Taking care of your health and wellbeing is an important part of your contribution to the mission of the University.

When you have the benefits and resources to assist and support you in attending to your personal and family needs, you are able to contribute fully to the University and its mission of teaching and research. Princeton University is committed to supporting you and your family while providing a collegial, respectful, safe, and inspiring place to work where you can thrive. As part of this initiative, the University offers comprehensive benefits that include various options to meet your healthcare and financial needs.
This communication is intended to be a Summary of Material Modifications (SMM) for the healthcare, life insurance, and other benefits plans and programs. It briefly describes your benefits plans including any changes effective January 1, 2019. Although Princeton intends to continue these benefits, the University reserves the right to amend or terminate these plans at any time. You can find full details regarding coverage, eligibility, and limitations in the Summary Plan Descriptions (SPDs) and Certificates of Coverage available on our website. You may also request to receive a paper copy of an SPD, Certificate of Coverage, or any administrative notice by contacting the Benefits Team.

As a requirement of the Patient Protection and Affordable Care Act (PPACA), Princeton must provide a Summary of Benefits Coverage (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 to help you better understand and evaluate your health insurance choices. An SBC for each medical plan is available on our website. You may request to receive a paper copy of any SBC by contacting the Benefits Team.

If there are any discrepancies between the information in this publication, verbal representations, and the plan documents, the plan documents always govern.

You are entitled to receive this SMM under the Employee Retirement Income Security Act of 1974 (ERISA). You also have other important rights under ERISA. These are explained in more detail on our website.

CONTACT US

Human Resources Benefits Team
(609) 258-3302
benefits@princeton.edu
www.princeton.edu/hr/benefits

Human Resources Service Center
4 New South
Princeton, NJ 08544
Monday–Friday
9:00 a.m.–4:00 p.m.

Benefits Services available by appointment or during walk-in hours:
Monday, Wednesday, and Friday 9:00 a.m.–1:00 p.m.
Tuesday and Thursday 12:30–4:00 p.m.
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## PROVIDER INFORMATION
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ELIGIBILITY

You are eligible for benefits if you are a regular or term biweekly- or monthly-paid employee who fills an approved budgeted position on the regular payroll. Regular and term employees are scheduled to work 50% or more of the normal workweek schedule (36½ or 40 hours, depending on the position) for five months or more and receive pay directly from the University. Postdoctoral research fellows are eligible for benefits regardless of their duty time. Most benefits begin the first of the month coincident with or next following your date of hire. If you are hired the first day of the month, most benefits begin that day. If you are hired anytime between the second and the last day of the month, most benefits begin the first day of the following month.

To determine in which benefits you are eligible to enroll or participate, review the Benefits Plan Eligibility chart.

RETIREE BENEFITS ELIGIBILITY

Princeton provides retiree health benefits to employees who meet certain age and service requirements, refer to page 31 for eligibility information. For details, visit our website or contact the Benefits Team.

NEW HIRES

You must elect to enroll in a health plan within 31 days from your date of hire. Otherwise, you will have no health insurance coverage with Princeton University in 2019, unless you experience a qualifying status event. See page 4 for more details.
DEPENDENT ELIGIBILITY AND VERIFICATION

Eligible dependents include a spouse and eligible children until December 31 of the year in which they turn 26. Eligible children include biological, step, adopted, and foster children or children for whom you are the legal guardian. Coverage is available to eligible children regardless of student, residential, or marital status; however, the spouse and/or children of an eligible child are not eligible for coverage. Children who are physically or mentally challenged and become disabled before the end of the calendar year in which they turn 26 may still be eligible for coverage. Contact the Benefits Team for more information.

INELIGIBLE DEPENDENTS

- Civil union or domestic partners
- Common law spouses where common law marriage exists
- Ex-spouses, even if there is a Qualified Domestic Relations Order (QDRO) requiring you to provide health insurance coverage
- Former stepchildren of ex-spouses, even if you are required to provide health insurance coverage as dictated under a Qualified Medical Child Support Order (QMCSO)
- Ex-civil union or ex-domestic partners, even if there is a QDRO requiring you to provide health insurance coverage
- Ex-civil union or ex-domestic partners’ children, even if you are required to provide health insurance coverage as dictated under a QMCSO
- Extended family members—mother, father, siblings, grandparents, in-laws, etc.—under any circumstances
- Children who are extended family members—grandchildren, nieces, nephews, etc.—except when you are the legal guardian

DEPENDENT VERIFICATION PROCESS

For each dependent you are enrolling in one or more of Princeton’s healthcare plans, you must provide the required dependent verification documentation within 31 days from the effective date of your coverage. Otherwise, your dependent(s) will be removed and not have coverage. As soon as you have the documentation available, submit copies by fax to (609) 258-5920, email to benefits@princeton.edu, or campus mail to the Office of Human Resources, 4 New South. You can also call the Benefits Team at (609) 258-3302 to make arrangements. All documentation received is handled confidentially.

DEPENDENT VERIFICATION DOCUMENTATION

<table>
<thead>
<tr>
<th>Spouse</th>
<th>Marriage certificate¹ and most recently filed tax return with Social Security numbers and all financial information redacted, i.e., blacked out, by the employee</th>
</tr>
</thead>
<tbody>
<tr>
<td>Biological child who is under age 26²</td>
<td>Birth certificate³</td>
</tr>
<tr>
<td>Adopted child</td>
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<tr>
<td>Stepchild</td>
<td>Birth certificate including names of biological parents and employee’s marriage certificate</td>
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<td>Legal ward</td>
<td>Legal guardianship papers showing full financial support and custody responsibilities</td>
</tr>
<tr>
<td>Foster child</td>
<td>Official placement papers</td>
</tr>
</tbody>
</table>

¹ Foreign nationals can provide current visa documentation showing marriage in lieu of a marriage certificate.
² Coverage can continue through the calendar year in which the child turns 26.
³ Foreign nationals can provide current visa documentation listing dependent child(ren) in lieu of a birth certificate(s).
ONLINE BENEFITS ENROLLMENT

Your online access to HR Self Service is available seven days a week between 8:00 a.m. and midnight.

**STEPS TO ENROLL**

To log in to HR Self Service, you will need your netID, password, and be Duo-enabled. Duo is a two-factor authentication system implemented by the Office of Information Technology (OIT) to protect your personal information and Princeton data. If you are not currently Duo-enabled, you may enroll in Duo Self Service at [www.princeton.edu/duoportal](http://www.princeton.edu/duoportal). If you require assistance with your netID, password, or Duo, contact the OIT Help Desk at helpdesk@princeton.edu or (609) 258-HELP (4357). If you need assistance with HR Self Service, contact the Benefits Team.

1. Go to [www.princeton.edu/selfservice](http://www.princeton.edu/selfservice)
2. Click Log In Here
3. Enter your netID and password
4. From HR Self Service, select **Benefit Details**
5. Select **Benefits Enrollment**
6. Make your benefits elections
7. Click **Submit**
8. Click **Submit** (again) to finalize your elections

**Confirmation**

Once you submit your elections online you will receive an email verifying that your elections are being processed. You will receive a second email within two business days confirming that your elections have been processed in PeopleSoft. Elections can take up to 10 business days to process with the benefit plan vendors.

To ensure your changes have been recorded, you should log back in to HR Self Service to view your elections by selecting **Benefits Summary** from the **Benefit Details** menu.

**WHAT YOU CAN DO DURING THE YEAR**

From the **Benefit Details** menu, you can:

- View your current or future benefits elections by clicking on **Benefits Summary**.
- Enroll or change your Retirement Savings Plan election by clicking on **Life Event or 403b Elections**.
- Make a change to your benefits coverage due to a Qualifying Status Event by clicking on **Life Event or 403b Elections**.
- Review and/or update your dependents’ personal information by clicking on **Dependent/Beneficiary Info**.
- Review and/or update your life insurance beneficiary designations by clicking on **Life Insurance Beneficiaries** and then select **Life Ins Summary/Designations**.
- Review and/or update your life insurance beneficiary designations by clicking on **Life Insurance Beneficiaries** and then select **Life Ins Summary/Designations**.
- Review and/or update your life insurance beneficiary designations by clicking on **Life Insurance Beneficiaries** and then select **Life Ins Summary/Designations**.
- Review and/or update your life insurance beneficiary designations by clicking on **Life Insurance Beneficiaries** and then select **Life Ins Summary/Designations**.

**RESOURCES**

Benefits information is available on our website. If you do not have online access, materials and forms are available for pick up by contacting the Benefits Team. If you need assistance, stop by the Human Resources Service Center at 4 New South, Monday through Friday, 9:00 a.m. to 4:00 p.m. If you do not have access to a computer, kiosks for online access and enrollment are available at the following locations:

- **East Pyne**
- **Chancellor Green Rotunda**
- **New South**
- **Fourth Floor**
- **Forbes College**
- **Kitchen**
- **Whitman**
- **Kitchen**
- **Graduate College**
- **Loading Dock**
- **Wilcox Hall**
- **Kitchen**
- **Madison Hall**
- **Hallway by Campus Dining**

**NEW HIRES**

You have 31 days from your date of hire to enroll in or waive benefits. To enroll in benefits, click on **Benefits Enrollment** under the **Benefit Details** menu. On this page, you will see the benefits that you are eligible to elect. Review your benefits options carefully. Make your enrollment choices and dependent selections one plan at a time. When you are ready to finalize your changes, scroll to the bottom of the page and click the **Submit** button. On the next page, **Submit Benefit Choices**, click on a second **Submit** button to authorize your elections. **Your changes are not finalized until you click the second **Submit** button.**
The Internal Revenue Service (IRS) limits when you can add coverage for dependents or make changes to your healthcare, flexible spending account, and life insurance elections during the year. You have the following opportunities to elect or make changes to your benefits:

- During the Annual Benefits Open Enrollment period in the fall (changes effective January 1 of the following year) or
- Within 31 days, or 90 days for the birth or adoption of a child, of a Qualifying Status Event described below.

For more information, review the Notice of Special Enrollment Rights on page 43 or visit our website.

### Qualifying Status Event Changes

- Marriage or divorce.
- Birth or adoption of a child.
- Death of a spouse or child.
- A loss or gain of benefits eligibility for yourself, a spouse, or a child.
- Transition from full-time to part-time status, or vice versa, that changes eligibility for benefits for you or a spouse.
- You or a spouse take or return from an unpaid leave of absence.
- Any significant change in your family’s healthcare plan coverage through a spouse’s healthcare plan.

If you experience a Qualifying Status Event, you must log in to HR Self Service at [www.princeton.edu/selfservice](http://www.princeton.edu/selfservice) to make changes to your coverage within 31 days, or 90 days for the birth or adoption of a child, of the date of the event. Since these changes must comply with IRS regulations, you must provide proper documentation for your change, such as a birth certificate or divorce decree, and your benefits changes must be consistent with the nature of the Qualifying Status Event. Once you log in to HR Self Service you will select Benefit Details and then Life Event or 403b Elections to make your changes. If your Qualifying Status Event is not listed in HR Self Service, contact the Benefits Team for assistance.

Changes for all Qualifying Status Events, except for those as a result of the birth or adoption of a child, are effective the first of the month coincident with or next following the date of the event. In the case of birth or adoption, the effective date is retroactive to the date of the birth or adoption.

### Changes Permitted During the Year Without a Qualifying Status Event

- Elect or change beneficiary designations.
- Elect, change, or waive coverage under supplemental, spousal, or child life insurance—evidence of insurability (EOI) form required when electing or increasing the supplemental and spousal life insurance coverage.
- Elect, change, or terminate long term care coverage—EOI required when electing or increasing coverage.
- Elect, change, or terminate participation in the Retirement Savings Plan.
- Elect, change, or terminate the Health Savings Account (HSA) if enrolled in the CDHP.

### Go Paperless

If you prefer to receive Benefits communications by email, instead of print, you can select to go paperless in HR Self Service. Your selection will take effect immediately for all future communications except those that the Office of Human Resources determines necessary to communicate to you in paper form.

1. Go to [www.princeton.edu/selfservice](http://www.princeton.edu/selfservice)
2. Click Log In Here
3. Enter your netID and password
4. From HR Self Service, select Benefit Details and click on Go Paperless
5. Make your selection
6. Click Save
ALEX

ALEX* is an easy-to-use, interactive decision-support tool that acts as a virtual benefits counselor. It helps you learn more about Princeton’s healthcare and supplemental health plans. Picking the right benefits can be a challenge; ALEX can help you decide by providing a personalized look at your benefits so you can choose the best option for you and your family.

*Which medical plan is best for me?  
How much should I save in my FSA or HSA?

These decisions are important and a lot goes into making choices. ALEX is available to make the process easier for you. ALEX will prompt you for some basic information about you and your family. Your responses are confidential and will be used only to help you with the decision-making process.

ABOUT ALEX

- Reviews your healthcare options and explains terms or concepts.
- Interactive, easy-to-understand, and helpful.
- Available online, so you can use the tool with your spouse and family members from a computer or mobile device.
- ALEX does not keep or transmit any of your personal information. Whatever you share with ALEX remains completely private and anonymous.

To utilize ALEX, visit www.myalex.com/princeton/2019.

While we hope that ALEX will answer many of your questions, contact these additional resources for more information.

- For questions about benefits coverage and options, contact Health Advocate or the Benefits Team.
- For questions about Supplemental Health Plans, refer to page 18.

HEALTH ADVOCATE

Health Advocate helps you and your family members confidentially navigate the often complex healthcare system. The program provides you, your dependents, parents, and parents-in-law with unlimited access to a Personal Health Advocate (PHA), regardless of whether or not you or your eligible family members are enrolled in a healthcare plan at Princeton. PHAs are typically registered nurses, supported by medical directors and benefits and claims specialists who can get to the bottom of a wide variety of healthcare and insurance-related issues.

*How does Health Advocate work?*

When you need assistance, call Health Advocate at (866) 695-8622 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 and health conditions.
- Research treatments.
- Find the right doctors, hospitals, and providers.
- Schedule tests and appointments.
- Secure second opinions.
- Locate elder care services.
- Navigate Medicare and plan transitions when you retire.

Health Advocate is not affiliated with any insurance or third party providers, and all your medical and personal information remains confidential. To review all the services and resources available to you, visit www.healthadvocate.com/princeton or visit our website.

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*ALEX is an off-the-shelf product with limited capabilities to customize. Therefore, it is not designed to account for every eligibility situation and healthcare plan rule. While ALEX is meant to be a guide to help you make your enrollment decisions, only you can elect benefits to best suit your needs. It is important to utilize all of the resources and educational tools provided to you, prior to enrolling in benefits. While ALEX is a tool to help you make enrollment decisions, you still have to enroll in the healthcare plans you want through HR Self Service, or through Winston Benefits, if you want to enroll in supplemental health plans.
CASTLIGHT

Employees enrolled in a Princeton University healthcare plan have access to Castlight which provides an easy way to locate healthcare resources online, with information on cost and quality, at no cost to you. Utilizing Castlight enables you to:

• Compare prices and quality ratings for doctors, hospitals, and medical services.
• Read patient reviews of doctors and specialists.
• Estimate personalized costs on future visits.
• View step-by-step breakdowns of your past medical and prescription expenses.

Register for Castlight at www.mycastlight.com/princeton or download the Castlight app from the Apple App Store or Google Play. To learn more about the tool, contact Castlight at (866) 207-6344 or visit our website.

MSK DIRECT

When you are faced with cancer, reliable information and comprehensive care are crucial. The experts at Memorial Sloan Kettering (MSK) are there to help. With MSK Direct, you have direct 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.
• Optimize your care experience.
• Help you gather necessary medical records before your first appointment.
• Introduce you to MSK facilities and the 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 our website. You can call Princeton University’s dedicated MSK Direct line toll-free at (844) 303-2123, Monday through Friday, 8:30 a.m. to 5:30 p.m. EDT. Messages left outside these hours of operation will be returned the next business day.

ELIGIBILITY AND COST

All Princeton University faculty, staff, retirees, and their eligible dependents including spouses or domestic partners, children, parents, parents-in-law, and siblings 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. UnitedHealthcare and Aetna participants have access to MSK as an in-network provider. If you are not a member of UnitedHealthcare or Aetna, you will need to contact MSK Direct to verify your health plan’s coverage.

EMPLOYEE ASSISTANCE PROGRAM

The Employee Assistance Program (EAP), offered through Carebridge, is available to help you and your eligible dependents cope with everyday circumstances and get referrals to address common questions.

EAP COUNSELING SERVICES

Carebridge provides eight free face-to-face, confidential counseling sessions, per issue, for each covered person. To talk with a licensed professional and begin counseling, contact Carebridge at (800) 437-0911. Counseling services are available 24/7 for issues related to:

• Anxiety
• Depression
• Grief and loss
• Relationship issues
• Substance abuse
• And more...

EAP REFERRAL SERVICES

Carebridge provides referral services to address common questions. For a referral, call Carebridge at (800) 437-0911 or visit www.myliferesources.com, access code TW8AE. Unlimited phone referrals and online access are available for questions on:

• Child and elder care resources
• Education planning
• Financial pressures
• Legal matters
• Pet services
• Relocation
• And more...
**BEST DOCTORS**

Best Doctors, a firm recognized for identifying expert physicians to bring best practice medicine to you, can help you make informed healthcare decisions with greater confidence and ensure you are getting the right care.

This resource is confidential and provided at no additional cost to eligible employees, whether or not your health insurance is through the University.

**In-Depth Medical Review**

Best Doctors collects your medical records, including images and tests, and reviews all the information and either confirms your diagnosis and treatment plan or suggests further tests and/or a change in your treatment.

**Ask the Expert**

If you have a basic question about a diagnosis or treatment, you can obtain personalized guidance from a medical expert.

**Find a Doctor**

Best Doctors can locate an in-network physician in your area using their network of medical experts.

**Behavioral Health Navigator**

Access mental health support to identify or confirm a diagnosis, determine a treatment plan, and find mental health resources.

**Critical Care**

If admitted to a hospital, emergency room, intensive care unit, or neonatal intensive care unit for an acute medical event, Best Doctors can review your case within 48 to 72 hours and send a nurse to help coordinate care, if needed. The Critical Care program provides support for acute medical events such as:

- Complications from the premature birth of a child.
- Sepsis.
- Severe burns.
- Spinal cord and brain injuries.
- Traumas to multiple organs and/or body systems.

To learn more about the program, visit our website. To access Best Doctors, visit members.bestdoctors.com or call (866) 904-0910.

**TREATMENT DECISION SUPPORT PROGRAM**

Best Doctors’ Treatment Decision Support Program provides you with a $400 taxable cash incentive in your paycheck once you or your covered family members obtain a virtual second opinion from Best Doctors prior to considering back, hip, or knee surgery.

**MY HEALTH COACH**

My Health Coach offered in partnership with TrestleTree, an accredited health transformation organization, provides you and your eligible dependents free, confidential assistance to achieve your personal health goals. You do not need to be enrolled in a health plan at Princeton to use this service. Health Coaches are available to meet with you conveniently on campus or by phone. The Health Coaches have experience helping individuals successfully manage medical conditions, such as heart disease, high blood pressure, and diabetes. They can also provide guidance for eating better and exercising more, to assist with weight loss efforts.

**What is a Health Coach?**

A Health Coach is a healthcare professional who partners with you to transform your health goals into action. Your Health Coach will provide guidance, support, resources, and help you overcome obstacles that may be keeping you from realizing optimal health. They help participants develop a personalized plan to achieve goals for healthy living regardless of where they are in the process. The Health Coaches can assist individuals in understanding their diagnosis, their medical condition, and their doctor’s treatment plan so they can make important changes to achieve optimal health and well-being. Individuals talk to their Health Coach about a variety of health-related matters, to help make changes and feel better. To learn more about the program, contact TrestleTree at (866) 237-0973 or visit our website.

**INCENTIVE PROGRAMS**

To help you manage certain health conditions, My Health Coach offers incentive programs that are confidential, voluntary, and offered at no additional cost to eligible employees and their dependents enrolled in a Princeton medical plan.

**Diabetes Management Incentive Program**

If you have been diagnosed with diabetes or pre-diabetes, the Diabetes Management Incentive Program provides you with a $250 taxable cash incentive in your paycheck and a copay waiver through OptumRx for certain generic and preferred brand drugs, as well as for supplies related to diabetes care.

**Condition Management Incentive Program**

If you have been diagnosed with high blood pressure, high cholesterol or obesity, the Condition Management Incentive Program provides you with a copay waiver through OptumRx for certain generic and preferred brand drugs, as well as for supplies related to diabetes care.

To learn more about the program, contact TrestleTree directly at (866) 237-0973.
HEALTHCARE GLOSSARY

**Coinsurance**
Once you have met your annual deductible, the cost of certain services are shared between you and your medical plan. The shared amount is called coinsurance and is calculated by percent—you pay a percentage and the plan pays the remaining percentage of costs for services. You continue to pay coinsurance until you reach your out-of-pocket maximum for the year. For out-of-network services, you will always be responsible to pay amounts that are above reasonable and customary limits.

**Contribution**
You make contributions from pay to establish your participation in a healthcare plan and begin receiving coverage.

**Copayment or Copay**
You pay this fixed amount directly to a healthcare provider when you receive certain in-network services or products. For example, it is the amount you pay for a physician's office visit or a prescription drug.

**Centers of Excellence and Institutes of Quality**
Princeton offers access to UnitedHealthcare Centers of Excellence (COE) and Aetna Institutes of Quality (IQQ). COEs and IQQs provide access to leading healthcare facilities, physicians and services with demonstrated success in care and a commitment to continuous improvement to support safe, specialized, and cost-effective services. UnitedHealthcare and Aetna can provide the information you need and help guide you to a COE or IQQ that meets your specific needs.

**Deductible**
This is the amount of money you may be responsible for paying in a calendar year, depending on your medical plan, before any expenses are covered for certain services. Copays and any amounts above reasonable and customary charges do not count toward deductibles.

**In-Network Coverage**
Using in-network doctors or facilities helps you and Princeton manage costs and ensure quality care. For this reason we provide a higher level of coverage for inpatient and outpatient procedures when you use in-network providers.

**Out-of-Network Coverage**
You may seek care from any licensed or certified physician or facility outside of a plan’s network. However, out-of-network services may or may not be covered under the plan and can cost double the amount of in-network services. For this reason, coverage provided will be limited to reasonable and customary charges, if the plan allows for out-of-network coverage.

**Out-of-Pocket Maximum (OPM)**
This is the maximum amount of money you pay for eligible medical services in a calendar year. The OPMs for in- and out-of-network coverage accumulate independently of each other. The OPM includes copayments, deductibles, and coinsurance amounts paid. Charges incurred that go above reasonable and customary fees if you choose to go out-of-network are not included in the OPM.

**Precertification**
Precertification, referred to as prior authorization under UnitedHealthcare, is authorization from your medical plan carrier that you must obtain before you receive care. If you are using an in-network provider, your physician is responsible for obtaining this authorization for you. However, if you go out-of-network, it is your responsibility to obtain precertification.

**Reasonable and Customary**
When you use out-of-network services, the maximum amount a plan will allow to be charged for a service is called “reasonable and customary.” This is determined by the insurance carrier using data provided by Fair Health, Inc. Costs above reasonable and customary are your responsibility. To search estimated reasonable and customary fees for services in your area, go to www.fairhealthconsumer.org or call the insurance carrier for assistance.
HEALTHCARE RATES

Princeton University offers several healthcare plan options. The Plan Benefits Comparison Charts provide an overview of coverage by plan. The monthly contribution costs, which are deducted pretax from your pay, are below. In the event you are in an unpaid status, you will be billed directly by the University.

You should review your options carefully by comparing plan features and costs and determining the network of providers available under each plan. Summary Plan Descriptions are available on our website.

<table>
<thead>
<tr>
<th>MONTHLY¹ FACULTY AND STAFF CONTRIBUTION RATES FOR 2019</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Medical</strong></td>
</tr>
<tr>
<td>Aetna Consumer Directed Health Plan (CDHP)</td>
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<tr>
<td>Employee</td>
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<tr>
<td>Employee and Child(ren)</td>
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<tr>
<td>Employee and Spouse</td>
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<tr>
<td>Employee and Family</td>
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<tr>
<td>Aetna or UnitedHealthcare Princeton Health Plan (PHP)</td>
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<tr>
<td>Employee</td>
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<tr>
<td>Employee and Child(ren)</td>
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<tr>
<td>Employee and Spouse</td>
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<tr>
<td>Employee and Family</td>
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<tr>
<td>Aetna HMO Plan</td>
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<tr>
<td>Refer to the salary tiers² below.</td>
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<tr>
<td>$75,000 and under</td>
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<tr>
<td>$75,001–150,000</td>
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<tr>
<td>$150,001 and over</td>
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<tr>
<td>Aetna J-1 Visa Plan</td>
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<tr>
<td><strong>Dental</strong></td>
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<tr>
<td>MetLife Basic Option PPO Plan</td>
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<tr>
<td>Employee</td>
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<tr>
<td>Employee and Child(ren)</td>
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<tr>
<td>Employee and Spouse</td>
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<tr>
<td>Employee and Family</td>
</tr>
<tr>
<td>MetLife High Option PPO Plan</td>
</tr>
<tr>
<td>Employee</td>
</tr>
<tr>
<td>Employee and Child(ren)</td>
</tr>
<tr>
<td>Employee and Spouse</td>
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<tr>
<td>Employee and Family</td>
</tr>
<tr>
<td>Aetna DMO Plan</td>
</tr>
<tr>
<td>Employee</td>
</tr>
<tr>
<td>Employee and Child(ren)</td>
</tr>
<tr>
<td>Employee and Spouse</td>
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<tr>
<td>Employee and Family</td>
</tr>
<tr>
<td><strong>Vision</strong></td>
</tr>
<tr>
<td>MetLife Vision Plan</td>
</tr>
<tr>
<td>Employee</td>
</tr>
<tr>
<td>Employee and Child(ren)</td>
</tr>
<tr>
<td>Employee and Spouse</td>
</tr>
</tbody>
</table>

¹ Biweekly-paid employee deductions will occur twice a month at the rate of half the amount noted on the chart above. If you receive a third paycheck in a month, deductions for healthcare insurance will not be taken.

² Your salary tier is based on your annual base salary as of January 1, 2019, or your date of hire, if later.

DID YOU KNOW?

**Medical Necessity Required**

All services or supplies must be medically necessary or they will not be covered. For example, physical therapy will need to result in significant improvement in the member’s condition to be covered. Refer to the Summary Plan Descriptions to determine if medical services are covered, excluded, or limited. Alternatively, contact Aetna or UnitedHealthcare for more detail.

**Car Insurance Personal Injury Protection**

You should not elect your Princeton medical plan as your primary insurance coverage in the event of a motor vehicle accident. You should elect your motor vehicle PIP coverage as your primary coverage. If you do not elect PIP coverage as primary, and you are in a motor vehicle accident, your healthcare insurer has the right to subrogate and any monies they paid out for claims will be subject to reimbursement by you.
Princeton University offers several medical plan options. The Medical Plan Benefits Comparison Charts on pages 14 and 15 provide an overview of coverage by plan. The contribution costs, which are deducted pretax from your pay, are on page 9. If you are in an unpaid status, the University will bill you directly. There are no preexisting condition exclusions for any of our medical plans. Additional details, including Summary Plan Descriptions and Summary of Benefits Coverages, are available on our website.

### MEDICAL PLANS

**MINIMIZING COSTS**

To minimize your costs, consider using the following resources:

- Preferred Providers and Laboratories
- Independent Facilities for Outpatient Services
- Urgent Care Centers
- Centers of Excellence and Institutes of Quality
- Health Advocate, My Health Coach, Best Doctors, and Castlight

**PREVENTIVE SERVICES**

Preventive services in the CDHP, HMO, and PHP, e.g., annual exams, colonoscopies, and mammographies, are covered at 100% in-network before deductible.

**PRESCRIPTION DRUG COVERAGE**

All Princeton medical plans provide prescription coverage through OptumRx. Coverage varies depending on your medical plan election. For more details, refer to pages 16 and 17.

**DECISION SUPPORT AND HEALTHCARE RESOURCES**

For information on the decision support tool, ALEX, and the healthcare resources available to you, refer to pages 5–7.

**HOW TO FIND IN-NETWORK PROVIDERS**

To find an in-network provider or laboratory, independent radiology center, or urgent care center, call Health Advocate, use Castlight, or follow the steps below for your medical plan provider.

**Aetna (CDHP, HMO, PHP, J-1 Visa)**

2. Enter the location (zip code or city/state) for the area you want to search.
3. Select your medical plan from the list provided.
4. Enter the name of the provider or search by category.

**UnitedHealthcare (PHP)**

1. Go to [princetonuniversity.welcometouhc.com](http://princetonuniversity.welcometouhc.com).
2. Under Wondering if your doctor is in our network?, click Find a Doctor.
3. Under See if your doctor or hospital is in the network, click Search the network: The Choice Plus Plan.
4. Change the address to your local area.
5. Enter the Physician Specialty or Facility/Clinic.

**URGENT CARE CENTERS**

When you have an emergency that is not life-threatening, e.g., a sprain, broken bone, or are in need of stitches, you can seek medical attention at an in-network urgent care center. The cost is much less than an emergency room and wait times are often shorter.

**CENTERS OF EXCELLENCE AND INSTITUTES OF QUALITY**

UnitedHealthcare offers access to Centers of Excellence (COEs) for cancer-related treatments, congenital heart disease (CHD), transplant services, bariatric surgery, and infertility services. Aetna offers Institutes of Quality (IOQs) for CHD, behavioral health, transplant services, bariatric surgery, orthopedic procedures for joints and spine, and infertility services. Although Aetna does not offer an IOQ for cancer-related services, Aetna members have access to MSK Direct. For information, contact Aetna or UnitedHealthcare.

Princeton provides an enhanced travel and lodging benefit for you and a family member whenever you use a COE or IOQ for certain medical procedures. For information, contact the Benefits Team.

**MEDICAL PLAN ID CARDS**

If you enroll in or make any changes to your medical coverage, you will receive a new ID card, mailed to your home address within three to four weeks of your election. You can print a temporary ID card from your provider’s website at [www.aetna.com/dse/princeton](http://www.aetna.com/dse/princeton) or [www.myuhc.com](http://www.myuhc.com). You will receive a separate ID card for the Prescription Drug Plan.

**PRECERTIFICATION**

Various services, such as inpatient stays, certain tests, procedures, outpatient surgery, and hi-tech radiology require precertification by Aetna or prior authorization by UnitedHealthcare. If you do not use a participating network provider (hospital, doctor, etc.), you will be responsible for obtaining precertification. If you do not receive precertification, you will not receive any benefits from the CDHP or PHP. In-network providers are responsible for handling precertification, so there is no additional out-of-pocket cost to you as a result of a network provider’s failure to precertify services.
TELEMEDICINE

Telemedicine is included in all our medical plans through Teladoc. It is a convenient and affordable option that allows you to talk to a U.S. Board Certified doctor 24 hours a day, 7 days a week, who can diagnose, recommend treatment, and prescribe medication (when appropriate), for many of your medical issues.

Conditions commonly treated through Telemedicine

- Bladder/urinary tract infection
- Bronchitis
- Cold/flu
- Fever
- Migraine/headaches
- Pink eye
- Rash
- Sinus issues
- Sore throat
- and more

Individuals enrolled in the PHP or HMO will have no copays. Individuals enrolled in the CDHP or J-1 Visa Plan will pay approximately $40 per visit until the annual deductible is met at which point visits will be covered at 80% until the out-of-pocket maximum (OPM) is reached. Once you reach the OPM, visits will be covered at 100% for the CDHP and J-1 Visa Plans.

To register for this service, go to www.teladoc.com/princeton, call (855) TELADOC (835-2362), or download the Teladoc app from the Apple App Store or Google Play.

TELEMENTAL HEALTH

Teladoc Behavioral Health is included in all our medical plans. It is a convenient option that allows participants age 18 and older to video conference with a licensed health provider—including psychiatrists, psychologists, and counselors—who can provide both therapy and medication management.

Conditions commonly treated through Telemental Health

- Depression
- Anxiety
- Bipolar disorder
- Substance abuse
- Fever
- Sinus issues
- Sore throat
- and more

Visits are covered at the same cost as in-network in-person mental health visits. Individuals enrolled in the PHP or HMO will pay the specialist copay. Individuals enrolled in the CDHP or J-1 Visa Plan will pay the coinsurance after the annual deductible is met.

To register for this service, go to www.teladoc.com/princeton or download the Teladoc app from the Apple App Store or Google Play.

In addition, Aetna and UnitedHealthcare offer their own telemental health services. To schedule an appointment for this service with Aetna (referred to as Televideo), call their in-network provider Inpathy at (800) 535-6689. If you reside outside of NJ, NY, or PA, go to www.aetna.com/dse/princeton or call Aetna at (800) 535-6689. To schedule an appointment for this service with UnitedHealthcare, go to www.myuhc.com and click on Mental Health and LiveandWorkWell.com.

UTILIZING PREFERRED SPECIALISTS AND LABS

Tiered Specialists

Aetna and UHC maintain a list of specialist categories with in-network preferred providers. These physicians have demonstrated higher quality and efficiency of patient care. Therefore, the costs are less.

You are charged a higher amount for utilizing an in-network non-preferred or out-of-network provider in these specialist categories. You are charged the in-network preferred copayment when you utilize in-network providers in other specialist categories not listed or in locations where no preferred providers are available. For information on costs for services, refer to the Medical Plan Benefits Comparison chart on page 14. Contact your provider, Aetna or UHC, before you seek care from a specialist.

When utilizing specialists, first check to see if they are in a category that identifies in-network preferred specialist providers. Since a provider’s status can change, confirm the provider’s status prior to your appointment. Refer to page 10 for instructions on locating in-network providers in your area. Aetna preferred providers are listed as Aexcel with a blue star. UHC preferred providers are listed as Premium Tier 1. Listed in the table are the categories and locations, as of the printing of this book. For the most current list of categories and locations, contact Aetna or UHC, or visit our website.

<table>
<thead>
<tr>
<th>Aetna (Aexcel)</th>
<th>UHC (Premium Tier 1)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Categories with In-Network Preferred Specialists</strong></td>
<td></td>
</tr>
<tr>
<td>Cardiology; Cardiothoracic Surgery; Gastroenterology; General Surgery; Neurology; Neurosurgery; Obstetrics and Gynecology (OB/GYN); Orthopedics; Otolaryngology—Ear, Nose, and Throat (ENT); Plastic Surgery; Urology; and Vascular Surgery</td>
<td>Allergy; Cardiology; Endocrinology; Family Practice; Gastroenterology; General Surgery; Internal Medicine; Nephrology; Neurology; Neurosurgery—Spine; Obstetrics and Gynecology (OB/GYN); Ophthalmology; Orthopedics; Otolaryngology—Ear, Nose, and Throat (ENT); Pediatric Internal Medicine; Pediatrics; Pulmonology; Rheumatology; and Urology</td>
</tr>
</tbody>
</table>

| Locations with Limited or No Access to Preferred Specialists | | |
| MI; NC; NH; OR; SD; WA; and Southeastern, Central, and Western PA | AZ, CA, DE, GA, IN, KY, MA, MI, NC, NH, NV, OR, SC, TX, VT, and WV |

Labs

Quest Diagnostics and LabCorp are the preferred labs for Aetna and UHC. These labs charge less and perform a wide variety of services. If you use any other in-network lab, other than Quest or LabCorp, you are charged more and have to meet the annual deductible. There is no coverage for out-of-network lab services. Aetna and UnitedHealthcare participants have access to the Quest lab located in McCosh Health Center.
**Consumer Directed Health Plan (CDHP)**

The Consumer Directed Health Plan (CDHP) is administered by Aetna and provides three levels of coverage: in-network preferred, in-network non-preferred, and out-of-network. Prescription drug coverage is integrated with the CDHP, see pages 16 and 17 for details.

Preventive medical care is covered at 100% in-network before deductible, and coverage begins immediately for prescriptions used to treat certain chronic conditions; all other services are covered after you meet your deductible(s). This plan also includes the option for a Health Savings Account (HSA). If you are not eligible to contribute to an HSA per IRS regulations, you have the option to enroll in the Healthcare Flexible Spending Account (HFSA). For information about the HSA, refer to page 23, or for the HFSA, refer to page 24.

For in-network services, you must first meet a deductible of $1,500 for individual coverage, or $3,000 for family coverage, with your medical and prescription expenses before the CDHP starts to pay for most covered services. There is no individual deductible when you elect family coverage. If one or more family members are covered in addition to yourself, you must reach the family deductible before coverage begins. However, there is an individual out-of-pocket maximum (OPM). Therefore, once any individual covered under the plan incurs expenses that exceed the individual OPM ($3,000), covered expenses for that individual will be reimbursed at 100% through the end of the calendar year, even if the full family OPM ($6,000) has not yet been met. The remaining family members would have to satisfy the remaining portion of the family OPM before their expenses are reimbursed at 100%.

All out-of-network costs are subject to reasonable and customary limits. In- and out-of-network coverages have independent deductibles and out-of-pocket maximums (OPMs).

**Princeton Health Plan (PHP)**

The PHP is administered by either Aetna or UnitedHealthcare (UHC). The PHP is a point-of-service plan, which provides three levels of coverage: in-network preferred, in-network non-preferred, and out-of-network.

In-network coverage begins immediately for certain services, such as office visits and preferred provider lab tests; all other services are covered after you meet your deductible(s). Although you are not required to elect a primary care physician (PCP), we recommend you use a PCP for yourself and your family members to help manage care. You do not need a referral to visit a specialist, even if you choose a PCP. All out-of-network costs are subject to reasonable and customary limits.

In- and out-of-network coverages have independent deductibles and out-of-pocket maximums (OPMs). OPMs are based on your annual base salary as of January 1, 2019, or your date of hire, if later (see chart).

<table>
<thead>
<tr>
<th>Salary Tiers</th>
<th>In-Network</th>
<th>Out-of-Network</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Individual</td>
<td>Individual</td>
</tr>
<tr>
<td>$75,000 and under</td>
<td>$1,550</td>
<td>$4,500</td>
</tr>
<tr>
<td>$75,001–150,000</td>
<td>$2,350</td>
<td>$4,700</td>
</tr>
<tr>
<td>$150,001 and over</td>
<td>$3,100</td>
<td>$6,200</td>
</tr>
</tbody>
</table>

For details about the medical plans, visit our website. For a current physician directory, refer to How to Find In-Network Providers on page 10.

**NEW HIRES**

You have 31 days from the date of hire to elect or waive coverage through HR Self Service. If elected, your coverage is effective the first of the month coincident with or next following your date of hire. If no election is made, you will not have health insurance coverage with Princeton University in 2019 unless you experience a qualifying status event. See page 4 for more details.

| AETNA | www.aetna.com/dse/princeton | (800) 535-6689 | CDHP/PHP Group #: 486819 |
| UNITEDHEALTHCARE | www.myuhc.com | (877) 609-2273 | PHP Group #: 196484 |
**HMO Plan**

The HMO plan is administered by Aetna and, in an HMO plan, you must select a primary care physician (PCP) from those within the HMO network to manage all your healthcare needs. To select your PCP, contact Aetna one week after enrolling. Until you make a PCP designation, Aetna will designate one for you. Your PCP will give you the necessary referrals to visit a specialist. Healthcare services are covered only when provided by your selected PCP or specialist to whom you are referred. No claim forms are required.

Due to California state regulations, if you reside in California, you will not be able to elect coverage under the HMO plan. California residents may elect coverage under the CDHP or PHP. However, if you are on a J-1 Visa, and reside in California, your only option for coverage through Princeton will be the J-1 Visa Plan.

For more information about the HMO, review the Patient Protection Model disclosure on page 42 or visit our website.

**J-1 Visa Plan**

Employees here on a J-1 visa may elect coverage from either the Aetna HMO Plan or J-1 Visa Plan. The effective date of coverage for employees on a J-1 visa is the date of hire.

The J-1 Visa Plan administered by Aetna is only available to non-U.S. citizens who are here on a J-1 visa. It is the default option for J-1 visa holders who do not elect a medical plan. Although you can utilize any hospital, facility, or physician of your choice, you can take advantage of Aetna's negotiated rates, which may lower your out-of-pocket expenses if you select a physician in Aetna's Open Choice PPO network. Reimbursement through this plan will not begin until you or your dependents reach the annual deductible of $500 for individual or $1,000 for family. After reaching the deductible, you pay 20% for eligible services until you reach the out-of-pocket maximum of $2,500 for individuals or $5,000 for family. Reasonable and customary limits apply unless you use an in-network physician or facility. You must submit a claim form to Aetna to be reimbursed for expenses.

**J-1 VISA HOLDERS**

The U.S. government requires that you and your dependents have health insurance coverage for the entire time you are an exchange scholar at Princeton University. If you waive the medical coverage offered by Princeton, you must be covered for health insurance through your home country, institution, or private policy. Health insurance must provide you and your dependents with the following coverage:

- Medical benefits of at least $100,000 per accident or illness with a deductible not to exceed $500 per accident or illness;
- At least $50,000 for expenses associated with a medical evacuation to your home country; and,
- At least $25,000 for the repatriation of remains.

Princeton will provide up to $50,000 toward expenses associated with a medical evacuation to your home country, and up to $25,000 for the repatriation of remains.

For details about the medical plans, visit our website. For a current physician directory, refer to How to Find In-Network Providers on page 10.

**NEW HIRES**

You have 31 days from the date of hire to elect or waive coverage through HR Self Service. If elected, your coverage is effective the first of the month coincident with or next following your date of hire. If no election is made, you will not have health insurance coverage with Princeton University in 2019 unless you experience a qualifying status event. See page 4 for more details. If you are on a J-1 visa and you do not waive coverage and no election is made, you will be defaulted into the J-1 Visa Plan with individual coverage only.
<table>
<thead>
<tr>
<th>MEDICAL PLAN BENEFITS COMPARISON</th>
<th>HMO Plan</th>
<th>Princeton Health Plan</th>
<th>PHP Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>In-Network Only</strong></td>
<td>$0</td>
<td>$250 / $500</td>
<td>$750 / $1,500</td>
</tr>
<tr>
<td><strong>Preferred</strong></td>
<td>$0</td>
<td>$500 / $1,000</td>
<td>$1,000 / $1,500</td>
</tr>
<tr>
<td><strong>Non-Preferred</strong></td>
<td>$0</td>
<td>$1,000 / $1,500</td>
<td>$1,500 / $2,000</td>
</tr>
<tr>
<td><strong>Out-of-Network</strong></td>
<td>$2,500 / $5,000</td>
<td>$7,500 / $10,000</td>
<td>$15,000 / $20,000</td>
</tr>
</tbody>
</table>

**Annual Deductible (Individual/Family)**
- HMO Plan: $1,500 / $3,000
- Princeton Health Plan: $2,000 / $4,000
- PHP Plan: $3,000 / $6,000

**Out-of-Pocket Maximum (OPM) (Individual/Family)**
- Based on salary (refer to page 10)

**Physician Visits**
- Emergency Room: $0 after deductible
- Urgent Care Center: $0 after deductible
- Primary Care Physician (PCP): 20% after deductible
- Standard Specialists: 20% after deductible
- Tiered Specialists: 10% after deductible

**Inpatient Hospital Services**
- Medical and Surgical Procedures: 10% after deductible
- Mental Health: 20% after deductible

**Outpatient Services**
- Medical and Surgical Procedures: 10% after deductible
- Mental Health: 20% after deductible

**Preventive Care and Immunizations**
- Annual Eye Exam: Not covered
- Prescription Eyeglasses and/or Contact Lenses: Not covered

**Emergency Services**
- Urgent Care Center: $0 after deductible
- Emergency Room: $0 after deductible

**In-Network Only**
- Out-of-Pocket Maximum (OPM) (Individual/Family): $3,000 / $6,000
- Based on salary (refer to page 10)

**Annual Deductible (Individual/Family)**
- $1,500 / $3,000
- $2,000 / $4,000
- $3,000 / $6,000

**Out-of-Pocket Maximum (OPM) (Individual/Family)**
- Based on salary (refer to page 10)

**Physician Visits**
- Emergency Room: $0 after deductible
- Urgent Care Center: $0 after deductible
- Primary Care Physician (PCP): 20% after deductible
- Standard Specialists: 20% after deductible
- Tiered Specialists: 10% after deductible

**Inpatient Hospital Services**
- Medical and Surgical Procedures: 10% after deductible
- Mental Health: 20% after deductible

**Outpatient Services**
- Medical and Surgical Procedures: 10% after deductible
- Mental Health: 20% after deductible

**Preventive Care and Immunizations**
- Annual Eye Exam: Not covered
- Prescription Eyeglasses and/or Contact Lenses: Not covered

**Emergency Services**
- Urgent Care Center: $0 after deductible
- Emergency Room: $0 after deductible

1. Costs above reasonable and customary (R&C) are your responsibility. Refer to the Summary Plan Description (SPD) for more information.
2. For a list of specialists and labs covered under the tiered plan design, refer to page 11.
3. Patient costs for tiered specialists fees will correspond to the tier of the specialist utilized to perform the medical or surgical procedure under the CDHP and PHP.
5. Includes seven well baby visits in the first year of a child's life.
6. 100% reimbursement is provided for children up to age 18 for frames and lenses. Limited to one pair of glasses each calendar year.
## Benefits 2019

**J-1 VISA MEDICAL PLAN BENEFITS COMPARISON**

This is intended to provide an overview of the plan benefits. Details are available on our website.

The dollar or percentage amounts in the chart below reflect the patient-paid portion of the incurred medical costs. All plans include prescription drug coverage, refer to pages 16 and 17 for details.

### Annual Deductible
- **In-Network:** Only
- **Out-of-Network:** Covered over 2 years

### Out-of-Pocket Maximum (OPM) (Individual / Family)
- **In-Network:** $2,500 / $5,000
- **Out-of-Network:** $2,500 / $5,000

### Physician Visits
- **Telemedicine**
  - **In-Network:** $0
  - **Out-of-Network:** $40 until deductible is met, then 20%
- **Primary Care Physician (PCP)**
  - **In-Network:** $20 copayment
  - **Out-of-Network:** 20% after deductible
- **Specialists**
  - **In-Network:** $25 copayment
  - **Out-of-Network:** 20% after deductible

### Emergency Services
- **Urgent Care Center**
  - **In-Network:** $25 copayment
  - **Out-of-Network:** 20% after deductible
- **Emergency Room**
  - **In-Network:** $175 copayment
  - **Out-of-Network:** 20% after deductible (waived if admitted)

### Inpatient Hospital Services
- **Medical and Surgical Procedures**
  - **In-Network:** $175 copayment
  - **Out-of-Network:** 20% after deductible
- **Mental Health**
  - **In-Network:** $175 copayment
  - **Out-of-Network:** 20% after deductible

### Outpatient Services
- **Surgical Procedures**
  - **Independent Facility / Hospital:** $0 / $75 copayment
  - **In-Network:** 20% after deductible
- **Laboratory**
  - **In-Network:** $0
  - **Out-of-Network:** 20% after deductible
- **Radiology (X-Ray)**
  - **Independent Facility / Hospital:** $0 / $50 copayment
  - **Out-of-Network:** 20% after deductible
- **Hi-Tech Radiology (MRI, CAT, etc.)**
  - **Independent Facility / Hospital:** $0 / $100 copayment
  - **Out-of-Network:** 20% after deductible
- **Preventive Care and Immunizations**
  - **In-Network:** $0
  - **Out-of-Network:** 20% after deductible
- **Annual Eye Exam**
  - **In-Network:** $25 copayment
  - **Out-of-Network:** Not covered
- **Prescription Eyeglasses and/or Contact Lenses**
  - **In-Network:** $70 reimbursement every 2 years
  - **Out-of-Network:** Not covered
- **Physical Therapy (100 visits per CY)**
  - **In-Network:** $15 copayment
  - **Out-of-Network:** 20% after deductible
- **Chiropractic Care (20 visits per CY)**
  - **In-Network:** $25 copayment
  - **Out-of-Network:** 20% after deductible
- **Acupuncture (20 visits per CY)**
  - **In-Network:** $25 copayment
  - **Out-of-Network:** 20% after deductible

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1 Coverage requires precertification. See page 10 for more details.
2 Includes seven well baby visits in the first year of a child’s life.
3 100% reimbursement is provided for children up to age 18 for frames and lenses.
4 100% reimbursement is provided for children up to age 18 for frames and lenses.

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This is intended to provide an overview of the plan benefits. Details are available on our website.
All Princeton medical plans provide prescription coverage through OptumRx. Coverage varies depending on your medical plan election. For more detail, refer to the Summary Plan Description (SPD) on our website.

**IF YOU CHOOSE:**

| Consumer Directed Health Plan (CDHP) | Coverage is provided after the medical plan’s annual deductible(s) are met. Exceptions for immediate coverage are preventive drugs and IRS-designated drugs for chronic conditions. For details see Prescription Coverage Under the CDHP on page 17. |
| All other Princeton medical plans | Coverage begins immediately regardless of meeting your medical plan’s deductible. |

**THREE-TIER FORMULARY**

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 three tiers and those tiers determine your cost for a particular medication. There are preferred products in every therapeutic class in the formulary.

Refer to our website for the list of formulary medications. If your current prescription is not a generic or preferred medication on the formulary, contact OptumRx to find the best way to minimize your costs.

**APPEALS**

If your physician prescribes a non-preferred or excluded medication due to negative results you experienced when using a preferred or generic medication, such as an allergic reaction, you may be eligible for coverage through a clinical exception. Your physician can file a prior authorization (PA) request on your behalf with OptumRx. If the tier-lowering PA is approved for a non-preferred drug, you will pay the preferred copayment. If the tier-lowering PA is approved for an excluded drug, you will pay the non-preferred copayment.

**SPECIALTY MEDICATIONS**

Specialty medications may only be covered through the OptumRx Specialty Pharmacy, BriovaRx. OptumRx will allow for a one-month supply at a retail pharmacy on the first prescription fill, if needed. Contact BriovaRx at (844) 265-1761 to access specialty medication.

**HOME DELIVERY (MAIL ORDER)**

If you take certain prescriptions on a monthly basis, you can purchase a three-month supply through mail order at the same cost of a two-month supply at retail. Contact OptumRx to make arrangements or complete the mail order form available on the HR website. If you continue to fill your maintenance medication through a retail pharmacy for more than three months, subsequent refills will cost twice the retail pharmacy copayment. You should use retail pharmacies for short-term prescriptions, such as antibiotics.

OptumRx home delivery provides for automatic refills of your medication through a program called Hassle-Free Fill. This program automatically refills and delivers three-month supplies of your home delivery medication. To enroll, call OptumRx directly.

**PRESCRIPTION DRUG PLAN COPAYMENTS**

<table>
<thead>
<tr>
<th>Retail Pharmacy</th>
<th>Mail Order</th>
</tr>
</thead>
<tbody>
<tr>
<td>30-Day Supply</td>
<td>90-Day Supply</td>
</tr>
<tr>
<td>Generic</td>
<td>$5</td>
</tr>
<tr>
<td>Preferred Brand</td>
<td>$25</td>
</tr>
<tr>
<td>Non-Preferred Brand</td>
<td>$40 or member pays the difference</td>
</tr>
</tbody>
</table>

**PATIENT SAFETY, EFFICIENCY, AND EFFECTIVENESS**

Princeton University participates in prior authorization, step therapy, quantity duration, compound medication programs, as well as other programs. An OptumRx pharmacist may need to verify a prescription with the prescribing physician before filling it to ensure patient safety, efficiency, or effectiveness of the prescribed product. In these instances, OptumRx will verify the patient meets the criteria for the prescription, inform the prescribing physician of other medications that may interact with the new prescription,

**NEW HIRE**

After you enroll in a medical plan, you will receive an ID card directly from OptumRx within three to four weeks from the date of your election. If you need an ID card sooner, go to OptumRx’s website at [www.optumrx.com](http://www.optumrx.com) one week after you complete your medical plan enrollment to register and print a temporary ID card.
explain quantity limits based on FDA regulations, etc. If the pharmacist and prescribing physician agree, the prescription is filled and covered. If the pharmacist and prescribing physician do not agree, the prescribing physician may appeal on your behalf with OptumRx.

PREVENTIVE ITEMS AND SERVICES
Certain prescriptions intended to prevent illness and disease, as well as contraceptives, are covered at 100%. This applies to generic and preferred brand drugs as well as some over-the-counter (OTC) drugs (prescription required). A list of preventive drugs is available on our website. This is not a comprehensive list and is subject to change as Affordable Care Act (ACA) guidelines are updated or modified. You may contact OptumRx for more information and updates.

MEMBER PAYS THE DIFFERENCE
This program may impact participants who are taking a non-preferred medication. If you or your physician chooses a brand name drug that has a generic equivalent, you will pay the difference between the cost of the brand name drug and the generic drug, plus the generic copay. To find the generic equivalent for the brand name drug you are taking, talk to your prescribing physician or contact OptumRx. The prescribing physician may also file a prior authorization (PA) for a clinical exception on your behalf with OptumRx.

OUT-OF-POCKET MAXIMUM (OPM)
If you are enrolled under the Aetna or UnitedHealthcare Princeton Health Plan (PHP), Aetna HMO, or Aetna J-1 Visa Plan, you have a separate annual OPM under the prescription plan of $3,500 for an individual and $7,000 for family. Once the member and/or family OPM is satisfied, no additional copayments are required for the remainder of the calendar year.

If you are enrolled under the Consumer Directed Health Plan (CDHP), your OPM is integrated with your medical plan coverage. Therefore, your OPM will combine your eligible prescription plan expenses plus your eligible medical plan expenses. Once you have reached your annual OPM, your eligible medical and prescription plan expenses will be covered at 100% through the end of the calendar year.

PRESCRIPTION COVERAGE UNDER THE CDHP
Prescription drug coverage is integrated with the CDHP medical coverage. This means that you pay for your non-preventive prescription drugs until you meet the CDHP deductible.

Drugs that Bypass the Deductible
There are certain prescription drugs that are considered “preventive” under federal guidelines. For preventive prescription drugs, you pay only the appropriate copays as they are not subject to the CDHP deductible. These copays count toward the out-of-pocket maximum (OPM). The following list, which is subject to change, provides the therapeutic classes of prescription drugs considered preventive under federal guidelines:

- Cancer
  - Breast Cancer

- Cardiovascular/Heart Disease
  - Anti-Anginal Agents
  - Anticoagulants
  - Cardiac Glycosides
  - Cholesterol Lowering Agents
  - High Blood Pressure

- Central Nervous System
  - Antipsychotics
  - Smoking Deterrents

- Diabetes
  - Insulin
  - Non-insulin

- Gastrointestinal
  - Acid Suppression (Ulcer)

- HIV/AIDS
  - Musculoskeletal
    - Osteoporosis

- Respiratory
  - Asthma/COPD

- Transplant
  - Anti-Rejection

- Vitamins and Electrolytes
  - Pediatric Vitamins with Fluoride
  - Prenatal Vitamins

- Women’s Health
  - Birth Control
  - Estrogens

GENETIC TESTING
The effectiveness of some prescription medications depends on the genetic makeup of the patient. Princeton provides coverage at no cost for genetic testing. OptumRx will contact you when applicable.

OPTUMRX APP
The OptumRx mobile app provides easy, on-the-go access to your personalized health information and prescriptions. Download the OptumRx app from the Apple App Store or Google Play.

PRESCRIPTION PLAN ID CARD
These cards are mailed to your home address within three to four weeks of your medical plan election. You can print a temporary ID card at www.optumrx.com.
SUPPLEMENTAL HEALTH PLANS

Princeton offers three supplemental health plans, through MetLife, to complement your medical plan coverage: accident, critical illness, and hospital indemnity. These insurances provide financial assistance through a lump-sum payment to spend how you like if you experience an unexpected medical event. This money can be used to cover out-of-pocket medical expenses or used to pay for food, utility bills, or any other unexpected expenses you have due to an illness or injury.

Additional information about these plans is available on our website. Once enrolled in a Supplemental Health Plan, you should contact MetLife directly at (800) 438-6388 to file a claim.

POLICY FEATURES

- Coverage available for yourself, a spouse, and covered child(ren).
- 24-hour coverage—paid benefits for accidents that occur on and off the job.
- No health questions or physical exams required.
- Premiums paid through after-tax payroll deductions.
- Portable coverage—you take your policy with you if you leave Princeton.

Accident

Accident insurance provides money to help you pay bills for specific injuries and events resulting from a covered accident while on- or off-the-job. Since your health insurance plan only covers certain expenses with applicable plan limits, this plan will help pay for out-of-pocket expenses that result from an accident, such as deductibles, copayments, and non-covered medical services. The plan also includes coverage for accidental death and dismemberment. You have the choice between a low or high plan option.

Hospital Indemnity

Hospital Indemnity insurance provides payment to you if you have a hospital admission, and a daily benefit amount for hospital confinement or accident-related inpatient rehabilitation for up to 31 days.

ENROLLMENT AND DECISION SUPPORT

To help you choose which supplemental health plan(s) are right for you and your family, licensed benefit counselors from Winston Benefits are available to provide more information or answer questions about the plans. Since these plans are administered directly by Winston Benefits, you cannot elect the plans through HR Self Service.

To enroll through Winston Benefits, call (855) 393-3601, Monday through Friday, 8:30 a.m. to 8:00 p.m., or visit www.myprincetonbenefits.com.

NEW HIRES

You have 31 days from your date of hire to enroll through Winston Benefits. Coverage will become effective the first of the month coincident with or next following your date of hire.

WINSTON BENEFITS

www.myprincetonbenefits.com  (855) 393-3601

METLIFE

www.metlife.com  (800) 438-6388
### Critical Illness

Critical Illness insurance provides a lump-sum payment when you or a covered dependent is diagnosed with a covered illness. You have the option to elect coverage at an initial benefit amount of $10,000 or $20,000, which is paid upon the first diagnosis (coverage for a spouse or child is at 50% of the initial benefit). The Plan will pay a recurrence benefit for certain covered conditions. However, a recurrence benefit is only available if an initial benefit has been paid for the covered condition.

### Covered Illnesses

- Alzheimer’s disease
- Heart attack
- Coronary artery bypass graft
- Full benefit cancer (not all types of cancer are covered and/or are covered at a partial benefit)
- Kidney failure
- Stroke
- Major organ transplant

The plan may also pay a partial benefit, equal to 25% of the initial benefit amount, for 22 listed conditions which include:

- Multiple sclerosis
- Sickle cell anemia
- Systemic lupus erythematosus
- And more...

For more information, and for the full list of covered illnesses and conditions, visit our website or contact Winston Benefits.

<table>
<thead>
<tr>
<th>Age Range</th>
<th>Employee</th>
<th>Employee and Child(ren)</th>
<th>Employee and Spouse</th>
<th>Employee and Family</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt; 25</td>
<td>$0.09</td>
<td>$0.16</td>
<td>$0.14</td>
<td>$0.21</td>
</tr>
<tr>
<td>25–29</td>
<td>$0.10</td>
<td>$0.17</td>
<td>$0.16</td>
<td>$0.22</td>
</tr>
<tr>
<td>30–34</td>
<td>$0.17</td>
<td>$0.24</td>
<td>$0.26</td>
<td>$0.33</td>
</tr>
<tr>
<td>35–39</td>
<td>$0.28</td>
<td>$0.35</td>
<td>$0.42</td>
<td>$0.49</td>
</tr>
<tr>
<td>40–44</td>
<td>$0.47</td>
<td>$0.53</td>
<td>$0.69</td>
<td>$0.76</td>
</tr>
<tr>
<td>45–49</td>
<td>$0.75</td>
<td>$0.81</td>
<td>$1.10</td>
<td>$1.17</td>
</tr>
<tr>
<td>50–54</td>
<td>$1.14</td>
<td>$1.21</td>
<td>$1.67</td>
<td>$1.74</td>
</tr>
<tr>
<td>55–59</td>
<td>$1.65</td>
<td>$1.72</td>
<td>$2.42</td>
<td>$2.49</td>
</tr>
<tr>
<td>60–64</td>
<td>$2.42</td>
<td>$2.49</td>
<td>$3.55</td>
<td>$3.62</td>
</tr>
<tr>
<td>65–69</td>
<td>$3.71</td>
<td>$3.78</td>
<td>$5.44</td>
<td>$5.50</td>
</tr>
<tr>
<td>70+</td>
<td>$5.62</td>
<td>$5.69</td>
<td>$8.25</td>
<td>$8.32</td>
</tr>
</tbody>
</table>

Multiply the benefit amount (e.g. $20,000) by the rates shown above, divide by $1,000, and round to two decimals to calculate the monthly rate.

For example: If you elect $20,000 of coverage and turn age 50 in March 2019, your monthly rate would be as follows: $20,000 x $1.14 = $22,800 / 1,000 = $22.80.

### Exclusions

Although there are no pre-existing conditions exclusions for this plan, you will only receive an initial benefit payment if you are diagnosed with a covered condition on or after your effective date. Also, a recurrence benefit is only available if an initial benefit has been paid for a covered condition.
DENTAL PLANS

You have three dental plan options. You pay the total cost for coverage on a pretax basis. You should review your options carefully by comparing the plan features and costs and determining the network of providers available under each plan. Details about the dental plans, including Certificates of Coverage for each dental plan, are available on our website. For a current directory of dentists, visit Aetna’s website at www.aetna.com/dse/princeton or MetLife’s website at www.metlife.com/mybenefits and select the PDP Plus network.

If electing or currently enrolled in the MetLife Basic or High Option Dental Plan on or after January 1, 2019, your coverage will remain in effect through December 31, 2020. You will not have the option to change your dental coverage until the 2021 Open Enrollment period unless you experience a qualifying status event. If you are waived from coverage or enrolled in the Aetna DMO on or after January 1, 2019, you will not have the option to elect the MetLife Basic or High Option Dental plan until the 2021 Open Enrollment period. If you are waived from coverage, you may be eligible to enroll with MetLife if you experience a qualifying event.

Not all treatments are covered. Contact Aetna or MetLife for verification of coverage and pretreatment estimate prior to receiving treatment.

Basic Option PPO Plan

The Basic Option PPO Plan administered by MetLife provides limited coverage for preventive and basic services only. It allows you to go in- or out-of-network; however, if you go out-of-network, reimbursement is based upon the in-network benefit rate. This plan covers all eligible preventive and diagnostic services at 100%, and basic services at 50%, up to a calendar year maximum of $2,000. Major and specialty services are not covered; however, you may receive a discount by utilizing an in-network provider.

High Option PPO Plan

The High Option PPO Plan administered by MetLife provides comprehensive coverage for preventive, basic, and major services. It offers you the opportunity to receive services from a network of dentists with whom MetLife has negotiated reduced-fee schedules. However, out-of-network benefits are also available and provide you with the option to see any dentist, and reimbursement is based on reasonable and customary limits. The plan covers eligible preventive, basic, and major services, after applicable coinsurance, at a percentage of costs, up to $2,000 annually per person for in-network services or $1,500 annually per person for out-of-network services.

DMO Plan

The DMO Plan administered by Aetna is an HMO-style plan that covers eligible preventive and basic services at 100%. Major services are covered at 60%. You must choose a primary care dentist from the Aetna DMO directory before you are able to utilize the coverage. All care must be coordinated through your primary care dentist. There is no coverage for out-of-network services.

NEW HIRES

You have 31 days from the date of hire to elect or waive coverage through HR Self Service. Coverage becomes effective the first of the month coincident with or next following your date of hire. If you elect the MetLife Basic or High Option Dental Plan your coverage will remain in effect through December 31, 2020. You will not have the option to change your dental coverage until the 2021 Open Enrollment period unless you experience a qualifying status event. If you waive coverage or enroll in the Aetna DMO, you will not have the option to elect the MetLife Basic or High Option Dental Plan until the 2021 Open Enrollment period. If you waive coverage, you may be eligible to enroll with MetLife if you experience a qualifying event. See page 4 for more details. If you elect coverage in the Aetna DMO Plan you are required to elect a participating primary care dentist before you are able to utilize coverage. To elect a primary care dentist, call Aetna.

METLIFE  www.metlife.com/mybenefits  (866) 832-5756  PPO Group #: 0138262
AETNA  www.aetna.com/dse/princeton  (877) 238-6200  DMO Group #: 397432
**DENTAL PLAN BENEFITS COMPARISON**

This is intended to provide an overview of the plan benefits. Details are available on our website. The dollar or percentage amounts in the chart below reflect the patient-paid portion of the incurred dental costs.

<table>
<thead>
<tr>
<th>Benefits</th>
<th>Basic Option PPO Plan</th>
<th>High Option PPO Plan</th>
<th>DMO Plan¹</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>In-Network or Out-of-Network</td>
<td>In-Network</td>
<td>Out-of-Network²</td>
</tr>
<tr>
<td>Annual Deductible (Individual / Family)</td>
<td>$50 / $150 (out-of-network only)</td>
<td>$50 / $150 (for basic and major services)</td>
<td>$50 / $150 (for basic and major services)</td>
</tr>
<tr>
<td>Annual Maximum Benefit</td>
<td>$2,000</td>
<td>$2,000</td>
<td>$1,500</td>
</tr>
<tr>
<td>Preventive and Diagnostic Services³</td>
<td>Examinations and Visits</td>
<td>Reimbursement based on 100% of in-network charge</td>
<td>$0</td>
</tr>
<tr>
<td></td>
<td>X-ray Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Cleanings</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Fluoride Treatments</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Basic Services</td>
<td>Amalgam (Silver) Fillings</td>
<td>Reimbursement based on 50% of in-network charge</td>
<td>20%</td>
</tr>
<tr>
<td></td>
<td>Root Canal Therapy (Anterior teeth)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Composite Fillings (Anterior teeth only)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Stainless Steel Crowns</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Uncomplicated Extractions</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Major Services⁴</td>
<td>High Noble Metal and Porcelain Inlays</td>
<td>Not covered</td>
<td>40%</td>
</tr>
<tr>
<td></td>
<td>High Noble Metal Restorations</td>
<td>May receive up to 35% discount from in-network provider Check with the provider prior to receiving treatment</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Crowns</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Root Canal Therapy, (Molars)⁵</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Implants⁶</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Orthodontia⁴</td>
<td>Orthodontics</td>
<td>Not covered</td>
<td>50%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>May receive up to 35% discount from in-network provider Check with the provider prior to receiving treatment</td>
<td>Lifetime maximum benefit of $2,000 Covers children and adults</td>
</tr>
<tr>
<td>Basis of Reimbursement</td>
<td>Reimbursement</td>
<td>Maximum allowable charge</td>
<td>Negotiated fee</td>
</tr>
</tbody>
</table>

¹ You must select a primary care dentist directly with Aetna.
² Reimbursement is based on reasonable and customary charges so you may be balance billed.
³ Visit limitations may apply. Consult the Certificates of Coverage on our website for more details.
⁴ If you began treatment under the MetLife Basic Option PPO Plan for major or orthodontic services and are considering moving to the Aetna DMO Plan, these services will not be covered by Aetna. The lifetime maximum includes amounts paid through all other plans.
⁵ Included in the basic services category for MetLife Basic and High Option Dental Plans.
⁶ The Aetna DMO coverage for implants is limited to two paid occurrences per year. Coverage is limited to an endosteal implant, prefabricated abutment, and implant maintenance procedures. Other rules may apply. The MetLife High Option PPO also has limitations on coverage for implants. Request a predetermination of benefits from Aetna or MetLife prior to services being rendered.
VISION PLAN

You may enroll in the Vision Plan through MetLife. You pay the total cost for coverage on a pretax basis. MetLife offers the option of utilizing an in-network provider or going out-of-network to any provider you choose. For details about the Vision Plan, visit our website. For a current directory of vision care providers, visit MetLife’s website at www.metlife.com/mybenefits and choose the MetLife Vision PPO or call MetLife at (855) MET-EYE1 (638-3931).

FRAMES AND LENSES

In any calendar year, the Vision Plan provides for:
- Two pairs of prescription glasses or
- One pair of prescription glasses and an allowance for contact lenses or
- Double your contact lens allowance.

METLIFE ID CARD

If you elect vision plan coverage, you will receive an ID card, mailed to your home address within three to four weeks of your election. You can print a temporary ID card online at www.metlife.com/mybenefits.

VISION PLAN BENEFITS

This is intended to provide an overview of the plan benefits. Details are available on our website. The dollar or percentage amounts in the chart below reflect the patient-paid portion of the incurred vision costs.

<table>
<thead>
<tr>
<th>In-Network</th>
<th>Out-of-Network</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Exam</strong></td>
<td><strong>Comprehensive Vision Exam</strong></td>
</tr>
<tr>
<td>Once every calendar year</td>
<td>$10 copayment</td>
</tr>
<tr>
<td></td>
<td>100% with reimbursement up to $45</td>
</tr>
<tr>
<td><strong>Prescription Lenses</strong></td>
<td>$10 copayment¹</td>
</tr>
<tr>
<td>Once every calendar year</td>
<td>Applied to lenses and frames</td>
</tr>
<tr>
<td><strong>Frames</strong></td>
<td>All</td>
</tr>
<tr>
<td>Once every calendar year</td>
<td>100% with coverage up to $155 after a $10 copayment ¹</td>
</tr>
<tr>
<td></td>
<td>100% with coverage up to $85 after a $10 copayment at Costco, Walmart, or Sam’s Club</td>
</tr>
<tr>
<td><strong>Prescription Contact Lenses</strong></td>
<td>Copayment not to exceed $60</td>
</tr>
<tr>
<td><strong>Materials</strong></td>
<td>100% with reimbursement up to $140</td>
</tr>
<tr>
<td>Once every calendar year</td>
<td>100% with reimbursement up to $140</td>
</tr>
</tbody>
</table>

¹ If purchasing lenses and frames together, one $10 copayment applies.

NEW HIRES

You have 31 days from your date of hire to elect or waive coverage through HR Self Service. Coverage will become effective the first of the month coincident with or next following your date of hire.

METLIFE

www.metlife.com/mybenefits (855) MET-EYE1 (638-3931) Plan: MC0011
HEALTH SAVINGS ACCOUNT

If you elect coverage under the CDHP, you may also elect a Health Savings Account (HSA) administered by PayFlex. It is important to keep in mind that you can only use HSA funds after you have contributed them.

CONTRIBUTIONS
You can contribute money to your HSA on a pretax basis through payroll deductions. In 2019, you can contribute up to $3,500 for individual coverage and $7,000 for employee and child(ren), spouse, or family coverage. If you are age 55 or over, you may contribute an additional $1,000 to your HSA each year. Your unused balance accumulates year-after-year. You can manage your HSA at www.payflex.com.

ELIGIBLE EXPENSES
Expenses that may be paid through your HSA on a tax-free basis include most medical care and services; dental and vision care; prescription drugs; and premiums paid for COBRA, long-term care, and medical and prescription drug expenses as a retiree, including Medicare premiums. You can see a complete list of eligible expenses at www.irs.gov (Publications 969 and 502).

FEATURES
• You can elect, change, or terminate your HSA elections at anytime during the year by contacting the Benefits Team.
• If you have an account balance of at least $1,000, you have the option to invest among several investment options. Any earnings from your investments are automatically reinvested and grow tax-free.
• The HSA and your funds stay with you even if you change health plans or leave Princeton.
• You do not pay taxes on the money you withdraw to pay for current and/or future qualified healthcare expenses, including deductibles and coinsurance.

EXCLUSIONS
• Under IRS regulations, if you enroll in the HSA, you cannot participate in another healthcare flexible spending account (FSA). If your spouse participates in a healthcare FSA, then you will not be eligible to establish or contribute to an HSA.
• You are not eligible to contribute to an HSA if you are covered by another medical plan that is not an IRS-qualified CDHP, e.g., a spouse’s non-CDHP.
• You are not eligible to contribute to an HSA if you are enrolled in Medicare.
• For civil union or domestic partners, IRS rules do not allow you to use your HSA to reimburse yourself for the expenses of your partner or your partner’s children.
• Other exclusions apply, contact the Benefits Team.

NEW HIRES
You have 31 days from your date of hire to elect coverage through HR Self Service. Coverage will become effective the first of the month coincident with or next following your date of hire.

PAYFLEX
www.payflex.com  (800) 284-4885  HSA Plan ID: 120632
HEALTHCARE FLEXIBLE SPENDING ACCOUNT

The Healthcare Flexible Spending Account (HFSA) allows you to set aside money pretax to pay for health-related expenses not covered by insurance for you or your eligible dependents. The advantage this plan offers is that you pay no federal taxes on your contributions. For example, if you put in $1,000 and are in a 20% federal tax bracket, you might save $200 ($1,000 x 20% = $200). Contributions to the HFSA are subject to New Jersey State income tax.

To continue contributing to your HFSA from one calendar year to the next, you must make a new election each year during Annual Benefits Open Enrollment because elections cannot automatically carry over from year-to-year.

CONTRIBUTIONS
You may contribute between $100 and the IRS maximum into the account. In 2018, the IRS maximum pretax limit was $2,650. The pretax limit for 2019 was not released as of the printing of this booklet. Once the pretax limit is announced, it will be updated on our website.

ROLLOVER
Balances of $50 or more, up to a maximum of $500, will be rolled over automatically from 2018 to 2019 for active employees—whether or not you elect a new amount for 2019. Amounts under $50 or over $500 will be forfeited. You can use the rollover amount to get reimbursed for eligible medical expenses that you incur during 2019 as well as the expenses you incurred in 2018 if submitted by March 31, 2019.

A participant must be active in the HFSA on the last day of the calendar year for the funds to be rolled over into the next calendar year. If your employment with Princeton ends, expenses you incur after your termination date will be ineligible for reimbursement unless you continue your HFSA through COBRA.

PAYFLEX DEBIT CARD
PayFlex provides one debit card per family. You can order additional cards by contacting PayFlex.

When you use the card, it debits your HFSA automatically. PayFlex may contact you to request additional information to substantiate the claim in accordance with IRS regulations.

ELIGIBLE EXPENSES
Expenses must be for you, a spouse, or eligible dependents. Expenses incurred for you or an eligible dependent through a benefit plan outside of Princeton University are eligible for reimbursement. For a list of eligible and ineligible expenses, visit PayFlex’s website.

For civil union or domestic partners, IRS rules do not allow you to use your HFSA to reimburse yourself for the expenses of your partner or your partner’s children.

PAYFLEX ID NUMBER
When registering on the PayFlex website, you will need to provide your Princeton Benefits ID number located in HR Self Service under Benefit Details.

You can view your account balance and claim activity on PayFlex’s website.

You have until March 31, 2020, to submit claims for eligible expenses you incur during the 2019 calendar year.

To pay for or be reimbursed for an eligible expense, you can use your PayFlex debit card, file a claim online, or submit your receipt along with an HFSA claim form to PayFlex. You can arrange for direct deposit of your reimbursement. Claim and direct deposit authorization forms are available on our website or on PayFlex’s website.

NEW HIRES
You have 31 days from your date of hire to elect coverage through HR Self Service. Coverage will become effective the first of the month coincident with or next following your date of hire. This is a calendar year election. For example, if you are hired on June 15, your HFSA election would be effective July 1 through December 31. You will need to take this into account when estimating your expenses.

www.princeton.edu/hr/benefits

www.payflex.com (800) 284-4885 FSA Plan ID: 120632

SAVINGS AND FLEXIBLE SPENDING ACCOUNTS
DEPENDENT CARE FLEXIBLE SPENDING ACCOUNT

The Dependent Care Flexible Spending Account (DFSA) allows you to set aside money pretax to pay for childcare expenses for dependent children 12 years and under. The DFSA is not a plan to cover your dependents’ healthcare expenses. Use the HFSA for your dependents’ healthcare expenses. The advantage this plan offers is that you pay no federal taxes on your contributions. For example, if you put in $1,000 and are in a 20% federal tax bracket, you might save $200 ($1,000 x 20% = $200). Contributions to the DFSA are subject to New Jersey State income tax. Generally, the IRS requires that both you and your spouse work to qualify to contribute to the DFSA, although there are specific exceptions.

To continue participation in the DFSA plan from one calendar year to the next, you must make a new election annually during Annual Benefits Open Enrollment because elections cannot automatically carry over from year-to-year.

CONTRIBUTIONS
You may contribute between $100 and $5,000 into the account—$2,500 if you are married and filing separately. The amount you elect will be automatically deducted from your pay on a pretax basis and credited to your expense account. The IRS holds you responsible for ensuring that you and your spouse’s contributions do not exceed $5,000 in a tax year.

Depending on your household income, it might be advantageous to claim childcare expenses on your federal income tax return instead of electing a DFSA. The IRS does not permit you to claim the expenses on your tax return when you use a DFSA. Consult with a tax adviser about which option is best for you.

The IRS does not allow you to roll over unused funds at the end of the year—any money in your account will be forfeited.

Visit PayFlex’s website at www.payflex.com and select Employees for tools to help you calculate contribution amounts and estimated savings.

ELIGIBLE EXPENSES
The account may be used to pay for eligible expenses for any dependents living with you including those who are physically or mentally unable to care for themselves and for whom you can claim as dependents as defined by Internal Revenue Code Section 152.

Eligible expenses include day care, a private nanny, preschool or nursery school, before- and after-school programs, and summer day camps.

In order to be eligible for reimbursement, eligible expenses must be incurred during the calendar year while you are contributing to the plan.

REIMBURSEMENT
You may only be reimbursed for eligible expenses incurred during the calendar year and while you are contributing to the plan. If you terminate employment, your expenses incurred after your termination date will not be eligible for reimbursement.

You can view your account balance and claim activity on PayFlex’s website.

To be reimbursed for an eligible expense, file a claim online or submit your receipt along with a DFSA claim form to PayFlex. You can arrange for direct deposit of your reimbursement. Claim and direct deposit authorization forms are available on our website or on PayFlex’s website.

You have until March 31, 2020, to submit claims for eligible expenses you incur during the 2019 calendar year; any money in your account at the end of the calendar year will be forfeited.

PAYFLEX ID NUMBER
When registering on the PayFlex website, you will need your Princeton Benefits ID number located in HR Self Service under Benefit Details.

NEW HIRES
You have 31 days from your date of hire to elect coverage through HR Self Service. Coverage will become effective the first of the month coincident with or next following your date of hire. This is a calendar year election. For example, if you are hired on June 15, your DFSA election would be effective from July 1 through December 31. You will need to take this into account when estimating your expenses. The IRS holds you responsible for ensuring that you and your spouse’s contributions do not exceed $5,000 in a tax year when combined with multiple employers.

PAYFLEX
www.payflex.com (800) 284-4885 FSA Plan ID: 120632
Through PayFlex’s Commuter Benefits Program, benefits-eligible employees who travel to work using public transportation—trains, buses, subways, or van pools—can save tax dollars on commuting expenses. Monthly commuting expenses are deducted pretax from your paycheck and commuter-related products can be ordered online and mailed directly to your home.

Through the Commuter Benefits Program, you are able to:

- Order transit vouchers or monthly transit passes.
- Pay for parking or order parking vouchers.
- Add funds to a transit fare card or PayFlex commuter debit card.
- Manage a PayFlex commuter debit card and/or parking reimbursements online.

**PAYMENT INFORMATION AND MONTHLY MAXIMUMS**

The incurred costs of your commuting expenses will be deducted pretax from your paycheck the month after you place an order.

In 2018, the maximum pretax limits for both parking and transit expenses were $260. The pretax limits for 2019 were not released as of the printing of this booklet. Once new limits are announced, they will be updated on our website.

You can place orders in excess of the pretax limit; however, you will need to pay for any expenses that exceed the pretax limit with your own personal credit card.

**ELIGIBLE PARKING EXPENSES**

For parking expenses to qualify under this program, the parking must be located on or near:

- Your work location, or
- A location from which you commute to work, either by mass transit, commercial commuter highway vehicle, qualifying non-commercial commuter highway vehicle, or carpool.

**ELIGIBLE TRANSIT EXPENSES**

An expense for transit passes, such as the cost of purchasing a pass, token, fare card, etc., that entitles you to transportation, must be either:

- On mass transportation, or
- Provided by a person in the business of transporting passengers for hire and in a vehicle with a seating capacity of at least six adults plus driver. The use of limos and taxis is not eligible under this program.

Expenses may also include transportation in a commuter highway vehicle, at the cost of transportation between your residence and place of employment, provided the vehicle:

- Has a seating capacity of at least six adults plus driver, and
- Is reasonably expected to be used for at least 80% of the mileage for commuter trips in which the vehicle is at least half full, not including the driver. The use of limos and taxis is not eligible under this program.

**DID YOU KNOW...**

Princeton offers financial incentives and other benefits for employees who use alternative transportation to commute (biking, walking, riding the train or bus, carpooling, or vanpooling) instead of a university parking permit? Learn more or request your own personalized commute plan by calling (609) 258-1339 or online at transportation.princeton.edu/revise-your-ride.

**HOW TO GET STARTED**

There is no annual open enrollment period; you can sign up or make changes on a monthly basis. To participate:

1. Go to PayFlex’s website.
2. Select Employee Account Login.
3. If you are already registered, enter your username and password. If you are a new user, select Register Now and enter your Member ID.
4. After logging in, click on Commuter Benefits to set up your order. A recurring order feature allows you to choose the months that you wish to receive the product throughout the year.

For detailed instructions on placing orders for commuting needs, view the PayFlex Quick Reference Guide on our website.

**MONTHLY ENROLLMENT DEADLINE**

Regardless of the commuter benefits that you select, you must place your orders by the 10th of each month prior to the month in which you need them. For example, if you need transit passes for March, you will have to place the order through PayFlex no later than February 10. Any orders placed after February 10 will not be accepted for the month of March.

**WHEN YOUR EMPLOYMENT OR PARTICIPATION IN THE PROGRAM ENDS**

If your employment ends or you stop participating in either program, your unclaimed contributions will be forfeited.

**PAYFLEX ID NUMBER**

When registering on the PayFlex website, you will need to provide your Princeton Benefits ID number located in HR Self Service under Benefit Details.
LIFE INSURANCE

Basic Life and Accidental Death and Dismemberment Insurance

Princeton University provides, at no cost to you, basic term life and accidental death and dismemberment (AD&D) insurance coverage until age 60 equal to five times your annual base salary, rounded up to the nearest $1,000, up to a maximum of $500,000. For example, if your annual base salary is $40,500, the basic term life and AD&D insurance benefit is $41,000. Life and AD&D insurance coverage increases automatically with salary increases.

For AD&D insurance, if you suffer the loss of your eyesight or a limb, or die as a result of an accident, this insurance pays a lump sum to you or your beneficiaries. For more information, visit our website. At age 60, basic life and AD&D coverage is reduced according to the chart.

WHEN YOU RETIRE OR TERMINATE EMPLOYMENT

Your enrollment in the basic life and AD&D insurance plans terminates the day your employment ends at Princeton. You have 31 days from your termination date to convert your basic term and/or supplemental life insurance coverage to an individual whole life policy. Rates for conversion can be expensive because no physical examination is required and the conversion is from a group term life insurance policy to an individual whole life policy.

Business Travel Accident Insurance

Princeton University provides, at no cost to you, business travel accident insurance coverage until age 60 equal to five times your annual base salary, rounded to the nearest $1,000, up to a maximum benefit of $500,000 should you die as a result of an accident while on authorized University business. At age 60, business travel accident coverage is reduced according to the schedule used for the basic life and AD&D coverage. This coverage applies only for travel on authorized University business—not travel to and from work.

NEW HIRES

Basic Life and Accidental Death and Dismemberment Insurance

You are automatically enrolled in the basic term life and AD&D insurance plan as of your date of hire. You should designate your beneficiaries in HR Self Service within 31 days of your date of hire. If you do not designate a beneficiary, The Hartford will name your beneficiaries per its Preferential Beneficiary Arrangement, which designates that your life insurance will be paid to your (1) the executors or administrators of your estate, (2) surviving spouse, (3) surviving children in equal shares, (4) your surviving parents in equal shares, or (5) your estate.

Business Travel Accident Insurance

You are automatically enrolled in this benefit on your date of hire. Your beneficiaries are the same beneficiaries selected under your basic term life and AD&D insurance coverage.

THE HARTFORD

mybenefits.thehartford.com (877) 778-1383 Plan ID: 681431

Coverage Percentage by Age

<table>
<thead>
<tr>
<th>Age</th>
<th>Coverage</th>
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<tbody>
<tr>
<td>60</td>
<td>90%</td>
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<td>61</td>
<td>82%</td>
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<td>79</td>
<td>25%</td>
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<tr>
<td>80+</td>
<td>15%</td>
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</tbody>
</table>

The percentage of coverage in effect is recalculated as of the pay period end date in which your birthday occurs.

For example: If you earn $55,250 and turn age 68 in March 2019, your coverage will be recalculated as of the pay period end date in March and your life insurance would be as follows: $55,250 x 1 = $55,250 x 42% = $23,205 rounded up to the nearest $1,000 would be $24,000.

Traveling on University Approved Business

When traveling on University-approved business outside of the U.S., benefits-eligible employees and accompanying family members are covered by an international travel medical policy. Employees are automatically enrolled into this policy. This coverage is provided for a period of up to 12 months, is separate from your regular medical coverage, and will act as your primary coverage when traveling outside of the U.S. For more information, visit travel.princeton.edu/international-sos.
SUPPLEMENTAL LIFE INSURANCE

Needs for life insurance differ for each individual or family, and those needs change over time. If you have not recently reviewed your life insurance needs, you may want to do so. Princeton’s Supplemental Term Life Insurance Plan offers you the option to purchase additional life insurance to supplement the basic term life insurance provided by the University at the rates listed below—there is a cost calculator available online at www.thehartford.com/cost/princeton. The cost is deducted on an after-tax basis from your pay. You can elect supplemental life insurance for up to six and one-half times your annual base salary, with a maximum payout of $1.5 million. The maximum basic and supplemental life insurance payout is $2 million. To help you evaluate your needs, there is a life insurance estimator tool available for no cost online at www.thehartford.com/dm/coverageadvisor/life.html. We also recommend that you discuss this topic with your financial planner.

Some elections will require evidence of insurability (EOI). The EOI form is available on our website and should be submitted directly to The Hartford. The Hartford will notify you of your approval or denial, or request more information. If approved, the Benefits Team will notify you to log in to HR Self Service and elect the approved supplemental life insurance level to activate your coverage.

You have the opportunity to elect supplemental life insurance at any time during the year. However, you will be required to complete and submit an EOI form to The Hartford, except as noted below in Qualifying Status Event Changes.

If you are on long term disability, you may not increase your supplemental life insurance benefits until you return to active status.

At age 60, supplemental life coverage is reduced using the same schedule that is used for the basic life and AD&D coverage on page 27.

You can waive your participation in supplemental life insurance at any time during the year by notifying the Benefits Team. If you waive your participation, and were also enrolled in the spousal or child life insurance plans, those plans will also terminate.

QUALIFYING STATUS EVENT CHANGES

Should you experience a qualifying status event, you may be able to elect up to one times your base salary or increase your supplemental life insurance by an additional one times your base salary provided the increase does not raise the amount of life insurance above $300,000 or three times your annual base salary. EOI is required for any election over three times your base salary or over $300,000 in value. You must notify the Benefits Team within 31 days, or 90 days for the birth or adoption of a child, of a qualifying status event.

WHEN YOU RETIRE OR TERMINATE EMPLOYMENT

Your enrollment in the Supplemental Life Insurance Plan terminates the day your employment ends at Princeton. You have 31 days from your termination date to convert your supplemental life insurance coverage to an individual whole life policy. Rates for conversion tend to be expensive because no physical examination is required and the conversion is from Princeton University’s group term life insurance policy to an individual whole life policy.

NEW HIRES

You have 31 days from your date of hire to elect coverage up to three times your annual base salary or a maximum life insurance amount of $300,000 without providing EOI. Coverage will become effective the first of the month coincident with or next following your date of hire.

THE HARTFORD

mybenefits.thehartford.com

(877) 778-1383

Plan ID: 681431

www.princeton.edu/hr/benefits
**Spousal Life Insurance**

If you are enrolled in Princeton’s Supplemental Term Life Insurance Plan, you can also elect to cover your spouse with $10,000, $25,000, or $50,000 of spousal life insurance. The cost is deducted on an after-tax basis from your pay. If the amount you elect exceeds the amount of your supplemental life insurance, the spousal life insurance will be incrementally decreased. For example, if the value of your own supplemental life insurance is $40,000, the highest value you may elect for spousal life insurance is $25,000.

You may elect spousal life insurance at any time during the year. However, you will be required to complete and submit an EOI form for your spouse to Hartford. Hartford may require you to provide additional information and will determine whether additional coverage is approved. You have 31 days from the date of marriage to elect spousal life insurance without having to submit an EOI form.

The cost of spousal life insurance is based upon the spouse’s date of birth and utilizes the same rates as charged for supplemental life insurance listed on page 28.

If an employee’s spouse is also a benefits-eligible employee of Princeton University and eligible for coverage under the Supplemental Term Life Insurance Plan, the employee is not eligible for spousal life insurance. According to The Hartford’s standard practice, you are covered as either an employee or a dependent, not both. If, at the time of a claim, duplicate coverage exists, The Hartford would pay only one benefit.

**Child Life Insurance**

If you are enrolled in Princeton’s Supplemental Term Life Insurance Plan, you can also elect to cover eligible dependent children with $5,000 or $10,000 of child life insurance. The cost is deducted on an after-tax basis from your pay. You may elect child life insurance at any time, and you will never need to provide EOI. For the definition of a dependent child, refer to page 2.

The cost per family unit is $.79/month for $10,000, or $.40/month for $5,000. You must cover all children for the same amount of life insurance—either $5,000 or $10,000. For example, if you have three children and you elect $10,000 of coverage, your monthly cost is $.79 for all three children.

If both parents are employees of Princeton University and eligible for benefits, only one parent may cover the children. If, at the time of a claim, duplicate coverage exists, The Hartford would pay only one benefit.

**WHEN YOU RETIRE OR TERMINATE EMPLOYMENT**

Your enrollment in spousal and/or child life insurance through Princeton’s Supplemental Life Insurance Plan terminates the day your employment ends at Princeton. For details, see page 28.

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**NEW HIRES**

**Spousal Life Insurance**

You have 31 days from your date of hire to elect coverage without having to provide EOI. Coverage will become effective the first of the month coincident with or next following your date of hire.

**Child Life Insurance**

You may elect child life insurance at any time, and you will never need to provide EOI. Coverage will become effective the first of the month coincident with or next following your date of election.

**THE HARTFORD**

mybenefits.thehartford.com (877) 778-1383 Plan ID: 681431
PRINCETON UNIVERSITY RETIREMENT PLAN

The Princeton University Retirement Plan (PURP) is a defined contribution plan in which the University contributes a percentage of your base salary to your retirement account after each pay period. You choose how you want the University’s contributions to be invested among a variety of investment funds offered by TIAA and/or Vanguard. You may change your investments at any time. For additional information about the Plan, refer to the Summary Plan Description on our website.

PARTICIPATION AND VESTING

You are eligible to participate in the Plan on the first day of the month coincident with or next following your date of hire and become fully vested in the Plan after 30 months of service.

Your employment with a previous employer may be eligible for credit toward the vesting requirement if the prior employer was classified as an exempt organization under Section 501(c)(3) of the Internal Revenue Code or if you were employed by a public college or university, which maintains a regular faculty and curriculum and has a regularly enrolled body of students in attendance at the place where its educational activities are regularly carried out. Service with a university outside of the United States is also recognized for vesting purposes.

The previous employer is defined as your most recent employer prior to joining the University. Employment at the previous employer cannot be credited if your employment terminated more than six months before you were hired at Princeton University. To be credited for previous service, you must have your previous employer complete the Princeton University Certification of Prior Employment for Waiver of Service form, located on our website.

CONTRIBUTIONS

The University provides contributions equal to 9.3% of your salary up to the Social Security wage base and 15% over the wage base. Contributions are:

• Calculated on base salary paid by or through the University and not by external funding or during leaves of absence without pay.

• Continued until retirement, termination, or change to non-benefits-eligible status.

• Subject to Internal Revenue Code limits.

INVESTMENT ALLOCATIONS

You can choose to allocate funds among TIAA and/or Vanguard investments. If you do not choose investments, your contributions will default into the Vanguard Target to Retirement Fund closest to the year you reach age 65.

DISTRIBUTIONS

Upon termination of employment the following distribution rules apply:

• Terminated, vested participants under age 55 with a balance of $75,000 or less are eligible to take a cash distribution or roll their money into an IRA or other qualified plan.

• Terminated, vested participants under age 55 with a balance greater than $75,000 are not eligible to take a cash distribution but are eligible to roll their money into an IRA or other qualified plan.

• Terminated, vested participants age 55 and older have no restrictions on distributions.

If you are under age 59 1/2 and take a cash distribution, you may be subject to a tax penalty in addition to ordinary income taxes.

Qualified Domestic Relations Order (QDRO) Distribution

If you are involved in a court proceeding that results in a QDRO, your account will be split in accordance with the order, establishing a separate account for the alternate payee. The alternate payee account will not be available for distribution until you, the employee, are eligible for a plan distribution.

TIAA AND VANGUARD

www.tiaa.org/princeton

We encourage you to register online with TIAA, our recordkeeper for both TIAA and Vanguard funds, to:

• Establish your account, login, and password;

• Name your beneficiaries; and

• Select your allocations with TIAA and/or Vanguard.

TIAA

www.tiaa.org/princeton

(800) 842-2776

Speak with a counselor or schedule an on-campus appointment.

VANGUARD

www.meetvanguard.com

(800) 662-0106 x 14500

Schedule an on-campus appointment.

NEW HIRES

You are eligible to participate in the Plan on the first day of the month coincident with or next following your date of hire and become fully vested in the Plan after 30 months of service. Your employment with a previous employer, defined as your most recent employer prior to joining the University, may be eligible for credit toward the vesting requirement, see details above.
RETIREMENT SAVINGS PLAN

In addition to the contributions provided through the Princeton University Retirement Plan (PURP), it is important that you also save for your future. As a 403(b) plan, the Retirement Savings Plan allows you to save additional monies for your retirement on a pretax or after-tax basis. If you save pretax and are a resident of New Jersey or Pennsylvania, these contributions are not exempt from state tax when they are deducted from your pay. For additional information about the Plan, refer to the Summary Plan Description on our website.

PARTICIPATION AND VESTING
You are eligible to participate in the Plan on your date of hire. You must be receiving pay directly from Princeton or be a postdoctoral research fellow, regardless of duty time. You are always 100% vested in your Retirement Savings Plan.

CONTRIBUTIONS
Contributions may be made pretax or after-tax and are subject to limits set by the Internal Revenue Code. In 2018, the limit was $18,500 for the calendar year. If you are age 50 or older during the calendar year, you may contribute an additional amount, equal to $6,000 in 2018. The contribution limits for 2019 were not released as of the printing of this booklet. Once new limits are announced, they will be updated online in HR Self Service and on our website.

Contributions may be as little as $25 per pay or the maximum permitted by the Internal Revenue Service in the calendar year and will begin in the immediate pay period following your online election. You can start, stop, increase, or decrease your contributions at any time through HR Self Service, refer to page 32.

After-Tax Contributions (Roth)
You have the option to make contributions on an after-tax basis and upon distribution, your contributions and earnings on those contributions will be distributed tax-free provided that you receive the payout after age 59 1/2 and that it has been at least five years since making your first Roth contribution. The limit on Roth contributions is the same as the pretax limit and the two plans are combined for the purposes of the annual limit. Additional information about Roth contributions is available on our website.

ROLLOVERS
You may roll over your retirement plan account from your previous employer to Princeton’s Retirement Savings Plan, which accepts rollovers from qualified employer plans; however, IRAs including Roth IRAs and SEP IRAs, are not eligible for rollover.

INVESTMENT ALLOCATIONS
You can choose allocations from among TIAA and/or Vanguard investments. If you

RETIREE BENEFITS ELIGIBILITY
You can leave Princeton as a retiree and receive retiree benefits if you are a benefits-eligible employee and meet one of the following conditions:

1. Hired on or before December 31, 2002, and
   • Are age 55, and
   • Have at least 10 years of service as a benefits-eligible employee.

2. Hired, rehired, or became newly benefits-eligible, on or after January 1, 2003, and
   • Are at least age 55, and
   • Have at least 10 years of service as a benefits-eligible employee,
   • Meet the “rule of 75” where age plus benefits-eligible service equals 75.

3. Hired or rehired, or become newly eligible for benefits, on or after January 1, 2019. In addition to meeting the requirements of rule #2 above, your eligibility to retire will be governed by the break-in-service rules that govern our retirement plan. Therefore, if you have a break in benefits-eligible service of more than five years, your prior service will not count.

Years of service do not need to be consecutive, except as noted above. Service as a casual hourly or short term professional, appointments on the visiting staffs, and any non-benefits-eligible service are not counted towards the 10-year service requirement.

If you are a Princeton University retiree, and are rehired as an active benefits-eligible employee, at the time that you end your active employment, you will automatically be returned to retiree status.

For details contact the Benefits Team or visit our website.

NEW HIRES
Princeton University will automatically enroll you in the Retirement Savings Plan at 5% of your pay. You have the option to go online to change your election or waive out of the plan. You can change your savings election at any time during the year.

TIAA AND VANGUARD
www.tiaa.org/princeton (800) 842-2776 Plan ID: 102862 or 102866 (PPPL)
do not choose investments, your contributions will default into the Vanguard Target to Retirement Fund closest to the year you reach age 65.

**LOANS AND DISTRIBUTIONS**

The Retirement Savings Plan offers three options for withdrawal of funds while you are employed: a loan, a hardship withdrawal, or an in-service distribution.

**Loan**

The loan program is administered by TIAA. The minimum loan is $1,000. The maximum number of loans allowed from your account, at any one time, is five. If you have more than five loans outstanding, you will not be eligible for additional loans until you have less than five outstanding. The total of your outstanding loans cannot exceed $50,000 or 45% of your account, whichever is less.

**Hardship Withdrawal**

Should you have a financial hardship due to certain qualified reasons, you may be able to take a hardship withdrawal from your account to meet that need. Qualified reasons include buying your primary residence, preventing eviction, paying medical expenses or educational expenses for you or your immediate family, or paying funeral expenses for your immediate family. If you take a hardship withdrawal, you are required to stop deferring into the plan for a period of six months.

**In-Service Distribution**

You may take an in-service distribution from your account at anytime after you reach age 59\(\frac{1}{2}\).

**Qualified Domestic Relations Order (QDRO) Distribution**

If you are involved in a court proceeding that results in a QDRO, your account will be split in accordance with the order, establishing a separate account for the alternate payee. The alternate payee account will not be available for distribution until you, the employee, are eligible for a plan distribution.

**Termination of Employment**

Upon termination of employment, you may take the account in cash or roll it over to an IRA or other qualified plan. If you take your distribution in cash and are under age 59\(\frac{1}{2}\), you may be subject to a tax penalty in addition to ordinary income taxes.

**TIAA AND VANGUARD**

**www.tiaa.org/princeton**

We encourage you to register online with TIAA, our recordkeeper for both TIAA and Vanguard funds, to:

- Establish your account, login, and password;
- Name your beneficiaries; and
- Select your allocations with TIAA and/or Vanguard.

**TIAA**

**www.tiaa.org/princeton**

(800) 842-2776

Speak with a counselor or schedule an on-campus appointment.

**VANGUARD**

**www.meetvanguard.com**

(800) 662-0106 x 14500

Schedule an on-campus appointment.

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**START, STOP, INCREASE, OR DECREASE YOUR 403(b) CONTRIBUTIONS:**

1. Go to [www.princeton.edu/selfservice](http://www.princeton.edu/selfservice)
2. Click **Benefit Details**
3. Click **Life Event or 403b Elections**
4. Select **Enroll/Update my Retirement Savings Plan**
5. Click the calendar and choose an effective date and click **Start Life Event**
6. Click **Benefit Enrollment**
7. Click **Start My Enrollment**
8. Click **Select** to open your event
9. Click **Edit** to update your Retirement Savings Plan and/or Roth contribution
10. Change your **Flat Amount or Percent of Pay** or check **Annual Max Allowable**
11. Click **Save**, then click **Ok**
12. Review your new election
13. Click **Submit**
14. Click **Submit** (again) to authorize your election
15. Click **Ok**
WORKERS’ COMPENSATION PLAN

Princeton University provides coverage under the Workers’ Compensation Plan at no cost to you. The plan provides coverage for medical treatment and wage replacement for an approved absence from work if you suffer a work-related injury, illness, or disability.

Princeton’s plan complies with the New Jersey Workers’ Compensation Law, is self-insured, and is managed by an independent workers’ compensation claims administrator under the direction of the University’s Office of Risk Management.

For more information about workers’ compensation benefits and procedures, contact the Benefits Team or visit our website.

AMOUNT OF BENEFIT

The University’s Workers’ Compensation Plan provides benefits-eligible faculty and staff with income replacement at 70% of base pay in effect at the time of the injury or illness for up to 26 weeks. Casual hourly and short-term professional employees are paid at the lesser of the State weekly maximum for the New Jersey Workers' Compensation Law or 70% of weekly wages. Union employees should refer to their collective bargaining agreement.

You continue to receive contributions into the Princeton University Retirement Plan based on your income level prior to your workers’ compensation claim.

PAYMENT OF BENEFITS PREMIUMS

While you are on workers’ compensation, the University will be unable to deduct your regular benefits contributions from your paycheck. Therefore, to maintain coverage, you must pay the monthly bill you receive from ECSI, our third party administrator, to pay for your contributions. If you are enrolled in a supplemental health plan, the Legal Services Plan, or the LTD Buy-up Plan, you will be billed directly by Winston Benefits. Once you return to work, payroll deductions will resume.

TAXATION OF BENEFITS

The amount of the statutory benefit, up to the State weekly maximum, is not taxable. For 2019, the weekly maximum is $921.

IF YOU ARE INJURED

If you are injured on the job, immediately contact your supervisor and/or Employee Health Services, except in an emergency situation. Go to the nearest hospital or urgent care center for an accident that occurs off hours or on a weekend, or in the case of an emergency.
DISABILITY COVERAGE

Short Term Disability Plan

Princeton University provides coverage under the Short Term Disability Plan at no cost to you and provides income replacement when you are unable to perform your normal job duties due to an illness, an injury, or a disability that is not related to work. This is a private New Jersey State-approved short term disability plan.

BENEFITS AND APPLICATION

Approved short term disability provides continued income to benefits-eligible employees according to a formula. You must apply within the first two weeks you are absent from work, and your medical provider must submit the necessary medical documentation. Employees who are not eligible for benefits, i.e., temporary workers, are eligible to apply for the New Jersey statutory benefit.

PRINCETON FORMULA

- In any 12-month period, the first 12 weeks of disability are paid at 100% of base salary and the remaining 14 weeks are paid at 75% of base salary.
- Benefits for individuals during an unpaid leave of absence or scheduled non-working periods, which applies to employees working less than a 12-month schedule, will be paid at the lesser of the New Jersey rate or two-thirds of base salary, regardless of when the illness or injury begins.
- Benefits paid according to the Princeton formula will not exceed 26 weeks during any 12-month period.

You will continue to receive contributions into the Princeton University Retirement Plan based on your short term disability income.

For more detailed information about the Short Term Disability Plan, eligibility, benefit, and application process, visit our website.

TAXATION OF BENEFITS

The short term disability benefit is taxable for federal and FICA purposes. State income taxation varies by state.

NEW HIRES

You are automatically enrolled in the Short Term Disability Plan on your date of hire. A waiting period applies during your probationary period if you are a biweekly-paid employee.
Long Term Disability Plan

CORE LONG TERM DISABILITY PLAN

Princeton University provides a Core Long Term Disability (LTD) Plan at no cost to you, administered by The Hartford. You are automatically enrolled in the Core LTD Plan on the first of the month coincident with or next following one year of service, as long as you are actively at work on this day. If you are disabled for more than 26 weeks, you may be eligible to apply for LTD benefits. The Core LTD Plan provides you with financial protection through income replacement equal to 60% of your pre-disability base salary earnings up to $10,000 per month. The benefits paid through the Core LTD Plan will be taxable per IRS regulations. Income you receive from Social Security and Workers’ Compensation, if applicable, will offset LTD benefits received.

Prior Employment and Waiving the Waiting Period

If your prior employer provided LTD benefits, Princeton may be able to waive the one-year wait period. The prior employer is defined as your most recent employer before joining the University. Employment may be credited only if your employment ended less than six months before your first day of employment at Princeton and you were enrolled in its LTD plan.

To be credited for prior employment, you must have your former employer’s Human Resources department complete the Princeton University Certification of Prior Employment form located on our website.

For more information about plan benefits and the waiver application process, visit our website.

LTD BUY-UP PLAN

The LTD Buy-up Plan offered through The Hartford allows you to elect a higher level of LTD coverage to supplement the Core LTD Plan. If you elect the LTD Buy-up Plan, your coverage will be 66.67% of your pre-disability base salary earnings up to a maximum monthly benefit of $15,000 per month. The buy-up rates are listed in the chart, and the cost is deducted on an after-tax basis from your pay. You will have 31 days from the date that you become eligible for the Core LTD plan to elect the LTD Buy-up Plan. You will have the opportunity to apply for the LTD Buy-up at any time during the year after you become eligible for the Core LTD Plan, but you will be required to apply through The Hartford’s evidence of insurability (EOI) process. All enrollments into the LTD Buy-up Plan will be processed by Winston Benefits and not through HR Self Service.

To enroll through Winston Benefits, call (855) 393-3601, Monday through Friday, 8:30 a.m. to 8:00 p.m., or visit www.myprincetonbenefits.com.

TAXATION OF BENEFITS

The Core LTD benefit is subject to federal and FICA tax and may be subject to certain state taxation. Per IRS regulations regarding a core/buy-up plan, a portion of the benefit payable under the buy-up plan will be tax-free.

NEW HIRES

You are automatically enrolled in the Core LTD Plan on the first of the month coincident with or next following one year of service as long as you are actively at work on this day. The one-year waiting period may be waived if you were enrolled in an LTD plan with your prior employer. You have 31 days from the date that you become eligible for the Core LTD Plan to elect the LTD Buy-up Plan without going through EOI.

MONTHLY RATES BY AGE RANGE

<table>
<thead>
<tr>
<th>Age Range</th>
<th>Rate per $100</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt; 25</td>
<td>$0.021</td>
</tr>
<tr>
<td>25–29</td>
<td>$0.028</td>
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<td>60–64</td>
<td>$0.247</td>
</tr>
<tr>
<td>65+</td>
<td>$0.134</td>
</tr>
</tbody>
</table>
LEAVES OF ABSENCE

New Jersey Family Leave Insurance

The New Jersey Family Leave Insurance (NJFLI) law allows eligible employees up to six weeks of paid leave to be with a child after birth or adoption, or to care for a family member with a serious health condition. Under State law, the University withholds a state tax of 0.09% of the taxable wage base from employees’ paychecks to finance this program. The taxable wage base changes each year and was $33,700 in 2018; the maximum yearly deduction was $30.33. NJFLI may provide up to two-thirds of your base salary, up to a weekly maximum, that will be payable through the State. For 2018, the weekly maximum was $637. The amounts for 2019 were not released as of the printing of this booklet.

A detailed notice issued by the New Jersey Department of Labor and Workforce Development is on page 54. If you have questions about NJFLI provisions or would like to obtain an application form, contact the Benefits Team. For information on the Family and Medical Leave Act (FMLA) or the New Jersey Family Leave Act (NJFLA), visit our website.

Paid Parental Leave

Princeton University provides up to two weeks paid leave at 100% base pay for the birth or adoption of a child, provided it is taken within the first year of the event. This paid leave will count concurrently against the Family and Medical Leave Act (FMLA) and New Jersey Family Leave Act (NJFLA). With supervisory approval, parental leave is available in two one-week increments. For more detailed information including eligibility requirements, review policy 3.1.12 Paid Parental Leave on our website.

GROUP LONG TERM CARE PLAN

The Group Long Term Care Plan is available to eligible employees, their spouses, parents, grandparents, parents-in-law, and grandparents-in-law. Applicants must be U.S. citizens or permanent resident aliens, have a valid social security number or tax identification number, and provide a U.S. mailing address to apply for coverage. You or your family members pay the full cost on an after-tax basis. Premiums for employees and their spouses are processed through an after-tax payroll deduction. Parents, grandparents, and in-laws will be billed directly by Genworth, the plan administrator. Premium rates are subject to change in the future.

The Group Long Term Care Plan provides a variety of services, often referred to as “custodial care,” for people who are unable to care for themselves. Medicare and private health insurance plans or disability coverage typically do not provide coverage for long term care needs. Group long term care coverage is designed specifically to cover the costs associated with extended long term care.

To receive a rate quote, enroll online, or learn more about coverage, visit www.genworth.com/groupltc and use the access code groupltc or call Genworth at (800) 416-3624, Monday through Friday, 8:00 a.m. to 8:00 p.m. to request an information kit or speak to a representative. CNA previously provided coverage to Princeton employees. If you are covered by CNA, you can call (866) 357-8481.

If you apply for long term care at any time during the year, you will be required to complete a full medical questionnaire, which must be approved by Genworth.

NEW HIRES

Group Long Term Care Plan

Individuals between the ages of 18 and 65 who enroll within 31 days of the eligible employee’s hire date or upon becoming newly eligible for benefits, can complete an abbreviated medical questionnaire for underwriting. Individuals over the age of 65, or those who do not apply within 31 days of their date of hire, must complete a full medical questionnaire for underwriting. Family members over the age of 75 are not eligible to apply. Coverage for eligible employees and their family members is subject to Genworth underwriting and approval is not guaranteed.
STAFF EDUCATIONAL ASSISTANCE PLAN

This tuition reimbursement program is available to assist you with the cost of your own undergraduate and graduate education. You are eligible the first of the month, coincident with or next following one year of benefits-eligible service. If you are on long term disability (LTD) leave, you are not eligible. For more information or to apply, visit our website.

BENEFIT OVERVIEW
• The Plan covers 85% of tuition and mandatory educational fees at accredited institutions located in the United States, up to a maximum of $5,250 per plan year (July 1–June 30).
• Reimbursement for up to two courses per semester/term; six per plan year.
• You must be employed by the University and be eligible for this program the day the course begins as well as the day it ends to receive reimbursement.
• You must be enrolled in an undergraduate or graduate degree program or an eligible certificate program at an accredited institution in the United States.
• You must receive a grade of C or better or Pass in a Pass/Fail course.
• Application for course approval must be completed and submitted online through HR Self Service within 31 days of the start of the course.
• Request for reimbursement must be submitted within 90 days of the completion of a course through HR Self Service and you must upload an official copy of your grade and itemized bill in order to receive a reimbursement.

CHILDREN’S EDUCATIONAL ASSISTANCE PLAN

A tuition grant program is available to assist with the cost of your eligible children’s undergraduate education. You are eligible after five years of benefits-eligible service; the program is governed by the break-in-service rules that govern our retirement plan. For more information, or to determine if your child is eligible, visit our website.

BENEFIT OVERVIEW
• The Plan covers 50% of tuition and mandatory educational fees up to a maximum annual benefit; the maximum annual benefit for academic year 2018-19 is $18,070.
• Your child(ren) must be enrolled in a full-time undergraduate degree program (i.e. 12 credits or more) at an accredited 2- or 4-year institution in the United States.

CHILDREN REQUIRING ACCOMMODATIONS
If you have a child with a disability that requires an academic accommodation, you may be eligible to receive a taxable grant. Under certain circumstances, consideration may also be given for a child with disabilities who is taking a part-time course load, is enrolled in a certificate program instead of a degree program, or is enrolled at a non-accredited institution. This grant is considered taxable income to you and subject to withholding. Contact the Benefits Team for more information.
LEGAL SERVICES PLAN

Hyatt Legal Plans (MetLaw) provides you with access to legal representation or advice to help you with personal, confidential assistance for a wide range of services for a monthly fee of $12.80 for you, your spouse, and your child(ren). There are some excluded services, including, but not limited to, employment-related matters, divorce, and class action suits. There are no copayments, claim forms, or usage limits when using one of their 14,000 network attorneys. You may also use an out-of-network attorney and be reimbursed based on a fee schedule for covered services. Once enrolled, you may not terminate the Plan mid-year.

COVERED LEGAL SERVICES
(including, but not limited to)
- Wills and estate planning
- Debt matters
- Defense of civil lawsuits
- Real estate matters
- Document review and preparation
- Traffic matters
- Adoption, guardianship, and juvenile matters
- Identity protection and credit monitoring

To learn more or to get an up-to-date listing of participating attorneys and a full list of covered services, visit info.legalplans.com and enter access code 9901339 or call the Client Service Center at (800) 821-6400. Enrollment into the Legal Services Plan will be processed by Winston Benefits, not through HR Self Service.

For more information or to enroll, contact Winston Benefits at (855) 393-3601, Monday through Friday, 8:30 a.m. to 8:00 p.m., or visit www.myprincetonbenefits.com. If you want this coverage, you must elect it during your first 31 days of benefits eligibility or during the annual Open Enrollment period. Once enrolled, contact MetLaw at (800) 821-6400 or visit members.legalplans.com/home.

EMPLOYEE CHILD CARE ASSISTANCE PROGRAM

The Employee Child Care Assistance Program (ECCAP) provides assistance to eligible faculty and staff members to help meet the cost of child care for prekindergarten-aged children. Eligibility rules and the amount of the awards are determined by the Princeton Child Care Assistance Committee and based on household income. The awards can be used to pay for child care arrangements from in-home care to licensed daycare centers. For more information, visit our website.

BACK-UP CARE ADVANTAGE PROGRAM

The Back-up Care Advantage Program provides faculty, staff, and graduate students with back-up care when you experience a temporary disruption in your child, adult, and/or elder caregiving arrangements that would otherwise prevent you from fulfilling work or study obligations. Princeton University partners with Bright Horizons to offer the Back-up Care Advantage Program, which is available 24 hours a day, 365 days a year, for infants through the elderly. For more information, visit our website.

NEW HIRES

Legal Services Plan
You have 31 days from your date of hire to enroll through Winston Benefits. Coverage will become effective the first of the month coincident with or next following your date of hire. Once enrolled, you may not terminate the Plan mid-year.

METLAW
members.legalplans.com/home  (800) 821-6400
TAXATION OF YOUR BENEFITS

Certain benefits offered to you by Princeton University may be offered pretax, after-tax, or subject to imputed income on your W-2. The list below outlines how certain benefits affect your taxable income.

**FORM 1095-C**

The Affordable Care Act (ACA) requires certain employers to offer healthcare coverage to full-time employees and their dependents. Those employers must send an annual statement describing the healthcare coverage available to certain employees. As a result, the Internal Revenue Service (IRS) created the Form 1095-C, an annual statement that reports the healthcare coverage offered by your employer and utilized by you during the calendar year.

If you were a full-time employee for at least one month in 2018, or if you were a part-time employee who elected healthcare coverage through Princeton in 2018, you will receive your 1095-C from Princeton University on or about February 1, 2019.

One requirement of this document is to include Social Security Numbers (SSNs) so that the IRS can tie information back to your tax records. You should make sure that you provide SSNs for yourself and/or your enrolled dependents(s) and that they are accurate.

**NEW JERSEY INDIVIDUAL HEALTH INSURANCE MANDATE**

The New Jersey Individual Health Insurance Mandate requires New Jersey residents without health coverage to pay a tax penalty. This mandate mirrors the federal mandate that was part of the Affordable Care Act, which concluded on December 31, 2018. Under the law, New Jersey residents who are subject to the mandate (and their dependents) must have minimum essential coverage during each month of the year. As of the printing of this booklet, the penalty is $695 for adults, $247.50 per child, or 2.5% of a taxpayer’s income, whichever is greater (the maximum household penalty will be $2,085).

**DEFINITIONS OF “DEPENDENT” FOR TAX PURPOSES**

Under the definition in Section 152 of the Internal Revenue Code, dependents are defined as:

- Members of your household who maintain their principal place of residence in your home, and
- You will furnish over half of their support for the year; in making this calculation, the amount you contribute toward their support must be compared with the amounts received for support by them from all other sources, including any amounts supplied by them and any earnings, and
- For the current year, no other taxpayer can claim them as qualifying children for federal income tax purposes.

We suggest that you consult a tax advisor to determine whether you may claim a dependent for tax purposes before you certify that you can. For additional information, see page 2.

**IMPUTED INCOME**

The Internal Revenue Service (IRS) regulations require that you pay taxes on the cost or value of certain benefits provided by your employer, even though no money is received. This imputed income is added to your taxable income on your W-2 each year. Certain benefits are subject to imputed income.

**MEDICAL PLANS**

Your premiums are paid pretax and your claims are not taxable income. The employer’s subsidy of your medical premium is shown on your W-2. This is not taxable income to you; however, new healthcare regulations require that the subsidy be shown on your W-2.

**PRINCETON UNIVERSITY RETIREMENT PLAN**

Contributions and related gains or losses are tax-deferred for federal, state, and FICA tax purposes.

**RETIREMENT SAVINGS PLAN**

The current limits for calendar year 2018 are $18,500 if you are under age 50 and $24,500 if you are over age 50. These amounts may be indexed for calendar year 2019. If you split your contributions between pre- and after-tax the maximums are aggregated for the annual limits.

- **Pretax Savings**
  Contributions and related gains or losses are tax-deferred for federal income tax. If you live in Pennsylvania or New Jersey, the contributions are subject to state income tax. If you live in New York, your contributions are also tax-deferred for state income tax. All contributions are subject to FICA taxes.

- **After-tax Savings**
  Contributions are made after-tax and the earnings grow tax-free. Withdrawals after age 59½ are tax-free if the distribution is no earlier than five years after contributions were first made.

**LIFE INSURANCE**

Princeton provides, at no cost to you, basic term life insurance equal to one times your annual base salary. At age 60 the coverage is reduced by a published schedule. If this insurance is in excess of $50,000, the IRS requires that you pay taxes on the cost of any coverage over the $50,000 threshold. This cost is imputed income on your W-2 as determined by IRS tables showing the cost of term insurance at your attained age. By paying tax on coverage over $50,000, death benefits are not subject to federal estate tax upon your death.
STAFF EDUCATIONAL ASSISTANCE PLAN

Reimbursements up to $5,250 in a calendar year (January 1–December 31) are treated as nontaxable income by the IRS. Because the Plan is administered based on the University’s fiscal year (July 1–June 30), it may be possible to receive more than $5,250 in a calendar year. When this occurs, any reimbursements exceeding $5,250 in the calendar year are considered taxable income.

EMPLOYEE CHILD CARE ASSISTANCE PROGRAM

The grant that you receive for child care under the Employee Child Care Assistance Program (ECCAP) is considered taxable income. You can use the Dependent Care Flexible Spending Account to set aside money pretax for actual dependent care expenses. For more information on ECCAP, visit our website.

BACKUP CARE ADVANTAGE PROGRAM

The University subsidy for each hour of backup care utilized by a faculty or staff member was $31.62 per hour in 2018. New rates for 2019 were not available as of the printing of this booklet. The total value of the subsidy for the hours you used during the calendar year will be shown on your W-2.

If you used the Backup Care Program for child care and the total value of the subsidy plus the amount charged to your Dependent Care Expense Account equals more than $5,000 for the year, the amount over $5,000 will be considered taxable income to you in that year.

If you use the Backup Care Program for elder care, the subsidy for each hour used during the year will be reported as taxable income to you in that year. For more information on the Backup Care Program, visit our website.
Continued healthcare coverage will be available to you for up to 18 months if:
- Your employment terminates (other than for gross misconduct), or
- Your hours are reduced and, as a result, you are no longer eligible for healthcare coverage.

Continued healthcare coverage will be available to your eligible dependents for up to 36 months if:
- You die, or
- You get divorced, or
- Your dependents no longer qualify as covered dependents under the terms of our group policy contract.

Continued healthcare coverage will be available to your eligible dependents for up to 36 months from the date you became eligible for Medicare if:
- You become eligible for Medicare and are no longer an active employee but your spouse is under 65.

You may be able to get coverage through the Health Insurance Marketplace that costs less than COBRA continuation coverage. The Marketplace offers one-stop shopping to find and compare private health insurance options. In the Marketplace, you could be eligible for a tax credit that lowers your monthly premium. To find out more about the Marketplace, such as when the next open enrollment period will be and what you need to know about qualifying events and special enrollment periods, visit www.healthcare.gov or call (800) 318-2596.

For more information about COBRA, visit our website.

Grandfathered Health Plan Notice

Princeton University believes that the J-1 Visa medical plan is a grandfathered health plan under the Patient Protection and Affordable Care Act (PPACA). As permitted by the PPACA, a grandfathered health plan can preserve certain basic health coverage that was already in effect when that law was enacted. Being a grandfathered health plan means that your plan may not include certain consumer protections of the PPACA that apply to other plans, for example, the requirement for the provision of preventive health services without any cost sharing. However, grandfathered health plans must comply with certain other consumer protections in the PPACA, for example, the elimination of lifetime limits on benefits.

Questions regarding which protections apply and which protections do not apply to a grandfathered health plan and what might cause a plan to change from grandfathered health plan status can be directed to the Benefits Team or to Aetna member services using the phone number on your member ID card. In addition, you may also contact the Employee Benefits Security Administration, U.S. Department of Labor at (866) 444-3272 or www.dol.gov/ebsa/healthreform. This website has a table summarizing which protections do and do not apply to grandfathered health plans.

ACA Section 1557 Notice

The Princeton 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. The full notice is posted on our website. You may request to receive a paper copy of the notice by contacting the Benefits Team.
**Women’s Health and Cancer Rights Act**

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women’s Health and Cancer Rights Act of 1988 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient for:

- All stages of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prostheses, and
- Treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same copayments, deductibles, and coinsurance provisions applicable to other medical and surgical benefits provided under the plan. Please refer to your Summary Plan Description (SPD) for copayment, deductible, and coinsurance information applicable to the plan in which you choose to enroll.

If you would like more information on WHCRA benefits, contact the Benefits Team.

**Newborns’ and Mothers’ Health Protection Act**

Group health plans and health insurance issuers generally may not, under federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, federal law generally does not prohibit the mother’s or newborn’s attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours or 96 hours, as applicable. In any case, plans and issuers may not, under federal law, require that a provider obtain authorization from the plan or the issuer for prescribing a length of stay not in excess of 48 hours or 96 hours.

**Health Insurance Marketplace Notice**

As a requirement of the Patient Protection and Affordable Care Act (PPACA), Princeton University must provide the Health Insurance Marketplace, formerly known as the Exchanges, notice to all employees, found on pages 50 and 51. For benefits-eligible employees, Princeton University offers options for healthcare coverage that meet the minimum value standards of the PPACA and are intended to be affordable. In addition, Princeton makes a significant contribution toward the cost of healthcare premiums, and your contributions are deducted pretax from your pay. If you have any questions on the healthcare coverage offered by Princeton University or on the notice, contact the Benefits Team at benefits@princeton.edu or (609) 258-3302.

**Notice of Creditable Coverage**

If you are enrolled in the Aetna HMO Plan, the Aetna J-1 Visa Plan, or the Aetna or UnitedHealthcare Princeton Health Plan (PHP), the prescription drug coverage under these plans is at least as good as what is offered under Medicare Part D. Medicare calls this “Creditable Coverage.” As long as you are covered under a plan that has Creditable Coverage then you will not be penalized for enrolling at a later date as long as you enroll in Medicare Part D within 63 days of no longer having Creditable Coverage. The Notice of Creditable Coverage, found on pages 52 and 53, applies to benefits-eligible employees and their dependents who are Medicare eligible. No action is required on your part.

**Patient Protection Model Disclosure**

The Aetna HMO Plan requires the designation of a primary care physician (PCP). You have the right to designate any PCP who participates in the network and who is available to accept you or your family members. For children, you may designate a pediatrician as the PCP. Until you make this designation, Aetna will designate one for you. For information on how to select a PCP, and for a list of participating primary care providers, contact Aetna at (800) 535-6689.

You do not need prior authorization from Aetna or from any other person (including a PCP) in order to obtain access to obstetrical or gynecological care from a healthcare professional in the network who specializes in obstetrics or gynecology. The healthcare professional, however, may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre-approved treatment plan, or procedures for making referrals. For a list of participating healthcare professionals who specialize in obstetrics or gynecology, contact Aetna or go to www.aetna.com/dse/princeton.
Notice of Special Enrollment Rights

Under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), you have a right to apply for healthcare coverage with Princeton University. You should read this information even if you waive coverage.

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself or your dependents in Princeton University offered healthcare coverage if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing towards you or your dependents’ other coverage). However, you must contact the Benefits Team within 31 days after you or your dependents’ other coverage ends (or after the employer stops contributing toward the other coverage).

In addition, if you have a new dependent as a result of marriage, birth, or adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 31 days after the marriage or within 90 days following the birth or adoption.

Special enrollment rights also may exist in the following circumstances:

• If you or your dependents experience a loss of eligibility for Medicaid or a state Children’s Health Insurance Program (CHIP) coverage and you request enrollment within 60 days after that coverage ends, or

• If you or your dependents become eligible for a state premium assistance subsidy through Medicaid or a state CHIP with respect to coverage under this plan and you request enrollment within 60 days after the determination of eligibility for such assistance.

The 60-day period for requesting enrollment applies only in these two listed circumstances relating to Medicaid and state CHIP. As described above, a 31-day period applies under the plan for all changes, except for birth or adoption, which allows for a 90-day period. To request special enrollment or obtain more information, contact the Benefits Team.

New Jersey Paid Sick Leave Act

The New Jersey Paid Sick Leave Act (the “Act”) is effective as of October 29, 2018. Under the Act, eligible employees are entitled to accrue one hour of paid sick leave for every 30 hours worked in a benefit year (for Princeton, this is the fiscal year, which spans July 1 through June 30). An employer is not required to permit employees to accrue or use more than 40 hours of earned sick time in any benefit year and is not required to allow the carry-over of more than 40 hours of earned sick time from one benefit year to the next. Paid sick leave under the Act can be used for any one or a combination of the following reasons:

• Diagnosis, care, or treatment of, or recovery from, an employee’s own mental or physical illness, injury, or other adverse health condition, or for preventive medical care.

• Aid or care for a covered family member during diagnosis, care, or treatment of, or recovery from, the family member’s mental or physical illness, injury, or other adverse health condition, or for preventive medical care.

• Circumstances related to an employee or their family member being a victim of domestic and/or sexual violence, if the leave is to obtain related medical treatment, services from a designated domestic violence agency or victim services organization, counseling, relocation, or legal services.

• Closure of an employee’s workplace or the school/childcare location of an employee’s child because of a public official’s order relating to a public health emergency.

• Time needed by an employee to attend a conference, meeting, or function requested or required by their child’s school or to attend a meeting regarding care provided to the child in connection with the child’s health conditions or disability.

The Act defines “family member” to include individuals related by blood to the employee or whose close association with the employee is the equivalent of a family relationship. Employers may not retaliate against employees for exercising their rights under the Act.

Additional information is available under policy 3.1.6 Sick Days on our website. Under the Act, different sick leave allotments or requirements may be applicable to employees subject to a collective bargaining agreement.

The New Jersey Department of Labor and Workforce Development will issue a notice concerning the Act that employers must make available to employees. As of the printing of this booklet, the Notice was not yet available. Once it is made available, the Notice will be posted on our website. For more information, contact the Office of Human Resources at (609) 258-3300 or hr@princeton.edu.
Health Insurance Portability and Accountability Act (HIPAA)

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Notice of Privacy Practices for Employees, Retirees and Eligible Dependents Participating in the Princeton University Health Care Plans
If you have any questions about this notice or our privacy practices, contact the Privacy Officer at (609) 258-2169.

EFFECTIVE SEPTEMBER 2018

DISCLOSURE LIMITATIONS OF YOUR HEALTH INFORMATION

Princeton University sponsors various healthcare plans, including the following plans for employees and their eligible dependents: Aetna Consumer Directed Health Plan, Aetna HMO Plan, Aetna Princeton Health Plan, Aetna J-1 Visa Plan, United Healthcare Princeton Health Plan, OptumRx Prescription Drug Plan, and the following plans for retirees and their eligible dependents: Aetna HMO Plan (only pre-65 retirees), Aetna Princeton Health Plan (only pre-65 retirees), United Healthcare Princeton Health Plan (only pre-65 retirees), P-84 Plan, Standard Plan, Premium Plan, Princeton Medicare Plan and OptumRx Prescription Drug Plan. Princeton University also sponsors a cafeteria plan/flex spending account through Pay Flex.¹

The Princeton University health plans listed above (hereinafter referred to collectively as “the PLAN”) are required by law to maintain the privacy of your “Protected Health Information” (as described below), to provide you with notice of their legal duties and privacy practices with respect to your Protected Health Information, and to comply with the terms of the notice currently in effect.

Protected Health Information generally includes information received or created by the PLAN that identifies you and relates to your physical or mental health or condition, the health care you receive, or payment for your care. We refer to your Protected Health Information as your “health information” in this Notice.

HOW WE MAY USE AND DISCLOSE YOUR HEALTH INFORMATION

We use and disclose your health information to carry out our responsibilities as a health plan. We are permitted to use and disclose your health information without your authorization in the following circumstances:

• For payment purposes. We may use or disclose your health information for payment purposes, such as paying doctors and hospitals for covered services. Payment purposes also includes determining eligibility for benefits, reviewing services for medical necessity, performing utilization review, obtaining premiums, coordinating benefits, subrogation of claims or collection activities.

• For healthcare operations. We may use or disclose your health information to conduct our healthcare operations (such as using health information to do a cost analysis of the PLAN, to coordinate or manage care, to assess and improve the quality of healthcare services or to review the qualifications and performance of providers). Healthcare operations also includes our business activities, such as underwriting, placing or replacing coverage, determining coverage policies, arranging for legal and audit services, and obtaining accreditations and licenses. However, we do not use or disclose genetic information for any underwriting purposes, including determining eligibility for benefits or premiums.

• For treatment purposes. We may use or disclose health information. For example, we may disclose health information to a doctor who is determining how to treat your health condition or to ensure that you receive the services that you need. We may also use your health information to contact you about treatment alternatives or other health-related benefits and services that may be of interest to you.

• To the plan sponsor. We may also disclose your health information to the plan sponsor of the PLAN (Princeton University) provided that the plan sponsor certifies that the information provided will be maintained in a confidential manner and not used for employment-related decisions or for other employee benefit determinations or in any other manner not permitted by law.

• Other Princeton health plans. The PLAN also participates in an organized health care arrangement with other Princeton University-sponsored health plans, and we may disclose your health information to these other plans to coordinate the operation of the plans to better serve the participants and beneficiaries of the plans.

We may also use and disclose your health information without your authorization in these limited circumstances:

• When we are required to do so by federal, state or local law. For example, we must disclose your health information to the U.S. Department of Health and Human Services upon request if they wish to determine if the PLAN is in compliance with federal privacy laws.

• In connection with a judicial or administrative proceeding, such as pursuant to a court order or in response to a subpoena, discovery request or other lawful process under certain circumstances.

¹ To the extent you have questions about the privacy practices of the Vision Benefits Plan or the Dental Benefits Plan, we direct you to MetLife and Aetna (contact information on page 46).
• To law enforcement under certain circumstances, such as to identify or locate a suspect, fugitive, material witness or missing person.

• To certain government authorities or agencies, such as military authorities if you are member of the armed forces, correctional facilities if you are an inmate, authorized federal officials for intelligence and national security purposes or social/protective service agencies if we reasonably suspect abuse, neglect, or domestic violence.

• In connection with a worker’s compensation program or similar program that provides benefits for work-related injuries or illness.

• If necessary to prevent a serious and imminent threat to your health and safety or the health and safety of the public or another person.

• For public health activities, such as reporting births, deaths, child abuse or neglect, to prevent or control communicable diseases, injuries or disabilities, reporting reactions to medications or problems with products or to enable product recalls.

• To a healthcare oversight agency for activities authorized by law, including, but not limited to, licensure, certification, audits, investigations, and inspections.

• To coroners, medical examiners and funeral directors or to facilitate organ, eye, or tissue donation.

• To our business partners (such as third-party administrators and other plan administrators) so that they can provide services to us or perform functions on our behalf. These business partners must agree in writing to safeguard your health information and are required by law to secure and protect the privacy of your health information.

• To researchers provided that certain established measures are taken to protect your privacy.

• To assist in disaster relief efforts.

• To your personal representative, if any. A personal representative has legal authority to act on your behalf regarding your health care and health care benefits. For example, an individual named in a durable power of attorney or a parent or guardian of an unemancipated minor are personal representatives.

• To a person involved in your care or who helps pay for your care, such as a family member or friend, when you are incapacitated or in an emergency, or when you agree or fail to object when given the opportunity. If you are unavailable or unable to object, we will use our best judgment to determine if the disclosure is in your best interest. Special rules apply regarding when we can disclose health information to family members and others involved in a deceased individual’s care.

USES AND DISCLOSURES REQUIRING AUTHORIZATION

Other than as set forth above, the PLAN cannot disclose your health information without a written authorization from you or your personal representative. For example, except in limited circumstances, we must obtain your authorization to use or disclose psychotherapy notes about you, to sell your health information or to use or disclose your health information for marketing activities.

If you authorize the PLAN to use and disclose your health information, you may revoke that authorization at any time by writing the Privacy Officer. However, your written revocation will not apply to actions we already took based on your authorization.

ADDITIONAL RESTRICTIONS

Certain federal and state laws may prohibit or limit the use and disclosure of certain health information, including highly confidential information. “Highly confidential information” may include information relating to: HIV/AIDS, mental health, genetic tests, alcohol and drug abuse, sexually transmitted diseases and reproductive health. If a use or disclosure of health information is prohibited or materially limited by other laws that apply to the PLAN, we intend to meet the requirements of those more stringent laws. For more information on more stringent laws that may apply to your health information, contact the Privacy Officer.

YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION

Your rights regarding your health information include:

• The right to request restrictions. You may request that we limit the way we use or disclose your health information. This includes the right to ask that we not disclose your health information to family members or friends involved in your care. Such a request must be in writing and directed to the Privacy Officer. We will consider your request, but we are not required to agree to it.

• The right to request to receive confidential communications. You may ask that we send you information by alternative means or at alternative locations – for example, at a specified phone number or mailing address or email address. You must make this type of request (or change or cancel an earlier request) in writing to the Privacy Officer. We will honor all reasonable requests.

• The right to request access to your health information. You have the right to see and obtain a copy of your health information contained in your medical/billing record. Such a request must be in writing and directed to the Privacy Officer. To the extent we maintain your health information electronically, you can ask that we provide you the information in an electronic form or format. You can also direct us to send your health information to a third-party. We may charge you a reasonable, cost-based fee for a copy of your health information. In certain situations, we may deny your request to access your health information, but we will tell you why we denied it. You have the right to ask for a review of our denial.

• The right to request an amendment to your health information. You may ask us to correct or amend your health information contained in your medical/billing record. Such a request must be in writing and directed to the Privacy Officer and must specify the reason for the request. We may deny your request, but you may respond by filing a written statement of disagreement and ask that the statement be included with your record.
• **The right to request a list of disclosures.** You have the right to request a list of certain disclosures of your health information. Such a request must be made in writing to the Privacy Officer. You are entitled to one such list in any 12-month period at no charge. If you request any additional lists within a 12-month period, we may charge you a fee.

• **The right to be notified of a breach.** We are required to notify you in the event of a breach of your unsecured health information.

• **The right to request a paper copy of this Notice.** You can request a paper copy of this Notice at any time, even if you agreed to receive this Notice electronically. You can also view and/or print a copy of this Notice from our website at [www.princeton.edu/hr/benefits/hipaa](http://www.princeton.edu/hr/benefits/hipaa).

### CHANGES TO THIS NOTICE

The PLAN may change the terms of this Notice from time to time, and it will make the terms of the revised Notice effective for all health information it maintains. You may obtain the most current Notice by visiting our website at [www.princeton.edu/hr/benefits/hipaa](http://www.princeton.edu/hr/benefits/hipaa) or by contacting the Privacy Officer. If we make a material change to this Notice, we will use one of our periodic mailings to inform members then covered by the PLAN about the revised Notice.

### QUESTIONS OR COMPLAINTS

If you have any questions about this Notice, please contact the Privacy Officer. If you believe your privacy rights have been violated, you may file a complaint with the Privacy Officer, Princeton University's Office of Human Resources or the third-party administrator for the PLAN. Contact information is listed below. You may also file a complaint with the Secretary of the U.S. Department of Health and Human Services. We will not take any action against you for filing a complaint.

### PRIVACY OFFICER

To exercise any of your HIPAA rights, please contact the PLAN’s designated Privacy Officer.

Megan Adams  
701 Carnegie Center, Suite 439  
Princeton, NJ 08544  
adamsr@princeton.edu  
(609) 258-2169  
(609) 258-3448 (fax)

### OTHER HIPAA CONTACTS

You can also contact the Office of Human Resources or the third-party administrator for your PLAN to discuss the privacy of your health information. The contact information for the Office of Human Resources and various third-party administrators is listed below.

**Princeton University, Office of Human Resources**  
100 Overlook Center  
Princeton, NJ 08540  
benefits@princeton.edu  
(609) 258-3302  
(609) 258-5920 (fax)

**Aetna**  
(Consumer Directed Health Plan, Princeton Health Plan, HMO Plan, J-1 Visa Plan, and Retiree Healthcare Plans)  
Member Services (800) 535-6689

**UnitedHealthcare**  
(Princeton Health Plan)  
Chief Privacy Officer at UnitedHealthcare  
UHG Center, 2nd Floor West, Mail Route MN008 W211,  
9900 Bren Road East  
Minnetonka, MN 55343  
Member Services (877) 609-2273

**OptumRx**  
(Prescription Drug Plan)  
Attn: Member Services  
P.O. Box 3410  
Lisle, IL 60532-8410  
Member Services (877) 629-3117  
Member Services (Post-65 Retiree) (855) 209-1299  
Member Services (Pre-65 Retiree, Pre-65 Dependent or P-84 Plan Member) (877) 629-3117

**Payflex Systems USA, Inc.**  
(Healthcare Flexible Spending Account)  
Member Services (800) 284-4885

**MetLife**  
(MetLife Basic Option PPO Plan, MetLife High Option PPO Plan, and MetLife Vision Plan)  
Member Services (Dental Plans) (866) 832-5756  
Member Services (Vision Plan) (855) 638-3931

**Aetna**  
(Aetna DMO Plan)  
Member Services (877) 238-6200
**Premium Assistance Under Medicaid and the Children’s Health Insurance Program (CHIP)**

If you or your children are eligible for Medicaid or CHIP and you’re eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren’t eligible for Medicaid or CHIP, you won’t be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit [www.healthcare.gov](http://www.healthcare.gov).

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial 1-877-KIDS NOW or [www.insurekidsnow.gov](http://www.insurekidsnow.gov) to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren’t already enrolled. This is called a “special enrollment” opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance**. If you have questions about enrolling in your employer plan, contact the Department of Labor at [www.askebsa.dol.gov](http://www.askebsa.dol.gov) or call 1-866-444-EBSA (3272).

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If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2018. Contact your State for more information on eligibility –

<table>
<thead>
<tr>
<th>State</th>
<th>Medicaid Program</th>
<th>Website</th>
<th>Phone</th>
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<tbody>
<tr>
<td>INDIANA – Medicaid</td>
<td><a href="http://www.indianamedicaid.com">http://www.indianamedicaid.com</a></td>
<td>1-800-403-0864</td>
<td></td>
</tr>
<tr>
<td>COLORADO – Health First Colorado (Colorado’s Medicaid Program) &amp; Child Health Plan Plus (CHP+)</td>
<td><a href="https://www.healthfirstcolorado.com/">https://www.healthfirstcolorado.com/</a></td>
<td>1-800-221-3943/ State Relay 711 / 1-800-359-1991/ State Relay 711</td>
<td></td>
</tr>
<tr>
<td>IOWA – Medicaid</td>
<td><a href="http://dhs.iowa.gov/hawk-i">http://dhs.iowa.gov/hawk-i</a></td>
<td>1-800-257-8563</td>
<td></td>
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<tr>
<td>KANSAS – Medicaid</td>
<td>NEW HAMPSHIRE – Medicaid</td>
<td></td>
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| Website: [http://www.kdheks.gov/hcf/](http://www.kdheks.gov/hcf/)  
Phone: 1-785-296-3512 | Website: [https://www.dhhs.nh.gov/ombp/nhhpp/](https://www.dhhs.nh.gov/ombp/nhhpp/)  
Phone: 603-271-5218  
Hotline: NH Medicaid Service Center at 1-888-901-4999 |

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<thead>
<tr>
<th>KENTUCKY – Medicaid</th>
<th>NEW JERSEY – Medicaid and CHIP</th>
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| Website: [https://chfs.ky.gov](https://chfs.ky.gov)  
Phone: 1-800-635-2570 | Medicaid Website: [http://www.state.nj.us/humanservices/dmahs/clients/medicaid/](http://www.state.nj.us/humanservices/dmahs/clients/medicaid/)  
Medicaid Phone: 609-631-2392  
CHIP Website: [http://www.njfamilycare.org/index.html](http://www.njfamilycare.org/index.html)  
CHIP Phone: 1-800-701-0710 |

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<thead>
<tr>
<th>LOUISIANA – Medicaid</th>
<th>NEW YORK – Medicaid</th>
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| Website: [http://dhh.louisiana.gov/index.cfm/subhome/1/n/331](http://dhh.louisiana.gov/index.cfm/subhome/1/n/331)  
Phone: 1-888-695-2447 | Website: [https://www.health.ny.gov/health_care/medicaid/](https://www.health.ny.gov/health_care/medicaid/)  
Phone: 1-800-541-2831 |

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<tr>
<th>MAINE – Medicaid</th>
<th>NORTH CAROLINA – Medicaid</th>
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Phone: 1-800-442-6003  
TTY: Maine relay 711 | Website: [https://dma.ncdhhs.gov/](https://dma.ncdhhs.gov/)  
Phone: 919-855-4100 |

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<tr>
<th>MASSACHUSETTS – Medicaid and CHIP</th>
<th>NORTH DAKOTA – Medicaid</th>
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Phone: 1-800-862-4840 | Website: [http://www.nd.gov/dhs/services/medicalserv/medicaid/](http://www.nd.gov/dhs/services/medicalserv/medicaid/)  
Phone: 1-844-854-4825 |

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<tr>
<th>MINNESOTA – Medicaid</th>
<th>OKLAHOMA – Medicaid and CHIP</th>
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| Website: [https://mn.gov/dhs/people-we-serve/seniors/health-care/health-care-programs/programs-and-services/other-insurance.jsp](https://mn.gov/dhs/people-we-serve/seniors/health-care/health-care-programs/programs-and-services/other-insurance.jsp)  
Phone: 1-800-657-3739 | Website: [http://www.insureoklahoma.org](http://www.insureoklahoma.org)  
Website: [http://healthcare.oregon.gov/Pages/index.aspx](http://healthcare.oregon.gov/Pages/index.aspx)  
Phone: 1-800-699-9075 |

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<tr>
<th>MISSOURI – Medicaid</th>
<th>OREGON – Medicaid</th>
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| Website: [http://www.dss.mo.gov/mhd/participants/pages/hipp.htm](http://www.dss.mo.gov/mhd/participants/pages/hipp.htm)  
Phone: 573-751-2005 | Website: [http://healthcare.oregon.gov/Pages/index.aspx](http://healthcare.oregon.gov/Pages/index.aspx)  
http://www.oregonhealthcare.gov/index-es.html  
Phone: 1-800-699-9075 |

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<tr>
<th>MONTANA – Medicaid</th>
<th>PENNSYLVANIA – Medicaid</th>
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</table>
| Website: [http://dphhs.mt.gov/MontanaHealthcarePrograms/HIP](http://dphhs.mt.gov/MontanaHealthcarePrograms/HIP)  
Phone: 1-800-694-3084 | Website: [http://www.dhs.pa.gov/provider/medicalassistance/healthinsurancepremiumpaymenthippprogram/index.htm](http://www.dhs.pa.gov/provider/medicalassistance/healthinsurancepremiumpaymenthippprogram/index.htm)  
Phone: 1-800-692-7462 |

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<tr>
<th>NEBRASKA – Medicaid</th>
<th>RHODE ISLAND – Medicaid</th>
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| Website: [http://www.ACCESSNebraska.ne.gov](http://www.ACCESSNebraska.ne.gov)  
Phone: (855) 632-7633  
Lincoln: (402) 473-7000  
Omaha: (402) 595-1178 | Website: [http://www.eohhs.ri.gov/](http://www.eohhs.ri.gov/)  
Phone: 855-697-4347 |

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<tr>
<th>NEVADA – Medicaid</th>
<th>SOUTH CAROLINA – Medicaid</th>
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</table>
| Medicaid Website: [https://dhcfp.nv.gov](https://dhcfp.nv.gov)  
Medicaid Phone: 1-800-992-0900 | Website: [https://www.scdhhs.gov](https://www.scdhhs.gov)  
Phone: 1-888-549-0820 |
SOUTH DAKOTA - Medicaid
Website: [http://dss.sd.gov](http://dss.sd.gov)
Phone: 1-888-828-0059

WASHINGTON – Medicaid
Website: [http://www.hca.wa.gov/free-or-low-cost-health-care/program-administration/premium-payment-program](http://www.hca.wa.gov/free-or-low-cost-health-care/program-administration/premium-payment-program)
Phone: 1-800-562-3022 ext. 15473

TEXAS – Medicaid
Website: [http://gethipp.tx.gov](http://gethipp.tx.gov)
Phone: 1-800-440-0493

WEST VIRGINIA – Medicaid
Website: [http://mywvhipp.com/](http://mywvhipp.com/)
Toll-free phone: 1-855-MyWVHIP (1-855-699-8447)

UTAH – Medicaid and CHIP
Medicaid Website: [https://medicaid.utah.gov/](https://medicaid.utah.gov/)
CHIP Website: [http://health.utah.gov/chip](http://health.utah.gov/chip)
Phone: 1-877-543-7669

WISCONSIN – Medicaid and CHIP
Website: [https://www.dhs.wisconsin.gov/publications/pi/pi10095.pdf](https://www.dhs.wisconsin.gov/publications/pi/pi10095.pdf)
Phone: 1-800-362-3002

VERMONT – Medicaid
Website: [http://www.greenmountaincare.org/](http://www.greenmountaincare.org/)
Phone: 1-800-250-8427

WYOMING – Medicaid
Website: [https://wyequalitycare.acs-inc.com/](https://wyequalitycare.acs-inc.com/)
Phone: 307-777-7531

VIRGINIA – Medicaid and CHIP
Medicaid Website: [http://www.coverva.org/programs_premium_assistance.cfm](http://www.coverva.org/programs_premium_assistance.cfm)
Medicaid Phone: 1-800-432-5924
CHIP Website: [http://www.coverva.org/programs_premium_assistance.cfm](http://www.coverva.org/programs_premium_assistance.cfm)
CHIP Phone: 1-855-242-8282

To see if any other states have added a premium assistance program since July 31, 2018, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
Employee Benefits Security Administration
[www.dol.gov/agencies/ebsa](http://www.dol.gov/agencies/ebsa)
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
[www.cms.hhs.gov](http://www.cms.hhs.gov)
1-877-267-2323, Menu Option 4, Ext. 61565

**Paperwork Reduction Act Statement**

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email [ebsa_opr@dol.gov](mailto:ebsa_opr@dol.gov) and reference the OMB Control Number 1210-0137.

OMB Control Number 1210-0137 (expires 12/31/2019)
PART A: General Information

When key parts of the health care law took effect in 2014, there was a new way to buy health insurance: the Health Insurance Marketplace. To assist you as you evaluate options for you and your family, this notice provides some basic information about the Marketplace and employment–based health coverage offered by your employer.

What is the Health Insurance Marketplace?
The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options. You may also be eligible for a tax credit that lowers your monthly premium right away. Open enrollment for health insurance coverage through the Marketplace begins in November each year for coverage starting as early as the immediately following January 1.

Can I Save Money on my Health Insurance Premiums in the Marketplace?
You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that doesn’t meet certain standards. The savings on your premium that you’re eligible for depends on your household income.

Does Employer Health Coverage Affect Eligibility for Premium Savings through the Marketplace?
Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer’s health plan. However, you may be eligible for a tax credit that lowers your monthly premium, or a reduction in certain cost–sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.5%\(^1\) of your household income for the year, or if the coverage your employer provides does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit.\(^2\)

Note: If you purchase a health plan through the Marketplace instead of accepting health coverage offered by your employer, then you may lose the employer contribution (if any) to the employer–offered coverage. Also, this employer contribution –as well as your employee contribution to employer–offered coverage– is often excluded from income for Federal and State income tax purposes. Your payments for coverage through the Marketplace are made on an after–tax basis.

How Can I Get More Information?
For more information about your coverage offered by your employer, please check your summary plan description or contact the Benefits Team at (609) 258–3302 or benefits@princeton.edu.

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit HealthCare.gov for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

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\(^1\) As that percentage is adjusted by inflation from time to time.

\(^2\) An employer–sponsored health plan meets the "minimum value standard" if the plan’s share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs.
PART B: Information About Health Coverage Offered by Your Employer

This section contains information about any health coverage offered by your employer. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information. This information is numbered to correspond to the Marketplace application.

3. Employer name: Princeton University
4. Employer Identification Number (EIN): 21-0634501
5. Employer address: Office of Human Resources, 100 Overlook Center
6. Employer phone number: (609) 258-3302


10. Who can we contact about employee health coverage at this job? The Benefits Team in the Office of Human Resources.
11. Phone number (if different from above): 
12. Email address: benefits@princeton.edu

The health coverage offered to you meets the minimum value standard and the cost of this coverage to you is intended to be affordable, based on employee wages.

** Even if your employer intends your coverage to be affordable, you may still be eligible for a premium discount through the Marketplace. The Marketplace will use your household income, along with other factors, to determine whether you may be eligible for a premium discount. If, for example, your wages vary from week to week (perhaps you are an hourly employee or you work on a commission basis), if you are newly employed mid-year, or if you have other income losses, you may still qualify for a premium discount.
Important Notice from Princeton University About Your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it with your other important papers. This notice has information about your current prescription drug coverage with Princeton University and about your options under Medicare’s prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare’s prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare prescription drug plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare prescription drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.

2. Princeton University has determined that the prescription drug coverage offered is, on average for all plan participants, expected to pay out as much as the standard Medicare prescription drug coverage will pay and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When Can you Join a Medicare Drug Plan?
You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th through December 7th. You should compare your current coverage, including which drugs are covered, with the coverage and cost of the plans offering Medicare prescription drug coverage in your area.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare Part D drug plan.

What Happens to your Current Coverage if you Decide to Join a Medicare Drug Plan?
If you decide to join a Medicare drug plan, your Princeton University coverage will not be affected. As a benefits-eligible employee you and your eligible dependents can keep your prescription plan coverage if you elect Medicare Part D and this plan will coordinate with the Part D coverage.

Please remember that your prescription drug plan through Princeton University is part of your medical plan coverage. If you decide to enroll in a Medicare prescription drug plan and request to drop your Princeton University prescription drug coverage, be aware that you may also be dropping your medical plan coverage. If you do drop your medical and prescription plan coverage, you are your dependents will be able to re-enroll in a Princeton University medical plan at a later date.

Please contact us for more information about what happens to your coverage if you enroll in a Medicare prescription drug plan.

When Will you Pay a Higher Premium (Penalty) to Join a Medicare Drug Plan?
You should also know that if you drop or lose your coverage with Princeton University and don’t join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

For more information about this notice or your current Princeton University prescription drug coverage, please contact the Benefits Team in the Office of Human Resources at (609) 258-3302 or via e-mail at benefits@princeton.edu.

NOTE: You will receive this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if Princeton University changes its prescription drug plan coverage. You also may request a copy of this notice at any time.

For More Information About Your Options Under Medicare Prescription Drug Coverage
More detailed information about Medicare plans that offer prescription drug coverage is in the “Medicare & You” handbook. You will get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare prescription drug plans.

For more information about Medicare prescription drug coverage:
• Visit [www.medicare.gov](http://www.medicare.gov).
• Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the “Medicare & You” handbook for their telephone number) for personalized help.
• Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at [www.socialsecurity.gov](http://www.socialsecurity.gov), or call them at 1-800-772-1213 (TTY 1-800-325-0778).

**Remember:** Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

Date: October 2018  
Name of Entity/Sender: Princeton University  
Contact--Position/Office: Linda Nilsen, Assistant Vice President, Human Resources  
Address: Office of Human Resources, 100 Overlook Center, Princeton, NJ 08540  
Phone Number: (609) 258-3302
Beginning July 1, 2009, New Jersey law will provide up to six (6) weeks of Family Leave Insurance benefits. Benefits are payable to covered employees from either the New Jersey State Plan or an approved employer-provided private plan to:

- **Bond with a child** during the first 12 months after the child’s birth, if the covered individual or the domestic partner or civil union partner of the covered individual, is a biological parent of the child, or the first 12 months after the placement of the child for adoption with the covered individual.

- **Care for a family member with a serious health condition** supported by a certification provided by a health care provider. Claims may be filed for six consecutive weeks, for intermittent weeks or for 42 intermittent days during a 12 month period beginning with the first date of the claim.

Family member means a child, spouse, domestic partner, civil union partner or parent of a covered individual.

Child means a biological, adopted, or foster child, stepchild or legal ward of a covered individual, child of a domestic partner of the covered individual, or child of a civil union partner of the covered individual, who is less than 19 years of age or is 19 years of age or older but incapable of self-care because of mental or physical impairment.

**New Jersey State Plan**
Employees covered under the New Jersey State Plan can obtain information pertaining to the program and an application for Family Leave Insurance benefits (Form FL-1), after June 1, 2009, by visiting the Department of Labor and Workforce Development’s web site at [www.nj.gov/labor](http://www.nj.gov/labor), by telephoning the Division of Temporary Disability Insurance’s Customer Service Section at (609) 292-7060, or by writing to the Division of Temporary Disability Insurance, PO Box 387, Trenton, NJ 08625-0387.

If an employee is receiving State Plan temporary disability benefits for pregnancy, after the child is born, the Division will mail the employee information on how to file a claim for Family Leave Insurance benefits to bond with the newborn child.

If a claim is filed to have Family Leave Insurance benefits begin immediately after the employee recovers from her pregnancy-related disability, she will be paid at the same weekly benefit amount as she was paid for her pregnancy-related disability claim and no waiting period will be required.

**Private Plan**
An employer can elect to provide workers with Family Leave Insurance benefits coverage under a private plan approved by the Division of Temporary Disability Insurance. The Division will not approve a private plan requiring employee contributions unless a majority of the employees, covered by the private plan, have agreed to private plan coverage by written election. Employers will provide information regarding the private plan and the proper forms to claim benefits to employees covered under the private plan.

**Financing of the Program**
This program is financed by employee contributions. Beginning January 1, 2009, employers are authorized to deduct the contributions from employee wages for all employees covered under the State Plan. These deductions must be noted on the employee’s pay envelope, paycheck or on some other form of notice. The taxable wage base for Family Leave Insurance benefits is the same as the taxable wage base for Unemployment and Temporary Disability Insurance.

Employees covered under an approved private plan will not have contributions deducted from wages for Family Leave Insurance benefits coverage unless a majority of the workers consent to contribute to the approved private plan. If employees consent to contribute to the private plan, the contributions cannot exceed those paid by workers covered under the State Plan.

Additional copies of this poster or any other required posters may be obtained free of charge by contacting the New Jersey Department of Labor and Workforce Development, Office of Constituent Relations, PO Box 110, Trenton, New Jersey 08625-0110 - (609) 777-3200 or from our website: [www.nj.gov/labor](http://www.nj.gov/labor).

The New Jersey Department of Labor and Workforce Development is an equal opportunity employer with equal opportunity programs. Auxiliary aids and services are available upon request to individuals with disabilities.

If you need this document in Braille or large print, call (609) 292-2680. TTY users can contact this department through New Jersey Relay: 7-1-1.
# Provider Information

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<td>Best Doctors</td>
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<td>My Health Coach</td>
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<td><strong>Healthcare Plans</strong></td>
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<td>120632</td>
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For more details on work life programs, visit princeton.edu/hr/thrive or contact the Benefits Team at benefits@princeton.edu or (609) 258-3302.