my BENEFITS at Princeton 2018
This communication is intended to be a Summary of Material Modifications (SMM) for the healthcare, life insurance, and other benefits plans and programs. It briefly describes your benefits plans including any changes effective January 1, 2018. Although Princeton intends to continue these benefits, the University reserves the right to amend or terminate these plans at any time. You can find full details regarding coverage, eligibility, and limitations in the Summary Plan Descriptions (SPDs) and Certificates of Coverage located online at www.princeton.edu/hr/benefits. You may also request to receive a paper copy of an SPD or Certificate of Coverage by contacting the Benefits Team at (609) 258-3302 or benefits@princeton.edu.

As a requirement of the Patient Protection and Affordable Care Act (PPACA), Princeton must provide a Summary of Benefits Coverage (SBC) to all participants and their dependents. The SBC is designed to provide you with an easy-to-understand summary about a health plan’s benefits and coverage to help you better understand and evaluate your health insurance choices. An SBC for each medical plan is available on the HR website at www.princeton.edu/hr/benefits/sbc. You may request to receive a paper copy of any SBC by contacting the Benefits Team at (609) 258-3302 or benefits@princeton.edu.

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.
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ELIGIBILITY

You are eligible for benefits if you are a regular or term biweekly- or monthly-paid employee who fills an approved budgeted position on the regular payroll. Regular and term employees are scheduled to work 50% or more of the normal workweek schedule (36 1/4 or 40 hours, depending on the position) for five months or more and receive pay directly from the University. Postdoctoral research fellows are eligible for benefits regardless of their duty time.

Most benefits begin the first of the month coincident with or next following your date of hire. If you are hired the first day of the month, most benefits begin that day. If you are hired anytime between the second and the last day of the month, most benefits begin the first day of the following month.

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

RETIREE BENEFITS ELIGIBILITY

If you were hired on or before December 31, 2002, you are eligible to retire when you have attained age 55 and have at least 10 years of service as a benefits-eligible employee. If you were hired or rehired on or after January 1, 2003, you are eligible to retire when you have attained age 55, have at least 10 years of benefits-eligible service and meet the “rule of 75” where age plus service equals 75. If you are a Princeton University retiree and are rehired as an active benefits-eligible employee on or after January 1, 2003, at the time that you re-terminate your active employment with Princeton, you will be returned to retiree status and will not be required to meet the 75 point rule. For details contact the Benefits Team or visit www.princeton.edu/hr/benefits/retiree.

NEW HIRES

You must elect to enroll in a health plan within 31 days from your date of hire. Otherwise, you will have no health insurance coverage with Princeton University in 2018, unless you experience a qualifying status event. See page 4 for more details.


DEPENDENT ELIGIBILITY AND VERIFICATION

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

INELIGIBLE DEPENDENTS

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

DEPENDENT VERIFICATION DOCUMENTATION

For each dependent you are enrolling in one or more of Princeton’s healthcare plans, you must provide the required dependent verification documentation within 31 days from the effective date of your coverage. Otherwise, your dependent(s) will be removed and not have coverage. As soon as you have the documentation available, submit copies by fax to (609) 258-5920, email to benefits@princeton.edu, or campus mail to the Office of Human Resources, 2 New South. You can also call the Benefits Team at (609) 258-3302 to make arrangements. All documentation received is handled confidentially.

### Spouse
- Marriage certificate
- Most recently filed tax return with Social Security numbers and all financial information redacted, i.e., blacked out, by the employee

### Biological child who is under age 26
- Birth certificate

### 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

We reserve the right to request additional documentation as necessary.

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

Your online access to HR Self Service is available seven days a week between 8:00 a.m. and midnight. If you do not have access to a computer or need assistance, stop by the Office of Human Resources at 2 New South between 8:30 a.m. and 5:00 p.m., Monday through Friday (summer hours are 8:30 a.m. to 4:30 p.m., Monday through Friday).

STEPS TO ENROLL

To log in to HR Self Service, you will need your netID, password, and be Duo-enabled. Duo is a two-factor authentication system implemented by the Office of Information Technology (OIT) to protect your personal information and Princeton data. If you are not currently Duo-enabled, you may enroll in Duo Self Service at www.princeton.edu/duoportal. If you require assistance with your netID, password, or Duo, contact the OIT Help Desk at helpdesk@princeton.edu or (609) 258-HELP (4357). If you need assistance with HR Self Service, contact the Benefits Team at benefits@princeton.edu or (609) 258-3302.

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

Confirmation
Once you submit your elections online you will receive an email verifying that your elections are being processed. You will receive a second email within two business days confirming that your elections have been processed.

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

WHAT YOU CAN DO DURING THE YEAR

From the Benefits menu, you can:
• View your current or future benefits elections by clicking on Benefits Summary.
• Enroll or change your Retirement Savings Plan election by clicking on Life Events.
• Make a change to your benefits coverage due to a Qualifying Status Event by clicking on Life Events.
• Review and/or update your dependents’ personal information by clicking on Dependent/Beneficiary Info.
• Review and/or update your life insurance beneficiary designations by clicking on Life Ins Summary/Designations.

GO PAPERLESS

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

1. Go to www.princeton.edu/selfservice
2. Click Log In Here
3. Enter your netID and password
4. From HR Self Service, select Go Paperless
5. Make your selection
6. Click Save

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. On this page, you will see the benefits that you are eligible to elect. Review your benefits options carefully. Make your enrollment choices and dependent selections one plan at a time. When you are ready to finalize your changes, scroll to the bottom of the page and click the Submit button. On the next page, Submit Benefit Choices, click on a second Submit button to authorize your elections. Your changes are not finalized until you click the second Submit button.
MAKING CHANGES TO YOUR BENEFITS

The Internal Revenue Service (IRS) limits when you can add coverage for dependents or make changes to your healthcare, flexible spending account, and life insurance elections during the year. You have the following opportunities to elect or make changes to your benefits:

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

For more information, review the Notice of Special Enrollment Rights on page 38 or visit our website at www.princeton.edu/hr/benefits.

QUALIFYING STATUS EVENT CHANGES

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

If you experience a Qualifying Status Event, you must log in to HR Self Service at www.princeton.edu/selfservice to make changes to your coverage within 31 days, or 90 days for the birth or adoption of a child, of the date of the event. Since these changes must comply with IRS regulations, you must provide proper documentation for your change, such as a birth certificate or divorce decree, and your benefits changes must be consistent with the nature of the Qualifying Status Event. Once you log in to HR Self Service you will select Benefits and then Life Events to make your changes. If your Qualifying Status Event is not listed in HR Self Service, contact the Benefits Team at benefits@princeton.edu or 609-258-3302 for assistance.

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

CHANGES PERMITTED DURING THE YEAR WITHOUT A QUALIFYING STATUS EVENT

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

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

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

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

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

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

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

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

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

Reasonable and Customary
When you use out-of-network services, the maximum amount a plan will allow to be charged for a service is called “reasonable and customary.” This is determined by the insurance carrier using data provided by Fair Health, Inc. Costs above reasonable and customary are your responsibility. To search estimated reasonable and customary fees for services in your area, go to www.fairhealthconsumer.org or call the insurance carrier for assistance.
Princeton University offers several healthcare plan options. The Plan Benefits Comparison Charts provide an overview of coverage by plan. The monthly contribution costs, which are deducted pretax from your pay, are below. In the event you are in an unpaid status, you will be billed directly by the University.

You should review your options carefully by comparing plan features and costs and determining the network of providers available under each plan. Summary Plan Descriptions are available online at [www.princeton.edu/hr/benefits](http://www.princeton.edu/hr/benefits).

### MONTHLY FACULTY AND STAFF CONTRIBUTION RATES FOR 2018

<table>
<thead>
<tr>
<th>Medical</th>
<th>Employee</th>
<th>Employee and Child(ren)</th>
<th>Employee and Spouse</th>
<th>Employee and Family</th>
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<tbody>
<tr>
<td>Aetna Consumer Directed Health Plan (CDHP)</td>
<td>$20</td>
<td>$80</td>
<td>$80</td>
<td>$120</td>
</tr>
<tr>
<td>Aetna HMO Plan</td>
<td>Refer to the salary tiers &lt;sup&gt;2&lt;/sup&gt;</td>
<td>Refer to the salary tiers &lt;sup&gt;2&lt;/sup&gt;</td>
<td>Refer to the salary tiers &lt;sup&gt;2&lt;/sup&gt;</td>
<td>Refer to the salary tiers &lt;sup&gt;2&lt;/sup&gt;</td>
</tr>
<tr>
<td>$75,000 and under</td>
<td>$70</td>
<td>$204</td>
<td>$273</td>
<td>$420</td>
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<tr>
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</tr>
<tr>
<td>$150,001 and over</td>
<td>$72</td>
<td>$210</td>
<td>$282</td>
<td>$432</td>
</tr>
<tr>
<td>Aetna or UnitedHealthcare Princeton Health Plan (PHP)</td>
<td>$108</td>
<td>$299</td>
<td>$380</td>
<td>$563</td>
</tr>
<tr>
<td>Aetna J-1 Visa Plan</td>
<td>$0</td>
<td>$236</td>
<td>$314</td>
<td>$478</td>
</tr>
</tbody>
</table>

| Dental                                       |          |                        |                     |                     |
| MetLife Basic Option PPO Plan                | $21.04   | $48.97                  | $44.93              | $73.84              |
| MetLife High Option PPO Plan                 | $68.93   | $135.07                 | $139.09             | $192.13             |
| Aetna DMO Plan                               | $25.15   | $49.05                  | $50.72              | $70.09              |

| Vision                                       |          |                        |                     |                     |
| MetLife Vision Plan                          | $12.09   | $19.80                  | $19.44              | $31.93              |

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

<sup>2</sup> Your salary tier is based on your annual base salary as of January 1, 2018, or your date of hire, if later.
MEDICAL PLANS

Princeton University offers several medical plan options. The Medical Plan Benefits Comparison Charts on pages 12 and 13 provides an overview of coverage by plan. The contribution costs, which are deducted pretax from your pay, are on page 6. If you are in an unpaid status, the University will bill you directly. There are no preexisting condition exclusions for any of our medical plans. Details about the medical plans, including Summary Plan Descriptions and Summary of Benefits Coverages, are available at www.princeton.edu/hr/benefits.

MINIMIZING COSTS
To minimize your costs, consider using the following resources:

- Preferred Providers and Laboratories
- Independent Radiology Centers
- Independent Facilities for Outpatient Services
- Telemedicine
- Urgent Care Centers
- Centers of Excellence
- My Health Advocate, My Health Coach, My Medical Expert, and My Transparency Tool

HOW TO FIND IN-NETWORK PROVIDERS
To find an in-network provider or laboratory, independent radiology center, or urgent care center call Health Advocate, use the My Transparency Tool, or follow the steps below for your medical plan provider.

Aetna (CDHP, HMO, PHP, J-1 Visa)
2. Select the Provider Type that you are looking for.
3. Enter the zip code for the area you wish to search.
4. Select your medical plan from the list provided.

UnitedHealthcare (PHP)
2. Under Wondering if your doctor is in our network?, click Find a Doctor.
3. Under See if you doctor or hospital is in the network, click Search the network: The Choice Plus Plan.
4. Change the address to your local area.
5. Select the Physician Specialty or Facility/Clinic that you are looking for.

HEALTHCARE RESOURCES
For information on Healthcare Resources available to you, refer to pages 14 and 15.

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

CENTERS OF EXCELLENCE
We provide an enhanced travel and lodging benefit for you and a family member whenever you use a Center of Excellence (COE) for certain medical procedures. For information contact the Benefits Team.

LABORATORY SERVICES
Quest Diagnostics is the preferred lab for Aetna; UnitedHealthcare’s is LabCorp. If you go to any other in-network lab with Aetna or UnitedHealthcare, you will be charged more and need to meet the plan’s annual deductible. If you have coverage through UnitedHealthcare and use the Quest lab located in McCosh Health Center, your lab services will be covered as if they were preferred.

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

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

NEW HIRES
You have 31 days from the date of hire to elect or waive coverage through HR Self Service. If elected, your coverage is effective the first of the month coincident with or next following your date of hire. If no election is made, you will not have health insurance coverage with Princeton University in 2018, unless you experience a qualifying status event. See page 4 for more details.
TELEMEDICINE

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

Conditions commonly treated through Telemedicine

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

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

To register for this service with Aetna (referred to as Teladoc), go to www.teladoc.com/princeton or call (855) TELADOC (835-2362). To register for this service with UnitedHealthcare (referred to as Virtual Visits), go to www.myuhc.com and choose from provider sites.

TELEMENTAL HEALTH

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

Conditions commonly treated through Telemental Health

- Depression
- Anxiety
- Bipolar disorder
- Substance abuse
- and more

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

To schedule an appointment for this service with Aetna (referred to as Televideo), call their in-network provider Inpathy at (800) 535-6689 or go to www.aetna.com/dse/princeton. To schedule an appointment for this service with UnitedHealthcare, go to www.myuhc.com and click on Mental Health and LiveandWorkWell.com.

QUALIFYING STATUS EVENT

You must notify the Benefits Team within 31 days, or 90 days for the birth or adoption of a child, of a Qualifying Status Event in order to make permitted changes to your benefits coverage midway. See page 4 for more details.

PRECERTIFICATION

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

MEDICAL PLAN ID CARDS

If you enroll in or make any changes to your medical coverage, you will receive a new ID card, mailed to your home address within three to four weeks of your election. You can print a temporary ID card from your provider’s website at www.aetna.com/dse/princeton or www.myuhc.com. You will receive a separate ID card for the OptumRx prescription drug plan.

Did You Know?

MEDICAL NECESSITY REQUIRED

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

CAR INSURANCE PIP

You must select your motor vehicle insurer’s personal injury protection coverage (PIP), which pays for medical expenses resulting from a motor vehicle accident, as your primary coverage under your motor vehicle insurance policy. Refer to page 38 for more information on the FAIR Act.

TRAVELING ON UNIVERSITY APPROVED BUSINESS

When traveling on University approved business outside of the U.S., benefits-eligible employees and accompanying family members are covered by an international travel medical policy purchased by the University. Employees are automatically enrolled into this policy when they are traveling. In order to access care while abroad, call the International SOS (ISOS) Assistance Center listed on the ISOS card and they will work with you in securing the medical care needed. This coverage is provided for a period of up to 12 months. This coverage is separate from your regular University-provided healthcare coverage and will act as your primary coverage when traveling outside of the U.S. Contact the Office of Finance and Treasury at (609) 258-3349 or visit travel.princeton.edu/international-sos for more information.
Consumer Directed Health Plan (CDHP)

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

For in-network services, you must first meet a deductible of $1,500 for individual coverage, or $3,000 for family coverage, with your medical and prescription expenses before the CDHP starts to pay for most covered services. There is no individual deductible when you elect family coverage. If one or more family members are covered in addition to yourself, you must reach the family deductible before coverage begins. Preventive medical care is covered at 100% in-network before deductible, and coverage begins immediately for prescriptions used to treat certain chronic conditions; all other services are covered after you meet your deductible(s). This plan also includes the option for a Health Savings Account (HSA).

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

The CDHP in-network preferred and non-preferred coverage is similar to the PHP. Refer to the description on page 10 and the Medical Plan Benefits Comparison Chart on page 12.

For details about the CDHP, visit www.princeton.edu/hr/benefits. For a current physician directory, visit Aetna's website at www.aetna.com/dse/princeton.

HEALTH SAVINGS ACCOUNT (HSA)

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

You can contribute money to your HSA on a pretax basis through payroll deductions. In 2018, you can contribute up to $3,450 for individual coverage and $6,900 for employee and child(ren), spouse, or family coverage. If you are age 55 or over, you may contribute an additional $1,000 to your HSA each year. Your unused balance accumulates year after year. You can manage your HSA at www.payflex.com.

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

Features of the HSA

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

Exclusions of the HSA

- Under IRS regulations, if you enroll in the HSA, you cannot participate in another healthcare flexible spending account (FSA). If your spouse participates in a healthcare FSA, then you will not be eligible to establish or contribute to an HSA.
- You are not eligible to contribute to an HSA if you are covered by another medical plan that is not an IRS-qualified CDHP, e.g., a spouse’s non-CDHP.
- You are not eligible to contribute to an HSA if you are enrolled in Medicare.
- For civil union or domestic partners, IRS rules do not allow you to use your HSA to reimburse yourself for the expenses of your partner or your partner’s children.
- Other exclusions apply, contact the Benefits Team at (609) 258-3302 or benefits@princeton.edu.
Princeton Health Plan (PHP)

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

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

In- and out-of-network coverages have independent deductibles and out-of-pocket maximums (OPMs). OPMs are based on your annual base salary as of January 1, 2018, or your date of hire, if later (see chart).

For details about the PHP, visit www.princeton.edu/hr/benefits. For a current physician directory, visit Aetna's website at www.aetna.com/dse/Princeton or UHC’s website at http://princetonuniversity.welcometouhc.com.

**UTILIZING PREFERRED SPECIALISTS AND LABS**

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

You are charged a higher amount for utilizing an in-network non-preferred or out-of-network provider in these specialist categories. You are charged the in-network preferred copayment when you utilize in-network providers in other specialist categories not listed or in locations where no preferred providers are available. For information on costs for services, refer to the Medical Plan Benefits Comparison chart on page 12.

Contact your provider, Aetna or UHC, before you seek care from a specialist.

When utilizing specialists, first check to see if they are in a category that identifies in-network preferred specialist providers. Since a provider’s status can change, confirm the provider’s status prior to your appointment. Refer to page 7 for instructions on locating in-network providers in your area. Aetna preferred providers are listed as Aexcel with a blue star. UHC preferred providers are listed as Premium Tier 1. Listed in the table are the categories and locations, as of the printing of this book. For the most current list of categories and locations, contact Aetna or UHC, or visit www.princeton.edu/hr/benefits.

**Labs**
Quest Diagnostics is the preferred in-network lab for Aetna; UHC’s is LabCorp. These labs charge less and perform a wide variety of services. Individuals with UHC who use the Quest lab in McCosh Health Center will have services covered at 100%. If you use any other in-network lab, you are charged more and have to meet the annual deductible.

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**PHP OUT-OF-POCKET MAXIMUMS (OPMs) IN 2018**

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

Aetna (Aexcel)
- Cardiology
- Cardiothoracic Surgery
- Gastroenterology
- General Surgery
- Neurology
- Neurosurgery
- Obstetrics
- and Gynecology (OB/GYN)
- Orthopedics
- Otolaryngology–Ear, Nose, and Throat (ENT)
- Plastic Surgery
- Urology
- and Vascular Surgery

UHC (Premium Tier 1)
- Allergy
- Cardiology
- Endocrinology
- Family Practice
- Gastroenterology
- General Surgery
- Internal Medicine
- Nephrology
- Neurology
- Neurosurgery–Spine
- Obstetrics
- and Gynecology (OB/GYN)
- Ophthalmology
- Orthopedics
- Otolaryngology–Ear, Nose, and Throat (ENT)
- Pediatrics
- Pulmonology
- Rheumatology
- and Urology

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

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AETNA
- www.aetna.com/dse/princeton
- (800) 535-6689
- PHP Group #: 486819

UNITEDHEALTHCARE (UHC)
- www.myuhc.com
- (877) 609-2273
- PHP Group #: 196484
**HMO Plan**

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

For more information about the HMO, review the Patient Protection Model disclosure on page 37 or visit [www.princeton.edu/hr/benefits](http://www.princeton.edu/hr/benefits). For a current physician directory, visit Aetna's website at [www.aetna.com/dse/Princeton](http://www.aetna.com/dse/Princeton) or contact (800) 535-6689.

**J-1 Visa Plan**

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

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

For details about the J-1 Visa Plan, visit [www.princeton.edu/hr/benefits](http://www.princeton.edu/hr/benefits). For a current physician directory, visit Aetna's website at [www.aetna.com/dse/Princeton](http://www.aetna.com/dse/Princeton).

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**NEW HIRES**

**J-1 Visa Holders**

You have 31 days from the date of hire to elect or waive coverage through HR Self Service. If elected, your coverage is effective as of your date of hire. If you do not waive coverage and no election is made, you will be defaulted into the J-1 Visa Plan with individual coverage only.

<table>
<thead>
<tr>
<th>AETNA</th>
<th><a href="http://www.aetna.com/dse/princeton">www.aetna.com/dse/princeton</a></th>
<th>(800) 535-6689</th>
<th>HMO Group #: 866100</th>
</tr>
</thead>
</table>
### MEDICAL PLAN BENEFITS COMPARISON

This is intended to provide an overview of the plan benefits. Details about the plans, including Summary Plan Descriptions (SPDs) and Summary of Benefits Coverages (SBCs) are available online at [www.princeton.edu/hr/benefits](http://www.princeton.edu/hr/benefits). The dollar or percentage amounts in the chart below reflect the patient-paid portion of the incurred medical costs. All plans include prescription drug coverage; refer to pages 16 and 17 for details.

<table>
<thead>
<tr>
<th></th>
<th>Consumer Directed Health Plan (CDHP)</th>
<th>HMO Plan</th>
<th>Princeton Health Plan (PHP)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>In-Network Preferred</td>
<td>In-Network Non-Preferred</td>
<td>Out-of-Network</td>
</tr>
<tr>
<td><strong>Annual Deductible (Individual / Family)</strong></td>
<td>$1,500 / $3,000</td>
<td>$3,000 / $6,000</td>
<td>$6,000 / $12,000</td>
</tr>
<tr>
<td><strong>Out-of-Pocket Maximum (OPM) (Individual / Family)</strong></td>
<td>$3,000 / $6,000</td>
<td>$6,000 / $12,000</td>
<td>Based on salary (refer to page 10)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Physician Visits</strong></th>
<th>Telemedicine</th>
<th>Primary Care Physician (PCP)</th>
<th>Standard Specialists</th>
<th>Tiered Specialists</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>In-Network</strong></td>
<td>$40 until deductible is met, then 20%</td>
<td>20% after deductible</td>
<td>20% after deductible</td>
<td>10% after deductible (^2,3)</td>
</tr>
<tr>
<td><strong>Out-of-Network</strong></td>
<td>NA</td>
<td>50% after deductible</td>
<td>50% after deductible</td>
<td>20% after deductible (^2,3)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Emergency Services</strong></th>
<th>Urgent Care Center</th>
<th>Emergency Room (no coverage for nonemergencies)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>In-Network</strong></td>
<td>$0 after deductible</td>
<td>$0 after deductible</td>
</tr>
<tr>
<td><strong>Out-of-Network</strong></td>
<td>$25 copayment</td>
<td>$30 copayment</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Inpatient Hospital Services</strong></th>
<th>Medical and Surgical Procedures (^4)</th>
<th>Mental Health (^4)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>In-Network</strong></td>
<td>10% after deductible (^2,3)</td>
<td>20% after deductible</td>
</tr>
<tr>
<td><strong>Out-of-Network</strong></td>
<td>20% after deductible</td>
<td>50% after deductible</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Outpatient Services</strong></th>
<th>Surgical Procedures (^4) (Independent Facility / Hospital)</th>
<th>Laboratory</th>
<th>Radiology (X-Ray)</th>
<th>Hi-Tech Radiology (MRI, CAT, etc.) (^4) (Independent Facility / Hospital)</th>
<th>Preventive Care and Immunizations (^5)</th>
<th>Mental Health</th>
<th>Annual Eye Exam</th>
<th>Prescription Eyeglasses and/or Contact Lenses</th>
<th>Physical Therapy (50 visits per CY)</th>
<th>Chiropractic Care (20 visits per CY)</th>
<th>Acupuncture (20 visits per CY)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>In-Network</strong></td>
<td>$0 after deductible (^2)</td>
<td>20% after deductible</td>
<td>20% after deductible</td>
<td>Not covered</td>
<td>$0</td>
<td>20% after deductible</td>
<td>Not covered</td>
<td>Not covered</td>
<td>$70 reimbursement every 2 years (^6)</td>
<td>20% after deductible</td>
<td>20% after deductible</td>
</tr>
<tr>
<td><strong>Out-of-Network</strong></td>
<td>$0 / $75 copayment</td>
<td>$0</td>
<td>$0</td>
<td>$0 / $100 copayment</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$15 copayment</td>
<td>$25 copayment</td>
<td>$25 copayment</td>
</tr>
</tbody>
</table>

1. Costs above reasonable and customary (R&C) are your responsibility. Refer to the Summary Plan Description (SPD) for more information.
2. For a list of specialists or labs covered under the tiered plan design, refer to page 10.
3. Patient costs for tiered specialists fees will correspond to the tier of the specialist utilized to perform the medical or surgical procedure under the CDHP and PHP.
5. Includes seven well baby visits in the first year of a child’s life.
6. 100% reimbursement is provided for children up to age 18 for frames and lenses. Limited to one pair of glasses each calendar year.
This is intended to provide an overview of the plan benefits. Details are available online at www.princeton.edu/hr/benefits. The dollar or percentage amounts in the chart below reflect the patient-paid portion of the incurred medical costs. All plans include prescription drug coverage, refer to pages 16 and 17 for more details.

<table>
<thead>
<tr>
<th>Services</th>
<th>HMO Plan</th>
<th>J-1 Visa Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outpatient (inpatient / hospital)</td>
<td>$0</td>
<td>$175 copayment</td>
</tr>
<tr>
<td>Mental Health</td>
<td>$175 copayment</td>
<td>$175 copayment</td>
</tr>
<tr>
<td>Preventive Care and Immunizations</td>
<td>$0</td>
<td>$25 copayment</td>
</tr>
<tr>
<td>Urgent Care Center</td>
<td>$0</td>
<td>$25 copayment</td>
</tr>
<tr>
<td>Emergency Room (independent facility / hospital)</td>
<td>$175 copayment (waived if admitted)</td>
<td>$25 copayment (20% after deductible)</td>
</tr>
<tr>
<td>Laboratory</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>Radiology</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>Hi-Tech Radiology (MRI, CAT, etc.) (independent facility / hospital)</td>
<td>$0 / $100 copayment</td>
<td>$0</td>
</tr>
<tr>
<td>Preventive Care and Immunizations (family)</td>
<td>$75 copayment</td>
<td></td>
</tr>
<tr>
<td>Primary Care Physician (PDP)</td>
<td>$75 copayment</td>
<td></td>
</tr>
<tr>
<td>Physical Therapy (50 visits per CY)</td>
<td>$15 copayment</td>
<td></td>
</tr>
<tr>
<td>Chiropractic Care (20 visits per CY)</td>
<td>$25 copayment</td>
<td></td>
</tr>
<tr>
<td>Acupuncture (20 visits per CY)</td>
<td>$25 copayment</td>
<td></td>
</tr>
</tbody>
</table>

*Coverage requires precertification. See page 5 for more details.*

1. Includes seven well baby visits in the first year of a child's life. This is intended to provide an overview of the plan benefits. Details are available online at www.princeton.edu/hr/benefits.
**HEALTHCARE RESOURCES**

**My Health Advocate**

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

**HOW DOES MY HEALTH ADVOCATE WORK?**

When you need assistance, call My Health Advocate at (866) 695-8622 to be assigned a PHA. Your PHA will review your situation, obtain the necessary information, and work to resolve your inquiry. A PHA can help:

- Resolve billing and claims issues
- Explain benefits coverage and health conditions
- Research treatments
- Find the right doctors, hospitals, and providers
- Schedule tests and appointments
- Secure second opinions
- Locate elder care services
- Navigate Medicare and plan transitions when you retire

My Health Advocate is not affiliated with any insurance or third party providers, and all your medical and personal information remains confidential. To review all the services and resources available to you, visit [www.healthadvocate.com/princeton](http://www.healthadvocate.com/princeton) or [www.princeton.edu/hr/thrive/mha](http://www.princeton.edu/hr/thrive/mha).

**My Transparency Tool**

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

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

Register for Castlight at [www.mycastlight.com/princeton](http://www.mycastlight.com/princeton) or download the Castlight app from the Apple App Store or Google Play. To learn more about the tool, contact Castlight at (866) 207-6344 or visit [www.princeton.edu/hr/thrive/mtt](http://www.princeton.edu/hr/thrive/mtt).

**Memorial Sloan Kettering Direct**

When you are faced with cancer, reliable information and comprehensive care are crucial. The experts at Memorial Sloan Kettering (MSK) are there to help you make the right plan. With MSK Direct, you have direct access to a team of dedicated professionals who specialize in cancer. The team includes experienced nurses, social workers, and MSK Care Advisors who will be there to guide you through the process of getting care at MSK and oversee your experience every step of the way.

The staff at MSK Direct will:

- Offer you a timely and convenient appointment with an appropriate specialist within two business days of speaking with a representative (subject to availability of your medical records, your ability to travel to MSK, clinical considerations, and health insurance coverage for care at MSK)
- Answer your questions, coordinate the services you receive, and help you navigate critical steps throughout your cancer care experience
- Optimize your care experience
- Help you gather necessary medical records before your first appointment
- Introduce you to MSK facilities and the clinical teams that will be handling your care
- Continue to be a resource for you throughout your experience at MSK

To learn more about the program, visit [www.princeton.edu/hr/thrive/mskd](http://www.princeton.edu/hr/thrive/mskd). You can call Princeton University’s dedicated MSK Direct line toll-free at (844) 303-2123, Monday through Friday, 8:30 a.m. to 5:30 p.m. EDT. Messages left outside these hours of operation will be returned the next business day.

**ELIGIBILITY AND COST**

All Princeton University faculty, staff, retirees, and their eligible family members including spouses or domestic partners, children, parents, parents-in-law, and siblings have access to MSK Direct at no additional cost.

Your out-of-pocket costs for the services you receive from MSK will vary depending on the health insurance plan in which you are enrolled. UnitedHealthcare and Aetna participants have access to MSK as an in-network provider. If you are not a member of UnitedHealthcare or Aetna, you will need to contact MSK Direct to verify your health plan’s coverage.
My Health Coach

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

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

To learn more about the program, contact TrestleTree at (866) 237-0973 or visit www.princeton.edu/hr/thrive/mhc.

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

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

Condition Management Incentive Program
If you have been diagnosed with high blood pressure, high cholesterol or obesity, the Condition Management Incentive Program provides you with a copay waiver through OptumRx for certain generic and preferred brand drugs related to the management of these conditions. An annual allowance of up to $50 for support tools will be provided through My Health Coach to those with obesity, unless they are taking a medication eligible for the copay waiver.

To learn more about these programs, including specific requirements, contact TrestleTree directly at (866) 237-0973.

My Medical Expert

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

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

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

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

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

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

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

To learn more about the program, visit www.princeton.edu/hr/thrive/mme. To access a medical expert, call (866) 904-0910 or visit http://members.bestdoctors.com.

TREATMENT DECISION SUPPORT PROGRAM
Best Doctors’ Treatment Decision Support Program provides you with a $400 taxable cash incentive in your paycheck once you or your covered family members obtain a virtual second opinion from Best Doctors prior to considering back, hip, or knee surgery.
All Princeton medical plans provide prescription coverage through OptumRx. Coverage varies depending on your medical plan election. For more detail, refer to the Summary Plan Description (SPD).

### IF YOU CHOOSE: THEN:

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

### THREE TIER FORMULARY

A formulary is a list of prescribed medications—both generic and brand-name—that have proven to be both clinically and cost-effective. Prescriptions on the formulary are categorized into three tiers and those tiers determine your cost for a particular medication. There are preferred products in every therapeutic class in the formulary.

Refer to www.princeton.edu/hr/benefits for the list of formulary medications. If your current prescription is not a generic or preferred medication on the formulary, contact OptumRx to find the best way to minimize your costs.

### APPEALS

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

### SPECIALTY MEDICATIONS

Specialty medications may only be covered through the OptumRx Specialty Pharmacy, BriovaRx. OptumRx will allow for a one-month supply at a retail pharmacy on the first prescription fill, if needed. Contact BriovaRx at (855) 427-4682 to access specialty medication.

### HOME DELIVERY (MAIL ORDER)

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

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

### PATIENT SAFETY, EFFICIENCY, AND EFFECTIVENESS

Princeton University participates in prior authorization, step therapy, quantity duration, and compound medication programs. An OptumRx pharmacist may need to verify a prescription with the prescribing physician before filling it to ensure patient safety, efficiency, or effectiveness of the prescribed product. In these instances, OptumRx will verify the patient meets the criteria for the prescription, inform the prescribing physician of other medications that may interact with the new prescription, explain quantity limits based on FDA regulations, etc. If the pharmacist and prescribing physician agree, the prescription is filled and

### PRESCRIPTION DRUG PLAN COPAYMENTS

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

### NEW HIRES

After you enroll in a medical plan, you will receive an ID card directly from OptumRx within three to four weeks from the date of your election. If you need an ID card sooner, go to OptumRx’s website at www.optumrx.com one week after you complete your medical plan enrollment to register and print a temporary ID card.

**OPTUMRX**

www.optumrx.com  (877) 629-3117  Prescription Group: PURPRNCEM
not a comprehensive list and is subject to change as Affordable Care Act (ACA) guidelines are updated or modified. You may contact OptumRx for more information and updates.

**OUT-OF-POCKET MAXIMUM (OPM)**

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

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

**GENETIC TESTING**

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

**OPTUMRX APP**

The OptumRx mobile app provides easy, on-the-go access to your personalized health information and prescriptions. Get the app by searching for OptumRx in the Apple App Store or on Google Play.

**PRESCRIPTION PLAN ID CARD**

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

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**PREVENTIVE ITEMS AND SERVICES**

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

---

### Member Pays the Difference

<table>
<thead>
<tr>
<th>Lipitor Gross Cost</th>
<th>$220</th>
</tr>
</thead>
<tbody>
<tr>
<td>minus (-)</td>
<td></td>
</tr>
<tr>
<td>Generic Gross Cost</td>
<td>$20</td>
</tr>
<tr>
<td>plus (+)</td>
<td></td>
</tr>
<tr>
<td>Generic Copayment</td>
<td>$5</td>
</tr>
</tbody>
</table>

Member Pays the Difference $205
DENTAL PLANS

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

If electing or currently enrolled in a dental plan, you must remain in that plan through December 31, 2018, unless you experience a qualifying status event. See page 4 for more details.

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

DENTAL PLAN ID CARD

If you elect or make any changes to your MetLife dental coverage, you will receive a new ID card. These cards are mailed to your home address within three to four weeks of your election. You can also print an ID card at www.metlife.com/dental. Aetna will not mail you an ID card since one is not required to receive services or care.

Basic Option PPO Plan

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

High Option PPO Plan

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

DMO Plan

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

NEW HIRES

You have 31 days from the date of hire to elect or waive coverage through HR Self Service. Coverage becomes effective the first of the month coincident with or next following your date of hire. If you elect a plan, you must remain in that plan through December 31, 2018, unless you experience a qualifying status event. See page 4 for more details. If you elect coverage in the Aetna DMO dental plan, in addition to making the election through HR Self Service, you are required to complete the Aetna enrollment form or contact Aetna to elect a participating primary care dentist before you are able to utilize coverage. To elect a primary care dentist, call Aetna. For a provider directory, visit Aetna’s website.

<table>
<thead>
<tr>
<th>METLIFE</th>
<th><a href="http://www.metlife.com/dental">www.metlife.com/dental</a></th>
<th>(866) 832-5756</th>
<th>PPO Group #: 0138262</th>
</tr>
</thead>
<tbody>
<tr>
<td>AETNA</td>
<td><a href="http://www.aetna.com/dse/princeton">www.aetna.com/dse/princeton</a></td>
<td>(877) 238-6200</td>
<td>DMO Group #: 397432</td>
</tr>
</tbody>
</table>
## DENTAL PLAN BENEFITS COMPARISON

This is intended to provide an overview of the plan benefits. Details are available online at [www.princeton.edu/hr/benefits](http://www.princeton.edu/hr/benefits). The dollar or percentage amounts in the chart below reflect the patient-paid portion of the incurred dental costs.

<table>
<thead>
<tr>
<th>Basic Option PPO Plan</th>
<th>High Option PPO Plan</th>
<th>DMO Plan¹</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>In-Network or Out-of-Network</strong></td>
<td><strong>In-Network</strong></td>
<td><strong>Out-of-Network²</strong></td>
</tr>
<tr>
<td><strong>Annual Deductible (Individual / Family)</strong></td>
<td>$50 / $150</td>
<td>$50 / $150</td>
</tr>
<tr>
<td><strong>Annual Maximum Benefit</strong></td>
<td>$2,000</td>
<td>$2,000</td>
</tr>
<tr>
<td><strong>Preventive and Diagnostic Services³</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Examinations and Visits</td>
<td>Reimbursement based on 100% of in-network charge</td>
<td></td>
</tr>
<tr>
<td>X-ray Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cleanings</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fluoride Treatments</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Basic Services</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Amalgam (Silver) Fillings</td>
<td>Reimbursement based on 50% of in-network charge</td>
<td>20%</td>
</tr>
<tr>
<td>Root Canal Therapy (Anterior teeth)</td>
<td></td>
<td>30%</td>
</tr>
<tr>
<td>Composite Fillings (Anterior teeth only)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Stainless Steel Crowns</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Uncomplicated Extractions</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Major Services⁴</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>High Noble Metal and Porcelain Inlays</td>
<td>Not covered</td>
<td>40%</td>
</tr>
<tr>
<td>High Noble Metal Restorations</td>
<td>May receive up to 35% discount from in-network provider</td>
<td>50%</td>
</tr>
<tr>
<td>Crowns</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Root Canal Therapy, (Molars)³</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Implants⁶</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Orthodontia⁵</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Orthodontics</td>
<td>Not covered</td>
<td>50%</td>
</tr>
<tr>
<td></td>
<td>May receive up to 36% discount from in-network provider</td>
<td>Lifetime maximum benefit of $2,000</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Covers children and adults</td>
</tr>
<tr>
<td><strong>Basis of Reimbursement</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reimbursement</td>
<td>Maximum allowable charge</td>
<td>Negotiated fee</td>
</tr>
</tbody>
</table>

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

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

FRAMES AND LENSES

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

METLIFE ID CARD

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

<table>
<thead>
<tr>
<th>VISION PLAN BENEFITS</th>
<th>In-Network</th>
<th>Out-of-Network</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exam</td>
<td>Comprehensive Vision Exam</td>
<td>$10 copayment</td>
</tr>
</tbody>
</table>
| Prescription Lenses  | Single Vision Lined Bifocal Lined Trifocal Lenticular | $10 copayment<sup>1</sup> | 100% with reimbursement up to:  
  - $30 for single vision  
  - $50 for lined bifocals  
  - $65 for lined trifocals  
  - $100 for lenticular |
| Frames               | All | 100% with coverage up to $155 after a $10 copayment <sup>1</sup>  
  100% with coverage up to $85 after a $10 copayment at Costco, Walmart, or Sam’s Club | 100% with reimbursement up to $70 |
| Prescription Contact Lenses | Evaluation Fees Fitting Costs | Copayment not to exceed $60 | Not covered |
| Frames               | All | 100% with reimbursement up to $140 | 100% with reimbursement up to $140 |

<sup>1</sup> If purchasing lenses and frames together, one $10 copayment applies.

NEW HIRES

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

METLIFE

[www.metlife.com/vision](http://www.metlife.com/vision)  
(855) MET-EYE1 (638-3931)  
Plan: MC0011
HEALTHCARE FLEXIBLE SPENDING ACCOUNT

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

If you enroll in the Consumer Directed Health Plan (CDHP) and elect to contribute to a Health Savings Account (HSA), you cannot be enrolled in an HFSA since both accounts are tax-favored options to pay for healthcare expenses. See page 9 for details.

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

CONTRIBUTIONS
You may contribute between $100 and $2,600 into the account. The amount you elect will automatically be deducted from your pay on a pretax basis and credited to your expense account.

ROLLOVER
Balances of $50 or more, up to a maximum of $500, will be rolled over automatically from 2017 to 2018 for active employees—whether or not you elect a new amount for 2018. Amounts over $500 will be forfeited. You can use the rollover amount to get reimbursed for eligible medical expenses that you incur during 2018 as well as the expenses you incurred in 2017 if submitted by March 31, 2018.

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

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

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

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

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

REIMBURSEMENT
The annual contribution amount you elect is available to you on the effective date of the election. You may only be reimbursed for eligible expenses incurred during the calendar year and while you are contributing to the plan. If you terminate employment, your expenses incurred after your termination date will not be eligible for reimbursement.

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

You have until March 31, 2019, to submit claims for eligible expenses you incur during the 2018 calendar year.

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

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

PAYFLEX
www.payflex.com  (800) 284-4885  FSA Plan ID: 120632
DEPENDENT CARE FLEXIBLE SPENDING ACCOUNT

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

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

CONTRIBUTIONS

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

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

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

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

ELIGIBLE EXPENSES

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

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

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

REIMBURSEMENT

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

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

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

You have until March 31, 2019, to submit claims for eligible expenses you incur during the 2018 calendar year; any money in your account at the end of the calendar year will be forfeited.

PAYFLEX ID NUMBER

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

NEW HIRES

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

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

Through the Commuter Benefits Program, you are able to:

• order transit vouchers or monthly transit passes,
• pay for parking or order parking vouchers,
• add funds to a transit fare card or PayFlex commuter debit card,
• manage a PayFlex commuter debit card and/or parking reimbursements online.

**DID YOU KNOW...**
Transportation and Parking Services has a number of cost-saving initiatives for individuals as part of its Transportation Demand Management (TDM) Program? For more information, visit www.princeton.edu/transportation/tdm or call (609) 258-3157.

**PAYMENT INFORMATION AND MONTHLY MAXIMUMS**
The incurred costs of your commuting expenses will be deducted pretax from your paycheck the month after you place an order.

In 2017, the maximum pretax limits for both parking and transit expenses were $255. The pretax limits for 2018 were not released as of the printing of this booklet. Once new limits are announced, they will be updated online at www.princeton.edu/hr/benefits.

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

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

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

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

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

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

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

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

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

For detailed instructions on placing orders for commuting needs, view the PayFlex Quick Reference Guide online at www.princeton.edu/hr/benefits.

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

**WHEN YOUR EMPLOYMENT OR PARTICIPATION IN THE PROGRAM ENDS**
If your employment ends or you stop participating in either program, your unclaimed contributions will be forfeited.

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

Basic Life and Accidental Death and Dismemberment Insurance

Princeton University provides, at no cost to you, basic term life and accidental death and dismemberment (AD&D) insurance coverage until age 60 equal to one 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 $40,500, the basic term life and AD&D insurance benefit is $41,000. Life and AD&D insurance coverage increases automatically with salary increases.

For AD&D insurance, if you suffer the loss of your eyesight or a limb, or die as a result of an accident, this insurance pays a lump sum to you or your beneficiaries. For more information, refer to www.princeton.edu/hr/benefits/life.

At age 60, basic life and AD&D coverage is reduced according to the schedule at right.

WHEN YOU RETIRE OR TERMINATE EMPLOYMENT

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

Business Travel Accident Insurance

Princeton University provides, at no cost to you, business travel accident insurance coverage until age 60 equal to five times your annual base salary, rounded to the nearest $1,000, up to a maximum benefit of $500,000 should you die as a result of an accident while on authorized University business. At age 60, business travel accident coverage is reduced according to the schedule used for the basic life and AD&D coverage.

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

<table>
<thead>
<tr>
<th>Age</th>
<th>Coverage</th>
</tr>
</thead>
<tbody>
<tr>
<td>60</td>
<td>90%</td>
</tr>
<tr>
<td>61</td>
<td>82%</td>
</tr>
<tr>
<td>62</td>
<td>75%</td>
</tr>
<tr>
<td>63</td>
<td>68%</td>
</tr>
<tr>
<td>64</td>
<td>62%</td>
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<td>65</td>
<td>56%</td>
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<td>66</td>
<td>51%</td>
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<tr>
<td>67</td>
<td>46%</td>
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<tr>
<td>68</td>
<td>42%</td>
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<tr>
<td>69</td>
<td>41%</td>
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<td>70</td>
<td>34%</td>
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<td>28%</td>
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<td>75</td>
<td>25%</td>
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<td>76</td>
<td>25%</td>
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<td>77</td>
<td>25%</td>
</tr>
<tr>
<td>78</td>
<td>25%</td>
</tr>
<tr>
<td>79</td>
<td>25%</td>
</tr>
<tr>
<td>80+</td>
<td>15%</td>
</tr>
</tbody>
</table>

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

For example: If you earn $55,250 and turn age 68 in March 2018, your coverage will be recalculated as of the pay period end date in March and your life insurance would be as follows: $55,250 x 1 = $55,250 x 42% = $23,205 rounded up to the nearest $1,000 would be $24,000.

NEW HIRES

Basic Life and Accidental Death and Dismemberment Insurance

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

Business Travel Accident Insurance

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

PRUDENTIAL

www.prudential.com/princeton (888) 257-0412 Plan ID: 0044399
Supplemental Life Insurance

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

Some elections will require evidence of insurability (EOI). The EOI form is available at 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 HR Self Service and elect the approved supplemental life insurance level to activate your coverage.

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

At age 60, supplemental life coverage is reduced using the same schedule that is used for the basic life and AD&D coverage on page 24.

You can waive your participation in supplemental life insurance at any time during the year by notifying the Benefits Team at (609) 258-3302 or benefits@princeton.edu. If you waive your participation, and were also enrolled in the spousal or child life insurance plans, those plans will also terminate.

Qualifying Status Event Changes

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

When You Retire or Terminate Employment

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

New Hires

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

Prudential

www.prudential.com/princeton (888) 257-0412 Plan ID: 0044399
**Spousal Life Insurance**

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

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

The cost of spousal life insurance is based upon the spouse’s date of birth and utilizes the same rates as charged for supplemental life insurance listed on page 25.

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

**Child Life Insurance**

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

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

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

**WHEN YOU RETIRE OR TERMINATE EMPLOYMENT**

Your enrollment in spousal and/or child life insurance through Princeton’s Supplemental Life Insurance Plan terminates the day your employment ends at Princeton. For details, see page 25.

**NEW HIRES**

**Spousal Life Insurance**

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

**Child Life Insurance**

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

**PRUDENTIAL**

[www.prudential.com/princeton]  (888) 257-0412  Plan ID: 0044399
PRINCETON UNIVERSITY RETIREMENT PLAN (PURP)

Princeton University has a defined contribution plan in which the University contributes a percentage of your base salary to your retirement account after each pay period. You choose how you want the University’s contributions to be invested among a variety of investment funds offered by TIAA and/or Vanguard. You may change your investments at any time.

For additional information about the Princeton University Retirement Plan, refer to the Summary Plan Description at www.princeton.edu/hr/benefits/spd.

PARTICIPATION AND VESTING

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

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

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

CONTRIBUTIONS

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

- calculated on base salary paid by or through the University and not by external funding or during leaves of absence without pay
- continued until retirement, termination, or change to non-benefits-eligible status
- subject to Internal Revenue Code limits

INVESTMENT ALLOCATIONS

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

DISTRIBUTIONS

Upon termination of employment, if you have met the service requirement for vesting, you may take the amount in cash or roll it over to an IRA or other qualified plan. If your account is valued at more than $10,000 and you are under age 55, the cash option is not available. If you take your distribution in cash and are under age 59½, you may be subject to a tax penalty in addition to ordinary income taxes.

Qualified Domestic Relations Order (QDRO) Distribution

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

TIAA AND VANGUARD

www.tiaa.org/princeton
(800) 842-2776
We encourage you to register online with TIAA, our recordkeeper for both TIAA and Vanguard funds, to:

- establish your account, login, and password;
- name your beneficiaries; and
- select your allocations with TIAA and/or Vanguard.

TIAA

www.tiaa.org/princeton
(800) 842-2776
Speak with a counselor or schedule an on-campus appointment.

VANGUARD

www.meetvanguard.com
(800) 662-0106 x 14500
Schedule an on-campus appointment.

NEW HIRES

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

TIAA AND VANGUARD

www.tiaa.org/princeton
(800) 842-2776
Plan ID: 102861 or 102865 (PPPL)
RETIREMENT SAVINGS PLAN

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

For additional information about the Princeton University Retirement Savings Plan, refer to the Summary Plan Description at www.princeton.edu/hr/benefits/spd.

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

CONTRIBUTIONS
Contributions may be made pretax or after-tax and are subject to limits set by the Internal Revenue Code. In 2017, the limit was $18,000 for the calendar year. If you are age 50 or older during the calendar year, you may contribute an additional amount, equal to $6,000 in 2017. The contribution limits for 2018 were not released as of the printing of this booklet. Once new limits are announced, they will be updated online in HR Self Service.

After-Tax Contributions (Roth)
You have the option to make contributions on an after-tax basis and upon distribution, your contributions and earnings on those contributions will be distributed tax-free provided that you receive the payout after age 59½ and that it has been at least five years since making your first Roth contribution. The limit on Roth contributions is the same as the pretax limit and the two plans are combined for the purposes of the annual limit. Additional information about Roth contributions is available at www.princeton.edu/hr/benefits/retire/gsra.

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

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

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

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

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

In-Service Distribution
You may take an in-service distribution from your account at anytime after you reach age 59½.

Qualified Domestic Relations Order (QDRO) Distribution
If you are involved in a court proceeding that results in a QDRO, your account will be split in accordance with the

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

TIAA AND VANGUARD
www.tiaa.org/princeton (800) 842-2776 Plan ID: 102862 or 102866 (PPPL)
order, establishing a separate account for the alternate payee. The alternate payee account will not be available for distribution until you, the employee, are eligible for a plan distribution.

**Termination of Employment**

Upon termination of employment, you may take the account in cash or roll it over to an IRA or other qualified plan. If you take your distribution in cash and are under age 59½, you may be subject to a tax penalty in addition to ordinary income taxes.

**TIAA AND VANGUARD**

[www.tiaa.org/princeton](http://www.tiaa.org/princeton)

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

- establish your account, login, and password;
- name your beneficiaries; and
- select your allocations with TIAA and/or Vanguard.

**TIAA**

[www.tiaa.org/princeton](http://www.tiaa.org/princeton)

(800) 842-2776

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

**VANGUARD**

[www.meetvanguard.com](http://www.meetvanguard.com)

(800) 662-0106 x 14500

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

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

For more information about workers’ compensation benefits and procedures, contact the Benefits Team at (609) 258-3302 or refer to www.princeton.edu/hr/benefits/disability/workcomp.

**AMOUNT OF BENEFIT**

The University’s Workers’ Compensation Plan provides benefits-eligible faculty and staff with income replacement at 70% of base pay in effect at the time of the injury or illness for up to 26 weeks.

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

Casual hourly and short-term professional employees are paid at the lesser of the State weekly maximum for the New Jersey Workers’ Compensation Law or 70% of weekly wages.

Union employees should refer to their collective bargaining agreement.

**PAYMENT OF BENEFITS PREMIUMS**

While you are on workers’ compensation, the University will be unable to deduct your regular benefits contributions from your paycheck. Therefore, to maintain coverage, you must pay the monthly bill you receive from ECSI, our third party administrator, to pay for your contributions. Once you return to work, payroll deductions will resume.

**TAXATION OF BENEFITS**

The amount of the statutory benefit, up to the State weekly maximum, is not taxable. For 2018, the weekly maximum is $903.
DISABILITY COVERAGE

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

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

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

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

For more detailed information about the Short Term Disability Plan, eligibility, benefit, and application process, refer to www.princeton.edu/hr/benefits/disability/std.

Long Term Disability Plan
Princeton University provides a Long Term Disability (LTD) Plan at no cost to you, administered by the Prudential Life Insurance Company. 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. If you are disabled for more than 26 weeks, you may be eligible to apply for LTD benefits. LTD provides 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 LTD benefits received.

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

To be credited for prior employment, you must have your former employer’s Human Resources department complete the Princeton University Certification of Prior Employment form located at www.princeton.edu/hr/forms.

For more detailed information about plan benefits and the application process, refer to www.princeton.edu/hr/benefits/disability/ltd.

TAXATION OF BENEFITS
The short term disability benefit is taxable for federal and FICA purposes and is not subject to state income tax. The long term disability benefit is subject to federal and FICA tax and may be subject to certain state taxation.

NEW HIRES

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

Long Term Disability
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 an LTD plan with your prior employer.
**NEW JERSEY PAID FAMILY LEAVE**

The New Jersey Paid Family Leave law allows eligible employees up to six weeks of paid leave to be with a child after birth or adoption, or to care for a family member with a serious health condition. Under State law, the University withholds a state tax of 0.1% of the taxable wage base from employees’ paychecks to finance this program. The taxable wage base changes each year and was $33,500 in 2017; the maximum yearly deduction was $33.50. New Jersey Paid Family Leave may provide up to two-thirds of your base salary, up to a weekly maximum, that will be payable through the State. For 2017, the weekly maximum was $633. The amounts for 2018 were not released as of the printing of this booklet.

A detailed notice issued by the New Jersey Department of Labor and Workforce Development is on page 49.

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

**PAID PARENTAL LEAVE**

Princeton University provides up to two weeks paid leave at 100% base pay for the birth or adoption of a child, provided it is taken within the first year of the event. This paid leave will count concurrently against the Federal Family and Medical Leave Act (FMLA) and New Jersey Family Leave Act (NJFLA). With supervisory approval, parental leave is available in two one-week increments.

For more detailed information including eligibility requirements, review the policy at [www.princeton.edu/hr/policies/leaves/3.1/3.1.12](http://www.princeton.edu/hr/policies/leaves/3.1/3.1.12).

**GROUP LONG TERM CARE PLAN**

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

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

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

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

**NEW HIRES**

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

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**GENWORTH**

STAFF EDUCATIONAL ASSISTANCE PLAN

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

BENEFITS 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 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 accredited institution in the United States.
- You must receive a grade of C or better or Pass in a Pass/Fail course.
- Application for course approval must be completed and submitted online through HR Self Service within 31 days of the start of the course.
- Request for reimbursement must be submitted within 90 days of the completion of a course through HR Self Service, and you must upload an official copy of your grade and itemized bill in order to receive a reimbursement.

CHILDREN’S EDUCATIONAL ASSISTANCE PLAN

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

BENEFITS OVERVIEW

- Half of tuition and mandatory educational fees up to a maximum annual benefit; for example, the maximum annual benefit for academic year 2017-18 is $17,424.
- Two- or four-year accredited institution
- Undergraduate full-time study only, i.e., 12 credits or more

CHILDREN REQUIRING ACCOMMODATIONS

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

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

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

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

DEFINITIONS OF “DEPENDENT” FOR TAX PURPOSES
Under the definition in Section 152 of the Internal Revenue Code, dependents are defined as:

• members of your household who maintain their principal place of residence in your home, and

• you will furnish over half of their support for the year; in making this calculation, the amount you contribute toward their support must be compared with the amounts received for support by them from all other sources, including any amounts supplied by them and any earnings, and

• for the current year, no other taxpayer can claim them as qualifying children for federal income tax purposes.

We suggest that you consult a tax advisor to determine whether you may claim a dependent for tax purposes before you certify that you can.

For additional information, see page 2.

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

If you were a full-time employee for at least one month in 2017, or if you were a part-time employee who elected healthcare coverage through Princeton in 2017, you will receive your 1095-C from Princeton University on or about February 1, 2018.

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

RETIREMENT SAVINGS PLAN
The current limits for calendar year 2017 are $18,000 if you are under age 50 and $24,000 if you are over age 50. These amounts may be indexed for calendar year 2018. If you split your contributions between pre- and after-tax the maximums are aggregated for the annual limits.

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

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

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

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

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BACKUP CARE ADVANTAGE PROGRAM

The University subsidy for each hour of backup care utilized by a faculty or staff member was $30.91 per hour in 2017. New rates for 2018 were not available as of the printing of this booklet. The total value of the subsidy for the hours you used during the calendar year will be shown on your W-2.

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

If you use the Backup Care Program for elder care, the subsidy for each hour used during the year will be reported as taxable income to you in that year.

EMPLOYEE CHILD CARE ASSISTANCE PROGRAM (ECCAP)

The grant that you receive for child care under the ECCAP program is considered taxable income. You can use the Dependent Care Flexible Spending Account to set aside money pretax for actual dependent care expenses.
Princeton University believes that the J-1 Visa medical plan is a grandfathered health plan under the Patient Protection and Affordable Care Act (PPACA). As permitted by the PPACA, a grandfathered health plan can preserve certain basic health coverage that was already in effect when that law was enacted. Being a grandfathered health plan means that your plan may not include certain consumer protections of the PPACA that apply to other plans, for example, the requirement for the provision of preventive health services without any cost sharing. However, grandfathered health plans must comply with certain other consumer protections in the PPACA, for example, the elimination of lifetime limits on benefits.

Questions regarding which protections apply and which protections do not apply to a grandfathered health plan and what might cause a plan to change from grandfathered health plan status can be directed to the Benefits Team at benefits@princeton.edu or (609) 258-3302 or to Aetna member services using the phone number on your member ID card. In addition, you may also contact the Employee Benefits Security Administration, U.S. Department of Labor at (866) 444-3272 or www.dol.gov/ebsa/healthreform. This website has a table summarizing which protections do and do not apply to grandfathered health plans.

Continued healthcare coverage will be available to you for up to 18 months if:
• your employment terminates (other than for gross misconduct) or
• your hours are reduced and, as a result, you are no longer eligible for healthcare coverage.

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

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

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

For more information about COBRA, refer to www.princeton.edu/hr/benefits/hlth/cobra.

**Grandfathered Health Plan Notice**

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

Questions regarding which protections apply and which protections do not apply to a grandfathered health plan and what might cause a plan to change from grandfathered health plan status can be directed to the Benefits Team at benefits@princeton.edu or (609) 258-3302 or to Aetna member services using the phone number on your member ID card. In addition, you may also contact the Employee Benefits Security Administration, U.S. Department of Labor at (866) 444-3272 or www.dol.gov/ebsa/healthreform. This website has a table summarizing which protections do and do not apply to grandfathered health plans.

**ACA Section 1557 Notice**

The Princeton University Group Benefit Plan (the “Plan”) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. The full notice is posted on our website at www.princeton.edu/hr/policies/notices/federal. You may request to receive a paper copy of the notice by contacting the Benefits Team at (609) 258-3302 or benefits@princeton.edu.
**Women’s Health and Cancer Rights Act**

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

- all stages of reconstruction of the breast on which the mastectomy was performed;
- surgery and reconstruction of the other breast to produce a symmetrical appearance;
- prostheses, and
- treatment of physical complications of the mastectomy, including lymphedema.

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

If you would like more information on WHCRA benefits, contact the Benefits Team at benefits@princeton.edu or (609) 258-3302.

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

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

**Health Insurance Marketplace Notice**

As a requirement of the Patient Protection and Affordable Care Act (PPACA), Princeton University must provide the Health Insurance Marketplace, formerly known as the Exchanges, notice to all employees, found on pages 45 and 46. For benefits-eligible employees, Princeton University offers options for healthcare coverage that meet the minimum value standards of the PPACA and are intended to be affordable. In addition, Princeton makes a significant contribution toward the cost of healthcare premiums, and your contributions are deducted pretax from your pay. If you have any questions on the healthcare coverage offered by Princeton University or on the notice, please contact the Benefits Team at benefits@princeton.edu or (609) 258-3302.

**Notice of Creditable Coverage**

If you are enrolled in the Aetna HMO Plan, the Aetna J-1 Visa Plan, or the Aetna or UnitedHealthcare Princeton Health Plan (PHP), the prescription drug coverage under these plans is at least as good as what is offered under Medicare Part D. Medicare calls this “Creditable Coverage.” As long as you are covered under a plan that has Creditable Coverage then you will not be penalized for enrolling at a later date as long as you enroll in Medicare Part D within 63 days of no longer having Creditable Coverage. The Notice of Creditable Coverage, found on pages 47 and 48, applies to benefits-eligible employees and their dependents who are Medicare eligible. No action is required on your part.

**Patient Protection Model Disclosure**

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

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

The FAIR Act of 1990 revised the rules governing personal injury protection provided through motor vehicle insurance policies issued or renewed in the State of New Jersey on or after January 1, 1991.

In New Jersey, motor vehicle insurance policies sold in the state are required by law to provide primary personal injury protection coverage (PIP), which pays for medical expenses resulting from a motor vehicle accident. In addition to this protection, most motorists carry additional health insurance through an employer. Under the FAIR Act, New Jersey state residents may choose whether primary medical coverage will be provided by their motor vehicle insurance policy’s PIP coverage or by their employer’s medical plan. However, the FAIR Act does not apply to self-insured healthcare plans.

If you have healthcare insurance coverage under a Princeton medical plan, you should not elect your Princeton medical plan as your primary insurance coverage in the event of a motor vehicle accident. You should elect your motor vehicle PIP coverage as your primary coverage. Please note, in the event you do not elect PIP coverage as primary and you are in motor vehicle accident, your healthcare insurer has the right to subrogate and any monies they paid out for claims will be subject to reimbursement by you.

**Notice of Special Enrollment Rights**

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

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

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

Special enrollment rights also may exist in the following circumstances:

- If you or your dependents experience a loss of eligibility for Medicaid or a state Children’s Health Insurance Program (CHIP) coverage and you request enrollment within 60 days after that coverage ends, or
- If you or your dependents become eligible for a state premium assistance subsidy through Medicaid or a state CHIP with respect to coverage under this plan and you request enrollment within 60 days after the determination of eligibility for such assistance.

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

To request special enrollment or obtain more information, contact the Benefits Team at benefits@princeton.edu or (609) 258-3302.
Health Insurance Portability and Accountability Act (HIPAA)

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

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

EFFECTIVE SEPTEMBER 2017

DISCLOSURE LIMITATIONS OF YOUR PLAN INFORMATION

Princeton University sponsors various healthcare plans, including the Aetna Consumer Directed Health Plan, Aetna HMO Plan, Aetna J-1 Visa Plan, Aetna Princeton Health Plan, UnitedHealthcare Princeton Health Plan, PayFlex Healthcare Flexible Spending Account, and OptumRx Prescription Drug Plan.

The Princeton University healthcare 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 plan participants, including you and your dependents, (such as name or unique identifying numbers or geographic information), and that relates to payment for plan participants’ health care, health condition (such as an illness a plan participant may have), or health services a plan participant has received or may receive in the future (such as an operation).

HOW WE MAY USE AND DISCLOSE YOUR PROTECTED HEALTH INFORMATION

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 authorization in the following circumstances:

• For payment purposes. We may use or disclose health information about you to determine eligibility for PLAN benefits, facilitate payment for the treatment and services you receive from healthcare providers, determine responsibility under the PLAN, or to coordinate PLAN coverage. For example, we may disclose information to another entity to assist with the adjudication or subrogation of claims or disclose information to a doctor to determine if a service is payable under the PLAN.

• For healthcare operations. We may use or disclose health information about you to conduct healthcare operations (such as using health information to do a cost analysis of the PLAN, to coordinate or manage care, to assess and improve the quality of healthcare services or to review the qualifications and performance of providers).

• For treatment purposes. We may use or disclose health information to health care providers to help them treat you or to recommend treatment alternatives. For example, we may disclose health information to a doctor who is determining how to treat your health condition or to ensure that you receive the services that you need. We may also use your information to send you information about health-related benefits and services, provided we do not receive financial remuneration from a third party for purposes of making such communications.

USES AND DISCLOSURES WITHOUT AN ACKNOWLEDGEMENT, AUTHORIZATION OR OPPORTUNITY TO OBJECT

We may use or disclose your Protected Health Information without your consent, authorization, or opportunity to verbally agree or object for the following purposes:

• We may disclose your Protected Health Information to comply with a court order or administrative proceeding or for law enforcement purposes or other specialized government functions, such as related to military missions, and to comply with a federal, state, or local legal requirement, for example workers’ compensation law.

• We may disclose information where a law requires that we report information about suspected abuse, neglect, or domestic violence or relating to suspected criminal activity. We may also disclose your Protected Health Information to authorities who monitor compliance with these privacy requirements.

• We may disclose Protected Health Information to a public health authority for public health activities, such as responding to public health investigations. We may also disclose Protected Health Information to a healthcare oversight agency for activities authorized by law, including, but not limited to, licensure, certification, audits, investigations, and inspections.

• We may disclose information about an individual’s death in certain circumstances to funeral directors, coroners, and medical examiners or to facilitate organ, eye, or tissue donation.

• We may allow business associates of the PLAN (such as third party administrators) to provide payment, treatment, or healthcare operation services.

• In certain circumstances, we may disclose Protected Health Information to assist medical/psychiatric research.
USES AND DISCLOSURES REQUIRING PATIENT OPPORTUNITY TO OBJECT

We are permitted to disclose your Protected Health Information without your written consent or authorization to a family member, other relative, close personal friend, or other person identified by you, if the information is directly relevant to that person’s involvement in your care or payment for your care. We may also use or disclose Protected Health Information to a public or private entity authorized by law or by its charter to assist in disaster relief efforts, for the purpose of coordinating with such entities the uses or disclosures to your family, relatives, friends, or others identified by you. If you are able and available to agree and object, we will give you the opportunity to object prior to making this notification. If you are unable or unavailable to object, we will exercise our professional judgment in communications with your family and others.

USES AND DISCLOSURES REQUIRING PARTICIPANT AUTHORIZATION

Other than as set forth above or as set forth in the laws applicable to the PLAN, 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. If you authorize us to use and disclose Protected Health Information, you may revoke that authorization, in writing, at any time. You understand that we cannot take back any disclosure we have already made with your permission and that we are required to retain certain records that contain your Protected Health Information. The PLAN cannot retaliate against you or your dependents for refusing to sign an authorization or revoking an authorization previously given.

We must obtain your authorization to use or disclose your Protected Health Information for marketing activities, unless such activities involve face-to-face communications made by us to you or a promotional gift of nominal value provided by us to you. Communications that involve a drug or biologic that is being prescribed to you are not marketing activities that require your authorization, unless we receive remuneration for such communications that is not reasonably related to our cost in making such communications. Further, communications regarding case management or care coordination, or to direct or recommend alternative treatments, therapies, healthcare providers, or settings of care do not require your authorization, unless we receive financial remuneration in exchange for making the communication.

PROHIBITED USES OF PROTECTED HEALTH INFORMATION

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. Further, if health information is used for medical underwriting purposes, genetic information will not be used or disclosed for any underwriting purposes, including determining eligibility for benefits or premiums, as prohibited by the Genetic Information Nondiscrimination Act of 2008 (GINA).

YOUR RIGHTS REGARDING YOUR PROTECTED HEALTH INFORMATION

Your rights regarding your health information include the right to:

- request restrictions beyond those outlined above by making such request in writing to the Privacy Officer as set forth below. The PLAN is not required to agree to a requested restriction, but in the event we do agree to such a restriction it is binding upon us.
- receive confidential communications at only a specified phone number or mail or email address. We will consider all reasonable requests and must say “yes” if you tell us you would be in danger if we do not.
- inspect and copy your Protected Health Information by making such request in writing to the Privacy Officer. We must respond to your request within 30 days. To the extent we maintain your health information in one or more designated record sets electronically, we must provide you access to the information in the electronic form and format requested by you, if it is readily producible in such electronic form and format or, if not, in a readable electronic form and format as agreed to by us. We may charge you a reasonable fee for a copy of your health information. You have the right to choose what portions of your information you want copied and to have prior information on the cost of copying.
- amend your Protected Health Information, by a written request to the Privacy Officer specifying the reason for such request. Any denial by us will be provided to you in writing within 60 days. It will state the reasons for denial and explain your rights to have the request and denial, along with any statement in response that you provide, appended to your medical information. If we approve the request for amendment, we will amend the medical information and so inform you.
- be notified promptly in the event of a breach of your Protected Health Information.
- an accounting of instances when your Protected Health Information has been disclosed for up to six years prior to the date of your request. We will include all the disclosures except for those about treatment, payment, health care operations, and certain other disclosures (such as any you asked us to handle). You may request one such accounting free of charge each year. There may be a charge for more frequent requests.
- receive a paper copy of this Notice upon request at any time.

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. We will make sure the person has the authority and can act for you before we take any action.

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 email or mail of the changes within 60 days.
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 Plan by contacting the Office of Human Resources or the Privacy Officer.

You may also file complaints with the secretary of the Department of Health and Human Services or with the third-party administrator for your particular plan. Contact information is listed below. 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
adamsm@princeton.edu
(609) 258-2169
(609) 258-3448 (fax)

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 listed on the right.

HIPAA CONTACTS
Aetna
(Consumer Directed Health Plan, HMO, Princeton Health Plan, and J-1 Visa Plan)
Member Services
(800) 535-6689

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

OptumRx
(Prescription Drug Plan)
Attn: Member Services
P.O. Box 3410
Lisle, IL 60532-8410
Member Services
(877) 629-3117

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

US Department of Health and Human Services
(877) 696-6775
www.hhs.gov/hipaa

Office of Human Resources
2 New South
Princeton, NJ 08544
benefits@princeton.edu
(609) 258-3302
(609) 258-5920 (fax)
Medicaid and the Children’s Health Insurance Program (CHIP)

Premium Assistance Under Medicaid and the Children’s Health Insurance Program (CHIP)

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

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

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

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

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 August 10, 2017. Contact your State for more information on eligibility –

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<tr>
<th>ALABAMA – Medicaid</th>
<th>FLORIDA – Medicaid</th>
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| Website: [http://myalhipp.com/](http://myalhipp.com/)  
Phone: 1-877-357-3268 |

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<tr>
<th>ALASKA – Medicaid</th>
<th>GEORGIA – Medicaid</th>
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| The AK Health Insurance Premium Payment Program  
Website: [http://myakhipp.com/](http://myakhipp.com/)  
Phone: 1-866-251-4861  
Email: CustomerService@MyAKHIPP.com  
Medicaid Eligibility: [http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx](http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx) | Website: [http://dch.georgia.gov/medicaid](http://dch.georgia.gov/medicaid) - Click on Health Insurance Premium Payment (HIPP)  
Phone: 404-656-4507 |

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<tr>
<th>ARKANSAS – Medicaid</th>
<th>INDIANA – Medicaid</th>
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| Website: [http://myarhipp.com/](http://myarhipp.com/)  
Phone: 1-855-MyARHIPP (855-692-7447) | Healthy Indiana Plan for low-income adults 19-64  
Website: [http://www.in.gov/fssa/hip/](http://www.in.gov/fssa/hip/)  
Phone: 1-877-438-4479  
All other Medicaid  
Website: [http://www.indianamedicaid.com](http://www.indianamedicaid.com)  
Phone 1-800-403-0864 |

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<tr>
<th>COLORADO – Health First Colorado (Colorado’s Medicaid Program) &amp; Child Health Plan Plus (CHP+)</th>
<th>IOWA – Medicaid</th>
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| Health First Colorado Website: [https://www.healthfirstcolorado.com/](https://www.healthfirstcolorado.com/)  
Health First Colorado Member Contact Center: 1-800-221-3943 / State Relay 711  
CHP+: Colorado.gov/HCPI/Child-Health-Plan-Plus  
Phone: 1-888-346-9562 |
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<th>STATE</th>
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<td>KENTUCKY</td>
<td>Medicaid</td>
<td><a href="http://chfs.ky.gov/dms/default.htm">http://chfs.ky.gov/dms/default.htm</a></td>
<td>1-800-635-2570</td>
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<td>LOUISIANA</td>
<td>Medicaid</td>
<td><a href="http://dhhs.louisiana.gov/index.cfm/subhome/i/n/331">http://dhhs.louisiana.gov/index.cfm/subhome/i/n/331</a></td>
<td>1-888-605-2447</td>
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<td>MISSOURI</td>
<td>Medicaid</td>
<td><a href="http://www.dss.mo.gov/mhd/participants/pages/hipp.htm">http://www.dss.mo.gov/mhd/participants/pages/hipp.htm</a></td>
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<td>MONTANA</td>
<td>Medicaid</td>
<td><a href="http://dphhs.mt.gov/MontanaHealthCarePrograms/HIPPP">http://dphhs.mt.gov/MontanaHealthCarePrograms/HIPPP</a></td>
<td>1-800-694-3084</td>
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<td>NEBRASKA</td>
<td>Medicaid</td>
<td><a href="http://www.ACCESSNebraska.ne.gov">http://www.ACCESSNebraska.ne.gov</a></td>
<td>(855) 632-7637</td>
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<td>Lincoln: (402) 477-7000</td>
<td>(402) 595-1178</td>
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<td>Omaha: (402) 595-1178</td>
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<td>NEVADA</td>
<td>Medicaid</td>
<td><a href="https://dwss.nv.gov/">https://dwss.nv.gov/</a></td>
<td>1-800-992-0900</td>
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<td>NEW JERSEY</td>
<td>Medicaid and CHIP</td>
<td><a href="http://www.state.nj.us/humanservices/dmahrclients/medicaid/">http://www.state.nj.us/humanservices/dmahrclients/medicaid/</a></td>
<td>609-631-2392</td>
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<td>CHIP Website: <a href="http://www.njfamilycare.org/index.html">http://www.njfamilycare.org/index.html</a></td>
<td>1-800-701-0770</td>
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<td>NORTH CAROLINA</td>
<td>Medicaid</td>
<td><a href="https://dma.ncdhhs.gov/">https://dma.ncdhhs.gov/</a></td>
<td>919-855-4100</td>
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<td>OKLAHOMA</td>
<td>Medicaid and CHIP</td>
<td><a href="http://www.insureoklahoma.org">http://www.insureoklahoma.org</a></td>
<td>1-888-365-3742</td>
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<td>OREGON</td>
<td>Medicaid</td>
<td><a href="http://healthcare.oregon.gov/Pages/index.aspx">http://healthcare.oregon.gov/Pages/index.aspx</a></td>
<td>1-800-609-9075</td>
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<tr>
<td>PENNSYLVANIA</td>
<td>Medicaid</td>
<td><a href="http://www.dhs.pa.gov/provider/medicalassistance/healthinsurancepremiumpaymenthippprogram/index.htm">http://www.dhs.pa.gov/provider/medicalassistance/healthinsurancepremiumpaymenthippprogram/index.htm</a></td>
<td>1-800-602-7462</td>
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<td>RHODE ISLAND</td>
<td>Medicaid</td>
<td><a href="http://www.eohhs.ri.gov/">http://www.eohhs.ri.gov/</a></td>
<td>855-697-4347</td>
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<td>SOUTH CAROLINA</td>
<td>Medicaid</td>
<td><a href="https://www.scdhhs.gov">https://www.scdhhs.gov</a></td>
<td>1-888-549-0820</td>
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To see if any other states have added a premium assistance program since August 10, 2017, or for more information on special enrollment rights, contact either:

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

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

**Paperwork Reduction Act Statement**

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

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

PART A: General Information

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

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

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

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

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

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

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

1 As that percentage is adjusted by inflation from time to time.
2 An employer–sponsored health plan meets the "minimum value standard" if the plan’s share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs.
PART B: Information About Health Coverage Offered by Your Employer

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

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<thead>
<tr>
<th>3. Employer name:</th>
<th>4. Employer Identification Number (EIN):</th>
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<tbody>
<tr>
<td>Princeton University</td>
<td>21-0634501</td>
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<tr>
<td>5. Employer address:</td>
<td>6. Employer phone number:</td>
</tr>
<tr>
<td>Office of Human Resources, 2 New South</td>
<td>(609) 258-3302</td>
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<tr>
<td>Princeton</td>
<td>NJ</td>
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<td>10. Who can we contact about employee health coverage at this job?</td>
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<tr>
<td>The Benefits Team in the Office of Human Resources.</td>
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<tr>
<td>11. Phone number (if different from above):</td>
<td>12. Email address:</td>
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<tr>
<td></td>
<td><a href="mailto:benefits@princeton.edu">benefits@princeton.edu</a></td>
</tr>
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</table>

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socia1security.gov, or call them at 1-800-772-1213 (TTY 1-800-325-0778).

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

Date: October 2017
Name of Entity/Sender: Princeton University
Contact/Position/Office: Linda Nilsen, Assistant Vice President, Human Resources
Address: Office of Human Resources, 2 New South, Princeton, NJ 08544
Phone Number: (609) 258-3302
NEW JERSEY DEPARTMENT OF LABOR AND WORKFORCE DEVELOPMENT
(To be posted in a conspicuous place)
This employer is subject to the
Family Leave Insurance provisions of the New Jersey Temporary Disability Benefits Law.

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, by telephoning the Division of Temporary Disability Insurance’s Customer Service Section at (609) 292-7060, or by writing to the Division of Temporary Disability Insurance, PO Box 387, Trenton, NJ 08625-0387.

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

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

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

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

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

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

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.

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.
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<td><strong>Medical and Prescription</strong></td>
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<td>Princeton Health Plan (PHP)</td>
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<td>486819</td>
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<td>(800) 535-6689</td>
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<td>(877) 609-2273</td>
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<td>myuhc.com</td>
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<td>OptumRx</td>
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<td>PURPRNCEM</td>
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<td>(877) 629-3117</td>
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<td>optumrx.com</td>
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<td>Health Advocate</td>
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<td>princeton.mytrestletree.com</td>
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<td>members.bestdoctors.com</td>
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*For more details on work life programs, visit princeton.edu/hr/thrive or contact the Benefits Team at benefits@princeton.edu or (609) 258-3302.*