \$2,750 for the Healthcare FSA and \$5,000 for the Dependent Care FSA. You can carry over \$550 in healthcare FSA funds from 2020 to 2021.\* To contribute your own funds to either the Healthcare or Dependent Care FSA for 2021, you must enroll during Open Enrollment.

- ! If you enroll in the Choice Plus 90 plan, you will automatically receive the University's contribution to your Healthcare FSA.

### CONSIDER VOLUNTARY BENEFITS

The University offers eight additional options—Voluntary Benefits—to help you create a customized benefits package to meet all your needs.

- + For more information, go to [humanresources.columbia.edu/voluntary-benefits](https://humanresources.columbia.edu/voluntary-benefits). To ask a question or enroll, call Farmington, the University's Voluntary Benefits administrator: 866-494-4498.

### ENROLLING IN THE T/PRP PROGRAM

You may enroll in and/or make changes to the Transit/Parking Reimbursement Program (T/PRP) at any time during the year. Enrollment and changes made before the 20th of a month will be effective the first day of the next month. The current IRS contribution limit is \$270 per month.\*

### MAKE CATCH-UP CONTRIBUTIONS TO THE VRSP

If you are age 50 or older (or will turn 50 in 2021), you can contribute an additional \$6,500 pre- or post-tax to your Voluntary Retirement Savings Program (VRSP) account, for a total of \$26,000 in 2021.\*

\* IRS limits are subject to change.

#### 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), the Summary of Benefits and Coverage (SBC) and the Benefits Highlights 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, dental, vision, and prescription drug (Rx) coverage through pre-tax payroll deductions.

2021 Monthly Pre-Tax Contributions for Medical, Vision & Rx				
	Yourself Only	Yourself & Child(ren)	Yourself & Spouse	Family
<b>Full-Time</b>				
Choice Plus 90	\$0	\$0	\$0	\$0
Choice In-Network	\$0	\$0	\$0	\$0
<b>Part-Time</b>				
Choice Plus 90	\$405	\$769	\$850	\$1,215
Choice In-Network	\$420	\$799	\$883	\$1,261

2021 Monthly Pre-Tax Contributions for EmblemHealth Dental*	
<b>Full-Time</b>	
Yourself	\$0
Family**	\$0

2021 Monthly Pre-Tax Contributions for Aetna Dental*		
	Aetna Columbia Dental Plan	Aetna DMO Plan
Yourself	\$28.00	\$12.57
You Plus One	\$68.00	\$35.83
Family	\$109.00	\$35.83

\* Part-Time SSA members are not eligible for dental coverage.

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

## 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.

## REFERENCES AND RESOURCES

Reference materials are available on the Columbia Benefits website. Go to [humanresources.columbia.edu/benefits](https://humanresources.columbia.edu/benefits) for the SSA Benefits Highlights, 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.

## QUALIFIED LIFE STATUS CHANGES

You can update benefits elections on CUBES if you experience a Qualified Life Status Change 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.

# Medical Coverage

## OVERVIEW OF MEDICAL COVERAGE

The Choice Plus 90 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. 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. The Choice Plus 90 plan covers out-of-network services, based on a percentage of the Medicare Maximum Allowable Charge. Additionally, if you enroll in the Choice Plus 90 plan, you receive a contribution from the University to your Healthcare FSA.



Choice Plus 90 vs. Choice In-Network		
Plan Provision	Choice Plus 90	Choice In-Network
In-Network Preventive Care	Covered at 100% with no deductible	
In-Network Physician Visits	\$30 copay	
Out-of-Network Coverage	60% after deductible	None
Annual Deductible	Other than preventive care, annual deductible must be met before coinsurance begins	
Coinsurance	Plan pays 90% Member pays 10% after deductible	Plan pays 100% after deductible
Out-of-pocket Maximum	Lower	Higher
Healthcare FSA	University contribution	No University contribution

For details of each plan, please see the comparison chart on page 5.

## UNIVERSITY CONTRIBUTION TO HEALTHCARE FSA

If you participate in the Choice Plus 90 plan, the University will make a contribution on your behalf to the Healthcare FSA. The contribution will be made at the beginning of the year and it will not count toward the \$2,750\* IRS limit. You may also contribute your own funds to the FSA, up to the IRS limit, but to do so you must enroll in the Healthcare FSA during the Open Enrollment period. UHC will send two Health Care Spending Cards in your name to your home mailing address. These cards can be used as debit cards to make eligible purchases, such as prescription drugs or office visit copays.

University Contribution to FSA	
Coverage in Medical Plan	Annual University Contribution
Yourself	\$120
You & Spouse or Child(ren)	\$240
Family	\$360

\* IRS limits are subject to change.

# Comparing Your Medical Plans

Only you can decide which coverage is best for you and your family. Below is an overview of the two medical plans, administered by UnitedHealthcare.


Medical Plan Comparison Chart				
Benefit	Choice Plus 90		Choice In-Network	
	In-Network	Out-of-Network*	In-Network	Out-of-Network*
Annual Deductible Individual Family	\$400 per person	\$850 per person	N/A	N/A
Coinsurance	90% after deductible	60% after deductible	100% after deductible	N/A
Out-of-pocket Maximum Individual Family	\$3,250 \$6,500	\$5,250 \$10,500	\$3,500 \$7,000	N/A N/A
Preventive Care	100%	60% after deductible	100%	N/A
Physician Office Visits, including specialists	\$30 copay	60% after deductible	\$30 copay	N/A
Laboratory/Radiology Services, including services rendered in a physician's office	90% after deductible	60% after deductible	\$150 copay if hospital** 100% after deductible if non- hospital location	N/A
Inpatient Hospital Care	90% after deductible	60% after deductible; Precertification required	\$500 copay per admission 100% after deductible for Inpatient Professional Services	N/A
Outpatient Hospital Care	90% after deductible	60% after deductible; Precertification required	100% after the deductible for hospital professional services \$150 copay (including lab and radiology)**	N/A
Mental Health and Substance Abuse—Inpatient care	90% 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, including artificial insemination			N/A
Advanced Infertility Treatment	\$30,000 lifetime maximum for advanced treatments and Assisted Reproductive Technology including IVF, GIFT and ZIFT			N/A
Prescription Drug coverage with OptumRx***	Retail (30 days) • Generic: \$10 copay • Single-source: \$25 copay • Multi-source: \$45 copay	Mail-order (90 days) • Generic: \$15 copay • Single-source: \$50 copay • Multi-source: \$90 copay		N/A


\* Out-of-network coinsurance reimbursement is indexed to 190% of the Medicare Maximum Allowable Charge (MAC), including expenses in excess of the out-of-network out-of-pocket maximum.

\*\* 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.

\*\*\* \$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.

# Vision Coverage


All SSA members and their covered dependents who participate in any of the University's medical plans are also covered by a vision benefit through UnitedHealthcare (UHC).

Vision Benefits		
	Choice Plus 90	Choice In-Network Plan
	Benefits apply In-Network and Out-of-Network	Benefits apply to In-Network only
Routine Eye Exams	Adults: One exam every 12 months with a \$10 copay. Children:* One exam every 12 months with a \$10 copay.	Adults: One exam every 12 months with a \$10 copay. Children:* One exam every 12 months with a \$10 copay.
Lenses	Adults:** Every 24 months, \$20 allowance for single lenses, \$30 for bifocal, \$40 for trifocal or \$75 for lenticular. Children:* Lenses covered in full every 12 months. More frequently if medically necessary.	Adults:** Every 24 months, \$20 allowance for single lenses, \$30 for bifocal, \$40 for trifocal or \$75 for lenticular. Children:* Lenses covered in full every 12 months. More frequently if medically necessary.
Frames	Adults:** \$30 allowance every 24 months. Children:* Up to \$100 covered in full every 12 months. More frequently if medically necessary. Cost above \$100 covered at 60%.	Adults:** \$30 allowance every 24 months. Children:* Up to \$100 covered in full every 12 months. More frequently if medically necessary. Cost above \$100 covered at 60%.
Contact Lenses	Adults:** \$75 allowance every 24 months. Children:* Single purchase of a pair of contact lenses or 1 box of contact lenses per eye covered at 100% every 12 months.	Adults:** \$75 allowance every 24 months. Children:* Single purchase of a pair of contact lenses or 1 box of contact lenses per eye covered at 100% every 12 months.

\* Child is defined as a member less than age 19.

\*\* Available for either frames and lenses or contact lenses.

 To search for a vision provider, log in to [myuhc.com](http://myuhc.com); click "Coverage & Benefits", "Vision", then "Vision benefit highlights". You will be taken to the UHC Vision website. Click "Find a Provider" to search.

 Provider might require payment in full at the time of service. The patient then submits a claim to UHC for reimbursement.

# Dental Coverage

## EMBLEMHEALTH PREFERRED DENTAL BENEFITS PLAN B

EmblemHealth Preferred Dental Benefits Plan B 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 [emblemhealth.com/find-a-doctor/directory](http://emblemhealth.com/find-a-doctor/directory) and select "Dental Preferred" from the menu. For more information, call EmblemHealth: 212-501-4443.

## AETNA DENTAL PLANS

The University offers two comprehensive dental plans through Aetna. Under the Aetna Columbia Dental Plan, you can go to a broad range of dentists, including Columbia University College of Dental Medicine faculty and alumni ("Columbia Preferred Dental Network") and dentists in the national Aetna PPO network. You may also see an out-of-network dentist, although your cost may be significantly higher. Under the Dental Maintenance Organization (DMO), you choose one primary care dentist from a select group of Aetna in-network providers able to offer lower rates. The DMO is not available outside the U.S. and in some states.

 For a list of participating dentists, go to [humanresources.columbia.edu/benefits-vendor-contacts](http://humanresources.columbia.edu/benefits-vendor-contacts). For more information, go to [humanresources.columbia.edu/ssa-dental](http://humanresources.columbia.edu/ssa-dental).