

Princeton University 2021 Retiree Health Care Plans for Retirees Age 65 and Over

Highlights of the Premium, Standard, and Princeton Medicare Plans

PLAN OPTION:	PREMIUM PLAN	STANDARD PLAN	PRINCETON MEDICARE PLAN
Deductible	1% of salary at retirement date, (Maximum of 2 deductibles per family) Maximum base salary: \$90,000 Maximum individual deductible: \$900	2% of salary at retirement date, (Maximum of 2 deductibles per family) Maximum base salary: \$90,000 Maximum individual deductible: \$1,800	\$300 (Maximum of 2 deductibles or \$600 per family)
Coinsurance:	10% after deductible	10% after deductible	50% after deductible
Coinsurance Limit (including deductible):	5% of salary at retirement date, (maximum of 10% per family) Maximum base salary: \$90,000 Maximum individual coinsurance limit: \$4,500	10% of salary at retirement date, (maximum of 20% per family) Maximum base salary: \$90,000 Maximum individual coinsurance limit: \$9,000	\$4,000 (Maximum of 2 coinsurance limits or \$8,000 per family)
Medicare Coordination:	Benefit Formula applies to covered expenses Medicare does not reimburse. Medicare is primary and plan assumes participant is covered by Parts A and B of Medicare.	Benefit Formula applies to covered expenses Medicare does not reimburse. Medicare is primary and plan assumes participant is covered by Parts A and B of Medicare.	Benefit Formula applies to covered expenses Medicare does not reimburse. Medicare is primary and plan assumes participant is covered by Parts A and B of Medicare.
Lifetime Maximum:	Unlimited	Unlimited	Unlimited
OptumRx Prescription Drug Plan			
Retail Pharmacy (30 day supply) Copays	\$5 generic / \$25 preferred brand or specialty & high cost medications/ \$40 non-preferred brand	\$5 generic / \$25 preferred brand or specialty & high cost medications/ \$40 non-preferred brand	\$5 generic / \$25 preferred brand or specialty & high cost medications/ \$40 non-preferred brand
Mail Order (90 day supply) Copays	\$10 generic / \$50 preferred brand/ \$80 non-preferred brand/ \$25 specialty & high cost medications (30-day supply)	\$10 generic / \$50 preferred brand/ \$80 non-preferred brand/ \$25 specialty & high cost medications (30-day supply)	\$10 generic / \$50 preferred brand/ \$80 non-preferred brand/ \$25 specialty & high cost medications (30-day supply)
Plan Deductible	One deductible for both the retail pharmacy and mail order. \$115 individual/\$230 family.	One deductible for both the retail pharmacy and mail order. \$115 individual/\$230 family.	None
Inpatient Benefits			
Inpatient Medical & Surgical	90% after deductible	90% after deductible	50% after deductible
Inpatient Mental Health or Substance Abuse:	90% after deductible	90% after deductible	50% after deductible

PLAN OPTION:	PREMIUM PLAN	STANDARD PLAN	PRINCETON MEDICARE PLAN
Emergency Room:	90% after deductible	90% after deductible	50% after deductible
Outpatient Benefits			
Treatment by a Physician:	90% after deductible	90% after deductible	50% after deductible
Annual Physicals:	90% up to a \$200 annual calendar maximum.	90% up to a \$200 annual calendar maximum.	80% after deductible - one exam once every 12 months
Mental Health Outpatient Visits:	90% after deductible	90% after deductible	80% (no deductible required)
Routine Eye Exams:	Not covered	Not covered	Not covered
Eyeglasses or Contact Lenses:	Not covered	Not covered	Not covered
Preventive Immunizations:	Not covered	Not covered	50% after deductible
Benefits for Pre-65 Dependents:	Same coverage as retiree.	Same coverage as retiree.	Dependent is covered under a PPO arrangement with a \$300 deductible. In-network services are covered at 80%; out-of-network services are covered at 60%.
	PREMIUM PLAN	STANDARD PLAN	PRINCETON MEDICARE PLAN
2021 MONTHLY COSTS	Retiree & Spouse both over-65	Retiree & Spouse both over-65	Retiree & Spouse both over-65
RETIREE ONLY:	\$135.00	\$0.00	\$115.00
RETIREE & CHILDREN:	\$315.00	\$0.00	\$285.00
RETIREE & SPOUSE:	\$270.00	\$0.00	\$240.00
FAMILY:	\$405.00	\$0.00	\$400.00
2021 MONTHLY COSTS	Retiree >65 & Spouse <65	Retiree >65 & Spouse <65	Retiree >65 & Spouse <65
RETIREE ONLY:	\$135.00	\$0.00	\$115.00
RETIREE & CHILDREN:	\$315.00	\$0.00	\$285.00
RETIREE & SPOUSE:	\$405.00	\$0.00	\$355.00
FAMILY:	\$540.00	\$0.00	\$515.00

*These plan highlights provide an overview only. Please contact Aetna at 1-800-535-6689 or OptumRx at 1-855-209-1299 for more detailed information. You may also contact the Human Resources Benefits Team at 609-258-3302 or benefits@princeton.edu.