

# *Your* Benefits

*For* **2012**



PRINCETON  
UNIVERSITY

**Benefits  
and Work Life**

## *About This Communication*

Your Benefits for 2012 provides highlights of the benefits programs that are available to benefits-eligible faculty and staff of Princeton University. This booklet is intended to provide you a brief description of the benefits available at Princeton. Although Princeton intends to continue these benefits, the University reserves the right to amend or terminate these plans at any time.

This communication is intended to be a Summary of Material Modifications (SMM) to the Medical and Life Insurance Plans and to other benefit programs. It explains the changes being made to these plans effective January 1, 2012. Full details regarding coverage, eligibility, and limitations can be found in the official plan documents. 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 online at [www.princeton.edu/hr/benefits](http://www.princeton.edu/hr/benefits).

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# Eligibility

## Who is Eligible for Benefits

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 are scheduled to work 50% or more of the normal work week schedule (36¼ or 40 hours, depending on the position) for five months or more and receive pay directly by Princeton.

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 which benefits you are eligible to enroll or participate, please review the chart below.

	Regular HR Staff	Regular Dean of Faculty	Visiting Faculty/ Visiting Academic Professional	Postdoctoral Research Fellow	Visiting Fellow
Medical <sup>1</sup>	X	X	X	X	X
Dental	X	X	X	X	
Vision	X	X	X	X	
Basic Life	X	X	X	X	
Supplemental Life	X	X	X	X	
Long Term Disability (LTD)	X	X			
Princeton University Retirement Plan (PURP)	X	X	By exception <sup>3</sup>	Wage supplement <sup>2</sup>	
Supplemental Retirement Savings Plan	X	X	X	X	X
Health Benefits Expense Account (HBEA)	X	X	X	X	
Dependent Care Expense Account (DCEA)	X	X	X	X	
Parking and Transit	X	X	X	X	

### Important Reminders:

**New Hires:** You must elect to enroll in or waive out of benefits within 31 days from your date of hire. Otherwise you will be defaulted into the High Deductible Plan with individual medical coverage only.

**Qualifying Status Event:** You must notify the Benefits Team within 31 days of a qualifying status event (90 days for the birth or adoption of a child) in order to make changes to your benefits coverage mid-year.

**Open Enrollment:** To continue your participation in the Flexible Spending Accounts (Health Benefit and Dependent Care Expense Accounts) for the next calendar year, you must re-enroll or you will not be covered under these programs.

<sup>1</sup> Exceptions exist for J-1 visa holders. See page 8.

<sup>2</sup> Eligible for a 10% wage supplement in lieu of PURP contributions.

<sup>3</sup> Please contact your department for further information.

# Dependent Eligibility and Verification Process

## *Eligible Dependents*

Your eligible dependents include your legal spouse, same-sex civil union or domestic partner, and/or your eligible children until the December 31st of the year in which they turn 26.

Eligible children include your biological, step, adopted, foster children, children for whom you are the legal guardian as well as the children of your same-sex civil union or domestic partner. Coverage may be available to your eligible child regardless of student, residential, or marital status; however, if your child is married, the spouse and/or children of your eligible child are not eligible for coverage under our plans.

**Please note:** 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.

### **Same-Sex Civil Union or Domestic Partner and Their Child(ren)**

Your same-sex civil union or domestic partner and the child(ren) of your same-sex civil union or domestic partner are eligible to receive coverage under your health plans. In order to cover a same-sex domestic partner and their child(ren), you will need to complete and return the Statement of Domestic Partnership Form located on our website at [www.princeton.edu/hr/benefits/benforms/dompartsmnt.pdf](http://www.princeton.edu/hr/benefits/benforms/dompartsmnt.pdf). Your same-sex domestic partner and their child (ren) will be enrolled the first of the month following the date in which the form is returned to the Benefits Team.

The value of the health care plan coverage provided for your same-sex civil union or domestic partner and their child(ren) is treated as taxable income to you unless they qualify as your dependent(s) under Section 152 of the Internal Revenue Code. If your same-sex civil union or domestic partner and child(ren) qualify as your dependent under Section 152, you will need to complete and return the Tax Certification of Dependency for Health Insurance Coverage Form on our website at [www.princeton.edu/hr/benefits/benforms/domparttaxcert.pdf](http://www.princeton.edu/hr/benefits/benforms/domparttaxcert.pdf). No changes to tax status will be processed retroactively. More detailed information along with a rate chart is available on our website at [www.princeton.edu/hr/benefits/elig/partner](http://www.princeton.edu/hr/benefits/elig/partner).

## *Ineligible Dependents*

Ineligible dependents include:

- Ex-spouse even if you have a Qualified Domestic Relations Order (QDRO) requiring you to provide health insurance coverage.
- Ex-same-sex civil union or domestic partner.
- Common law spouse where common law marriage exists.
- Former stepchild of an ex-spouse even if you are required to provide health insurance coverage as dictated under a Qualified Medical Child Support Order (QMCSO).
- Ex-same-sex civil union or domestic partner's child even if you are required to provide health insurance coverage as dictated under a QMCSO.
- Extended family members, including mother, father, siblings, grandparents, in-laws, etc., under any circumstances.
- A child who is your extended family member (grandchild, niece, nephew, etc.) except when you are the legal guardian.

### **Dependent Verification Required for Coverage**

You must provide dependent verification documentation for each dependent that you are enrolling in one or more of Princeton's healthcare plans. You must provide the required documentation within 31 days from the effective date of your coverage. If the proper documentation is not provided within the required timeframe, your dependent(s) will be removed from your coverage. As soon as you have the documentation available, please contact the Benefits Team at (609) 258-3302 or [benefits@princeton.edu](mailto:benefits@princeton.edu) to make arrangements to provide the documentation to the Benefits Team at 2 New South. *All documentation received will be handled confidentially.*

**New Hires:** You will have 31 days from your date of hire or appointment start date to provide this documentation and elect benefits coverage for yourself and eligible dependent(s). Please refer to the information in this section that includes the definition of eligible and ineligible dependents and a list of the types of documentation that we will require.

## Permissible Documentation

Dependent Type	Documentation
<b>Spouse</b>	Marriage certificate <sup>1</sup> <i>and</i> most recently filed redacted <sup>2</sup> tax return
<b>Same-Sex Civil Union</b>	Certificate of civil union <i>and</i> , if a resident of NJ, most recently filed redacted NJ state tax return
<b>Same-Sex Domestic Partner</b>	Princeton University Affidavit of Domestic Partnership <i>and</i> supporting documentation
<b>Biological Child Who Is Up to Age 26</b>	Birth certificate <sup>3</sup>
<b>Adopted Child</b>	Legal adoption papers
<b>Stepchild</b>	Birth certificate, including names of biological parents <i>and</i> employee's marriage certificate
<b>Legal Ward</b>	Legal guardianship papers showing full financial support <i>and</i> custody responsibilities
<b>Foster Child</b>	Official placement papers

We reserve the right to request additional documentation as necessary. We prefer original documentation; however, copies of certificates are acceptable if information is legible.

<sup>1</sup> Foreign nationals must also provide current visa documentation showing marriage.

<sup>2</sup> Redacted means that the Social Security numbers and all financial information should be blacked out.

<sup>3</sup> Foreign nationals must provide current visa documentation showing date of birth of child.

# Making Changes to your Benefits

## *Limited Changes During the Year*

The Internal Revenue Service (IRS) limits when you can add coverage for a dependent or make changes to your healthcare benefits and Flexible Spending Account (FSA) elections during the year. Therefore, you should think carefully about whom you want to cover on your health, dental, and/or vision care plans and the plans you want to elect. Once you have enrolled for coverage, you will have only the following opportunities to 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 of a Qualifying Status Event (please see the list below) or
- In the case of a birth or adoption of a child, you must notify the Benefits Team within 90 days of the birth or adoption.

### **Qualifying Status Event Changes**

- Marriage, divorce, or the beginning or end of a same-sex civil union or domestic partnership
- Birth or adoption of a child
- Death of a spouse, same-sex civil union or domestic partner, or child
- A loss or gain of benefits eligibility for yourself or your spouse or same-sex civil union or domestic partner, or child
- Transition from full time to part time, or vice versa, that changes your eligibility for benefits, for yourself or your spouse or your same-sex civil union or domestic partner
- You or your spouse or your same-sex civil union or domestic partner take or return from an unpaid leave of absence
- Any significant change in your family's health care plan coverage through your spouse, same-sex civil union or domestic partner's health care plan

If you experience a qualified status event, you must contact the Benefits Team at (609) 258-3302 or [benefits@princeton.edu](mailto:benefits@princeton.edu) within 31 days of the date of the event (90 days for the birth or adoption of a child). Please remember that since these benefits must comply with IRS regulations, you must provide proper documentation for your change, such as a birth certificate or divorce decree, and your benefit changes must be consistent with the nature of your qualified status event.

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, change, or terminate your parking and/or transit reimbursement accounts.
- Elect or change your beneficiary designations.
- Elect, change, or waive your coverage under supplemental, spousal, or child life insurance. When electing or increasing the coverage, you will need to go through the Evidence of Insurability (EOI) process.
- Elect, change, or terminate your long term care coverage directly with CNA. EOI will be required when electing or increasing coverage.
- Elect, change, or terminate your participation in the Supplemental Retirement Savings Plan.

Please visit our website for further information at [www.princeton.edu/hr/benefits](http://www.princeton.edu/hr/benefits).

# Online Benefits Enrollment

## *eBenefits*

You can log in to eBenefits from any computer with Internet access. It is available seven days a week between 8 a.m. and midnight. If you do not have access to a computer, you can stop by the Office of Human Resources at 2 New South between 8:30 a.m. and 5 p.m., Monday through Friday, for assistance and access to eBenefits.

To log in to eBenefits, use your netID and password. If you have questions or require assistance with your netID or password, please contact the OIT Help Desk at (609) 258-HELP (258-4357).

The steps for logging on to eBenefits are easy:

1. Type in the address [www.princeton.edu/selfservice](http://www.princeton.edu/selfservice) on your Internet browser to access the HR Self Service website.
2. Click the **Log In** option on the side menu bar.
3. Enter your netID and password and click the **Sign In** button.
4. Select **Self Service** from the side menu.
5. Select **Benefits** from the menu options.

**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 Benefits menu. When you open the Benefits Enrollment page, the benefits for which you are eligible to elect will be listed on this page. Please review your benefit options carefully. You will need to make your enrollment choices and dependent selections one plan at a time. When you are ready to finalize your changes, scroll down to the bottom of the enrollment page and click the **Submit** button. This will bring you to the **Submit Benefit Choices** page. Here you will be directed to click on a second **Submit** button to authorize your elections. *Your changes will not be finalized until you have clicked the final Submit button.*

Once you submit your elections online, you will receive an e-mail verifying that your elections have been submitted for processing. You will receive a second email within one to two business days confirming that your enrollment has been processed. You can then log back in to eBenefits to view your elections by selecting **HR Self Service>Benefits>Benefits Summary** from the menu.

During the year, once logged in, you can:

- View your current or future benefit elections by clicking on **Benefits Summary**.
- Review and/or update your dependents' personal information by clicking on **Dependents and Beneficiaries**.
- Review and/or update your life insurance beneficiary designations by clicking on **Life Ins Summary/Designations**.
- Enroll online by clicking on **Benefits Enrollment**:
  - ◆ during the Annual Open Enrollment Period; or
  - ◆ if you are a new hire or newly eligible for benefits; or
  - ◆ if you experience a Qualifying Status Event. (If you experience a Qualifying Status Event, you must contact Human Resources within 31 days, or within 90 days for the birth or adoption of a child before logging onto eBenefits).

If you need assistance with eBenefits, contact the Benefits Team at (609) 258-3302 or [benefits@princeton.edu](mailto:benefits@princeton.edu).

# Medical, Dental and Vision

## *Monthly Faculty and Staff Rates for 2012*

Plan	Employee Only	Employee and Child(ren)	Employee and Spouse	Employee and Family
<b>MEDICAL</b>				
UnitedHealthcare Preferred Provider (PPO)	\$94	\$263	\$339	\$502
Aetna Preferred Provider (PPO)	\$94	\$263	\$339	\$502
UnitedHealthcare Point-of-Service (POS)	\$83	\$229	\$292	\$431
Aetna Point-of-Service (POS)	\$83	\$229	\$292	\$431
Aetna HMO	\$64	\$186	\$250	\$383
High Deductible Plan (Aetna)	\$ 0	Not available	Not available	Not available
J-1 Visa Plan (Aetna)	\$ 0	\$192	\$256	\$389
<b>DENTAL</b>				
MetLife Basic Option PPO	\$19.84	\$46.16	\$42.36	\$69.61
Aetna DMO	\$27.13	\$52.91	\$54.72	\$75.61
MetLife High Option PPO	\$63.68	\$124.77	\$128.50	\$177.50
<b>VISION</b>				
Vision Service Plan	\$12.76	\$20.91	\$20.52	\$33.71

# Medical

Princeton University offers several medical plan options with two different insurance carriers. The Medical Comparison Chart on pages 24 and 25 provides an overview of the key differences in the level of coverage that they provide. The monthly contribution costs, which are deducted pretax from an employees' paycheck, are listed on page 7. In the event that you are on an unpaid status or do not receive enough pay to cover your benefits deductions, you will be placed on manual billing.

There are no preexisting condition exclusions on any of our medical plans. You should review your options carefully by comparing the plan features and cost as well as determining the network of doctors available under each plan.

**New Hires:** You have 31 days from the date of hire to elect or waive coverage through eBenefits. If elected, your coverage is effective the first of the month coincident with or next following your date of hire. If you do not waive coverage and no election is made, you are defaulted into the High Deductible Plan with individual coverage only.

**J-1 Visa Holders:** Individuals on a J-1 visa are restricted to electing coverage under either the J-1 Visa Medical Plan or the Aetna HMO Plan. The coverage effective date for J-1 visa participants is the date of hire. J-1 visa participants have 31 days to elect coverage, and, if no election is made, you will be defaulted into the J-1 Visa Plan with individual coverage only.

## *Summary of Your Medical Plan Options*

### **Aetna PPO and UnitedHealthcare Choice Plus PPO**

The preferred provider organization (PPO) plans provide both in-network and out-of-network coverage. The in-network coverage has a \$300 individual deductible, a \$25 copayment for primary care and specialist office visits, and 10% coinsurance for most other services. These plans do not require the designation of a PCP; therefore, referrals are not needed to visit specialists. Out-of-network coverage allows a member the flexibility to see a physician who is not a part of the network, but at a greater cost. There is a \$600 individual deductible and 20% coinsurance for most covered out-of-network services.

Both in- and out-of-network coverage have an out-of-pocket maximum, which is the total amount you are responsible to pay out-of-pocket in one calendar year before the plan pays 100% of your eligible medical expenses. The out-of-pocket maximum includes your deductible and coinsurance payments, not copayments. The amount you spend on medical care is accumulated separately between in- and out-of-network services. Further, when you use out-of-network services any payments above Reasonable and Customary do not apply to the maximum. Your out-of-pocket maximum

amount is based on your salary. The salary band chart is available on our website at [www.princeton.edu/hr/benefits/hlth/med/aetnappo](http://www.princeton.edu/hr/benefits/hlth/med/aetnappo) or [www.princeton.edu/hr/benefits/hlth/med/uhcppo](http://www.princeton.edu/hr/benefits/hlth/med/uhcppo). For more details about PPO plan provisions, visit [www.princeton.edu/hr/benefits/hlth/med](http://www.princeton.edu/hr/benefits/hlth/med). For a current physician directory, visit UnitedHealthcare's website at [www.myuhc.com/groups/princetonuniversity](http://www.myuhc.com/groups/princetonuniversity) or Aetna's at [www.aetna.com](http://www.aetna.com).

### **Aetna Choice POS II and UnitedHealthcare Choice Plus POS**

Just like the PPO, the point of service (POS) plans provide both in-network and out-of-network coverage. The in-network coverage has no deductible, \$20 copayment for primary care physician visits, and a \$25 copayment for a visit to a specialist. These plans do not require the designation of a PCP; therefore, referrals are not needed to visit specialists. Out-of-network coverage allows a member the flexibility to 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.

Both in- and out-of-network coverage have an out-of-pocket maximum, which is the total amount you are responsible to pay out-of-pocket in one calendar year before the plan pays 100% of your eligible medical expenses. The out-of-pocket maximum includes your deductible and coinsurance payments, not copayments. The amount you spend on medical care is accumulated separately between in- and out-of-network services. Further, when you use out-of-network services any payments above Reasonable and Customary do not apply to the maximum. The out-of-pocket maximum in this plan is a flat dollar amount and is available on our website at [www.princeton.edu/hr/benefits/hlth/med/aetnapos](http://www.princeton.edu/hr/benefits/hlth/med/aetnapos) or [www.princeton.edu/hr/benefits/hlth/med/uhcpos](http://www.princeton.edu/hr/benefits/hlth/med/uhcpos). For more details about the POS Plan provisions, visit [www.princeton.edu/hr/benefits/hlth/med](http://www.princeton.edu/hr/benefits/hlth/med). For a current physician directory, visit UnitedHealthcare's website at [www.myuhc.com/groups/princetonuniversity](http://www.myuhc.com/groups/princetonuniversity) or Aetna's at [www.aetna.com](http://www.aetna.com).

#### **Aetna HMO**

In an HMO plan, the primary care physician (PCP) manages all your health care needs. Your PCP will give you the necessary referrals to visit a specialist. The selection of a PCP is limited to those affiliated with the HMO network. Health care is covered only when it is provided by your selected PCP or if a referral is given to visit a specialist. The copayment for a PCP visit is \$20 and the copayment for a specialist visit is \$25. No claim forms are required. For more details about the HMO plan provisions, visit [www.princeton.edu/hr/benefits/hlth/med/aetnahmo](http://www.princeton.edu/hr/benefits/hlth/med/aetnahmo). For a current physician directory, visit Aetna's website at [www.aetna.com](http://www.aetna.com).

#### **Aetna High Deductible Plan**

The High Deductible Plan is an indemnity plan that is available for employee only coverage. It 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. This plan is a passive PPO plan. Although you can utilize any hospital, facility or physician of your choice, if you utilize a provider in Aetna's Open Choice PPO network, you can take advantage of Aetna's negotiated rates, which may lower your out-of-pocket expenses. 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. Reasonable and customary limits apply.

There is no prescription drug coverage with this plan. If you select this plan or you are defaulted into the coverage, this plan will be your primary insurer in most cases. For more details about the High Deductible Plan provisions, visit [www.princeton.edu/hr/benefits/hlth/med/highded](http://www.princeton.edu/hr/benefits/hlth/med/highded). For a current physician directory visit Aetna's website at [www.aetna.com](http://www.aetna.com).

#### **Aetna J-1 Visa Health Care Plan**

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, and it is the default option if no health plan election is made. This plan is a passive PPO plan. Although you can utilize any hospital, facility, or physician of your choice, if you utilize a provider in Aetna's Open Choice PPO network, you can take advantage of Aetna's negotiated rates, which may lower your out-of-pocket expenses. 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. Usual, customary, and reasonable limits apply. For more details about the J-1 Visa Plan, visit [www.princeton.edu/hr/benefits/hlth/med/j1](http://www.princeton.edu/hr/benefits/hlth/med/j1). For a current physician directory visit Aetna's website at [www.aetna.com](http://www.aetna.com).

**Medical Plan ID Card:** If you make any changes to your medical coverage, you will receive an ID card. These cards are mailed to your home address within three to four weeks of your election. You may also print an ID card off of the insurance carrier's website at [www.aetnavigators.com](http://www.aetnavigators.com) or [www.myuhc.com](http://www.myuhc.com). You will receive a separate ID card for the Prescription Drug Plan administered through Medco Health.

**New Hires:** After you enroll in a medical plan, you will receive an ID card directly from the insurance carrier within approximately three weeks from the date of your election. If you need an ID card sooner, go to your selected carrier's website at [www.aetnavigators.com](http://www.aetnavigators.com) or [www.myuhc.com](http://www.myuhc.com), one week after you complete your benefits enrollment to register and print a temporary ID card.

## Definitions:

### **Copay or Copayment**

The fixed amount you pay directly to the provider when you receive certain in-network services. For example, the amount you pay for a physician's office visit. It is also the amount you pay for prescription drugs.

### **Deductible**

The amount of money you are responsible to pay under certain plans once during a calendar year before any expenses are covered under your medical plan. Copays and any amounts paid above reasonable and customary charges do not count towards the in-network or out-of-network deductible.

### **Coinsurance**

Once you have met your annual deductible, the medical plan and you share in the cost of services. The shared amount is by percent, you pay a percent and the plan pays a percent of costs for services. You continue to pay coinsurance until you reach your out-of-pocket maximum for the year.

### **Out-of-Pocket Maximum**

The maximum amount of money you pay for medical services in a calendar year. The out-of-pocket maximum includes deductibles and coinsurance amounts. The out-of-pocket maximum does not include the amount you pay towards copays and expenses that exceed reasonable and customary limits.

### **Pre-Certification**

When pre-certification is required, you must obtain authorization from your medical plan carrier before you receive that care. If you are using an in-network provider, your physician will obtain this authorization for you. If you go out-of-network, however, it is your responsibility to obtain precertification.

### **Reasonable and Customary**

When you use out-of-network services, the maximum allowable amount a plan will pay for a service is called "Reasonable and Customary". This is determined by the insurance carrier based on the price paid for that service in the same geographic area. Costs above Reasonable and Customary are your responsibility.

# Prescription Drug Plan

All health plans, with the exception of the High Deductible Plan, provide prescription coverage through Medco Health and include both retail pharmacy and mail order prescriptions. The copayments for generic, brand, and multi-source drugs are reflected below:

Type	Retail Pharmacy (30-day supply) Copayment	Mail Order (90-day supply) Copayment
Generic	\$5 for generic	\$10 for generic
Brand	\$25 for brand	\$50 for brand
Multi-Source	\$40 for multi-source	\$80 for multi-source

Infertility Coverage (oral and injectable medication): Same as above up to a \$20,000 lifetime maximum

## Definitions

**Generic:** A drug whose formula is equivalent to that of a brand drug

**Brand:** An original formula drug with no generic equivalent

**Multi-Source:** A drug that is available in brand and generic

## Specialty Medications

Some specialty medications will not be covered at a retail pharmacy and may only be purchased through Medco's Specialty Pharmacy, Accredo.

## 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 copayment rate. You should continue to use retail pharmacies for short-term prescriptions, such as antibiotics.

## Medco Programs

Princeton University participates in Prior Authorization, Step Therapy, and Quantity Duration Programs. A Medco pharmacist may

need to speak with the prescribing physician to ensure that the patient meets the criteria for the prescription prescribed. In addition, the quantity of some prescription medications may be limited based on FDA regulations, ensuring patient safety. If your physician deems it necessary for your care and treatment, the physician may appeal these limits directly with Medco. The conditions or drug categories for which a Prior Authorization, Step Therapy and/or Quantity Duration Program may be required include, but are not limited to the following:

- Acne
- Allergy and asthma
- Anti-influenza agents
- CNS stimulants/Strattera/amphetamines
- Depression therapy
- Erectile dysfunction therapy
- Immunomodulatory agents
- Multiple Sclerosis therapy
- Myeloid stimulants
- Narcolepsy
- Proton Pump Inhibitors
- Pulmonary arterial hypertension therapy
- RSV agents (respiratory syncytial virus)
- Rheumatoid Arthritis

## Genetic Testing

Some prescription medications are not effective or require special dosages for certain patients. Medco provides genetic testing for patients taking certain medications. Medco will contact you if you are taking a product that has a genetic test available in the plan.

**Prescription Plan ID Card:** These cards are mailed to your home address, within three weeks of your medical plan election. You may also print an ID card from Medco's website at [www.medco.com](http://www.medco.com).

**New Hires:** After you enroll in a medical plan, you will receive an ID card directly from Medco within approximately three weeks from the date of your election. If you need an ID card sooner, go to Medco's website at [www.medco.com](http://www.medco.com) one week after you complete your medical plan enrollment to register and print a temporary ID card.

# Dental

You have the choice of selecting from among three dental plans. You pay the total cost on a pretax basis. Refer to page 7 for the monthly rate information. Once you choose a plan, you must remain in that plan until the next Annual Open Enrollment Period.

Not all treatments are covered. We recommend that you contact Aetna or MetLife for verification of coverage prior to receiving dental services.

**New Hires:** You have 31 days from the date of hire to elect or waive coverage through eBenefits. If elected, your coverage is effective the first of the month coincident with or next following your date of hire. If you elect coverage in the Aetna DMO dental plan, in addition to making the election through eBenefits, you are required to complete the Aetna enrollment form and elect a participating primary care dentist. The Aetna enrollment form is located on our website at [www.princeton.edu/hr/forms](http://www.princeton.edu/hr/forms). Until you elect a primary care dentist, you will not be able to utilize the coverage.

## *Summary of your Dental Plan Options*

**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, reimbursement is based upon the in-network benefit rate. This plan covers all eligible preventive/diagnostic services at 100% and basic services at 50%. Eligible major and speciality services are not covered; however, you may receive a discount by utilizing an in-network provider.

**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 and provide you with the opportunity to see any dentist and reimbursement is based on reasonable and customary limits. 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 care dentist from the Aetna DMO directory. There is no coverage for out-of-network services.

The chart on next page provides a brief overview of the benefits offered. Please review the Aetna or MetLife Dental Plan packages for more details. For a current directory of dentists, visit MetLife at [www.metlife.com/dental](http://www.metlife.com/dental) or Aetna at [www.aetna.com](http://www.aetna.com).

**Dental Plan ID Card:** If you make any changes to your dental coverage, you will receive an ID card. These cards are mailed to your home address within three to four weeks of your election. You may also print an ID card from the carrier's website at [www.aetnavigators.com](http://www.aetnavigators.com) or [www.metlife.com/dental](http://www.metlife.com/dental).

**New Hires:** If you enroll in a dental plan, you will receive an ID card directly from the insurance carrier within approximately three weeks from the date of your election. If you need an ID card sooner, go to your selected carrier's website at [www.aetnavigators.com](http://www.aetnavigators.com) or [www.metlife.com/dental](http://www.metlife.com/dental), to register and print a temporary ID card.

# Dental

Plan Provision	MetLife Basic Option PPO Plan	Aetna DMO † Dental Plan	MetLife High Option PPO Plan	
			In-network	Out-of-network
<b>Preventive/diagnostic services</b>				
Examinations/visits X-rays Cleaning Fluoride treatments	You may use in- or out-of-network providers; however, reimbursement is based on 100% of the in-network charge.	100% You may use in-network DMO providers only.	100%	100%
<b>Basic services</b>				
Amalgam (silver) fillings Root canal therapy, anterior teeth Composite fillings, anterior teeth only Stainless steel crowns Uncomplicated extractions	You may use in- or out-of-network providers; however, reimbursement is calculated based on 50% of the in-network charge.	100% You may use in-network DMO providers only.	80%	70%
<b>Major services</b>				
High noble metal and porcelain inlays High noble metal restorations Crowns Root canal therapy, molarst† Implants	Out-of-network providers are not covered. You will receive up to a 35% discount off average charges from a participating provider.	60% Implants are not covered under the Aetna DMO. You may use in-network DMO providers only.	60%	50%
<b>Orthodontia</b>				
Orthodontics	Out-of-network providers are not covered. You will receive up to a 35% discount off average charges from a participating provider. Covers children and adults	50% No lifetime maximum Covers children and adults; in-network DMO providers only	50% Lifetime maximum benefit of \$2,000 Covers children and adults	50% Lifetime maximum benefit of \$1,500 Covers children and adults
<b>Annual deductible</b>				
	In-network: None Out-of-network: \$50 single \$150 family	None	\$50 single/\$150 family for basic and major services	\$50 single/\$150 family for basic and major services
<b>Calendar year maximum</b>				
	\$2,000 for basic and preventive	None	\$2,000 for basic, major, and preventive	\$1,500 for basic, major, and preventive
<b>Basis of reimbursement</b>				
	Maximum allowable charge	Negotiated fee	Negotiated fee	80th percentile of reasonable and customary (R & C)

Please note: 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.

† Vendor form required to select a primary care dentist.

†† Included in the basic services category for MetLife Basic and High Option Dental Plans.

*This is intended to provide an overview of plan benefits only.*

# Vision

You have the choice of electing a vision care plan through VSP. You pay the total cost on a pretax basis. VSP offers the option of utilizing an in-network preferred provider, an affiliate provider, or going out-of-network to any provider you choose. For a current directory of vision care providers, visit VSP’s website at [www.vsp.com](http://www.vsp.com) and select the “Signature” network or call VSP at (800) 877-7195.

**New Hires:** You have 31 days from your date of hire to elect or waive coverage through eBenefits. If elected, the coverage is effective the first of the month coincident with or next following your date of hire.

The chart below provides an overview of the benefit offered.

Benefit	Frequency	Copayment	Coverage from a VSP Preferred Provider	Coverage from a VSP Affiliate Provider (Costco or Eye Care Centers of America)	Out of Network Reimbursement
Comprehensive Vision Exam	Once every calendar year	\$10	Covered in full	Covered in full	Up to \$43 allowance
Lenses	Once every calendar year	\$20 (applied to lenses and frame)	Single vision, lined bifocal, lined trifocal, or lenticular prescription lenses are covered in full	Single vision, lined bifocal, lined trifocal, or lenticular prescription lenses are covered in full	Single vision up to \$40 allowance Lined bifocal up to \$60 allowance Lined trifocal up to \$73 allowance
Frame	Once every calendar year		Covered up to \$155 retail allowance	Covered up to \$85 retail allowance at Costco	Up to \$47 allowance
Contact Lenses (materials, evaluation fee, and fitting costs)	Within 12 months of your last eye exam		Covered up to \$140 allowance	Covered up to \$140 allowance	Covered up to \$140 allowance

*Please Note:* You cannot be reimbursed for glasses and contact lenses in the same calendar year.

**VSP ID Card:** VSP will not mail you an ID card, since an ID card is not required for you to receive services or care. When you call a VSP provider to schedule an appointment, the participating provider will contact VSP for plan provisions. If you prefer to have an ID

card, you can print an ID card at [www.vsp.com](http://www.vsp.com), under the “My Benefits” section. The ID card will provide a summary of your benefits and includes information to help you manage your vision benefits.

# Health Benefits Expense Account (HBEA)

The Health Benefit Expense Account (HBEA) plan allows you to set aside money, before taxes, from your paycheck to pay for health-related expenses not covered by insurance for you or your eligible dependents. The great advantage 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 save \$200 ( $\$1,000 \times 20\% = \$200$ ). Please note that contributions to the HBEA *are* subject to New Jersey State Income Tax.

**New Hires:** You have 31 days from your date of hire to elect coverage through eBenefits. If elected, the coverage is effective the first of the month coincident with or next following your date of hire. This is a calendar year election. As an example, if you are hired on June 15, you are electing a HBEA effective July 1, the coverage will only be in effect until December 31. You will need to take this into account when estimating your expenses.

## How the Account Works

Estimate the amount of eligible health care expenses you are likely to have from your date of eligibility through the end of the calendar year. You can contribute between \$100 and \$5,000 into the account. The amount you elect to defer to the plan will automatically be reduced from your paycheck on a pretax basis and be credited to your expense account.

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

## Reimbursement

When you have an eligible expense, you will have the option of either using the PayFlex debit card (see below for more information), filing a claim online at [www.healthhub.com](http://www.healthhub.com), or you can fax or mail your receipt along with the Health Care Flexible Spending Account claim form available at [www.princeton.edu/](http://www.princeton.edu/)

[hr/forms](http://www.princeton.edu/hr/forms) to PayFlex to get reimbursed. Direct deposit of your reimbursement is available. Direct deposit authorization forms are available at [www.princeton.edu/hr/forms](http://www.princeton.edu/hr/forms), or you can elect online at [www.healthhub.com](http://www.healthhub.com). Submitted claims are processed daily.

You will also be able to check your account balance and view transactions or claim history on PayFlex's HealthHub website at [www.healthhub.com](http://www.healthhub.com). In addition, on the website, for each reimbursement, you will have the opportunity to choose "Pay Me" to receive your reimbursements or "Pay Them" directing the reimbursement to your health care provider.

You have until March 31, 2013, to submit claims for eligible expenses you will incur during the 2012 plan year; *otherwise, any money left in your account will be forfeited.*

## PayFlex Debit Card

PayFlex provides a debit card to all participants who elect a HBEA. You receive one PayFlex debit card and have the option to order additional cards at no cost for a spouse, adult child, or any qualified dependent by calling PayFlex at (800) 284-4885 or online at [www.healthhub.com](http://www.healthhub.com). The PayFlex debit card is mailed in a plain white envelope to your home address. You are not required to utilize the debit card and have the alternative to submit claims for reimbursement directly to PayFlex as outlined above.

Participants who utilize the PayFlex debit card for their HBEA can use the card for purchasing eligible health care related items, and your HBEA is automatically debited to pay for these eligible expenses. The PayFlex debit card is a limited-purpose MasterCard® that can only be used to pay for eligible products and services at any qualifying location where MasterCard is accepted, including hospitals, physician offices, dental offices, vision service locations, and pharmacies (retail and online). The advantage of utilizing the PayFlex debit card is that you are electronically accessing your HBEA at the point of service, so you do not have to pay money out-of-pocket, complete a claim form, or wait for a reimbursement. However, after using the PayFlex debit

card, certain services may require that you provide documentation to PayFlex to substantiate the claim and comply with IRS regulations. If you are covered under a benefit plan outside of Princeton University, your copayment and/or deductible for physicians' visits and other services will require initial substantiation. If a claim needs to be substantiated, you will receive a "Request for Documentation" letter from PayFlex along with instructions on how to substantiate the claim. The preferred substantiation documentation would be the Explanation of Benefits (EOB).

**How Much to Contribute**

Contributions depend on household needs. Think about how many copayments you will have for physician visits or prescriptions. Will you pay a deductible? Perhaps you expect a large dental, orthodontic, e.g., braces, or vision expense, e.g., LASIK surgery.

**Eligible Expenses**

Medical plan deductibles, copayments, coinsurance, prescription costs, certain dental costs, and vision care expenses, such as eye glasses and contact lenses, are considered eligible expenses. Over-the-counter medication that is considered a medicine or drug will be eligible for reimbursement only if you have a prescription from a doctor. Equipment, such as crutches; supplies, such as bandages; and diagnostic devices, such as blood sugar test kits, qualify for reimbursement. For a complete list of eligible and ineligible expenses, go to PayFlex's website at [www.healthhub.com/MyDashboard/ResourceCenter/EligibleExpenseItems.aspx](http://www.healthhub.com/MyDashboard/ResourceCenter/EligibleExpenseItems.aspx).

*Please estimate your expenses carefully because the IRS does not allow you to roll over unused funds at the end of the year; otherwise, any money left in your account will be forfeited.*

**Expense Account Worksheet**

You can use the worksheet below to calculate your health care (medical, dental, vision) expenses from your benefits-eligible effective date through the end of the calendar year (December 31) or you can calculate your savings on the PayFlex website at [www.healthhub.com/MyDashboard/ResourceCenter/SavingsCalculator.aspx](http://www.healthhub.com/MyDashboard/ResourceCenter/SavingsCalculator.aspx).

Do not include itemized medical deductions you plan to claim on your annual tax return. Include the health expenses of your spouse and eligible dependents. Expenses for a same-sex civil union or domestic partner are not eligible for reimbursement.

**Everyday Health Expenses (not covered by insurance)**

Dental (non-cosmetic) \_\_\_\_\_  
 Vision (prescription glasses, contact lenses, exams, LASIK, supplies) \_\_\_\_\_  
 Prescription drugs \_\_\_\_\_

**Expenses within Your Medical Coverage**

Deductible (amount you pay before the plan begins to pay) \_\_\_\_\_  
 Co-insurance (percentage you pay after deductible is met) \_\_\_\_\_  
 Copayments (for doctors' office visits) \_\_\_\_\_

**Other Expenses**

Orthodontia (only incurred expenses) \_\_\_\_\_  
 Chiropractic care \_\_\_\_\_  
 Counseling \_\_\_\_\_

**Total Estimated Out-of-Pocket Expenses** \_\_\_\_\_

You have until March 31, 2013, to submit claims for expenses you have during the 2012 plan year; otherwise any money left in your account will be forfeited.

# Dependent Care Expense Account (DCEA)

The Dependent Care Expense Account (DCEA) plan allows you to set aside money, before taxes, from your paycheck to pay primarily for child care expenses of dependent children 12 years and under. The DCEA *is not a plan to cover your dependents' health related expenses*. Please use the Health Benefit Expense Account for your dependents' health care related expenses. The great advantage is that you pay *no federal taxes* on your contributions. For example, if you put in \$1,000 and are in a 20 percent federal tax bracket, you save \$200. ( $\$1,000 \times 20\% = \$200$ .) Please note that contributions to the DCEA *are* subject to New Jersey State Income Tax.

**New Hires:** You have 31 days from your date of hire to elect coverage through eBenefits. Once elected, the coverage is effective the first of the month coincident with or next following your date of hire. This is a calendar year election. As an example, if you are hired on June 15, you are electing a DCEA effective July 1, the coverage will only be in effect until December 31. You will need to take this into account when estimating your expenses. Please note, you are responsible for ensuring that you and your spouse's contributions do not exceed \$5,000 in a tax year when combined with multiple employers.

## How the Account Works

Estimate the amount of eligible dependent care expenses you are likely to have from your date of eligibility through the end of the calendar year. Each calendar year, you may choose to contribute between \$100 and \$5,000 into the account (\$2,500 if you are married and filing separately). The amount you elect to defer to the plan will be automatically reduced from your paycheck on a pretax basis and be credited to your expense account.

*Please note* that if you claim the dependent care tax credit it will be reduced, dollar for dollar, by the amount you contribute to the DCEA. Also, depending on your household income, it might be advantageous

to claim child care expenses on your federal income tax return. You cannot claim the expenses on your tax return and use the DCEA. Please ask your tax adviser which plan is best for you.

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

## Reimbursement

When you have an eligible expense, save the receipt. You may submit your expenses online at [www.healthhub.com](http://www.healthhub.com) or fax or mail the receipt with the Dependent Care Flexible Spending Account claim form, available at [www.princeton.edu/hr/forms](http://www.princeton.edu/hr/forms), to PayFlex to get reimbursed. Direct deposit of your reimbursement is available. Direct deposit authorization forms are available at [www.princeton.edu/hr/forms](http://www.princeton.edu/hr/forms), or you can elect online at [www.healthhub.com](http://www.healthhub.com). Submitted claims are processed daily.

You will also be able to check your account balance and view transactions or claim history on PayFlex's website at [www.healthhub.com](http://www.healthhub.com).

You have until March 31 of the year following the calendar year to submit claims for eligible expenses incurred during the previous calendar year; *otherwise, any money left in the account will be forfeited*.

## How Much to Contribute

Contributions depend on household needs. Think about how much you spend on child care every year. Will you use day care or a private nanny? Perhaps your child is going to nursery school or summer day camp this year. Please estimate your expenses carefully because the IRS does not allow you to roll over unused funds at the end of the year; *otherwise, any money left in the account will be forfeited*.

## Expense Account Worksheet

Use the worksheet below to calculate your dependent care expenses from your benefits-eligible effective date through the end of the calendar year (December 31). You can also calculate your dependent care savings on the PayFlex website at [www.healthhub.com/MyDashboard/ResourceCenter/SavingsCalculator.aspx](http://www.healthhub.com/MyDashboard/ResourceCenter/SavingsCalculator.aspx).

### Common Child Care Expenses<sup>1</sup>

Nanny/Au Pair (tax identification or Social Security number required)	_____
Day care center	_____
Before and after school programs	_____
Day camp	_____
<b>Total estimate</b>	_____

### Expenses You Cannot Claim

Overnight camp	Day care provided by another dependent
Kindergarten tuition	Day care provided "off the books"
Private primary school tuition	

You have until March 31, 2013, to submit claims for expenses you have during the 2012 plan year; otherwise, any money left in your account will be forfeited.

<sup>1</sup> In addition to child care, the Dependent Care Expense Account can be used to pay for the dependent care expenses for any dependent living with you who is physically or mentally unable to care for himself or herself and for whom you can claim as a dependent.

# Parking Reimbursement Account

The Parking Reimbursement Account is a program that allows you to set aside money, before taxes, from your paycheck to pay for parking associated with commuting to work. The great advantage 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 save \$200 ( $\$1,000 \times 20\% = \$200$ ). Please note that contributions to this account are subject to New Jersey and Pennsylvania state income tax. *This program applies only to employees. Parking expenses of dependents are not covered.*

**New Hires:** You have 31 days from your date of hire to elect coverage through eBenefits. Once elected, the coverage is effective the first of the month coincident with or next following your date of hire.

## Eligible Parking Expenses

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

- on or near your employer's business premises **or**
- on or near a location from which you commute to work, either by mass transit, commercial commuter highway vehicle, qualifying non-commercial commuter highway vehicle, or carpool.

## How the Account Works

You may choose to contribute between \$10 and \$230 each month into the account. When you have an eligible expense, you have the option of filing the claims online at [www.healthhub.com](http://www.healthhub.com), or you may save the receipt and fax or mail it with the Parking Expense Account Claim form, available at [www.princeton.edu/hr/forms](http://www.princeton.edu/hr/forms), to PayFlex. Direct deposit of your reimbursement is available. Direct deposit authorization forms are available at [www.princeton.edu/hr/forms](http://www.princeton.edu/hr/forms), or you can elect online at [www.healthhub.com](http://www.healthhub.com). Submitted claims are processed

daily. All unused funds remaining in your account at the end of the plan year will be rolled over to the next plan year.

You may enroll, change, or terminate your participation in this program at any time during the year, by completing and returning to Human Resources the Parking and Transit Reimbursement Account Add/Change/Termination Form located on our website at [www.princeton.edu/hr/benefits/benforms/prktrnterm.pdf](http://www.princeton.edu/hr/benefits/benforms/prktrnterm.pdf). Your change will be effective the first of the month after your form has been received.

## When Your Employment or Participation in the Program Ends

If you terminate employment or terminate your participation in this program with unclaimed contributions, the money will be forfeited. If you terminate or waive your coverage in 2012, you will have until March 31, 2013, to submit eligible expenses incurred prior to your termination date to PayFlex to get reimbursed.

## How Much To Contribute

Currently, the maximum allowable contribution and reimbursement amount is \$230 per month. Excess expenses may be carried over and reimbursed in any other month during the same calendar year.

## Unused funds for 2011

If you participated in a Parking Reimbursement Account in 2011, monies rolled over from 2011 to 2012 will not be available to you until mid-April 2012, after the 2011 run-out period has processed and closed.

# Transit Reimbursement Account

The Transit Reimbursement Account is a program that allows you to set aside money, before taxes, from your paycheck to pay for mass transit costs associated with your commute to work. The great advantage 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 save \$200 ( $\$1,000 \times 20\% = \$200$ ). Please note that contributions to this account are subject to New Jersey and Pennsylvania state income tax.

*This program applies only to employees. Transit expenses of dependents are not covered.*

**New Hires:** Have 31 days from your date of hire to elect coverage through eBenefits. Once elected, the coverage is effective the first of the month coincident with or next following your date of hire.

## Eligible Transit Expenses

An expense for transit passes, i.e., the cost of purchasing any pass, token, fare card, etc., which entitles you to transportation that either is:

- on mass transit facilities **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 are not eligible for reimbursement under this program.

Expenses may also include transportation in a “commuter highway vehicle,” defined by the IRS as 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 percent of its mileage in commuter trips in which the vehicle is at least half full, not including the driver. The use of limos and taxis are not eligible for reimbursement under this program.

## How the Account Works

You may choose to contribute between \$10 and \$230 each month into the account. When you have an eligible expense, you have the option of filing the claims online at [www.healthhub.com](http://www.healthhub.com), or you may

save the receipt and fax or mail it with the Transit Reimbursement Account Claim form, available at [www.princeton.edu/hr/forms](http://www.princeton.edu/hr/forms), to PayFlex. Direct deposit of your reimbursement is available. Direct deposit authorization forms are available at [www.princeton.edu/hr/forms](http://www.princeton.edu/hr/forms), or you can elect online at [www.healthhub.com](http://www.healthhub.com). Submitted claims are processed daily. All unused funds remaining in your account at the end of the plan year will be rolled over to the next plan year.

You may enroll, change, or terminate your participation in this program at any time during the year by completing and returning to Human Resources the Parking and Transit Reimbursement Account Add/Change/Termination Form located on our website at [www.princeton.edu/hr/benefits/benforms/prktrterm.pdf](http://www.princeton.edu/hr/benefits/benforms/prktrterm.pdf). Your change will be effective the first of the month after your form has been received.

## When Your Employment or Participation in the Program Ends

If you terminate employment or terminate your participation in this program with unclaimed contributions, the money will be forfeited. If you terminate or waive your coverage in 2012, you will have until March 31, 2013, to submit eligible expenses incurred prior to your termination date to PayFlex to get reimbursed.

## How Much To Contribute

Currently, the maximum allowable contribution and reimbursement amount is \$230 per month. *Please note that the maximum allowable amount for 2012 may reduce to \$120 per month.* If it does and your election exceeds the limit, we will automatically reduce your election to the maximum allowed amount. Excess expenses may be carried over and reimbursed in any other month during the same calendar year.

## Unused funds for 2011

If you participated in a Transit Reimbursement Account in 2011, monies rolled over from 2011 to 2012 will not be available to you until mid-April 2012, after the 2011 run-out period has processed and closed.

# Life Insurance

## Basic

Princeton University provides, at no cost to you, basic term life insurance coverage until age 60 equal to one and one-half times your annual base salary, rounded up to the next \$1,000, up to a maximum of \$500,000. For example, if your annual base salary is \$17,000, the term life insurance benefit is \$26,000 (\$17,000 times 1.5 rounded up to the next \$1,000). Life insurance coverage increases automatically with salary increases.

At age 60, coverage is reduced according to the schedule below:

**New Hires:** You are automatically enrolled in the Basic Term Life Insurance Plan as of your date of hire. You should designate your beneficiary(ies) in eBenefits within 31 days of your date of hire. If you do not designate a beneficiary, Prudential will name your beneficiaries per its Preferential Beneficiary Arrangement, which provides that your life insurance will be paid to your: (a) surviving spouse, (b) surviving child(ren) in equal shares, (c) your surviving parents in equal shares, (d) surviving siblings in equal shares, or (e) your estate.

### Benefit Reduction Schedule

Age	Coverage Percentage in Effect	Age	Coverage Percentage in Effect	Age	Coverage Percentage in Effect	Age	Coverage Percentage in Effect
60	90%	66	51%	71	34%	76	25%
61	82%	67	46%	72	28%	77	25%
62	75%	68	42%	73	28%	78	25%
63	68%	69	41%	74	28%	79	25%
64	62%	70	34%	75	25%	80+	15%
65	56%						

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 2012, your coverage will be recalculated as of the pay period end date in which your birthday occurs and your life insurance would be as follows:  $\$55,250 \times 1.5 = \$82,875 \times 42\% = \$34,807.50$  (rounded up to the nearest \$1,000 would be \$35,000).

#### When You Retire or Terminate

Your life insurance policy terminates the day your employment terminates 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 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.

For further information please refer to [www.princeton.edu/hr/benefits/life](http://www.princeton.edu/hr/benefits/life).

# Business Travel Accident

Princeton University provides Business Travel Accident Insurance Plan coverage at no cost to you. Should you die as a result of an accident while on authorized University business, this benefit will equal five times your annual base salary, rounded up to the nearest \$1,000, up to a maximum benefit of \$500,000. Coverage starts to reduce at age 60 following the same schedule that is used for basic term life insurance (see page 21).

This coverage applies only for travel on authorized University business—not travel to and from work.

**New Hires:** You are automatically enrolled in this benefit on your date of hire. Your beneficiary(ies) is the same beneficiary(ies) selected under your basic term life insurance coverage.

# Accidental Death and Dismemberment

Princeton University also provides Accidental Death and Dismemberment coverage at no cost to you. 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 beneficiary(ies). If you die, the full benefit amount equals one and one-half times your annual base salary, rounded up to the nearest \$1,000, up to a maximum benefit of \$500,000. Coverage starts to reduce at age 60 following the same schedule that is

used for basic term life insurance (see page 21).

**New Hires:** You are automatically enrolled in this benefit on your date of hire. Your beneficiary(ies) is the same beneficiary(ies) selected under your basic term life insurance coverage.

# Supplemental Life Insurance

## Supplemental Term Life Insurance

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. The cost is deducted on an after-tax basis from your pay. You can elect supplemental life insurance for up to six times your annual base salary, with a maximum volume of \$1.5 million. This plan will provide term life insurance in a lump sum benefit equal to one times to a maximum of six times your annual base salary (rounded to the next highest thousand). The total basic life and supplemental life insurance maximum volume is \$2 million.

Any election over three times your base salary or over \$300,000 in value will require Evidence of Insurability (EOI). The EOI form is available at [www.princeton.edu/hr/forms](http://www.princeton.edu/hr/forms) and should be submitted directly to Prudential. Prudential will notify you of your approval or denial, or request more information. If approved, the Benefits Team will notify you to log in to eBenefits and elect the approved supplemental life insurance level to activate your coverage.

**New Hires:** You have 31 days from your date of hire to elect coverage up to three times your annual base or a maximum life insurance amount of \$300,000 without having to provide EOI. Once elected, your coverage is effective the first of the month coincident with or next following your date of hire.

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 Prudential.

At age 60 and older, coverage is reduced using the same schedule utilized in the Basic Term Life Insurance Plan which can be found on page 21.

## Qualifying Status Change

Should you experience a qualifying status change, you may elect 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. You must notify the Benefits Team within 31 days of the qualifying status change (90 days for birth or adoption of a child) to make this change.

The monthly supplemental life insurance rates are:

### Supplemental and Spousal Rates

Age Range	Rate per Thousand	Age Range	Rate per Thousand
< 30	\$0.04	50-54	\$0.14
30-34	\$0.05	55-59	\$0.26
35-39	\$0.06	60-64	\$0.39
40-44	\$0.07	65-69	\$0.76
45-49	\$0.09	70+	\$1.23

For example: If you earn \$55,250 and have elected three times for supplemental life insurance and your age is 35, your supplemental life insurance cost will be calculated as follows:  $\$55,250 \times 3 = \$165,750$  (rounded up to the nearest \$1,000 which would be \$166,000) divided by \$1,000 =  $166 \times \$0.06 = \$9.96$ .

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

# Medical Comparison Chart

\*\* Aetna (POS and HMO) forms are available online at [www.princeton.edu/hr/forms](http://www.princeton.edu/hr/forms)

Summary of Services This is intended to provide an overview of plan benefits. Please refer to the various carrier packages or websites for the exact coverage level of specific services.	UnitedHealthcare Choice Plus (PPO)* www.myuhc.com/groups/princetonuniversity 877-609-2273 Group # 196484		Aetna Preferred Provider (PPO)* www.aetna.com 800-535-6689 Group # 863750		UnitedHealthcare Choice Plus POS* www.myuhc.com/groups/princetonuniversity 877-609-2273 Group # 196484		Aetna Choice POS II* www.aetna.com 800-535-6689 Group # 811281 <b>** Additional Aetna form required</b>		Aetna HMO www.aetna.com 888-287-4296 Group # 3015 <b>** Additional Aetna form required</b>		High Deductible Plan (Aetna) www.aetna.com 800-535-6689 Group # 811281		J-1 Visa Health Care Plan (Aetna) www.aetna.com 800-535-6689 Group # 811281	
	Preferred Provider Organization Plan		Aetna Preferred Provider Organization Plan		UnitedHealthcare Point-of-Service Plan		Aetna Point-of-Service Plan		Aetna HMO Plan		High Deductible Plan		J-1 Visa Health Care Plan	
	In-network	Out-of-network	In-network	Out-of-network	In-network	Out-of-network	In-network	Out-of-network	In-network	Out-of-network				
<b>Annual deductible</b>	Individual: \$300 Family: \$600	Individual: \$ 600 Family: \$1,200	Individual: \$300 Family: \$600	Individual: \$ 600 Family: \$1,200	Individual: None Family: None	Individual: \$ 900 Family: \$1,800	Individual: None Family: None	Individual: \$ 900 Family: \$1,800	None		Individual: \$5,000		Individual: \$ 500 Family: \$1,000	
<b>Annual out-of-pocket maximum (coinsurance limit, including deductible)</b>	Based on salary band		Based on salary band		Individual: \$1,500 Family: \$3,000	Individual: \$4,500 Family: \$9,000	Individual: \$1,500 Family: \$3,000	Individual: \$4,500 Family: \$9,000	Not applicable		Individual: \$20,000		Individual: \$2,500 Family: \$5,000	
<b>Lifetime maximum medical/surgical/mental health</b>	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited		Unlimited		Unlimited	

HOSPITAL BENEFITS											
<b>Inpatient medical/surgical care (including maternity)</b>	10% after deductible	20% after deductible	10% after deductible	20% after deductible	10% (no deductible)	30% after deductible	10% (no deductible)	30% after deductible	\$0	30% after deductible	20% after deductible
<b>Inpatient care for mental health</b>	10% after deductible	20% after deductible	10% after deductible	20% after deductible	10% (no deductible)	30% after deductible	10% (no deductible)	30% after deductible	\$0	30% after deductible	20% after deductible
<b>Emergency room</b>	\$60 copay; waived if admitted	\$60 copay; waived if admitted	\$60 copay; waived if admitted	\$60 copay; waived if admitted	\$60 copay; waived if admitted	\$60 copay; waived if admitted	\$60 copay; waived if admitted	\$60 copay; waived if admitted	\$60 copay per visit, waived if admitted	30% after deductible	20% after deductible

OUTPATIENT BENEFITS											
<b>Treatment by physician</b>	\$25 copay per visit	20% after deductible	\$25 copay per visit	20% after deductible	\$20 copay per visit	30% after deductible	\$20 copay per visit	30% after deductible	\$20 copay per visit	30% after deductible	20% after deductible
<b>Annual physical</b>	\$25 copay per visit	20% after deductible	\$25 copay per visit	20% after deductible	\$20 copay per visit	30% after deductible	\$20 copay per visit	30% after deductible	\$20 copay per visit	Not covered	20% after deductible
<b>Specialist</b>	\$25 copay per visit	20% after deductible	\$25 copay per visit	20% after deductible	\$25 copay per visit	30% after deductible	\$25 copay per visit	30% after deductible	\$25 copay per visit	30% after deductible	20% after deductible
<b>Well baby visits</b>	\$25 copay per visit	20% after deductible max. 7 visits first year	\$25 copay per visit	20% after deductible max. 7 visits first year	\$20 copay per visit	30% after deductible max. 7 visits first year	\$20 copay per visit	30% after deductible max. 7 visits first year	\$20 copay per visit	Not applicable	20% after deductible max. 7 visits 1st year
<b>Maternity</b>	\$25 copay 1st visit; pre- & post-partum care inclusive to surgical charge for delivery	20% after deductible	\$25 copay 1st visit; pre- & post-partum care inclusive to surgical charge for delivery	20% after deductible	\$25 copay 1st visit; pre- & post-partum care inclusive to surgical charge for delivery	30% after deductible	\$25 copay 1st visit; pre- & post-partum care inclusive to surgical charge for delivery	30% after deductible	\$25 copay 1st visit only	30% after deductible	20% after deductible
<b>Preventive immunizations</b>	\$25 copay per visit	20% after deductible	\$25 copay per visit	20% after deductible	\$20 copay per visit	30% after deductible	\$20 copay per visit	30% after deductible	\$20 copay per visit	Not covered	20% after deductible
<b>Mental health</b>	\$25 copay per visit	20% coinsurance (no deductible required)	\$25 copay per visit	20% coinsurance (no deductible required)	\$25 copay per visit	30% coinsurance (no deductible required)	\$25 copay per visit	30% coinsurance (no deductible required)	\$25 copay per visit	30% after deductible	20% after deductible
<b>All prescription drug coverage is through Medco Health</b>	Retail copays: generic \$5, brand name \$25, multi source \$40 Mail order copays: generic \$10, brand name \$50, multi source \$80 Deductible: None		Retail copays: generic \$5, brand name \$25, multi source \$40 Mail order copays: generic \$10, brand name \$50, multi source \$80 Deductible: None		Retail copays: generic \$5, brand name \$25, multi source \$40 Mail order copays: generic \$10, brand name \$50, multi source \$80 Deductible: None		Retail copays: generic \$5, brand name \$25, multi source \$40 Mail order copays: generic \$10, brand name \$50, multi source \$80 Deductible: None		Retail copays: generic \$5, brand name \$25, multi source \$40 Mail order copays: generic \$10, brand name \$50, multi source \$80 Deductible: None	Not covered	Retail copays: generic \$5, brand name \$25, multi source \$40 Mail order copays: generic \$10, brand name \$50, multi source \$80 Deductible: None
<b>Routine annual eye exams</b>	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	\$25 copay per visit	Not covered	Not covered
<b>Prescription eyeglasses or contact lenses</b>	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	\$70 reimbursement every 2 years, plus discounts at participating providers	Not covered	Not covered

\* For the Aetna PPO and POS Plans, when searching for providers on the Aetna website, please select the Aetna choice POS II (open access) network. For the UnitedHealthcare PPO and POS Plans, when searching for providers on the UnitedHealthcare website, please select the UnitedHealthcare Choice Plus network.

# Spousal Life Insurance

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

**New Hires:** You have 31 days from your date of hire to elect coverage *without* having to provide EOI. Once elected, your coverage is effective the first of the month coincident with or next following your date of hire.

You have the opportunity to elect spousal or same-sex civil union or domestic partner life insurance at any time during the year. However, you will be required to complete and submit an EOI form for your spouse or same-sex civil union or domestic partner to Prudential. Prudential may require you to provide additional information and will determine whether additional coverage is approved.

The cost of the spousal life insurance is based upon the spouse or same-sex civil union or domestic partner's date of birth, and utilizes the same rates as charged for supplemental life insurance. The monthly rates are listed in the table on page 23.

If both spouses or same-sex civil union or domestic partners are benefits-eligible employees of Princeton University and covered under the supplemental life insurance plan, then you are *not* eligible for spousal voluntary life insurance. According to Prudential's standard practice, you are covered as *either* an employee *or* a dependent, but *not both*. If, at the time of a claim, duplicate coverage exists, Prudential would pay only one benefit.

## When You Retire or Terminate

Your life insurance policy terminates the day your employment terminates at Princeton. You have 31 days from your termination date to convert your spousal 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.

# Child Life Insurance

You are eligible to elect child life insurance if you are enrolled in Princeton's Supplemental Life Insurance Plan. The cost is deducted on an after-tax basis from your pay. You may choose to cover eligible dependent children at \$5,000 or \$10,000 in child life insurance. The definition of a dependent child is located on the HR website at [www.princeton.edu/hr/benefits/elig/dep](http://www.princeton.edu/hr/benefits/elig/dep).

**New Hires:** You may elect child life insurance at any time, and you will never need to provide EOI. Once elected, your coverage is effective the first of the month coincident with or next following your date of election.

The cost is \$0.080/\$1,000 per month, or \$.80/month for \$10,000 or \$.40/month for \$5,000, per family unit.

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 \$.80 for all three children.

If both parents are employees of Princeton University and eligible for benefits, *only one* parent may *cover* the child(ren). If, at the time of a claim, duplicate coverage exists, Prudential would pay only one benefit.

## When You Retire or Terminate

Your life insurance policy terminates the day your employment terminates at Princeton. You have 31 days from your termination date to convert your child voluntary 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.

# Princeton University Retirement Plan (PURP)

Princeton University offers 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-CREF and Vanguard. If no election is made, your contribution will be invested in the Vanguard Target Fund into the Retirement Fund closest to the year you reach age 65. You may change your investment options at any time.

## 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. You are fully vested in the plan after thirty months or 2 ½ years of service.

**New Hires:** You may be vested earlier due to your previous employment. Your employment with a previous employer will be credited 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 will not be credited if your employment was terminated more than six months before you were hired at Princeton University.

To be credited for previous service, please have your previous employer complete the Princeton University Certification of Prior Employment for Waiver of Service form located on the HR website at [www.princeton.edu/hr/benefits/benforms/waiver.pdf](http://www.princeton.edu/hr/benefits/benforms/waiver.pdf) and mail it to the Benefits Team at 2 New South.

The University provides contributions that are:

- 9.3% of your salary below the Social Security wage base and 15% of your salary at or over the Social Security wage base;

- made on base salary paid by or through the University, not on external funding, or during leaves of absence without pay;
- continued until retirement, termination, or a change to non-benefits-eligible status;
- subject to Internal Revenue Code limits; and
- allocated by you between TIAA-CREF and Vanguard in whole percentage amounts.

## Investment Elections

You have a choice of investments from TIAA-CREF or Vanguard for your retirement funds. If you do not choose an investment, your funds will be invested in the Vanguard Target to Retirement Fund for the year closest to the year you reach age 65. We encourage you to enroll online with TIAA-CREF or Vanguard, or both, to:

- Establish your account, logon, and password.
- Name your beneficiaries.
- Select the investments from either TIAA-CREF or Vanguard or both.

For information about the investment options, please use the options below:

- TIAA-CREF: Visit the TIAA-CREF website at [www.tiaa-cref.org/princeton](http://www.tiaa-cref.org/princeton) or call (800) 842-8412 to speak with a TIAA-CREF counselor or to set up an on-campus appointment.
- Vanguard: Visit the Vanguard website at <http://Princeton.vanguard-education.com> or call (800) 662-0106 x14500 to speak with a Vanguard participant services associate or to set up an on-campus appointment.

## Distributions

You are eligible to take a distribution of your retirement account upon your termination of employment **and** the attainment of age 55.

For additional information about the Princeton University Retirement Plan, please refer to the Summary Plan Description on the Human Resources benefits website at [www.princeton.edu/hr/benefits/spd](http://www.princeton.edu/hr/benefits/spd).

# Retirement Savings Plan

Although Princeton University provides benefits-eligible faculty and staff with a very generous retirement plan, it is important that you also save for your future. The Retirement Savings Plan, also known as a 403(b) plan, allows you to save for your retirement on a pretax basis. Your contributions are subject to limits set by the Internal Revenue Code. In 2012, the limit is \$16,500 for the calendar year. If you are age 50 or older during 2012, you may contribute an additional \$5,500 or \$22,000 for the calendar year. If you are a resident of New Jersey or Pennsylvania, these contributions are not exempt from state tax when they are deducted from your pay.

You will pay tax on the money you contributed and any earnings on the account when you receive a distribution from your Retirement Savings Plan account.

## Eligibility

To be eligible for the Retirement Savings Plan you must be receiving pay directly from Princeton or be a postdoctoral research fellow regardless of duty time.

You are eligible as of your date of hire. Your deductions will begin in the immediate pay period following your online election. The enrollment form is available online at [www.princeton.edu/hr/forms](http://www.princeton.edu/hr/forms) or from the Office of Human Resources, 2 New South.

## Enrollment

You may choose to contribute as little as \$25 per pay or the maximum permitted by the Internal Revenue Service in the calendar year. In addition, you can start, stop, increase, or decrease your contribution at any time online through the eBenefits system. The changes on-line will be effective within two pay periods of the change.

## Rollovers

You may roll over your retirement plan account from your previous employer to the Retirement Savings Plan at Princeton University. The plan accepts rollovers from qualified employer plans; however, IRA's, including SEP IRA's, are not eligible for rollover.

## Investment Elections

You have a choice of investments from TIAA-CREF or Vanguard for your retirement funds. If you do not choose an investment, your funds will be invested in the Vanguard Target Fund into the Retirement Fund closest to the year you reach age 65.

We encourage you to enroll online with TIAA-CREF or Vanguard, or both, to:

- Establish your account, logon, and password.
- Name your beneficiaries.
- Select the investments from either TIAA-CREF or Vanguard or both.

For information about the investment options, please use the options below:

- TIAA-CREF: Visit the TIAA-CREF website at [www.tiaa-cref.org/princeton](http://www.tiaa-cref.org/princeton) or call (800) 842-8412 to speak with a TIAA-CREF counselor or set up an on-campus appointment.
- Vanguard: Visit the Vanguard website at <http://princeton.vanguard-education.com> or call (800) 662-0106 X 14500 to speak with a Vanguard participant services associate or to set up an on-campus appointment.

## Vesting

You are always 100% vested in your Retirement Savings Plan account.

## Distributions

In-Service distributions: The Retirement Savings Plan offers two options for withdrawal of funds while still employed.

- **Loans:** The plan allows loans from your account. The maximum loan is 50% of your account, or \$50,000, whichever is less. The minimum loan is \$2,000. The loan program is administered by TIAA-CREF. For additional information, please refer to the Summary Plan Description.
- **Hardship withdrawals:** Should you have a financial hardship due to certain qualified reasons, you may be able to take a withdrawal from your account to meet that need. Qualified reasons include buying your primary residence or to prevent eviction, medical expenses, or education expenses for you or your immediate family. If you take a hardship withdrawal, you are required to stop deferring into the plan for a period of six months. For more details, please refer to the Summary Plan Description.

## Termination of Employment:

Upon termination of employment, you may take the account in cash or as a rollover. Please note, if you take your distribution in cash and are under 59 ½, you may be subject to a tax penalty in addition to ordinary income taxes on your distribution.

# Short Term Disability Plan

Princeton University provides coverage under a short term disability plan at no cost to you. The short term disability benefit provides income replacement when you are unable to perform your job due to an illness, an injury, or a disability that is not related to work. The plan is a private New Jersey state approved short term disability plan.

**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.

## Benefits

In cases of personal illness, injury, or disability that leaves you unable to perform your normal job duties, 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. Non-benefits-eligible employees, i.e., casuals, are eligible to apply for the New Jersey statutory benefit.

## Princeton Formula

- In any 12-month period: The first 12 weeks of disability is paid at 100% of base salary, and the remaining 14 weeks is paid at 75% of base salary.
- Benefits for individuals during an unpaid leave of absence or scheduled non-working periods (applies to those 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.

For more detailed information about the disability plan benefits, the application process, and medical certification required, refer to the HR website at [www.princeton.edu/hr/benefits/disability/std](http://www.princeton.edu/hr/benefits/disability/std) or contact the Benefits Team at (609) 258-3302.

# 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 benefits for an approved absence from work if you suffer a work related injury, illness, or disability.

The University's Workers' Compensation Plan provides benefits eligible faculty and staff with income replacement at 85% of base pay in effect at the time of the injury or illness for up to 26 weeks. This is 15% higher than the statutory rate mandated by the State of New Jersey.

The amount of the statutory benefit, up to the state weekly maximum, is not taxable. Amounts above the state weekly maximum are considered taxable and will be treated accordingly.

Casual employees are paid at the benefit rate for the New Jersey Workers' Compensation Law, or 70% of weekly wages, with no University supplement.

*If you are injured on the job, immediately contact your supervisor and/or the Office of Employee Health, except in an emergency situation. You may go to the University Medical Center at Princeton or a similar facility due to an accident that occurs off hours or on a weekend, or in the case of an emergency situation.*

Union employees should refer to their collective bargaining agreement.

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, please contact Gwen Hatcher, Office of Risk Management, (609) 258-1192, or [gwenh@princeton.edu](mailto:gwenh@princeton.edu). You can also refer to our website at [www.princeton.edu/hr/benefits/disability/workcomp](http://www.princeton.edu/hr/benefits/disability/workcomp).

# Long Term Disability Plan

Princeton University provides long term disability coverage (LTD) at no cost to you, administered by the Prudential Life Insurance Company. If you are disabled for more than 26 weeks, you may be eligible to receive LTD benefits. LTD benefits provide you with financial protection through income replacement equal to 60% of your pre-disability base salary earnings up to \$10,000 per month. Income you receive from Social Security and workers compensation, if applicable, will offset the amount of LTD benefits received.

**New Hires:** You are automatically enrolled in the 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 a LTD plan with your prior employer.

## **Prior Employment and Waiving the Waiting Period**

The prior employer is defined as your most recent employer before joining the University. Employment at your prior employer will be credited *only if* your employment ended *less* than six months before your first day of employment at Princeton and you were enrolled in their LTD plan.

To be credited for prior employment, please have your former employer's Human Resources department complete the Princeton University Certification of Prior Employment Form located at [www.princeton.edu/hr/benefits/benforms/waiver.pdf](http://www.princeton.edu/hr/benefits/benforms/waiver.pdf) and mail it to the Benefits Team at 2 New South.

For more detailed information about plan benefits and the application process, please refer to our website at [www.princeton.edu/hr/benefits/disability/ltd](http://www.princeton.edu/hr/benefits/disability/ltd) or contact the Benefits Team at (609) 258-3302.

# New Jersey Paid Family Leave Insurance

The State of New Jersey passed a Paid Family Leave Law that, effective July 1, 2009, 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. Since January 2009, under the law, the University began withholding a state tax of 0.09% (.0009) of all taxable wages from your paychecks to finance this paid leave program. It provides up to two-thirds of your base salary up to a weekly maximum and will be payable through the state. For 2011 the weekly maximum is \$559.

A detailed notice issued by the New Jersey Department of Labor and Workforce Development is located on page 40.

If you have any questions about the New Jersey Paid Family Leave Insurance provisions or if you would like to obtain an application form, please contact a member of the Benefits Team at (609) 258-3302.

# Group Long Term Care Plan

The Group Long Term Care Plan is available to all benefits-eligible, non-visiting dean of the faculty, and regular staff members, their spouse, same-sex domestic or civil union partner, parents, grandparents, parents-in-law, and grandparents-in-law. You or your family members pay the full cost on an after-tax basis. Premiums for employees and their spouses or same-sex domestic or civil union partners are processed through payroll deduction. Parents, grandparents, and in-laws will be direct billed by CNA, the plan administrator.

**New Hires:** If you enroll within 31 days of your hire date or upon becoming newly eligible for benefits, you have guaranteed acceptance in the plan. If you do not apply within this time period, you will be required to submit evidence of good health before being accepted into the plan and coverage is not guaranteed. Your spouse or same-sex civil union or domestic partner, parents, parent's-in-law, grandparents, and grandparents-in-law may apply for group long term care, but their coverage is subject to CNA underwriting and approval is not guaranteed.

The Group Long Term Care Plan provides a variety of services for people who are unable to care for themselves, and it is often referred to as custodial care. 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.

For more information on the coverage options or to apply for this benefit, please call CNA at (866) 357-8481 or visit them on the Web at [www.ltcbenefits.com](http://www.ltcbenefits.com). The password is "Princeton." You can contact the Benefits Team at (609) 258-3302 or [benefits@princeton.edu](mailto:benefits@princeton.edu) to request an enrollment kit.

*Please note: If you elect long term care during Open Enrollment, you will be required to complete an Evidence of Insurability Form, which must be approved by CNA.*

# Employee Child Care Assistance Program (ECCAP)

Princeton University's Employee Child Care Assistance Program (ECCAP) is designed to help you meet the cost of child care for prekindergarten-aged children. The ECCAP award may be available to you if your annual household income is less than \$130,000. The award can be used to pay for a wide range of possible child care arrangements from in-home care to licensed day care centers. The maximum award for one eligible child is up to \$5,000 per year, and you may be eligible to receive an additional \$1,000 award for a second eligible child; the maximum award per family is \$6,000. If both you and your spouse or partner is employed by the University, only one award is provided per household. For tax purposes, these awards are treated as additional income by the IRS and may be subject to state and federal taxes.

**New Hires:** You have 31 days from your date of hire to apply for this program. *Applications received after 31 days will be prorated.*

**Application Deadline:** For continuing faculty and staff members, the deadline will be May 1 of each year to submit applications for assistance for the period July 1 through June 30. *Applications submitted after the deadline will be prorated.*

If you are expecting or adopting a new child in your family after the application deadline, you have 90 days from the date of birth or adoption in which to submit a new or amended application for a child care assistance award. You may not apply before the birth or adoption of the child. The award will be prorated.

## Who Is Eligible

To be eligible to receive an ECCAP award, you must meet all of the following conditions:

1. You are employed in a benefits-eligible position when the award is distributed.
2. You are married or in a same-sex civil union or domestic partnership, or you are unmarried, including divorced or widowed. Your spouse or eligible partner is (a) employed at least 50 percent part time or (b) eligible to work in the United States and although not currently working, is

actively seeking employment for up to one year or (c) a full-time student matriculated in a degree or certificate program or (d) disabled as defined by the Internal Revenue Code.

3. You have a prekindergarten-aged child who is your legal dependent, as defined by IRS regulations, and for whom you are legally responsible. The child must share your home for at least half the year. If you are divorced, your child may live with your former spouse. The definition of "child" includes biological, step, adopted, foster, and any other child for whom you are the legal guardian or for whom you have court-awarded custody, and/or the child of your same-sex domestic partner. If your application involves the child of your same-sex domestic partner, you must have an approved *Statement of Domestic Partnership* on file in the Office of Human Resources, 2 New South.
4. You have a total annual adjusted gross household income that is not greater than \$130,000.
5. Your caregiver must provide a tax ID or Social Security number and is responsible for the appropriate taxes on income received for the care provided. Your caregiver cannot be your spouse, partner, or dependent.

If you reduce your duty time so that you are no longer benefits-eligible or if you terminate your benefits-eligible employment with Princeton University, you must notify HR immediately by contacting the Benefits Team at (609) 258-3302 or [benefits@princeton.edu](mailto:benefits@princeton.edu). Your ECCAP award will cease on the last day you are employed in a benefits-eligible position.

## Determination of Financial Eligibility

To be eligible financially, you must submit a completed application to HR that includes financial information about *all* sources of income for individuals, i.e., you and your co-applicant, who are financially responsible for the child for whom the award applies.

If your child receives other scholarships, grants, or awards to cover the same child care charges, your ECCAP reimbursement may be affected because you

may not receive an amount that is greater than your eligible daycare costs.

**Annual Award Information**

ECCAP awards are based on annual adjusted gross household income. The following chart illustrates the range of awards for FY2012 (July 1, 2011–June 30, 2012).

Household Income	Award for First Child	Award for Second Child
\$0–\$65,000	\$5,000	\$1,000
\$65,001–\$80,000	\$4,000	\$1,000
\$80,001–\$95,000	\$3,000	\$1,000
\$95,001–\$110,000	\$2,000	\$1,000
\$110,001–\$130,000	\$1,000	\$1,000

**Dependent Care Expense Accounts (DCEA) and Tax Implications**

A DCEA allows you to set aside up to \$5,000 in pretax funds to help pay for child care. By enrolling in a DCEA, you can help offset the federal taxes on your ECCAP award. A DCEA can only be set up during

the New Hire Benefit Election Process, if you have a Qualifying Family Status Change or during an Annual Benefits Open Enrollment Period.

**How the Award Will Be Paid**

This award will be paid to you on a reimbursement basis. PayFlex administers child care claim reimbursements for ECCAP based on the rules and regulations governing Dependent Care Expense Accounts. When requesting reimbursement for qualifying child care expenses, you must provide the tax ID or Social Security number of the caregiver, who cannot be your dependent, and documentation that the expense both meets eligibility requirements and has already been incurred. “Incurred” means you have both paid for and received the service. The total annual award amount accrues on a monthly basis, and reimbursement is limited to the portion of your award that has actually accrued as of the date your reimbursement request is processed.

For more details about the ECCAP, please visit the Human Resources website at [www.princeton.edu/hr/benefits/worklife/eccap](http://www.princeton.edu/hr/benefits/worklife/eccap), or contact the Benefits Team at (609) 258-3302 or [benefits@princeton.edu](mailto:benefits@princeton.edu).

# Work Life Programs

## *Faculty and Staff Assistance*

Princeton University has contracted with the Carebridge Corporation to provide faculty and staff assistance program services for managing work, personal, or family issues at no charge. The Carebridge Employee Assistance Program (EAP) helps you and your family members work through many difficult personal issues such as:

- Drug or alcohol abuse
- Stress and depression
- Financial issues
- Interpersonal relationships
- Married life and parenting

The individual Work Life Program helps with issues and referrals for the following:

- Child care
- Elder care
- Adoption
- Time management and life balance
- Personal financial management

These lists comprise only a small number of the services that are available. In addition, you can access Carebridge's extensive online library of educational materials on a wide variety of topics.

Princeton University covers eight consultations from Carebridge's EAP professionals per work life issue. Appointments are available with counselors within your community, at work, or at home. In addition, telephone consultations are also available. 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 the website at [www.myliferesource.com](http://www.myliferesource.com). The Company Code is TW8AE. Enter your name and "Princeton University" for the Princeton Information Center. Carebridge is also available by calling (800) 437-0911.

*All Carebridge programs are strictly confidential.*

## *Backup Care Advantage Program*

Princeton University has partnered with Bright Horizons to provide you with backup care when you experience temporary disruptions in your child, adult, or elder caregiving arrangements that would otherwise prevent you from fulfilling work or study obligations.

The Backup Care Advantage Program is available 24 hours a day, 365 days a year, for infants through the elderly, whether they are healthy or mildly ill. This program helps to resolve various gaps in caregiving, including replacing regular caregivers when they are sick or on vacation; caring for spouses, partners, and loved ones who are recovering from medical treatment; and caring for children or adult family members when they are ill, home during a school closure, or need help because the employee is traveling for work. Family

members need not reside in the home of the employee to be eligible. Bright Horizons has providers in all 50 states and Canada.

In-home care will cost you \$4 per hour (for up to three dependents) and center-based care will cost \$2 per hour per child. As a benefits-eligible faculty or staff member, you have 100 hours of care available for each calendar year. The University's subsidy of the care that you use will be reported in box 10 of your W-2 each year.

If you think you might use the program, you can register in advance, at no cost, by visiting [www.backup.brighthorizons.com](http://www.backup.brighthorizons.com) (user name is "Princeton" and the password is "care4you") or by calling (877) 242-2737.

## *Lotsa Helping Hands*

Princeton University has contracted with Lotsa Helping Hands (LHH) to provide you with a no-cost, confidential Web-based service during times of need. When friends and family want to help out, coordinating meals, errands, and rides can be a real challenge, and many well-intentioned efforts fail because the scheduling is too difficult. You might be caring for an ill loved one or be responsible for the well being of an elderly family member. You might be a parent of a

newborn. From the LHH website, you can create your own “circle of community” complete with a calendar where family, friends, neighbors, and colleagues can sign up to help. It even includes a photo gallery and a place to post words of encouragement. This website is private and easy to use and requires no training. For more detailed information and to start building your own circle of community, visit LHH at [www.princeton.edu/hr/benefits/worklife/lhh](http://www.princeton.edu/hr/benefits/worklife/lhh).

## *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. 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 the Staff Educational Assistance Plan. For more information or to print an application, visit our website at [www.princeton.edu/hr/benefits/educ](http://www.princeton.edu/hr/benefits/educ).

#### **Benefit Overview**

- 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 apply for reimbursement for only up to two courses per semester; six 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), and you must receive a grade of C or better or Pass in a Pass/Fail course.

### **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, and 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 for the program, visit the website at [www.princeton.edu/hr/benefits/educ](http://www.princeton.edu/hr/benefits/educ).

#### **Benefit Overview**

- Half of tuition and mandatory educational fees up to a maximum annual benefit. For example, the maximum annual benefit for academic year 2011–12 is \$13,840.
- Two- or four-year accredited institution
- Undergraduate full-time study only (12 credits or more)

# Other Benefits

The University offers a variety of additional benefits and programs.

## **Paid Leaves**

- Holidays
- Personal time
- Sick time
- Vacation

## **Unpaid Leaves**

- Family and medical leave
- Personal leave

## **Other Programs**

- Athletic facilities and events
- Computer facilities
- Mass Transit Subsidy Program
- Mortgage Programs (Partnership with Bank of America and the Princeton University Mortgage Program)
- New Jersey Manufacturers Car and Homeowners Insurance
- Princeton University Federal Credit Union
- Program in Continuing Education
- Prospect Association
- University community child care nurseries

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

This may not be an all inclusive list, and additional programs may be offered by the University. Please refer to the Human Resources website at [www.princeton.edu/hr](http://www.princeton.edu/hr) for additional information.

# HR Contacts

## **Office of Human Resources (Main Campus)**

(609) 258-3300

E-mail: [hr@princeton.edu](mailto:hr@princeton.edu)

## **Office of Human Resources Benefits Team (Main Campus)**

(609) 258-3302

E-mail: [benefits@princeton.edu](mailto:benefits@princeton.edu)

## **Office of Human Resources (Princeton Plasma Physics Laboratory)**

(609) 243-2101

E-mail: [kmastrom@pppl.gov](mailto:kmastrom@pppl.gov)

Please see our website for updates or revisions at [www.princeton.edu/hr](http://www.princeton.edu/hr).

# Administrative Notices

## *Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA)*

In certain circumstances, continuing your health care coverage can be one of the most important benefits offered by Princeton University. If your employment with the University ends or if you no longer are eligible for benefits due to reduced hours, you can buy group healthcare coverage through the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA) for yourself and your eligible dependents for up to 18 months, or even longer in certain cases.

**If:**

- your employment terminates (other than for gross misconduct), or
- your hours are reduced and as a result you are no longer eligible for health coverage, continued health care coverage will be available to you up to **18 months**.

**If:**

- you die
- you get divorced
- your dependents no longer qualify as covered dependents under the terms of our group policy contract continued health coverage will be available to your eligible dependents up to **36 months**.

**If:**

- if you become eligible for Medicare and are no longer an active employee but your spouse is under 65, your spouse or eligible dependent is eligible for continued health coverage up to **36 months** from the date you became eligible for Medicare.

For more information about COBRA, please visit [www.princeton.edu/hr/benefits/hlth/cobra](http://www.princeton.edu/hr/benefits/hlth/cobra).

## *Health Care Reform*

The Patient Protection and Affordable Care Act (PPACA) was signed into law by President Obama on March 23, 2010. Under the PPACA, Princeton University believes that the health care plan for faculty and staff is a grandfathered health plan. 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 out-of-network essential medical, surgical, and mental health benefits.

If you have questions about which protections apply and do not apply to a grandfathered health plan and what might cause a plan to change from grandfathered health plan status, please e-mail the Benefits Team at [benefits@princeton.edu](mailto:benefits@princeton.edu) or meet with us at the Office of Human Resources, 2 New South, Princeton, NJ 08544. You may also contact the Employee Benefits

Security Administration, U.S. Department of Labor at (866) 444-3272 or [www.dol.gov/ebsa/healthreform](http://www.dol.gov/ebsa/healthreform). This website has a table summarizing which protections do and do not apply to grandfathered health plans.

Another provision of the PPACA that Princeton enacted for our grandfathered health plan in 2010, permits children between ages 19 and 26 to remain on their parents' health insurance plan, regardless of student, residential, or marital status. While this PPACA provision requires medical coverage for adult children to their 26th birthday, Princeton is extending the end date of medical, dental, and vision care coverage through the end of the calendar year in which a child turns age 26.

Finally, the PPACA requires that grandfathered health plans must eliminate the lifetime limits on certain essential medical, surgical, and mental health benefits. To comply with the PPACA, we have eliminated the out-of-network lifetime limit for essential medical, surgical, and mental health services, although the limits on some services will continue to apply. For example the \$50,000 lifetime limit on durable medical equipment and \$20,000 lifetime limit on infertility treatments still apply.

# 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** Participating in the Princeton University HEALTH CARE PLANS

Effective January 1, 2012

## Disclosure Limitations of YOUR Plan Information

Princeton University sponsors various health care plans, including United Healthcare Choice Plus (PPO), United Healthcare Choice Plus POS, Aetna PPO, Aetna Choice POS II, Aetna HMO, Aetna High Deductible Plan, Aetna J-1 Visa Plan, Payflex Health Benefit Expense Account, and Medco Health Solutions Prescription Drug Plan.

The Princeton University health care plans listed above (hereinafter referred to collectively as “the PLAN”) are committed to both protecting the privacy of health information maintained by the PLAN and ensuring that outside vendors who perform services for the PLAN, such as the PLAN’s third-party administrators, also protect the privacy of such information. The PLAN is required by law to maintain the privacy of your “Protected Health Information” (as described below) and is committed to doing so. The PLAN also is required to provide you with this Notice of its legal duties and privacy practices with respect to your Protected Health Information and comply with the terms of this Notice.

Protected Health Information generally includes information that identifies you (such as your name or unique identifying numbers or geographic information), and that relates to payment for your health care, your health condition (such as an illness you may have), or health services you have received or may receive in the future (such as an operation).

The PLAN will generally obtain your written authorization before sharing your health information with others outside of the PLAN. However, the PLAN is permitted to use and disclose your health information without your written consent to:

- make or obtain payments (such as disclosing health information to a doctor to determine if a service is payable under the PLAN);
- conduct health care operations (such as using health information to do a cost analysis of the PLAN);

- recommend treatment alternatives (such as disclosing health information to a doctor who is determining how to treat a health condition);
- provide information about health-related benefits and services;
- communicate with an individual—that is, a friend or family member—involved in your care or the payment for your care (if agreed to by you, unless you are incapable of agreeing) or in an emergency situation;
- comply with a federal, state, or local legal requirement;
- comply with a court order or administrative proceeding or for law enforcement purposes;
- conduct health oversight activities or public health activities (such as to prevent a disease);
- counter serious threats to your health and safety or to provide reports to an appropriate government authority about possible victims of abuse, neglect, or domestic violence;
- provide information about decedents to funeral directors, coroners, or medical examiners or to facilitate organ, eye or tissue donation;
- provide information for specialized governmental functions (such as related to military missions);
- comply with workers compensation law;
- allow business associates of the PLAN (such as third-party administrators) to provide payment, treatment, or health care operation services.

Otherwise, the PLAN cannot disclose information about you or your dependents’ health insurance, prescription drug coverage, or medical plan enrollment with anyone without a written authorization from you or your dependents. In addition, the PLAN cannot retaliate against you or your dependents for refusing to sign an authorization or revoking an authorization previously given. Further, your health information cannot be used for employment-related purposes.

This means that the PLAN cannot disclose your Protected Health Information with:

- officers and other employees of Princeton University, other than those who are involved in PLAN administration;
- spouses or other family members not directly involved in your care or the payment for your care, unless agreed to by you.

Your rights regarding your health information include the right to:

- request restrictions beyond those outlined above (although the PLAN is not required to agree to a requested restriction);
- receive confidential communications at only a specified phone number or mail or email address;
- inspect and copy your Protected Health Information;
- amend your Protected Health Information;
- an accounting of instances when your Protected Health Information has been disclosed;
- receive a paper copy of this Notice upon request.

#### **Personal Representative**

You have the right to name a personal representative who may act on your behalf with regard to your Protected Health Information. If you wish to take advantage of this right, please contact the Office of Human Resources at (609) 258-3302.

#### **Policy Modifications**

The PLAN may change its privacy practices from time to time. However, if a material change is made, the PLAN will revise this Notice and will notify you either by e-mail or mail of the changes.

#### **Complaints**

Federal law requires the PLAN to maintain the privacy of your PLAN records as set forth in this policy. If you believe your privacy rights have been violated, you can file a complaint with the Office of Human Resources at (609) 258-3302.

You may also file complaints with the Secretary of the Department of Health and Human Resources or with the third-party administrator for your particular plan. No one will retaliate or take action against you for filing a complaint.

#### **Privacy Officer**

To exercise your HIPAA rights under the PLAN, please contact the PLAN's designated Privacy Officer:

Megan Adams  
701 Carnegie Center, Suite 439  
Princeton, NJ 08544  
E-mail: adamsm@princeton.edu  
Campus Phone: (609) 258-2169  
Campus Fax: (609) 258-3448

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

#### **HIPAA Contacts:**

##### **UnitedHealthcare (Choice Plus (PPO) and Choice Plus POS)**

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

##### **Aetna (HMO Plan)**

Contact Member Services at (888) 287-4296.

##### **Aetna (PPO, Choice POS II, J1 Visa, and High Deductible)**

Contact Member Services at 1-800-535-6689.

##### **Medco Health Solutions Prescription Drug Plan Medco Health Privacy Services Unit**

P.O. Box 800  
Franklin Lakes, NJ 07417  
Call (800) 987-5237, **or** contact Member  
Services at (800) 711-0917.

##### **Payflex Systems USA, Inc. (Health Benefit Expense Accounts)**

Contact Member Services at (800) 284-4885.

##### **Office of Human Resources**

2 New South  
Princeton, NJ 08544  
(609) 258-3302  
E-mail: benefits@princeton.edu  
Fax: (609) 258-5920

**NEW JERSEY DEPARTMENT OF LABOR AND WORKFORCE DEVELOPMENT**  
**This employer is subject to the**  
**Family Leave Insurance provisions of the New Jersey Temporary Disability Benefits Law.**

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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.

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#### **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.

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Enforced by:  
New Jersey Department of Labor and  
Workforce Development  
Division of Temporary Disability Insurance  
PO Box 387  
Trenton, New Jersey 08625-0387



NEW JERSEY DEPARTMENT OF LABOR  
AND WORKFORCE DEVELOPMENT

PR-2 (R11-08)

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.

# Medicaid and the Children's Health Insurance Program (CHIP)

## Offers Free or Low-Cost Health Coverage to Children and Families

If you are eligible for health coverage from your employer but are unable to afford the premiums, some states have premium assistance programs that can help pay for coverage. These states use funds from their Medicaid or CHIP programs to help people who are eligible for employer-sponsored health coverage, but need assistance in paying their health premiums.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a state listed below, you can 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, you can contact your State Medicaid or CHIP office or dial (877) **KIDS NOW** or

[www.insurekidsnow.gov](http://www.insurekidsnow.gov) to find out how to apply. If you qualify, you can ask the state if it has a program that might help you pay the premiums for an employer-sponsored plan.

Once it is determined that you or your dependents are eligible for premium assistance under Medicaid or CHIP, your employer's health plan is required to permit you and your dependents to enroll in the plan as long as you and your dependents are eligible, but not already enrolled in the employer's plan. This is called a special enrollment opportunity, and *you must request coverage within 60 days of being determined eligible for premium assistance.*

*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 September 1, 2010. You should contact your state for further information on eligibility.*

### **ALABAMA Medicaid**

Website: [www.medicaid.alabama.gov](http://www.medicaid.alabama.gov)

Phone: (800) 362-1504

### **ALASKA Medicaid**

Website: <http://health.hss.state.ak.us/dpa/programs/medicaid>

Phone (Outside of Anchorage): (888) 318-8890

Phone (Anchorage): (907) 269-6529

### **ARIZONA CHIP**

Website: [www.azahcccs.gov/applicants/default.aspx](http://www.azahcccs.gov/applicants/default.aspx)

Phone: (877) 764-5437

### **ARKANSAS CHIP**

Website: [www.arkidsfirst.com](http://www.arkidsfirst.com)

Phone: (888) 474-8275

### **CALIFORNIA Medicaid**

Website: [www.dhcs.ca.gov/services/Pages/TPLRD\\_CAU\\_cont.aspx](http://www.dhcs.ca.gov/services/Pages/TPLRD_CAU_cont.aspx)

Phone: (866) 298-8443

### **COLORADO Medicaid and CHIP**

Medicaid Website: [www.colorado.gov](http://www.colorado.gov)

Medicaid Phone: (800) 866-3513

CHIP Website: [www.CHPplus.org](http://www.CHPplus.org)

CHIP Phone: (303) 866-3243

### **FLORIDA Medicaid**

Website: [www.fdhc.state.fl.us/Medicaid/index.shtml](http://www.fdhc.state.fl.us/Medicaid/index.shtml)

Phone: (866) 762-2237

### **GEORGIA Medicaid**

Website: <http://dch.georgia.gov>

Click on Programs, then Medicaid

Phone: (800) 869-1150

### **IDAHO Medicaid and CHIP**

Medicaid Website: [www.accesstohealthinsurance.idaho.gov](http://www.accesstohealthinsurance.idaho.gov)

Medicaid Phone: (800) 926-2588

CHIP Website: [www.medicaid.idaho.gov](http://www.medicaid.idaho.gov)

CHIP Phone: (800) 926-2588

**INDIANA Medicaid**

Website: [www.in.gov/fssa/2408.htm](http://www.in.gov/fssa/2408.htm)

Phone: (877) 438-4479

**IOWA Medicaid**

Website: [www.dhs.state.ia.us/hipp](http://www.dhs.state.ia.us/hipp)

Phone: (888) 346-9562

**KANSAS Medicaid**

Website: [www.khpa.ks.gov](http://www.khpa.ks.gov)

Phone: (800) 766-9012

**KENTUCKY Medicaid**

Website: <http://chfs.ky.gov/dms/default.htm>

Phone: (800) 635-2570

**LOUISIANA Medicaid**

Website: [www.lahipp.dhh.louisiana.gov](http://www.lahipp.dhh.louisiana.gov)

Phone: (888 ) 342-6207

**MAINE Medicaid**

Website: <http://www.maine.gov/dhhs/oms/>

Phone: (800) 321-5557

**MASSACHUSETTS Medicaid and CHIP**

Medicaid and CHIP Website: [www.mass.gov/MassHealth](http://www.mass.gov/MassHealth)

Medicaid & CHIP Phone: (800) 462-1120

**MINNESOTA Medicaid**

Website: [www.dhs.state.mn.us](http://www.dhs.state.mn.us)

*Click on Health Care, then Medical Assistance*

Phone (outside of Twin City area): (800) 657-3739

Phone (Twin City area): (651) 431-2670

**MISSOURI Medicaid**

Website: [www.dss.mo.gov/mhd/index.htm](http://www.dss.mo.gov/mhd/index.htm)

Phone: (573) 751-6944

**MONTANA Medicaid**

Website: <http://medicaidprovider.dhs.mt.gov/clientpages/clientindex.shtml>

Telephone: (800) 694-3084

**NEBRASKA Medicaid**

Website: [www.dhhs.ne.gov/med/medindex.htm](http://www.dhhs.ne.gov/med/medindex.htm)

Phone: (877) 255-3092

**NEVADA Medicaid and CHIP**

Medicaid Website: <http://dwss.nv.gov>

Medicaid Phone: (800) 992-0900

CHIP Website: [www.nevadacheckup.nv.org](http://www.nevadacheckup.nv.org)

CHIP Phone: (877) 543-7669

**NEW HAMPSHIRE Medicaid**

Website: [www.dhhs.state.nh.us/DHHSMEDICAIDPROGRAM/default.htm](http://www.dhhs.state.nh.us/DHHSMEDICAIDPROGRAM/default.htm)

Phone: (800) 852-3345 x 5254

**NEW JERSEY Medicaid and CHIP**

Medicaid Website: [www.state.nj.us/humanservices/dmahs/clients/medicaid](http://www.state.nj.us/humanservices/dmahs/clients/medicaid)

Medicaid Phone: (800) 356-1561

CHIP Website: <http://www.njfamilycare.org/index.html>

CHIP Phone: (800) 701-0710

**NEW MEXICO Medicaid and CHIP**

Medicaid Website: [www.hsd.state.nm.us/mad/index.html](http://www.hsd.state.nm.us/mad/index.html)

Medicaid Phone: (888 ) 997-2583

CHIP Website: [www.hsd.state.nm.us/mad/index.html](http://www.hsd.state.nm.us/mad/index.html)

*Click on Insure New Mexico*

CHIP Phone: (888 ) 997-2583

**NEW YORK Medicaid**

Website: [www.nyhealth.gov/health\\_care/medicaid](http://www.nyhealth.gov/health_care/medicaid)

Phone: (800) 541-2831

**NORTH CAROLINA Medicaid**

Website: [www.nc.gov](http://www.nc.gov)

Phone: (919) 855-4100

**NORTH DAKOTA Medicaid**

Website: [www.nd.gov/dhs/services/medicalserv/medicaid](http://www.nd.gov/dhs/services/medicalserv/medicaid)

Phone: (800) 755-2604

**OKLAHOMA Medicaid**

Website: [www.insureoklahoma.org](http://www.insureoklahoma.org)

Phone: (888 ) 365-3742

**OREGON Medicaid and CHIP**

Medicaid and CHIP Website: [www.oregonhealthykids.gov](http://www.oregonhealthykids.gov)

Medicaid and CHIP Phone: (877) 314-5678

**PENNSYLVANIA Medicaid**

Website: [www.dpw.state.pa.us/partnersproviders/medicalassistance/doingbusiness/003670053.htm](http://www.dpw.state.pa.us/partnersproviders/medicalassistance/doingbusiness/003670053.htm)  
Phone: (800) 644-7730

**RHODE ISLAND Medicaid**

Website: [www.dhs.ri.gov](http://www.dhs.ri.gov)  
Phone: (401) 462-5300

**SOUTH CAROLINA Medicaid**

Website: [www.scdhhs.gov](http://www.scdhhs.gov)  
Phone: (888) 549-0820

**TEXAS Medicaid**

Website: [www.gethipptexas.com](http://www.gethipptexas.com)  
Phone: (800) 440-0493

**UTAH Medicaid**

Website: <http://health.utah.gov/medicaid>  
Phone: (866) 435-7414

**VERMONT Medicaid**

Website: <http://ovha.vermont.gov>  
Telephone: (800) 250-8427

**VIRGINIA Medicaid and CHIP**

Medicaid Website: [www.dmas.virginia.gov/rcp-HIPP.htm](http://www.dmas.virginia.gov/rcp-HIPP.htm)  
Medicaid Phone: (800) 432-5924  
CHIP Website: [www.famis.org](http://www.famis.org)  
CHIP Phone: (866) 873-2647

**WASHINGTON Medicaid**

Website: <http://hrsa.dshs.wa.gov/premiumpymt/Apply.shtm>  
Phone: (877) 543-7669

**WEST VIRGINIA Medicaid**

Website: [www.wvrecovery.com/hipp.htm](http://www.wvrecovery.com/hipp.htm)  
Phone: (304) 342-1604

**WISCONSIN Medicaid**

Website: <http://dhs.wisconsin.gov/medicaid/publications/p-10095.htm>  
Phone: (800) 362-3002

**WYOMING Medicaid**

Website: [www.health.wyo.gov/healthcarefin/index.html](http://www.health.wyo.gov/healthcarefin/index.html)  
Telephone: (307) 777-7531

To see if any more states have added a premium assistance program since September 1, 2010, or for more information on special enrollment rights, you can contact either:

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

**Human Services Centers for Medicare and Medicaid Services**  
[www.cms.hhs.gov](http://www.cms.hhs.gov)  
(877) 267-2323, Ext. 61565

## *Women's Health and Cancer Rights Act*

The Women's Health and Cancer Rights Act of 1998 requires all group health plans that provide medical and surgical benefits for mastectomy to provide coverage for reconstruction of the breast on which the mastectomy was performed; surgery reconstruction of the other breast to produce a symmetrical appearance; and prostheses and treatment of physical complications of all stages of mastectomy, including lymphedema. These services must be provided in a

manner determined in consultation with the attending physician and the patient. This coverage may be subject to annual deductibles and coinsurance provisions applicable to other such medical and surgical benefits provided under the plan. Please refer to your Summary Plan Description for deductibles and coinsurance information applicable to the plan in which you choose to enroll.

## *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).

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# Carrier Information

Name of carrier	Coverage provided	Phone number	Web address/link
UnitedHealthcare	PPO Medical	(877) 609-2273	<a href="http://www.myuhc.com/groups/princetonuniversity">www.myuhc.com/groups/princetonuniversity</a>
UnitedHealthcare	POS Medical	(877) 609-2273	<a href="http://www.myuhc.com/groups/princetonuniversity">www.myuhc.com/groups/princetonuniversity</a>
Aetna	PPO Medical	(800) 535-6689	<a href="http://www.aetna.com">www.aetna.com</a>
Aetna	POS Medical	(800) 535-6689	<a href="http://www.aetna.com">www.aetna.com</a>
Aetna	HMO Medical	(888) 287-4296	<a href="http://www.aetna.com">www.aetna.com</a>
Aetna	High Deductible Medical	(800) 535-6689	<a href="http://www.aetna.com">www.aetna.com</a>
Aetna	J-1 Visa Medical	(800) 535-6689	<a href="http://www.aetna.com">www.aetna.com</a>
MetLife (Dental)	Basic Option PPO	(800) 438-6388	<a href="http://www.metlife.com/dental">www.metlife.com/dental</a>
MetLife (Dental)	High Option PPO	(800) 438-6388	<a href="http://www.metlife.com/dental">www.metlife.com/dental</a>
Aetna	DMO Dental	(877) 238-6200	<a href="http://www.aetna.com">www.aetna.com</a>
Payflex	Expense Accounts	(800) 284-4885	<a href="http://www.healthhub.com">www.healthhub.com</a>
Prudential	Basic, Supplemental, Child, and Spousal Life	(888) 257-0412	<a href="http://www.prudential.com">www.prudential.com</a>
Carebridge	Faculty and Staff Assistance and Work/Life Programs	(800) 437-0911	<a href="http://www.myliferesource.com">www.myliferesource.com</a> Company Code: TW8AE
CNA	Long Term Care	(866) 357-8481	<a href="http://www.ltcbenefits.com">www.ltcbenefits.com</a> Password: Princeton
VSP	Vision	(800) 877-7195	<a href="http://www.vsp.com">www.vsp.com</a>
Medco Health	Prescription Drugs	(800) 711-0917	<a href="http://www.medco.com">www.medco.com</a>
TIAA-CREF	Retirement	(800) 842-2776	<a href="http://www.tiaa-cref.org">www.tiaa-cref.org</a>
Vanguard	Retirement	(800) 523-1188	<a href="http://www.vanguard.com">www.vanguard.com</a>
Bright Horizons	Backup Care Advantage Program	(877) 242-2737	<a href="http://www.backup.brighthorizons.com">www.backup.brighthorizons.com</a>