Summary of Employee Benefits 2009
Summary of Employee Benefits

The following information provides a brief overview of the benefits offered by Princeton University. It is not intended to provide complete details of each benefit plan. More complete information can be found in the Summary Plan Descriptions.

You are eligible for benefits if you are a regular biweekly or monthly paid employee who fills an approved, budgeted position on the regular payroll. Regular employees work on a half-time or greater basis, 50% or more of the normal work week schedule (36 ¼ or 40 hours, depending on the position) for 5 months or more.

Please see the Human Resources website for updates and revisions:

www.princeton.edu/hr/ben

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

**Preferred Provider Organization (PPO) Plans (UnitedHealthcare Select PPO and Aetna PPO)**

**SUMMARY:** The Preferred Provider Organization (PPO) Plans feature both an in-network and out-of-network component. The in-network approach allows members to seek care without having to designate a primary care physician. As a result, it is not necessary to obtain a referral before visiting another physician or specialist. Other features of the in-network portion of the plan include a $15 co-payment for office visits, a $300 individual deductible, and 10% coinsurance for most other services. The out-of-network portion of the plan provides the participant with the ability to see any physician, but at a greater cost. There is a $600 individual deductible and 20% coinsurance for most other services. No pre-existing conditions exclusion applies. For more details about PPO Plan provisions, visit [www.princeton.edu/hr/ben](http://www.princeton.edu/hr/ben). For a current physician directory, visit UnitedHealthcare’s website at [www.myuhc.com/groups/princetonuniversity](http://www.myuhc.com/groups/princetonuniversity) or Aetna at [www.aetna.com](http://www.aetna.com).

**When Eligible**
First of the month, coincident with or next following your date of hire

**Who Pays**
The University and you, on a pretax basis. Please refer to the Human Resources website at [www.princeton.edu/hr/ben](http://www.princeton.edu/hr/ben) for current monthly rate information.

**Coinsurance Limit (Out-of-Pocket Maximum)**
In-Network: Salary based (See “Benefit Summary” for the PPO Plan at the HR website [www.princeton.edu/hr/ben](http://www.princeton.edu/hr/ben).)
Out-of-Network: Salary based (See “Benefit Summary” for the PPO Plan at the HR website listed above.)

**Deductible**
- In-Network: $300/Individual; $600/Family
- Out-of-Network: $600/Individual; $1,200/Family

**Routine/Preventive Care**
- In-Network: $15 co-payment (there is no deductible required)
- Out-of-Network: 20% coinsurance (after deductible is met)
- Usual, Customary, and Reasonable (UCR) limits apply

**Outpatient Mental Health Visits**
- In-Network: 20% coinsurance (no deductible)
- Out-of-Network: 30% coinsurance (no deductible)
- 50 outpatient visits allowed per calendar year combined in or out of network
- Usual, Customary, and Reasonable (UCR) limits apply

**Hospital Benefits**
- In-Network: 10% coinsurance (after deductible is met)
- Out-of-Network: 20% coinsurance (after deductible is met)
- Usual, Customary, and Reasonable (UCR) limits apply

**Prescription Drug Coverage**
See section on Prescription Drug Program (page 5)

**Point of Service (POS) Plans (UnitedHealthcare Select Plus POS and Aetna Choice POS II)**

**SUMMARY:** The Point of Service (POS) Plans feature both an in-network and out-of-network component. The in-network approach requires that members seek care through a primary care physician and features no deductible, no claim forms, $15 co-payment for office visits, and $20 co-payment for a visit to a specialist. Under the out-of-network portion of the plan, a member may see a physician who is not a part of the network, but at a greater cost. There is a $900 individual deductible and 30% coinsurance for most covered out-of-network services. No pre-existing conditions exclusion applies. For a current physician directory, visit UnitedHealthcare ([www.myuhc.com/groups/princetonuniversity](http://www.myuhc.com/groups/princetonuniversity)) or Aetna ([www.aetna.com](http://www.aetna.com)).

**When Eligible**
First of the month, coincident with or next following your date of hire
**Who Pays**
The University and you, on a pretax basis. Please refer to the Human Resources website at [www.princeton.edu/hr/ben](http://www.princeton.edu/hr/ben) for current monthly rate information.

**Coinsurance Limit (Out-of-Pocket Maximum)**
- In-Network: Individual $1,500; Family $3,000
- Out-of-Network: Individual $4,500; Family $9,000

**Deductible**
- In-Network: None
- Out-of-Network: $900/individual; $1,800/family

**Routine/Preventive Care**
- In-Network: $15 co-payment for primary care physician/$20 co-payment for specialist visits
- Out-of-Network: No coverage for preventive care

**Outpatient Mental Health Visits**
- In-Network: 20% coinsurance (no deductible)
- Out-of-Network: 30% coinsurance (no deductible)
  - 50 outpatient visits allowed per calendar year combined in or out of network
  - Usual, Customary, and Reasonable (UCR) limits apply

**Hospital Benefits**
- In-Network: 10% coinsurance up to $1,500/individual; $3,000/family; thereafter, 100% coverage
- Out-of-Network: After deductible is met, 30% coinsurance of covered expenses up to $4,500/individual; $9,000/family; thereafter, 100% coverage
  - Usual, Customary, and Reasonable (UCR) limits apply

**Prescription Drug Coverage**
See section on Prescription Drug Program (page 5)

**HMO Plan (Aetna)**
**SUMMARY:** In an HMO plan, the primary care physician (PCP) manages all your health care needs. Your PCP will give you the necessary referrals to a specialist. The selection of a primary care physician and a hospital is limited to those affiliated with the HMO. Health care is covered only when it is provided by the HMO or when permission is received for emergency care elsewhere. No claim forms are required. No pre-existing conditions exclusion applies. For a current physician directory, visit Aetna ([www.aetna.com](http://www.aetna.com)).

**When Eligible**
First of the month, coincident with or next following your date of hire

**Who Pays**
The University and you, on a pretax basis. Please refer to the Human Resources website at [www.princeton.edu/hr/ben](http://www.princeton.edu/hr/ben) for current monthly rate information.

**Coinsurance Limit**
Not applicable

**Deductible**
Not applicable

**Routine/Preventive Care**
- In-Network: $15 co-payment for primary care physician/$20 co-payment for specialist visits
- Out-of-Network: No coverage

**Outpatient Mental Health Visits**
- In-Network: $20 co-payment per visit
- Out-of-Network: No coverage
  - 50 outpatient visits allowed per calendar year
Hospital Benefits
In-Network: Covered at 100% as long as referral received
Out-of-Network: Covered if emergency at $50 co-payment (waived if admitted)

Prescription Drug Coverage
See section on Prescription Drug Program (page 5)

High Deductible Plan (Aetna)
SUMMARY: The High Deductible Plan is an indemnity plan that is available to employees only at no charge and is the default option if no health plan election is made. (No coverage is available for a spouse and/or children.) This plan is designed to provide coverage in the event of a catastrophic illness or injury. Reimbursement through this plan does not begin until an annual deductible of $5,000 is reached. Once the deductible is met there is a 30% coinsurance for most eligible services. Usual, customary, and reasonable limits apply. There is no prescription drug program coverage with this plan. If this plan is selected or you are defaulted into the coverage, this plan will be your primary insurer as an employee of Princeton University. For information about area physicians, visit the websites for the American Medical Association (AMA) at www.ama-assn.org and the Medical Society of New Jersey (MSNJ) at www.msnj.org.

When Eligible
First of the month, coincident with or next following your date of hire

Who Pays
The University

Coinsurance Limit (Out-of-Pocket Maximum)
Individual: $20,000

Deductible
Individual: $5,000

Routine/Preventive Care
Not covered

Hospital Benefits
30% coinsurance (after deductible is met)
Usual, Customary, and Reasonable (UCR) limits apply

Prescription Drug Coverage
Not covered

J-1 Visa Health Care Plan (Aetna)
SUMMARY: The J-1 Visa Plan is only available to those benefits-eligible faculty and staff members who are non-U.S. citizens on a J-1 Visa. This plan is an indemnity plan that allows you to select any doctor or hospital. Reimbursement through this plan will not begin until an annual deductible is reached and you must submit a claim form to be reimbursed for expenses. Once the deductible is met, there is a 20% coinsurance for most eligible services. No pre-existing conditions exclusion applies. Usual, customary, and reasonable limits apply. For information about area physicians, visit the websites for the American Medical Association (AMA) at www.ama-assn.org and the Medical Society of New Jersey (MSNJ) at www.msnj.org.

When Eligible
On your hire date

Who Pays
The University for employee only coverage. The University and you, on a pretax basis for any covered eligible dependents. Please refer to the Human Resources website at www.princeton.edu/hr/ben for current monthly rate information.

Coinsurance Limit (Out-of-Pocket Maximum)
Individual: $2,500
Family: $5,000
Deductible
Individual: $500
Family: $1,000

Routine/Preventive Care
20% coinsurance (after deductible is met)
$200 maximum per calendar year for an annual physical
Usual, Customary, and Reasonable (UCR) limits apply

Outpatient Mental Health Visits
50% coinsurance (after deductible is met)
50 outpatient visits allowed per calendar year
Usual, Customary, and Reasonable (UCR) limits apply

Hospital Benefits
20% coinsurance (after deductible is met).
Usual, Customary, and Reasonable (UCR) limits apply

Prescription Drug Coverage
See section on Prescription Drug Program (below).

# Prescription Drug Program

**Medco Health**

**SUMMARY:** The prescription plan provides a retail pharmacy program for short-term prescriptions and mail-order program for long-term maintenance medications.

**Retail Pharmacy Co-payment (30-day supply)**
- $5 for generic
- $20 for brand name
- $35 for multi-source

**Mail Order Co-payment (90-day supply)**
- $10 for generic
- $40 for brand name
- $70 for multi-source

**Home Delivery Incentive Program**
This program is for participants who use maintenance medication. If you fill your maintenance prescriptions through Medco’s Home Delivery Service (mail order), you will receive a three-month (90-day) supply for the cost of a two-month (60-day) supply. However, if you renew your prescriptions for maintenance medication through a retail pharmacy for more than three months, subsequent refills will cost twice the retail pharmacy co-payment rate.

# Vision Care

**Vision Service Plan**

**SUMMARY:** The Vision Service Plan (VSP) offers a large network of qualified optometrists and ophthalmologists. You and your eligible family members may enroll in the plan, designed to encourage you to maintain your vision through regular eye examinations and help with vision care expenses for required glasses or contact lenses. For a current physician directory, visit VSP’s website at [www.vsp.com](http://www.vsp.com).

**When Eligible**
First of the month, coincident with or next following your date of hire
Who Pays
You pay the total cost on a pretax basis. Please refer to the Human Resources website at www.princeton.edu/hr/ben for current monthly rate information.

Annual Eye Exam
In-Network: $10 co-payment
Out-of-Network: Reimbursement based on a fixed-fee schedule

Lenses and/or Frames
In-Network: $20 co-payment
Out-of-Network: Reimbursement based on a fixed-fee schedule

Contact Lenses
$140 allowance

Dental Care

**MetLife Basic and High Option PPO Plans and Aetna DMO**

**SUMMARY:** The dental program is administered by MetLife and Aetna. You have the choice of selecting from among three dental plans. All of the dental plans provide orthodontic services for eligible children and adults. For a current directory of dentists, visit MetLife ([www.metlife.com/dental](http://www.metlife.com/dental)) or Aetna ([www.aetna.com](http://www.aetna.com)).

**MetLife Basic Option PPO Plan** allows you to go in- or out-of-network for preventive or basic services. However, if you go out-of-network, only a percentage of the in-network benefit will be paid. This plan covers all eligible preventive/diagnostic services at 100%, and basic services at 50%. Eligible major and specialty services are covered in-network at a discount. If you go out-of-network for major or specialty services, there will be no coverage.

**MetLife High Option PPO Plan** 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, providing you with the opportunity to see any dentist. The plan covers eligible preventive/diagnostic, basic, and major services (after applicable coinsurance) at a percentage of costs, up to $2,000 annually for in-network services and $1,500 annually for out-of-network services.

**Aetna DMO Plan** is an HMO-style plan that covers eligible preventive/diagnostic and basic services at 100%. Major services are covered at 60%. You must choose a primary dentist from the Aetna DMO directory. There is no coverage for out-of-network services.

When Eligible
First of the month, coincident with or next following your date of hire

Who Pays
You pay the total cost on a pretax basis. Please refer to the Human Resources website at www.princeton.edu/hr/ben for current monthly rate information.

Life Insurance

**Basic Life Insurance**

**When Eligible**
Your date of hire

**Who Pays**
The University

**Benefit**
1.5x your annual base salary, up to a maximum benefit of $500,000 (reduction of benefit begins at age 60)

**Carrier**
Prudential Life Insurance Company
**Accidental Death and Dismemberment**

*When Eligible*
Your date of hire

*Who Pays*
The University

*Benefit*
1.5* your annual base salary, up to a maximum benefit of $500,000 (reduction of benefit begins at age 60)

*Carrier*
Prudential Life Insurance Company

**Business Travel Accident Insurance**

*When Eligible*
Your date of hire

*Who Pays*
The University

*Benefit*
5* annual base salary, up to a maximum benefit of $500,000 (reduction of benefit begins at age 70)

*Carrier*
Hartford Accident and Indemnity Co.

**Supplemental Life**

*When Eligible*
First of the month, coincident with or next following the date enrollment is completed

*Who Pays*
You pay the total cost on an after-tax basis

*Benefit*
You may elect 1* to 4* your annual base salary, up to a maximum benefit of $700,000

*Carrier*
Prudential Life Insurance Company

**Expense Accounts**

*Health Benefit Expense Account (HBEA) and Dependent Care Expense Account (DCEA)*

**Administrator: Crosby Benefit Systems**

**SUMMARY:** The Health Benefit Expense Account (HBEA) and the Dependent Care Expense Account (DCEA) are two separate benefit plans that allow you to direct a part of your pay, on a pretax basis, into special accounts that can be used throughout the year to reimburse yourself for certain out-of-pocket health care expenses or work-related dependent care expenses. This money goes into your health and/or dependent care expense account(s) before federal income or Social Security taxes are withheld.

*When Eligible*
First of the month, coincident with or next following your date of hire

*Who Pays*
You, on a voluntary pretax basis

*How the Accounts Work:*
  - Estimate the amount of eligible health or dependent-care expenses you are likely to have during the year.
• The amount you elect to defer to the plan will be automatically deducted from your paycheck during the year on a pretax basis and credited to your expense account.
• As you incur eligible expenses during the year, you pay for them out of your own pocket. After you submit a HBEA or DCEA claim form, you are reimbursed from the plan as applicable.
• Participants must re-enroll each year (through the Office of Human Resources) during the annual Open Enrollment period.
• As expense accounts are set up on an annual basis, only expenses incurred during the calendar year can be reimbursed from that year’s accounts.
• You will forfeit any money left in your accounts at the end of the calendar year if you have not filed a claim for reimbursement for eligible expenses incurred prior to the end of the plan year.
• You cannot cancel, increase, or decrease the amount during the calendar year unless there is a qualifying status event (see section on Changing Coverage on page 12).

LIMITS

Health Benefit Expense Account
$5,000 limit per calendar year

Dependent Care Expense Account
$5,000 limit per calendar year for one or more children if single or married and filing a joint return; $2,500 for one or more children if married and filing a separate income tax return

Parking and Transit Reimbursement Accounts

Administrator: Crosby Benefit Systems

SUMMARY: The Parking and Transit Reimbursement Accounts allow faculty and staff members to pay for their commuting costs on a pretax basis through payroll deduction. The maximum allowable reimbursement for the Parking Reimbursement Account is $230 per month ($2,760 per calendar year). Effective March 1, 2009, the maximum allowable reimbursement for the Transit Reimbursement Account has been increased from $120 per month to $230 per month ($2,560 for the 2009 calendar year).

When Eligible
First of the month, coincident with or next following your date of hire

Who Pays
You, on a voluntary pretax basis

How the Accounts Work:
• Estimate the amount of parking or transit expenses you will incur during the year.
• Divide that amount by the number of months you will participate in a year.
• The amount you elect to defer will be automatically deducted from your paycheck on a pretax basis.
• You will forfeit any money left in your accounts when you terminate your employment from the University.
• You can cancel, increase, or decrease the monthly amount during a calendar year.

Retirement Plans

Princeton University Retirement Plan

When Eligible
First of the month, coincident with or next following your date of hire

Who Pays
The University

Benefit
The University contributes 9.3% of base salary earned up to the Social Security Taxable Wage Base and 15% of base salary earned above the Social Security Taxable Wage Base. University contributions continue until retirement, termination, or a reduction in duty time such that you are no longer benefits eligible. Contributions are subject to annual Internal Revenue Code limits.
**Vesting**
100% after 2 1/2 years (30 months) of service. Service at previous employer (if exempt organization under 501(c)(3) or academic institution) may be credited under certain circumstances. Written verification by previous employer required.

**Administrator**
Teachers Insurance and Annuity Association-College Retirement Equities Fund (TIAA-CREF) and/or The Vanguard Group. Visit their websites at [www.tiaa-cref.org](http://www.tiaa-cref.org) or [www.vanguard.com](http://www.vanguard.com).

**Tax-Deferred Annuity Plan**

**When Eligible**
Coverage effective first of the month, coincident with or next following your date of hire, or the date the enrollment form is signed, if later

**Who Pays**
You, on a voluntary, pretax basis

**Benefit**
Employee’s voluntary pretax contributions to individual tax-deferred investment accounts (not IRAs). Contributions are subject to annual Internal Revenue Code limits.

**Administrator**
Teachers Insurance and Annuity Association-College Retirement Equities Fund (TIAA-CREF) and/or The Vanguard Group. Visit their websites at [www.tiaa-cref.org](http://www.tiaa-cref.org) or [www.vanguard.com](http://www.vanguard.com).

**Short-Term Disability**

**Short-Term Disability Plan**

**When Eligible**
On your hire date

**Who Pays**
The University

**Benefit**
The University supplements the New Jersey Temporary Disability rate to full base salary for up to a maximum of 26 weeks for any one period of disability.

**Long-Term Disability**

**Long-Term Disability (LTD) Insurance**

**When Eligible**
First of the month, coincident with or next following one year of benefits-eligible service. If enrolled in an LTD plan with your previous employer, the one-year-of-service requirement may be waived. Proof of prior coverage must be supplied.

**Who Pays**
The University

**Benefit**
Up to 60% of monthly pay (including Social Security and Workers Compensation); $10,000 per month limit

**Carrier**
The Hartford
Educational Assistance

Staff Educational Assistance Plan
A tuition reimbursement program is available to assist you with the cost of your own undergraduate and graduate education.

When Eligible
First of the month, coincident with or next following one year of benefits-eligible service. Employees on Long-Term Disability (LTD) are not eligible for the Staff Educational Assistance Plan.

Who Pays
The University

Benefit:
- 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).
- You may only apply for reimbursement for up to 2 courses per semester; 6 per plan year.
- In order to receive reimbursement, 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.
- You must be enrolled in an undergraduate or graduate degree program, or an eligible certificate program at an institution accredited by the American Council on Education (ACE).

To be eligible for a benefit under this plan, you must receive a grade of C or better, or Pass in a Pass/Fail course.

Children’s Educational Assistance Plan—Tuition Grant Program

When Eligible
After 5 years of benefits-eligible service

Who Pays
The University

Benefit
- Half tuition and mandatory educational fees up to a maximum annual benefit. For example, the maximum annual benefit for academic year 2008–09 was $12,500.
- 2- or 4-year accredited institution
- Undergraduate, full-time study only (12 credits or more)

For more information or to determine if your child is eligible for the program, please contact the Benefits Team at 609-258-3302.

Group Long-Term Care

Who Is Eligible
Benefits-eligible, non-visiting dean of faculty and regular staff members, their spouse, same-sex domestic partner, parents, grandparents, parents-in-law, and grandparents-in-law

Who Pays
You, on an after-tax basis. Employees and their spouse will have their premiums deducted through payroll deduction. Parents, grandparents, and in-laws will be direct-billed by CNA, the plan administrator.

Carrier
CNA
Faculty and Staff Assistance and Work/Life Programs

The Carebridge Employee Assistance Program (EAP) helps faculty and staff members work through many difficult personal issues such as:

- Drug/Alcohol Abuse
- Stress and Depression
- Financial Issues
- Interpersonal Relationships
- Married Life and Parenting

The individual Work/Life Program assists with issues and referrals for the following types of services:

- Child Care
- Elder Care
- Adoption
- Time Management and Life Balance
- Personal Financial Management

This list comprises only a small number of topics that are available to faculty and staff members. In addition, faculty and staff members can access Carebridge’s extensive online library of educational materials on a wide variety of topics.

Princeton University covers six consultations per issue, from Carebridge’s EAP professionals. Appointments are available with counselors within your community, at work, or at home. In addition, consultations by telephone are also available. There is no limit to the number of Work/Life phone consultations available to employees. The services provided by Carebridge are available 24 hours a day, 7 days a week, 365 days a year.

For more information, or to use the Carebridge Library, visit their website at www.myliferesource.com or call 1-800-437-0911. All Carebridge programs and services are kept strictly confidential.

Backup Care Options Program

Princeton University has contracted with the Work Options Group to provide our faculty and staff with backup care when they experience temporary disruptions in their child, adult, and elder care giving arrangements that would otherwise prevent them from fulfilling work or study obligations.

The program gives you access to a team of backup care specialists who provide advice, present options, and schedule the care. Contracted home care agencies require that all caregivers are FBI background checked, CPR/first aid certified, licensed, insured, and have the relevant experience in child or adult/elder care. All child care centers in the network must meet or exceed state licensing regulations and guidelines, including background checks, health and safety standards, and staff-to-child ratios.

For more information, or to use the program, visit the Work Options Group website at backup.brighthorizons.com or call 1-800-557-0847.

Employee Child Care Assistance Program (ECCAP)

Princeton University’s Employee Child Care Assistance Program, ECCAP, is designed to help faculty and staff meet the cost of child care. The ECCAP award is based on total annual household income of less than $130,000. The maximum award for one child is $5,000. An additional $1,000 may be awarded for a second child; the maximum award per family is $6,000. Only one award is available per eligible child. For tax purposes, these awards are treated as additional income and may be subject to state and federal tax.

All benefits-eligible faculty and staff members with pre-kindergarten aged children who are currently enrolled in child care or who will be enrolled in child care are encouraged to apply for this benefit. An eligible faculty or staff member is: single, which includes
divorced and/or widowed; or married/civil unioned with a spouse/partner who is employed at least 50% time, or is a full-time student matriculated in a degree or certificate program, or is disabled as defined by the IRC. The award may be used to offset the cost of most child care arrangements from in-home care to licensed day care centers or providers.

For more information, please contact the Human Resources Benefits Team at 609-258-3302 or visit our website at www.princeton.edu/hr/worklife/eccap.htm.

**Mortgage Program**

Princeton University has partnered with Countrywide Home Loans to offer home financing terms that are exclusive to University staff. You may contact Countrywide Home Loans by telephone at 609-683-1165 to speak with a program representative about your specific home financing needs. Through the mortgage program, employees may choose from many programs based on their income and credit history. This program offers affordable home financing options that include the purchase of a primary or secondary (vacation) home, investment properties, refinance transactions, home equity lines of credit, and second mortgages.

**Related Programs**

The University offers a variety of additional benefits and programs.

**Paid Leaves**
- Holidays
- Sick Days
- Vacation
- Workers Compensation

**Unpaid Leaves**
- Family and Medical Leave
- Personal Leave

**Related Programs**
- Athletic Facilities and Events
- Computer Facilities
- Credit Union
- Mass Transit Subsidy Program
- Program in Continuing Education
- Prospect Association
- University Community Child Care Nurseries

In addition, leaves for scholarly purposes are available for members of the faculty.

**Additional Information**

**Please Note**
As a new faculty or staff member, you must enroll in all plans within 31 days of your date of hire.

**Changing Coverage**
You should think carefully about whom you want to cover on your health, dental, and/or vision care plans. Once you have enrolled for coverage, you will only have two opportunities to add or delete eligible dependents from your plan.
- During the Annual Benefits Open Enrollment period in the fall (changes effective January 1 of the following year), or
- Within 31 days of a Qualifying Status Event (Please see the list on the next page for Qualifying Family Status Changes), or
- In the case of a birth or adoption of a child, you must notify your Office of Human Resources within 90 days of the birth or adoption to add your new dependent(s) to your coverage or to make other changes.
Covering Dependents
You may cover yourself only or yourself plus your spouse and/or dependent children. Unmarried children may be covered until the end of the calendar year in which they attain age 25, as long as they meet Princeton’s definition of dependent child. The definition of a dependent child is listed on our website at www.princeton.edu/hr/ben/depdef. You may enroll a same-sex domestic or civil union partner (contact the Office of Human Resources for details).

Qualifying Status Event Changes
- Marriage
- Divorce
- Death of a spouse or child
- Birth or adoption of a child
- Termination of your spouse’s employment
- Commencement of your spouse’s employment
- Transition from full time to part time, or vice versa, by yourself or your spouse
- You or your spouse take an unpaid leave of absence
- You or your spouse return from an unpaid leave of absence
- Any significant change in your family’s health care plan coverage through your spouse’s health care plan

Please see our website for further information at www.princeton.edu/hr/ben.

For More Information
Office of Human Resources Benefits Team (Main Campus)
(609) 258-3302
E-mail: benefits@princeton.edu

Princeton Plasma Physics Laboratory (PPPL)
(609) 243-2101
E-mail: kmastrom@pppl.gov

Please see our website for updates or revisions at www.princeton.edu/hr/ben.