

2021 PRINCETON MEDICARE PLAN HIGHLIGHTS

At age 65, Medicare becomes retirees' primary medical insurance plan. Individuals not enrolled in Medicare Part A and Part B must contact the Social Security Administration (800) 772-1213 to do so.

The Princeton Medicare Plan (PMP), administered by Aetna Insurance Company, is a supplemental, or secondary, health plan for University retirees and their eligible dependents and for individuals on long term disability who are Medicare eligible. Medicare is primary, and the benefit formula applies to covered expenses Medicare does not reimburse. The PMP includes the Princeton Prescription Drug Plan (PDP), administered by OptumRx.

Medical claims always must be processed first by Medicare. After Medicare reimburses the individual or physician the maximum allowable amount, the balance can be submitted to Aetna for consideration. The PMP reimburses only expenses that are normally covered by Medicare.

Vendor Information: Individuals normally receive ID cards by the end of the month in which they turn 65. Those who need to see a doctor or fill a prescription before they receive the card may provide the following information to the doctor and/or pharmacy:

Plan	Contact	Group Number	Website	ID Number
Aetna	(800) 535-6689	397432	www.aetna.com	System-generated
OptumRx	(855) 209-1299	EGWPS028	www.optumrx.com	System-generated

Features	Description
Annual Deductible	\$300 with a maximum of 2 deductibles or \$600 per family
Annual Coinsurance	50% of unreimbursed Medicare expenses after annual deductible for most covered services
Annual Coinsurance Limit	\$4,000 including deductible with a maximum of 2 coinsurance limits or \$8,000 per family
Lifetime Maximum	Unlimited

Outpatient Benefits

Benefits	Description
Treatment by Physician or Specialist	50% after deductible
Annual Physicals	80% after deductible (1 exam once every 12 months)
Outpatient Mental Health and Substance Abuse Visits	80% (no deductible required)
Routine Annual Eye Exams, Prescription Eyeglasses, Contact Lenses	Not covered (refer to independent Retiree Vision Care Plan)

While the University intends to continue each of its benefit plans, the University reserves the right to terminate or amend any Plan, at any time, and for any reason. Princeton's retiree healthcare plans are exempt from changes mandated by the Patient Protection and Affordable Care Act (PPACA).

Preventive Immunizations	50% after deductible
Hearing Exams	50% after deductible; 1 exam per calendar year
Hearing Aids	Coverage limited to \$1,500 maximum reimbursement every 3 years
Outpatient Short-Term Rehabilitation Therapy	50% after deductible, up to 50 visits covered annually for each type of therapy, e.g., physical, speech, occupational, pulmonary, cardio

Inpatient Benefits

Benefits	Description
Medical/Surgical Care	50% after deductible
Mental Health and Substance Abuse	50% after deductible
Emergency Room	50% after deductible

Benefits for Pre-65 Dependents: Dependents are covered under a PPO plan arrangement with a \$300 deductible for in-network services covered at 80% and \$600 deductible for out-of-network services covered at 60%. The plan covers an in-network annual physical without deductible at no cost and includes associated tests; out-of-network is covered at 60% after the deductible.

Prescription Drug Plan (PDP): The cost of the PDP is included in the monthly PMP premium. Retirees and eligible dependents enrolled in the PMP automatically receive prescription drug coverage through the Princeton Prescription Drug Plan (PDP), administered by OptumRx.

The PDP is fully integrated with the Medicare Part D Program and considered an Employer Group Waiver Plan (EGWP), or a “wrap” plan. As an EGWP, the PDP provides additional coverage to Medicare Part D, is very similar to the coverage for active employees, and is designed to work seamlessly together with Medicare D.

The PDP has a four-tier formulary design. A formulary is a list of prescribed medications, both generic and brand name, that are proven to be both clinically- and cost-effective. Prescriptions are categorized into four tiers that determine the cost of a particular medication:

Tiers	Retail Pharmacy: 30-Day Supply	Mail Order: 90-Day Supply
Deductible	\$0	\$0
Generic Drugs	\$5	\$10
Preferred Brand Drugs	\$25	\$50
Non-Preferred Brand Drugs	\$40	\$80
Specialty/High Cost Drugs	\$25	\$25 (30-day supply)

Other PDP features include:

- Each enrolled individual receives an OptumRx ID card to use at the pharmacy within three to four weeks following enrollment in or changes to medical coverage.
- The PDP covers certain medications not covered by a regular Medicare Part D plan formulary, e.g., certain sedative and anxiety medications.
- Participants may buy up to a 90-day supply at a retail pharmacy.
- The plan provides greater access to prescription drug benefits at long-term care facilities and to programs that help very low-income seniors.
- There are Prior Authorization, Step Therapy, and Quantity Duration Programs in place for certain prescribed medications. An OptumRx pharmacist may need to speak with the prescribing physician to ensure that the participant meets the criteria for the prescription prescribed. In addition, the quantity of some prescription medications may be limited based on FDA regulations to ensure patient safety. If your physician deems it necessary for your care and treatment, the decision may be appealed by contacting OptumRx. Some high-income retirees may be subject to surcharges, referred to as [Income Related Monthly Adjustment Amounts \(IRMAA\)](#), determined by the Social Security Administration based on the retiree’s income in a prior period. For example, the IRMAA surcharge for 2020 is based on income earned in 2018.

Opting Out: Retirees whose coverage includes Medicare-eligible dependents can opt out and the other can stay enrolled. Those who elect a Medicare Part D plan outside of the PDP will:

- Automatically be disenrolled from the PDP permanently
- No longer be able to fill prescriptions through a Princeton benefit program
- Remain enrolled in the PMP for medical coverage only with no premium adjustment

To disenroll from the PDP, contact OptumRx at (855) 209-1299. All individuals must enroll in prescription coverage elsewhere, including Medicare, as required by the Medicare Modernization Act (MMA), that is considered “creditable coverage,” or possibly pay a Late Enrollment Penalty (LEP) in addition to the premium for a Medicare prescription drug plan in the future.

Vision Care Benefits: The vision plan is “retiree pay all” and is administered by MetLife Vision. Retirees have the option of selecting or waiving this benefit. Individuals can opt out only during the annual open enrollment period. Refer to the flyer “Retiree Vision Care Benefits” for details.

Monthly Premium Rates:

Princeton Medicare Plan			
Retiree Only	Retiree & 1 or More Children	Retiree & Spouse	Retiree & Family
For retiree and spouse, if applicable, who are both 65 or over:			
\$115.00	\$285.00	\$240.00	\$400.00
For retiree 65 or over and spouse, if applicable, who is under 65:			
\$115.00	\$285.00	\$355.00	\$515.00
MetLife Vision Plan			
Retiree Only	Retiree & 1 Child	Retiree & Spouse	Retiree & Family
\$14.19	\$26.00	\$26.00	\$33.31
\$14.19	\$26.00	\$26.00	\$33.31

Additional Retiree Benefit Information

Health Advocate is a third-party vendor who can help retirees and their eligible family members confidentially navigate the often-complex healthcare system. The program provides unlimited access to a Personal Health Advocate (PHA), typically a registered nurse, supported by medical directors and benefits and claims specialists to assist on a wide variety of healthcare and insurance-related issues, including:

- Resolve billing and claims issues
- Explain benefits coverage, health conditions, and researching treatments
- Find the right doctors, hospitals, and providers
- Schedule tests and appointments
- Navigate Medicare

Memorial Sloan Kettering *Direct* gives retirees or a family member access to a team of dedicated and experienced cancer specialists when facing a cancer diagnosis. They guide individuals through the process of getting care at MSK and oversee their experience confidentially every step of the way. They will:

- Offer a timely and convenient appointment with an appropriate specialist within two business days of calling, subject to availability of the patient's medical records, ability to travel to MSK, clinical considerations, and health insurance coverage for care at MSK
- Answer questions, coordinate the services, and help navigate critical steps throughout the cancer care experience
- Help gather necessary medical records before the first appointment
- Introduce the patient to MSK facilities and clinical teams
- Continue to be a resource throughout the patient's experience at MSK

Best Doctors, now referred to as **Teladoc Medical Experts**, confidentially helps retirees and covered dependents enrolled in a Princeton retiree medical plan make medical decisions for physical and mental health issues to:

- Find the right doctor for in-depth medical review of the medical condition to identify or confirm a diagnosis
- Ask an expert physician questions about diagnosis and treatment options
- Get advice from critical care experts on treatment plans or recommendations when admitted to the hospital for an acute medical event
- Access mental health support to identify or confirm a diagnosis, determine a treatment plan, and find mental health resources through their Behavioral Health Navigator program

Provider	Contact	Website
Health Advocate	(866) 695-8622	www.healthadvocate.com/princeton
Memorial Sloan Kettering <i>Direct</i>	(844) 303-2123	www.mskcc.org/direct/princeton
Teladoc Medical Experts	(800) 835-2362	www.teladoc.com/medicalexperts