

Your Benefits

For **2010**



PRINCETON
UNIVERSITY

**Benefits
and Work Life**

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Dear Members of the Princeton University Faculty and Staff,

The choices we make concerning our benefits during the Annual Benefits Open Enrollment Period are among the most important we select for ourselves and our families. As part of your total compensation package, Princeton University offers you a comprehensive benefits package that includes various options to meet your health care and financial needs.

During our Annual Benefits Open Enrollment Period, Monday, October 12, through Friday, October 30, you have the opportunity to review and, if necessary, change your health benefits to meet your current needs. During this period, you may elect, change, or waive coverage in a health care plan, dental plan, and/or vision care plan. You also have the opportunity to change your supplemental life insurance coverage. In addition, you may enroll or re-enroll in a Health Benefit Expense Account (HBEA), Dependent Care Expense Account (DCEA), the Transit Reimbursement Account Program, and the Parking Reimbursement Account Program.

Please note: There is no automatic enrollment each year for the Health Benefit Expense Account and the Dependent Care Expense Account plans. You must actively make an election to enroll every year.

Simplifying the changes

We have highlighted the changes and enhancements to your benefits in the section titled “What’s New for 2010?” Faculty and staff may review current benefit elections, covered dependents, and beneficiaries; preview benefit costs; and make 2010 benefit elections online. Please review page 5 of this guide for instructions on accessing and enrolling in eBenefits, our online system. If you do not have access to a computer at work or home, you may contact a member of the Benefits Team at (609) 258-3302 for assistance or to request a personalized paper Benefits Enrollment Form (BEF).

If you have any questions or concerns, please do not hesitate to contact the Benefits Team in the Office of Human Resources at (609) 258-3302, or by e-mail to benefits@princeton.edu. In addition, more information may be found on the Open Enrollment website, www.princeton.edu/hr/oe.

Verifying dependent eligibility

You must provide dependent verification documentation for each dependent enrolled in one or more of Princeton’s health care plans. If you have not already verified your dependent and/or are adding coverage for a dependent during open enrollment, then you must provide the required documentation no later than October 30, 2009. If we are unable to verify your dependent’s eligibility, your dependent will **not** be covered as of January 1, 2010.

Attending a 2010 Benefits Fair!

If you have questions that you would like to discuss directly with Human Resources or one of our benefits providers, we invite you to attend a Benefits Fair on October 21 (Frist Multipurpose Rooms) or October 22 (PPPL Campus). At the Benefits Fairs you will have the opportunity to talk with representatives from Human Resources and our health care providers, including UnitedHealthcare, Aetna, MetLife, Vision Service Plan (VSP), Prudential, Carebridge, CNA, TIAA–CREF, and Vanguard, just to name a few.

Thank you,
Princeton University Benefits Committee

What's New

for 2010?

- In order for your dependent to be covered as of January 1, 2010, you must bring your dependent eligibility documentation to HR no later than October 30, 2009, if you have not previously done so.
- As of January 1, 2010, the new Mental Health Parity Act will impact all health plans. This means that mental health/substance abuse services will not have treatment and visitation limitations, and coinsurance and copayments will be aligned with medical/surgical services. The health plans will still apply utilization review standards and make medical necessity determinations for both medical/surgical and mental health/substance abuse benefits.
- The copayment for physician office visits under the UnitedHealthcare PPO and Aetna PPO plans will increase from \$15 to \$20.
- The contribution rates for all medical plans will increase from approximately 2.72% to 19.05%, depending upon the medical plan in which you enroll and the coverage level you select.
- The monthly premiums for the Vision Care Plan are increasing by approximately 3.24%.
- While the monthly premiums for the MetLife Basic and High Option PPO dental plans are not increasing for 2010, the monthly premiums for the Aetna DMO dental plan are increasing by approximately 3.50%.
- The current age reduction schedule under the basic life insurance plan will be modified with further reductions in the volume of life insurance coverage for faculty and staff members over age 70. In addition, age will no longer be set as of January 1. Your age will be updated as of the pay period end date in which your birthday occurs. Specific information about the basic life insurance benefit is on page 16.
- We are making significant changes to the supplemental life insurance program that will include implementing the same age-based reduction schedule used for the basic life program. In addition, age will no longer be set as of January 1. Your age will be updated as of the pay period end date in which your birthday occurs. The supplemental life insurance elections are increasing from a maximum of 4x to 6x annual base salary up to a maximum of \$1.5 million. During the 2010 Benefits Open Enrollment, faculty and staff will have one last opportunity to increase supplemental life insurance by 1x without providing Evidence of Insurability (EOI), unless the 1x increase in supplemental life insurance amount raises the amount of life insurance above \$300,000 or 3x annual base salary, at which point EOI will be required. Beginning next year, all increases in Supplemental Life Insurance will require EOI. Additional information about the supplemental life insurance benefit is on pages 16–17.
- Spousal Voluntary Life Insurance and Child Voluntary Life Insurance will be offered to faculty and staff enrolled in the Supplemental Life Insurance Plan. For specific information about the Spousal and Child Voluntary Life Insurance amounts, please see page 17.
- We are pleased to share that the number of covered Carebridge consultations from Carebridge's EAP professionals increased from six to eight effective October 1, 2009.

Open Enrollment

Dates and Events

Monday	Tuesday	Wednesday	Thursday	Friday
October				
12	13	14	15	16
Start of Open Enrollment	<p>Benefits office hours, assistance with online enrollment and dependent verifications</p> <p>Firestone Library, Multipurpose Room – Staff Lounge, 9 a.m.–11 a.m.</p>	<p>Benefits office hours, assistance with online enrollment and dependent verifications</p> <p>MacMillan Building, Small Conference Room, 10 a.m.–12 Noon</p>		
19	20	21	22	23
	<p>Benefits office hours, assistance with online enrollment and dependent verifications</p> <p>Firestone Library, Multipurpose Room – Staff Lounge, 1 p.m.–3 p.m.</p>	<p>Benefits Fair</p> <p>Frist Campus Center, Multipurpose Rooms A and B, 9 a.m.–3 p.m.</p> <p>Presentations: Prudential Basic and Supplemental Life Insurance at 11 a.m. and 1 p.m.</p> <p>Frist Campus Center, Multipurpose Room C</p>	<p>Benefits Fair</p> <p>PPPL, Spitzer Building, Lobby, 10 a.m.–2 p.m.</p> <p>Presentation: Prudential Basic and Supplemental Life Insurance at 11:30 a.m.</p> <p>LSB Auditorium</p>	<p>Benefits office hours, assistance with online enrollment and dependent verifications</p> <p>MacMillan Building, Small Conference Room, 9 a.m.–11 a.m.</p>
26	27	28	29	30
	<p>Benefits office hours, assistance with online enrollment and dependent verifications</p> <p>New South, 7th Floor, 10 a.m. – 2 p.m.</p>	<p>Benefits office hours, assistance with online enrollment and dependent verifications</p> <p>New South, 7th floor, 8:30 a.m. – 5 p.m.</p>	<p>Second to last day of Open Enrollment</p> <p>Benefits office hours, assistance with online enrollment and dependent verifications</p> <p>New South, 7th floor, 8:30 a.m. – 5 p.m.</p>	<p>End of Open Enrollment</p> <p>Benefits office hours, assistance with online enrollment and dependent verifications</p> <p>New South, 7th floor, 8:30 a.m.–5 p.m.</p> <p>All benefits enrollment changes must be submitted online by midnight; however, there is no HR assistance after 5 p.m.</p> <p>Submissions received after the deadline cannot be processed.</p>
November				
16	17	18	20	21
		<p>Confirmation Packets mailed to faculty and staff home addresses.</p> <p>Necessary changes to 2010 benefit elections may be made through the online enrollment system, eBenefits. During the confirmation period eBenefits will be available every day from 8 a.m.–midnight beginning on November 18.</p> <p>Necessary changes must be submitted no later than midnight Friday, Dec. 4.</p>		

Helpful Hints

for Making Your 2010 Benefit Elections

Before you make your elections through eBenefits, our online benefits enrollment system, consider these steps.

- 1. Review your current enrollment information.** Log onto eBenefits to view your current 2009 benefit elections.

If you are not going to make any changes to your current coverage or enroll or re-enroll in the Health Benefit Expense Account or the Dependent Care Expense Account programs, it is not necessary for you to complete an online enrollment.

- 2. Dependent Coverage.** Entitlement to dependent coverage is contingent on your dependent's ability to satisfy and continue to satisfy the definition of "eligible dependent" under the plans. **Please review the definition of dependent child on page 18 to determine if your child qualifies as your dependent. You are required to provide documented proof of eligibility to add a dependent prior to enrolling in a health, dental, or vision plan. If we are unable to verify your dependent's eligibility, your dependent will not be covered as of January 1, 2010.**

- 3. Choose a Primary Care Physician (PCP)/Dentist.** If you enroll in an HMO, POS, or the Aetna DMO Dental Plan, you must select a primary care physician/dentist for you and your eligible dependents. Primary Care Physicians/Dentists can be found on the carrier's website or by contacting the carrier using the telephone number listed on page 24 of this brochure.

Please note: If you are enrolling in an HMO or POS Plan, it is recommended that you complete the appropriate vendor form. The UnitedHealthcare and Aetna vendor forms are available online at www.princeton.edu/hr/

oe/forms and also at the locations listed under "Resources" on page 23. If you are enrolling under the Aetna Dental DMO Plan it is **required** that you complete a vendor form to select your primary care dental office. Please complete the vendor forms and return them to your Office of Human Resources no later than close of business, Friday, October 30. For the HMO or POS plan, if you do not complete the vendor form, you should call UnitedHealthcare or Aetna directly after December 16 to make your PCP selections. You will need to make your PCP selections prior to visiting your PCP. **Without a PCP selection your coverage can be denied.**

- 4. Complete your online enrollment.** The instructions for completing your online enrollment in eBenefits can be found on page 5 of this guide.

- 5. Confirmation Period.** Beginning on November 18, you can log onto eBenefits to make final corrections to your 2010 benefit selections. All corrections must be submitted online by midnight Friday, December 4; however, there is Human Resources assistance available only until 5 p.m.

Open Enrollment is the **only** time during the calendar year during which you can make changes to your medical, dental, vision, supplemental life, or expense account plans **unless** you experience a **Qualifying Status Event**. See the section titled "Changing Your Benefit Elections" on page 22 for information on what constitutes a **Qualifying Status Event**.

Additional information is available on the open enrollment website at www.princeton.edu/hr/oe.

eBenefits

Making Changes to Your Benefits Online

You are able to log into eBenefits as often as you wish from Monday, October 12 through Friday, October 30, to review and/or make changes to your 2010 Open Enrollment elections. No coverage changes will be processed until after the system closes at midnight on October 30, 2009.

You can log into 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 1 New South between 8:30 a.m. and 5 p.m., Monday through Friday, for assistance and access to eBenefits.

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

The steps for logging into eBenefits are easy:

- Type in the address **www.princeton.edu/selfservice** on your Internet browser to access the HR Self Service website.
- Click the **Log In** option on the side menu bar.
- Enter your netID and password and click the **Sign In** button.
- Select **Self Service** and then select **Benefits Summary** from the menu under the **Benefits** section.

When you open the Benefits Summary page, you will be able to view your current elections for 2009.

Follow these steps to make changes to your coverage for 2010:

- Click on **Benefits Enrollment** located on the Benefits Summary page from the side menu options.
- Click on the **Select** button next to the Open Enrollment event, which will open the Benefits Enrollment page. Benefits to which you are eligible to make changes will be listed on this page.

Please review each of your benefit options carefully. You will make one plan enrollment change at a time for you and your eligible dependents. If you have not already verified your dependent and/or are adding a dependent to your coverage, then you must provide the required documentation no later than October 30, 2009. If we are unable to verify your dependent's eligibility, your dependent will not be covered as of January 1, 2010.

Prior to finalizing your changes, review your selections carefully to ensure that everything is correct and accurate, including the plans, your dependents covered, and/or your life insurance beneficiaries.

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.**

If, at any time, you need assistance with eBenefits, contact the Human Resources Benefits Team at (609) 258-3302 or benefits@princeton.edu. For more information about the benefits plans, visit our website at www.princeton.edu/hr/oe.

Health, Vision, and Dental Care

Monthly Faculty and Staff Rates for 2010

Plan	Employee Only	Employee and Child(ren)	Employee and Spouse	Employee and Family
HEALTH				
UnitedHealthcare Preferred Provider (PPO)	\$75	\$210	\$270	\$400
Aetna Preferred Provider (PPO)	\$75	\$210	\$270	\$400
UnitedHealthcare Point-of-Service (POS)	\$65	\$180	\$230	\$340
Aetna Point-of-Service (POS)	\$65	\$180	\$230	\$340
Aetna HMO	\$55	\$160	\$215	\$330
High Deductible Plan (Aetna)	\$ 0	Not available	Not available	Not available
J-1 Visa Plan (Aetna)	\$0	\$125	\$180	\$300
DENTAL				
MetLife Basic Option PPO	\$16.85	\$39.21	\$35.98	\$59.13
Aetna DMO	\$25.98	\$50.49	\$52.21	\$72.15
MetLife High Option PPO	\$56.64	\$110.98	\$114.30	\$157.88
VISION				
Vision Service Plan	\$12.76	\$20.91	\$20.52	\$33.71

Prescription Drugs

All health plans, with the exception of the High Deductible Plan, provide prescription coverage through Medco Health. This includes both retail pharmacy and mail order prescriptions. There is no prescription drug coverage under the High Deductible Plan.

We are pleased to announce that the prescription drug copayments are not increasing for 2010 and are reflected in the chart below:

Type	Retail Pharmacy 30-day supply	Mail Order 90-day supply
Generic	\$5	\$10
Brand Name	\$20	\$40
Multi-Source	\$35	\$70
Deductible	None	None

Definitions

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

Brand Name: An original formula drug with no generic equivalent

Multi-Source: A drug that is available by brand and generic formulas

- Please note some specialty pharmacy medications may only be purchased through Medco's Specialty Pharmacy, Accredo, and are not covered at the retail pharmacy.
- The Home Delivery Incentive Program through Medco is available for participants who are on 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 prescription 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.
- Upon request, Medco will contact your retail pharmacy for a copy of your prescription.
- You may access your Medco account by logging onto www.medco.com. From this site, you can review your prescription costs; refill mail order prescriptions; research brand name, multi-source, and generic prescription drugs; and print a temporary ID card.

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

Dental Plans

Plan Provision	MetLife Basic Option PPO Plan	Aetna DMO† Dental Plan	MetLife High Option PPO Plan	
			In-network	Out-of-network
Preventive/diagnostic services				
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%
Basic services				
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	90%	70%
Major services				
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 not covered under the Aetna DMO You may use in-network DMO providers only	60%	50%
Orthodontia				
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.
Annual deductible				
	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
Calendar year maximum				
	\$2,000 for basic and preventive	None	\$2,000 for basic, major, and preventive	\$1,500 for basic, major, and preventive
Basis of reimbursement				
	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 Plan

Plan Provision	Frequency	Co-payment	Coverage from a VSP doctor	Out-of-network reimbursement
Exam	Once every calendar year	\$10	Covered in full	Up to \$43 allowance
Lenses*	Once every calendar year	\$20 (applied to lenses and frames)	Single vision, lined bifocal, and lined trifocal lenses are covered in full	Single vision up to \$40 allowance Lined bifocal up to \$60 allowance Lined trifocal up to \$73 allowance
Frames**	Once every calendar year	See above	Covered up to \$155 retail allowance	Covered up to \$47 allowance
Contact lenses***	Within 12 months of your last exam	n/a	Covered up to \$140 allowance	Covered up to \$140 allowance

Please note: You cannot be reimbursed for both glasses and contacts in the same calendar year.

* Lens options that can enhance the appearance, durability, and function of your glasses are available to you at VSP's member-preferred pricing. Ask your doctor for details.

** If you choose a frame valued at more than your allowance, you will save 20% on your out-of-pocket costs for frames.

*** Your allowance applies to the cost of your contact lens exam and your contact lenses. You will receive a 15% savings off the cost of your contact lens exam from a VSP doctor. Your contact lens exam is performed in addition to your routine eye exam to check for eye health risks associated with improper wearing or fitting of contacts. You may receive a 20% savings when you purchase non-covered pairs of prescription glasses, including prescription sunglasses, from the same VSP doctor within 12 months of your last eye exam.

HIPAA Notice

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) imposes requirements on employer health plans concerning the use and disclosure of personal medical information also known as Protected Health Information or "PHI." The Princeton University Health Care Plans (hereinafter referred to collectively as "the Plan") are committed to protecting the privacy of health information maintained by the Plan itself and by outside vendors who perform services for the Plan.

The Plan may use and share your PHI for the purposes of treatment, payment, and health care

operations and for certain other legally permitted purposes. Under no circumstances will the Plan disclose your health information to Princeton University, for the purpose of employment-related actions or decisions.

For more information regarding your rights and the Plan's legal duties under HIPAA, refer to the Notice of Privacy Practices for Employees Participating in the Princeton University HEALTH CARE PLANS, available at www.princeton.edu/hr/benefits/hipaa.pdf. You may request a hard copy of this notice by contacting the Benefits Team at (609) 258-3302.

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

Health Benefit Expense Account

What it is. The Health Benefit Expense Account is a program that allows you to set aside money, before taxes, from your paycheck to pay for health-related expenses not covered by insurance. 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). If you, or someone in your family (i.e., spouse and/or eligible dependents), goes to the doctor or dentist, takes medication or wears glasses, whether you have insurance or not, the Health Benefit Expense Account may save you money.

How it works. Elections do not automatically carry over each year. You must make a new election through eBenefits, our online benefits enrollment system, each year to participate in the Health Benefit Expense Account program, even if you participated in 2009. Each year you may choose to contribute between \$100

and \$5,000 into the account. When you have an eligible expense, save the receipt and mail or fax it in with the medical care reimbursement form (www.princeton.edu/hr/forms) to Crosby to get reimbursed. Direct deposit from your expense account to your checking or savings account is also available at www.princeton.edu/hr/forms. You have until March 31, 2011, to submit claims for eligible expenses you have during the 2010 plan year, *otherwise any money left in your account is forfeited.*

How much to contribute. Contributions depend on household needs—think about how many copays 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). Please estimate your expenses *carefully* because the IRS does not allow you to roll over unused funds at the end of the year, so *any money left in your account will be forfeited.*

Health Benefit Expense Account Worksheet

Use the worksheet below to calculate your expenses for the 2010 plan year, January 1–December 31. You can also calculate your savings at www.crosbybenefits.com/fsacalculator.asp. Do not include itemized medical deductions you plan to claim on your annual tax return. Remember to include the health expenses of your spouse and eligible dependents.

Everyday health expenses (not covered by insurance)

Dental (non-cosmetic) _____
Vision (prescription glasses, contact lenses, exams, LASIK, supplies) _____
Prescription drugs _____
Over-the-counter medication (antacids, allergy medication, cold medicine, pain relievers, first aid) _____

Expenses within your medical coverage

Deductibles (amount you pay before the plan begins to pay) _____
Coinsurance (% you pay after deductible is met) _____
Copays (for doctor's office visits) _____

Other expenses

Orthodontia (only incurred expenses) _____
LASIK eye surgery _____
Chiropractic care _____
Counseling _____

Total estimated out-of-pocket expenses

You have until March 31, 2011, to submit claims for expenses you have during the 2010 plan year, otherwise any money left in your account will be forfeited.

Dependent Care Expense Account

This is not a plan to cover your dependent's health-related expenses. This is a plan to pay primarily for child care expenses of dependent children 12 years and under.*

What it is. The Dependent Care Expense Account is a program that 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 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 x 20% = \$200). If you (and your spouse, if married), work full time and pay for day care, day camp, or after-school programs, then the Dependent Care Expense Account may save you money.

How it works. Elections do not automatically carry over each year. You must make a new election through eBenefits, our online benefits enrollment system, each year to participate in the Dependent Care Expense Account program, even if you participated in 2009. Each year you may choose to contribute between \$100 and \$5,000 (\$2,500 if you are married and filing separately), into the account. When you have an eligible expense, save the receipt and mail or fax it in with the dependent care reimbursement form (www.princeton.edu/hr/oe/forms) to Crosby to get reimbursed. Direct deposit from your expense account to your checking or savings account is also available at www.princeton.edu/hr/oe/forms. You have until March 31, 2011, to submit claims for eligible expenses you have during the 2010 plan year, *otherwise any money left in your account will be forfeited.*

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 Dependent Care Expense Account. 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 Dependent Care Expense Account. Please ask your tax adviser which plan is best for you.

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 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, so *any money left in your account will be forfeited.*

Dependent Care Expense Account Worksheet

Use the worksheet below to calculate your expenses for the 2010 plan year, January 1–December 31. You can also calculate your savings at www.crosbybenefits.com/fsacalculator.asp.

Common Child Care Expenses

Nanny/au pair (tax ID # or Social Security # required) _____
Day care center _____
Before- and after-school programs _____
Day camp _____

Total estimate

Expenses you cannot claim

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

* 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 themselves and for whom you can claim as a dependent.

You have until March 31, 2011, to submit claims for expenses you have during the 2010 plan year, otherwise any money left in your account will be forfeited.

Comparison of Benefits

available through health care plans offered by Princeton University in 2010

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 Options (PPO) www.myuhc.com/groups/princetonuniversity 877-609-2273 Group # 196484		Aetna Preferred Provider (PPO)* www.aetna.com 800-535-6689 Group # 863750		UnitedHealthcare Se www.myuhc.com/groups/prin 877-609-2273 Group # 196484 ** Additional UnitedHealth
	Preferred Provider Organization Plan		Aetna Preferred Provider Organization Plan		UnitedHealthcare P
	In-network	Out-of-network	In-network	Out-of-network	In-network
Annual deductible	Individual: \$300 Family: \$600	Individual: \$600 Family: \$1,200	Individual: \$300 Family: \$600	Individual: \$600 Family: \$1,200	Individual: None Family: None
Annual out-of-pocket maximum (coinsurance limit, including deductible)	Based on salary band		Based on salary band		Individual: \$1,500 Family: \$3,000
Lifetime maximum medical/surgical/mental health	Unlimited	\$2,000,000	Unlimited	\$2,000,000	Unlimited
HOSPITAL BENEFITS					
Inpatient medical/surgical care (including maternity)	10% after deductible	20% after deductible	10% after deductible	20% after deductible	10% (no deductible)
Inpatient care for mental health	10% after deductible	20% after deductible	10% after deductible	20% after deductible	10% (no deductible)
Emergency room	\$50 copay; waived if admitted	\$50 copay; waived if admitted	\$50 copay; waived if admitted	\$50 copay; waived if admitted	\$50 copay; waived if admitted
OUTPATIENT BENEFITS					
Treatment by physician	\$20 copay per visit	20% after deductible	\$20 copay per visit	20% after deductible	\$15 copay per visit
Annual physical	\$20 copay per visit	20% after deductible \$200 max. per calendar year	\$20 copay per visit	20% after deductible \$200 max. per calendar year	\$15 copay per visit
Specialist	\$20 copay per visit	20% after deductible	\$20 copay per visit	20% after deductible	\$20 copay per visit
Well baby visits	\$20 copay per visit	20% after deductible max. 6 visits first year only	\$20 copay per visit	20% after deductible max. 6 visits first year only	\$15 copay per visit
Maternity	\$20 copay 1st visit; pre- & post-partum care inclusive to surgical charge for delivery	20% after deductible	\$20 copay 1st visit; pre- & post-partum care inclusive to surgical charge for delivery	20% after deductible	\$20 copay 1st visit; pre- & post-partum care inclusive to surgical charge for delivery
Preventive immunizations	\$20 copay per visit	not covered	\$20 copay per visit	not covered	\$15 copay per visit
Mental health	\$20 copay per visit	20% coinsurance (no deductible required)	\$20 copay per visit	20% coinsurance (no deductible required)	\$20 copay per visit
All prescription drug coverage is through Medco Health	Retail copays: Generic \$5, brand name \$20, multi-source \$35 Mail order copays: Generic \$10, brand name \$40, multi-source \$70 Deductible: None		Retail copays: Generic \$5, brand name \$20, multi-source \$35 Mail order copays: Generic \$10, brand name \$40, multi-source \$70 Deductible: None		Retail copays: Generic \$5, brand name \$20, multi-source \$35 Mail order copays: Generic \$10, brand name \$40, multi-source \$70 Deductible: None
Routine annual eye exams	Not covered	Not covered	Not covered	Not covered	Not covered
Prescription eyeglasses or contact lenses	Not covered	Not covered	Not covered	Not covered	Not covered

2010 Plan changes are noted below in bold

**** UnitedHealthcare (POS) and Aetna (POS and HMO) forms are available online at www.princeton.edu/hr/ben/forms**

Select Plus POS princetonuniversity Additional form required	Aetna Choice POS II www.aetna.com 800-535-6689 Group # 811281 ** Additional Aetna form required		Aetna HMO www.aetna.com 888-287-4296 Group # 3015 ** Additional Aetna form required	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
Point-of-Service Plan	Aetna Point-of-Service Plan		Aetna HMO Plan	High Deductible Plan	J-1 Visa Health Care Plan
Out-of-network	In-network	Out-of-network			
Individual: \$900 Family: \$1,800	Individual: None Family: None	Individual: \$900 Family: \$1,800	None	Individual: \$5,000	Individual: \$500 Family: \$1,000
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
\$2,000,000	Unlimited	\$2,000,000	Unlimited	\$500,000	\$2,000,000
30% after deductible	10% (no deductible)	30% after deductible	\$0	30% after deductible	20% after deductible
30% after deductible	10% (no deductible)	30% after deductible	\$0	30% after deductible	20% after deductible
\$50 copay; waived if admitted	\$50 copay; waived if admitted	\$50 copay; waived if admitted	\$50 copay per visit, waived if admitted	30% after deductible	20% after deductible
30% after deductible	\$15 copay per visit	30% after deductible	\$15 copay per visit	30% after deductible	20% after deductible
Not covered	\$15 copay per visit	Not covered	\$15 copay per visit	Not covered	20% after deductible \$200 max. per calendar year
30% after deductible	\$20 copay per visit	30% after deductible	\$20 copay per visit	30% after deductible	20% after deductible
Not covered	\$15 copay per visit	Not covered	\$15 copay per visit	Not applicable	20% after deductible max. 6 visits 1st year only
30% after deductible	\$20 copay 1st visit; pre- & post-partum care inclusive to surgical charge for delivery	30% after deductible	\$20 copay 1st visit only	30% after deductible	20% after deductible
Not covered	\$15 copay per visit	Not covered	\$15 copay per visit	Not covered	Not covered
30% coinsurance (no deductible required)	\$20 copay per visit	30% coinsurance (no deductible required)	\$20 copay per visit	30% after deductible	20% after deductible
brand name \$20, multi-source \$35, brand name \$40, multi-source \$70 Deductible: None	Retail copays: Generic \$5, brand name \$20, multi-source \$35 Mail order copays: Generic \$10, brand name \$40, multi-source \$70 Deductible: None	brand name \$20, multi-source \$35, brand name \$40, multi-source \$70 Deductible: None	Retail copays: Generic \$5, brand name \$20, multi-source \$35 Mail order copays: Generic \$10, brand name \$40, multi-source \$70 Deductible: None	Not covered	Retail copays: Generic \$5, brand name \$20, multi-source \$35 Mail order copays: Generic \$10, brand name \$40, multi-source \$70 Deductible: None
Not covered	Not covered	Not covered	\$20 copay per visit	Not covered	Not covered
Not covered	Not covered	Not covered	\$70 reimbursement every 2 years, plus discounts at participating providers	Not covered	Not covered

Transit Reimbursement Account

What it is. 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). If you pay for mass transit and your expenses are considered eligible as described below, the Transit Reimbursement Account may save you money. *This program applies only to employees. Transit expenses of dependents are not covered.*

Eligible transit expenses. An expense for “Transit Passes” (the cost of purchasing any pass, token, fare card, etc.) entitles an employee 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. (Limos and taxis are not eligible for this program.)

Expenses may also include transportation in a “Commuter Highway Vehicle” (the cost of transportation between an employee’s residence and place of employment) provided the vehicle:

- has a seating capacity of at least six adults plus driver **and**
- is reasonably expected to be used for at least 80% of its mileage in commuter trips in which

the vehicle is at least half full (not including the driver). (Limos and taxis are not eligible for this program.)

How it works. It’s very simple. Each year you may choose to contribute between \$100 and \$2,760 into the account. When you have an eligible expense, save the receipt and mail or fax it with the transit expense account reimbursement claim form (www.princeton.edu/hr/forms) to Crosby to get reimbursed. Direct deposit from your expense account to your checking or savings account is also available by completing the Direct Deposit Authorization Form (www.princeton.edu/hr/forms). Any unused funds remaining in your account at the end of the plan year will be rolled over to the next plan year. *If you terminate employment or terminate your participation in this program with unclaimed contributions, the money will be forfeited. If you terminate in 2010, you will have until March 31, 2011, to submit eligible expenses incurred prior to your termination date to Crosby for reimbursement.*

How much to contribute. The maximum allowable reimbursement is \$230 per month. *For example:* If you are a 12-month employee and wish to participate in this program at the maximum reimbursement amount (\$230), your annual election would be $\$230 \times 12$ or \$2,760. Excess expenses may be carried over and reimbursed in any other month during the same calendar year.

Transit Reimbursement Worksheet

Use the worksheet below to calculate your expenses for the 2010 plan year, January 1–December 31.

Expense Estimate

Transit (monthly maximum \$230) \$ _____ x ^{Number of Months} _____ = _____

Life Insurance Basic

Princeton University provides 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.

Effective January 1, 2010, we are implementing a new Benefit Reduction Table for covered employees age 60 and older. After age 60, coverage is reduced according to the following table:

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

Effective January 1, 2010, 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 2010, 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 \$1000 equals \$35,000.

Supplemental

Princeton's Supplemental Life Insurance Plan offers employees the option to purchase additional life insurance to supplement the Basic Term Life Insurance provided by the University through the Prudential Life Insurance Company. Effective January 1, 2010, we are increasing the Supplemental Life Insurance Plan elections to up to 6x 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 1x

to a maximum of 6x your annual base salary (rounded to the next highest thousand.). The total basic life and supplemental life insurance maximum volume is \$2 million.

We also are implementing the same benefit reduction schedule for the supplemental life insurance plan as utilized in the Basic Life Insurance Plan for covered employees age 60 and older. If, due to this reduction table, your current amount of Supplemental

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

Life Insurance Supplemental (continued)

Life Insurance is further reduced, you will be able to convert the amount of “coverage lost.” Conversion brochures with rates and an application form are available in your Office of Human Resources.

Effective January 1, 2010, the percentage of coverage in effect is recalculated as of the pay period end date in which your birthday occurs.

During the Open Enrollment Period, Prudential is offering a “last chance” 1x increase without Evidence of Insurability (EOI) unless the 1x increase in supplemental life insurance amount raises the amount of life insurance above \$300,000 or 3x your annual base salary, at which point EOI will be required. Beginning

Child

Effective January 1, 2010, we are pleased to announce the addition of Child Voluntary Life Insurance for faculty and staff members enrolled in Supplemental Life Insurance. Faculty and staff may choose to cover eligible dependent children at \$5,000 or \$10,000 in child life insurance. The cost is \$0.080/\$1,000 per month, or

Spousal

We are pleased to announce the addition of Spousal Voluntary Life Insurance effective January 1, 2010, for faculty and staff members enrolled in supplemental life insurance. Faculty and staff members may choose to cover their spouse, civil union, or same-sex domestic partner at \$10,000, \$25,000 or \$50,000 in spousal life insurance. **Please note: 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.**

The cost of the spousal life insurance is based upon the spouse, civil union or same-sex domestic partner’s

January 1, 2010, all increases in Supplemental Life Insurance will require EOI.

If you are required to complete the EOI form, you should submit it directly to Prudential. The EOI form is available at www.princeton.edu/hr/forms. Prudential will notify you of your approval or denial, or request more information. If approved, we will notify you to log onto eBenefits and elect the approved supplemental life insurance level to activate your coverage.

Please note: If you are on Long Term Disability, you may not increase your Supplemental Life Insurance until you return to active status.

\$.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.

date of birth, and utilizes the same rates as charged for Supplemental Life Insurance. The rates are listed in the table below:

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

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

Dependent Verification Definitions

Eligible Dependents

Your eligible dependents include your legal spouse, civil union or same sex domestic partner, and/or unmarried dependent children.

Eligible children include your biological, step, adopted, and foster children as well as the children of your civil union or same-sex domestic partner. They must meet one of the following additional requirements:

1. Be under age 19 at the end of the calendar year; share your home for at least half the year (if you are divorced, children may live with your former spouse); and must not provide over one-half of their own support (scholarships excluded).
2. Be under age 24 at the end of the calendar year; be full-time students; claim your residence as their official residence while away at school; and must not provide over one-half of their own support (scholarships excluded).
3. Be under age 26 at the end of the calendar year, and you must provide over one-half of the children's support (if divorced, your former spouse can provide over one-half of the children's support), and the child must live with you.
4. Be of any age if they are physically or mentally challenged and became disabled before the end of the calendar year in which they turn 25.
5. Be children for whom you are required to cover as dictated under a Qualified Medical Child Support Order (QMCSO), except as noted below.

Ineligible Dependents

Ineligible dependents include:

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

Dependent Verification

Permissible Documentation

Dependent Type	Documentation
spouse	Marriage certificate ¹ and redacted ² 2008 tax return
civil union	Certificate of civil union and, if a resident of NJ, redacted 2008 NJ state tax return
same-sex domestic partner	Princeton University Affidavit of Domestic Partnership and supporting documentation
biological child who is under 19 (or relationships other than biological child, please see below)	Birth certificate ³ , including names of biological parents, and redacted 2008 tax return showing child as dependent; or, if divorced and not claiming the child on your tax return, a birth certificate, including names of biological parents, and a copy of your divorce decree and a sworn affidavit ⁴ regarding the support of the child
child age 19–23 who is a full-time student (showing full-time student status)	Documentation sufficient to prove dependency of a child as described above, plus one of the following from the current school term to demonstrate full-time student status: <ul style="list-style-type: none"> • enrollment form • letter from school or copy of tuition bill • registration confirmation • transcript • bursar's letter
child age 19–25 who is not a full-time student	Birth certificate including names of biological parents plus a sworn affidavit certifying that you provide over one-half of the child's support and your child lives with you
For relationships other than biological child, you must provide all of the above information and, in lieu of a birth certificate, you must present:	
adopted child	Legal adoption papers
stepchild	Birth certificate, including names of biological parents and employee's marriage certificate
legal ward	Legal guardianship papers showing full financial support and custody responsibilities
foster child	Official placement papers
<p>¹ Foreign nationals must provide current visa documentation showing marriage.</p> <p>² Redacted means that the Social Security Numbers and all financial information should be blacked out.</p> <p>³ Foreign nationals must provide current visa documentation showing date of birth of child.</p> <p>⁴ Sworn affidavit must be notarized.</p>	

Group Long Term Care

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. Premiums for employees and their spouse or same-sex domestic partner are processed through payroll deduction. Parents, grandparents, and in-laws will be direct billed by CNA, the plan administrator.

Long Term Care 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. The password is "Princeton." You may also contact the Human Resources Benefits Team at (609) 258-3302 or 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 faculty and staff meet the cost of child care for prekindergarten-aged children. The ECCAP award may be available to eligible faculty and staff members whose annual household income is less than \$130,000. The ECCAP award can be used to pay for a wide range of possible arrangements, from in-home care to licensed day care centers. The maximum award is \$5,000. An additional \$1,000 may be awarded for a second child; the maximum award per family is \$6,000. Only one award is available per eligible child. For tax purposes, these awards are treated as additional income and may be subject to state and federal tax.

All benefits-eligible faculty and staff, with prekindergarten-aged children who are currently

enrolled in child care or who will be enrolled in child care, are encouraged to apply for this benefit.

In addition, the ECCAP may be granted, for up to one year, to eligible families in which the spouse or partner of the employee is eligible to work, currently not working, and actively seeking employment.

If your application involves the child(ren) of your same-sex domestic partner, an approved Statement of Domestic Partnership must be on file with the Office of Human Resources.

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

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.

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

Backup Care Options Program

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

The Backup Care Options 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 care-giving, 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. Work Options Group has providers in all 50 states and Canada.

In-home care will cost the participant \$4 per hour (for up to three dependents) and center-based care will cost \$2 per hour per child. Each benefits-eligible faculty and staff member will have 100 hours of care available for each calendar year.

If you think you may use the program, you can register in advance, at no cost, by visiting www.workoptionsgroup.com or by calling (800) 557-0847.

Faculty and Staff Assistance and Work Life Programs

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 to employees.

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

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

The individual Work Life Program 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 to our faculty and staff members.

In addition, employees 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. Appointments are available with counselors within your community, at work, or home. In addition, telephone consultations are also available. There is no limit to the number of telephone Work Life consultations available to employees.

The services provided by Carebridge are available 24 hours a day, 7 days a week, 365 days a year.

For more information or to use the Carebridge library, visit their website at www.myliferesource.com. 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.

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

Changing Your Benefit Elections

In compliance with Section 125 of the IRS Code, medical, dental, vision, and expense account plan elections may be changed during the calendar year **only** if you have a Qualifying Status Event. Such events include:

- a change in your legal marital status, including marriage, divorce, death of your spouse, same-sex domestic or civil union partner, legal separation, or annulment;
- a change in the number of your tax dependents through birth, adoption, placement for adoption, or death;
- termination or commencement of employment by you, your spouse, same-sex domestic or civil union partner, or dependent;
- a change in your work schedule, such as a reduction or increase in hours by you, your spouse, same-sex domestic or civil union partner, or your dependent that would make you ineligible or eligible for benefits;
- your dependent's ability or inability to satisfy dependent eligibility requirements;
- a change in residence or work site by you, your spouse, same-sex domestic or civil union partner, or dependent that causes you to lose access to providers in your HMO plan's network.

PLEASE NOTE

You must notify the Office of Human Resources of a Qualifying Status Event within 31 days of the event to change your benefit coverage.

In the case of the birth of a child or an adoption, you must notify the Office of Human Resources within 90 days of the birth or adoption of a child to change your benefit coverage.

If you do not notify the Office of Human Resources within the time specified, you will *not* be able to add a dependent or make any other coverage changes until the next Open Enrollment Period, with

benefits coverage effective the following January 1.

You will be required to provide documented proof of eligibility to cover a dependent with your health coverage. If you are unable to verify your dependent's eligibility, your dependent will not be covered. For more information about the required documentation please review pages 18 and 19 of this guide.

All documentation received will be handled confidentially.

Resources

Vendor packages and forms are available at the following locations:

Main Campus

- 1 New South
- E-Quad
- Jadwin Gym
- Firestone Library
- 87 Prospect
- MacMillan Building
- Thomas Laboratory

Princeton Plasma Physics Laboratory (PPPL),
Office of Human Resources, Spitzer Building

If you do not have access to a computer at home or at work, kiosks are available at the following locations:

Building	Room/Location
Chancellor Green	Rotunda
Graduate College	Loading Dock
Forbes College	Kitchen
Friend Center	Loading Dock
Madison Hall	Hallway by Food Services
New South	Human Resources Lobby
Whitman	Kitchen
Wilcox Hall	Kitchen

Online assistance is available from your Office of Human Resources.

Visit our website at www.princeton.edu/hr/oe, where you will find a summary of the benefit plans as well as a direct link to the website of every plan vendor.

Contact the Benefits Team within the Office of Human Resources at (609) 258-3302 or send an e-mail to benefits@princeton.edu.

If you are a PPPL employee, you may also contact Kim Mastromarino at (609) 243-2101 or e-mail her at kmastrom@pppl.gov.

Current Carrier Information

Name of carrier	Coverage provided	Phone number	Web address/link
UnitedHealthcare	PPO Medical	(877) 609-2273	www.myuhc.com/groups/princetonuniversity
UnitedHealthcare	POS Medical	(877) 609-2273	www.myuhc.com/groups/princetonuniversity
Aetna	PPO Medical	(800) 535-6689	www.aetna.com
Aetna	POS Medical	(800) 535-6689	www.aetna.com
Aetna	HMO Medical	(888) 287-4296	www.aetna.com
Aetna	High Deductible Medical	(800) 535-6689	www.aetna.com
Aetna	J-1 Visa Medical	(800) 535-6689	www.aetna.com
MetLife (Dental)	Basic Option PPO	(800) 438-6388	www.metlife.com/dental
MetLife (Dental)	High Option PPO	(800) 438-6388	www.metlife.com/dental
Aetna	DMO Dental	(877) 238-6200	www.aetna.com
Crosby Benefit Systems	Expense Accounts	(800) 462-2235	www.crosbybenefits.com
Prudential	Basic, Supplemental, Child, and Spousal Life	(888) 257-0412	www.prudential.com
Carebridge	Faculty and Staff Assistance and Work/Life Programs	(800) 437-0911	www.myliferesource.com Company Code: TW8AE
CNA	Long Term Care	(866) 357-8481	www.ltcbenefits.com Password: Princeton
VSP	Vision	(800) 877-7195	www.vsp.com
Medco Health	Prescription Drugs	(800) 711-0917	www.medco.com
TIAA-CREF	Retirement	(800) 842-2776	www.tiaa-cref.org
Vanguard	Retirement	(800) 523-1188	www.vanguard.com
Work Options Group	Backup Care Options Program	(800) 557-0847	www.workoptionsgroup.com