October 1, 2018

Princeton University’s Retiree 2019 Annual Benefits Open Enrollment period will begin on Monday, October 1, 2018 and end on Friday, October 12, 2018. Please note that the retiree healthcare plan is exempt from changes mandated by the Patient Protection and Affordable Care Act (PPACA).

During the Benefits Open Enrollment period, you may change or waive your retiree health plan coverage. You may also remove dependents from your health care plan. If you decide to make any changes to your coverage, these changes will become effective January 1, 2019. **However, if you waive your retiree medical plan coverage or remove dependents, you will not be permitted to re-enroll yourself or dependents at a later date.**

If you are:
- not changing your medical or vision plan coverage, or
- not waiving your medical or vision plan coverage, or
- not enrolling in the vision, or
- not removing dependents from your medical or vision plan coverage,

you do not need to do anything.

**Your Current Coverage:** Princeton Medicare Plan

**YOUR OPTIONS FOR 2019**
You may waive your health care coverage or remove dependents. **If you make either of these choices, you will not be permitted to re-enroll yourself or dependents at a later date.**

For those retirees who wish to waive coverage, or drop dependent(s) and/or enroll in or waive vision care coverage, please complete the enclosed "Princeton Medicare Health Plan Election Form for Retirees Over Age 65". This form is also available on our website at [www.princeton.edu/hr/benefits](http://www.princeton.edu/hr/benefits). All completed and signed forms must be returned to Princeton University, Office of Human Resources, 100 Overlook Center, Suite 301, Princeton, NJ 08540 no later than Friday, October 12, 2018.

**A Reminder about your Medical Plan**
The Princeton Medicare Plan is secondary to Medicare Parts A & B. This plan assumes your provider participates with Medicare. If your physician opts out of, or does not participate with Medicare, then the Princeton Medicare Plan assumes that Medicare is primary and the plan still pays secondary. This means that you will not receive reimbursement on the portion that Medicare would have paid.

**Health Care Plan Premiums**
Enclosed is the 2019 Summary of the Princeton Medicare Plan, which includes the monthly premiums. The monthly premiums are increasing for 2019.

**Prescription Drug Plan through OptumRx**
There will be no copayment changes to the OptumRx prescription drug plan for 2019.

Princeton will continue to offer the Medicare Part D Employer Group Waiver Plan (EGWP) in 2019, and this plan is called the Princeton University Medicare Prescription Drug Plan (PDP) for Princeton University. If you have a spouse or dependent who is not Medicare eligible, that dependent will continue to be enrolled in their current prescription drug plan until they become Medicare eligible. Also, if you reside overseas or if you are enrolled in a Medicare Part D plan outside of the University, you are not enrolled under the EGWP.
If you or your Medicare-eligible dependents elect a Medicare Part D plan outside of Princeton University, you will be disenrolled from the prescription drug plan at Princeton University and will no longer be able to have prescriptions filled through a Princeton benefit program. Please note that if you disenroll from the Princeton University Medicare prescription drug plan, this will not impact your retiree medical plan coverage. You will continue to be enrolled in your retiree medical plan, and will continue to pay your monthly premium, if applicable. Please note that Princeton will be unable to adjust your monthly premium to reflect that you are no longer utilizing the prescription drug plan. If you disenroll and do not have or enroll under other Medicare prescription drug coverage or coverage that is considered creditable (as good as Medicare’s), you may have to pay a late enrollment penalty (LEP) in addition to the premium for a Medicare prescription drug plan in the future. If you want to disenroll from the Princeton University Medicare PDP, contact OptumRx at (855) 209-1299.

Please note that the Centers for Medicare and Medicaid Services (CMS) does require standard communications be sent to all participants in the Medicare Part D plan, and these communications will be sent to you by OptumRx. These required communications from OptumRx may be confusing; therefore, if you have any questions or concerns we encourage you to contact OptumRx. OptumRx customer service representatives are available 24 hours a day, 7 days a week. You may also contact the Human Resources Benefits Team at (609) 258-3302 or benefits@princeton.edu.

Princeton University participates in Prior Authorization, Step Therapy, and Quantity Duration Programs, for certain prescribed medications. An OptumRx pharmacist may need to speak with the prescribing physician to ensure that the patient meets the criteria for the prescription prescribed. In addition, the quantity of some prescription medications may be limited based on FDA regulations ensuring patient safety. If your physician deems it necessary for your care and treatment, he or she may appeal the decision by contacting OptumRx.

Four Tier Formulary

Generic, Preferred Brand, Non-Preferred Brand or Specialty

OptumRx will continue to offer a four tier formulary design. A formulary is a list of prescribed medications – both generic and brand name- that have proven to be both clinically and cost effective. Prescriptions on the formulary are categorized into four tiers and those tiers determine your cost for a particular medication (see chart).

<table>
<thead>
<tr>
<th>Tiers</th>
<th>Retail Pharmacy 30-Day Supply</th>
<th>Mail Order 90-Day Supply</th>
</tr>
</thead>
<tbody>
<tr>
<td>Generic Drugs</td>
<td>$5</td>
<td>$10</td>
</tr>
<tr>
<td>Preferred Brand Drugs</td>
<td>$25</td>
<td>$50</td>
</tr>
<tr>
<td>Non-Preferred Brand Drugs</td>
<td>$40</td>
<td>$80</td>
</tr>
<tr>
<td>Specialty/High Cost Drugs</td>
<td>$25</td>
<td>$50</td>
</tr>
</tbody>
</table>

There are preferred products in every therapeutic class in the formulary. The formulary is an important tool that can assist you and your family in managing drug costs. Sharing the formulary with your healthcare provider will enable you to fully maximize and understand your pharmacy benefit. OptumRx updates its formulary on January 1 each year. Once the formulary changes are finalized, you will receive a letter from OptumRx if you will be impacted. The letter(s) from OptumRx will include instructions to help you minimize costs. For more information and a list of formulary medications, contact OptumRx at (855) 209-1299.

Vision Care Plan

A summary of the Vision Care plan coverage provided is enclosed. The monthly premium for the MetLife Vision Care Plan is increasing for 2019. If you are not already enrolled in this “retiree-pay-all” plan and choose to enroll during this Open Enrollment period, your enrollment will be effective January 1, 2019, and your monthly premium will be reflected in your billing statement. Once enrolled, you may not terminate your coverage mid-year. To enroll, add or remove dependent(s), or waive your vision benefits, please complete and return the enclosed “Princeton Health Plan Election Form for Retirees Age 65 and Over”.

Health Advocate
Health Advocate will help you and your family members confidentially navigate the often complex healthcare system. The program provides you and your enrolled dependent(s), if applicable, with unlimited access to a Personal Health Advocate (PHA). PHA's are typically registered nurses, supported by medical directors and benefits and claims specialists, who can get to a bottom of a wide variety of healthcare and insurance-related issues.

When you need assistance, you will call or email Health Advocate to be assigned a PHA. Your PHA will review your situation, obtain the necessary information, and work to resolve your inquiry. A PHA can help:

- Resolve billing and claims issues
- Explain benefits coverage, health conditions, and researching treatments
- Find the right doctors, hospitals, and providers
- Schedule tests and appointments
- Navigate Medicare

Health Advocate is not affiliated with any insurance or third party providers and all your medical and personal information remains confidential. You can contact Health Advocate at (866) 695-8622 or www.healthadvocate.com/princeton.

Memorial Sloan Kettering Direct
If you or a family member is faced with a cancer diagnosis, reliable information and comprehensive care are crucial. With MSK Direct, you have access to a team of dedicated professionals who specialize in cancer. The team includes experienced nurses, social workers, and MSK Care Advisors who will be there to guide you through the process of getting care at MSK and oversee your experience every step of the way.

The staff at MSK Direct will:

- Offer you a timely and convenient appointment with an appropriate specialist within two business days of speaking with a representative (subject to availability of your medical records, your ability to travel to MSK, clinical considerations, and health insurance coverage for care at MSK)
- Answer your questions, coordinate the services you receive, and help you navigate critical steps throughout your cancer care experience
- Help you gather necessary medical records before your first appointment
- Introduce you to MSK facilities and clinical teams that will be handling your care
- Continue to be a resource for you throughout your experience at MSK

To learn more about the program, visit www.princeton.edu/hr/thrive/mskdirect, or call MSK Direct toll-free at (844) 303-2123, Monday through Friday, 8:30 a.m. to 5:30 p.m. EST. Messages left outside of these hours will be returned the next business day.

All retirees and eligible family members (spouses, domestic partners, children, parents, parents-in-law and siblings) will have access to MSK Direct at no additional cost. Your out-of-pocket costs for the services you receive from MSK will vary depending on the health insurance plan in which you are enrolled. If your family member is not enrolled under your retiree medical coverage, they will need to contact MSK Direct to verify their health plan's coverage, since eligibility is subject to health insurance coverage for care at MSK.

Best Doctors
Princeton University believes that your health is very important, and will continue to offer the Best Doctors program at no cost. This program is completely confidential and neither Princeton nor your insurance company is made aware of your participation. Best Doctors is available to all retirees and their covered dependents enrolled in a Princeton University retiree medical plan. Princeton is providing Best Doctors to help you make medical decisions with greater confidence and to ensure you are getting the right care.
With Best Doctors you can:
- Find the right doctor for your needs
- Review an in-depth medical review of your condition
- Ask an expert physician questions about diagnosis and treatment options
- Get advice from critical care experts on treatment plans or recommendations when admitted to the hospital for an acute medical event
- Access mental health support to identify or confirm a diagnosis, determine a treatment plan and find mental health resources through their Behavioral Health Navigator program.

If you have any questions or would like more details on Best Doctors you may contact Best Doctors at (866) 904-0910.

**Billing Information**
If ECSI bills you for your monthly premium, please keep in mind that you will receive your 2019 billing statement at the beginning of January. If your premium is deducted from your monthly pension check as part of the Biweekly Pension Plan (administered by AIG), you will see the new premium deduction, if applicable, beginning with your January checks.

**Contact Information**
If you have any questions about your Princeton University retiree benefits, contact the Human Resources Benefits Team at (609) 258-3302 or benefits@princeton.edu, or visit our website at www.princeton.edu/hr for additional information.

Sincerely,

Linda Nilsen
Assistant Vice President, Human Resources

Enclosures:
- 2019 Princeton Medicare Plan Highlights
- Princeton Medicare Health Plan Election Form/Rate Sheet for Retirees Age 65 and Over
- MetLife Vision Plan information
- Notice of Privacy Practices for Retirees Participating in the Princeton University Health Care Plans (aka HIPAA Notice)
- Affordable Care Act Notice of Nondiscrimination

*While the University intends to continue each of its benefit plans, the University reserves the right to terminate or amend any plan, at any time, for any reason.*