**GENERAL INFORMATION**

**DEDUCTIBLE:** $300 (Maximum of 2 deductibles or $600 per family)

**COINSURANCE:** 50% after deductible

**COINSURANCE LIMIT:** (including deductible): $4,000 (maximum of 2 coinsurance limits or $8,000 per family)

**MEDICARE COORDINATION:** Benefit Formula applies to covered expenses Medicare does not reimburse. Medicare is primary and plan assumes participant is covered by Parts A & B of Medicare.

**LIFETIME MAXIMUM:** Unlimited

**PRESCRIPTION DRUG PLAN**

**RETAIL PHARMACY** (30 day supply) **COPAYS:** $5 generic / $25 preferred brand or specialty & high cost medications / $40 non-preferred brand

**RETAIL PHARMACY** (90 day supply allowed for certain prescriptions) **COPAYS:** $15 generic / $75 preferred brand or specialty & high cost medications / $120 non-preferred brand

**MAIL ORDER** (90 day supply) **COPAYS:** $10 generic / $50 preferred brand or specialty & high cost medications / $80 non-preferred brand

**DEDUCTIBLE:** None

**INPATIENT BENEFITS**

**INPATIENT MEDICAL/SURGICAL CARE:** 50% after deductible

**INPATIENT MENTAL HEALTH AND SUBSTANCE ABUSE:** 50% after deductible

**EMERGENCY ROOM:** 50% after deductible

**OUTPATIENT BENEFITS**

**TREATMENT BY PHYSICIAN OR SPECIALIST:** 50% after deductible

**ANNUAL PHYSICALS:** 80% after deductible (1 exam once every 12 months)

**OUTPATIENT MENTAL HEALTH AND SUBSTANCE ABUSE VISITS:** 80% (no deductible required)

**ROUTINE ANNUAL EYE EXAMS:** Not covered

**PRESCRIPTION EYEGLASSES OR CONTACT LENSES:** Not covered

**PREVENTIVE IMMUNIZATIONS:** 50% after deductible

**HEARING EXAMS:** 50% after deductible (1 exam per calendar year)

**HEARING AIDS:** Coverage will be limited to a maximum reimbursement of $1500 every 3 years

**OUTPATIENT SHORT TERM REHABILITATION THERAPY:** 50% after deductible – up to 50 visits covered per type of therapy (physical, speech, occupational, pulmonary and cardio rehabilitation) per calendar year.

**BENEFITS FOR PRE-65 DEPENDENTS**

Dependents are covered under a PPO arrangement with a $300 deductible for in-network services; $600 deductible for out-of-network services. In-network services covered at 80%; out-of-network services covered at 60%.

Plan covers an in-network annual physical without deductible at no cost to participant and includes associated tests; out-of-network is covered at 60% after deductible.

**2019 MONTHLY COST**

**Retiree & Spouse both over 65**

- RETIREE ONLY: $105.00
- RETIREE & CHILD(ren): $260.00
- RETIREE & SPOUSE: $220.00
- RETIREE & FAMILY: $365.00

**Retiree over 65 & Spouse under 65**

- RETIREE ONLY: $105.00
- RETIREE & CHILD(ren): $260.00
- RETIREE & SPOUSE: $325.00
- RETIREE & FAMILY: $470.00
The Princeton Medicare Plan is administered by Aetna Insurance Company. The Plan assumes that you have elected both Parts A and B of Medicare. The Plan then becomes your secondary insurer after Medicare.

**Coordination with Medicare:** At age 65, Medicare becomes your primary medical insurance plan. The Princeton Medicare Plan provides you with secondary coverage assuming you are enrolled in Parts A and B of Medicare. This means that you, or your physician, submit your claims to Medicare. After Medicare reimburses you or the physician the maximum allowable amount, the balance can be submitted to Aetna for consideration. Therefore, it is imperative that you participate in Medicare Parts A and B. The Princeton Medicare Plan does not reimburse for expenses that would not normally be covered by Medicare. If you are not enrolled in Part A and Part B of Medicare, please contact the Social Security Administration at 1-800-772-1213.

**Prescription Drug Plan:** Once you enroll in the Princeton Medicare Plan, you will be enrolled in an Employer Group Waiver Plan (EGWP) under the Medicare Part D program. This prescription drug program is called the Princeton University Medicare Prescription Drug Plan.

- The cost of your prescription drug plan is built into your monthly retiree medical premium – you will not pay a separate Medicare Part D premium, and you should not enroll in a separate Medicare Part D plan. However, since this prescription drug plan is a Medicare Part D plan, high income retirees may be subject to surcharges based on income. This is referred to by Medicare Part D as the Income-Related Monthly Adjustment Amount or “IRMAA”.

- The EGWP is partnered with a secondary plan called a “wrap” to enhance the standard coverage offered by Medicare Part D. Therefore, you will not have to meet a deductible, and will pay a generic, preferred brand or specialty, or non-preferred brand copayment for eligible prescription drugs. Princeton may also cover certain medications not required to be covered by a regular Part D plan formulary (a list of covered drugs), such as certain sedative and anxiety medications. The Medicare Part D plan and the secondary “wrap” plan are designed to work seamlessly together. You will receive one ID card for yourself, and each enrolled dependent will also receive an ID card to be used at the pharmacy.

- As a Medicare Part D plan, this prescription coverage offers certain benefits to retirees, such as the ability to buy up to 90 days at retail, greater access to prescription drug benefits at long-term care facilities, and access to programs that help very low income seniors.

- If you do elect a Medicare Part D Plan outside of Princeton University or decide to opt-out of our program, you will be disenrolled from the prescription drug coverage, and you will not be able to have your prescriptions covered through Princeton.

**Vendor Information:** In the event you need to see a doctor or are in need of a prescription, before your cards arrive, you will need to provide the following information to the doctor and/or pharmacy:

<table>
<thead>
<tr>
<th>Plan</th>
<th>Contact Number</th>
<th>Group Number</th>
<th>Website</th>
<th>ID Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aetna</td>
<td>(800) 535-6689</td>
<td>397432</td>
<td><a href="http://www.aetna.com">www.aetna.com</a></td>
<td>This will be a system generated number</td>
</tr>
<tr>
<td>OptumRx</td>
<td>(855) 209-1299</td>
<td>EGWPS028</td>
<td><a href="http://www.optumrx.com/">www.optumrx.com/</a></td>
<td>This will be a system generated number</td>
</tr>
</tbody>
</table>

You can expect to receive ID cards from both Aetna and OptumRx by the end of the month in which you turn 65.

**NOTE:** This plan summary provides an overview only. Please contact Aetna or OptumRx at the contact numbers listed above for more detailed information. You may also contact the Benefits Team at 609-258-3302.

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