

September 25, 2020

Princeton University's Retiree 2021 Annual Benefits Open Enrollment period will begin on Monday, September 28, 2020 and end on Friday, October 9, 2020. Please note that Princeton's retiree healthcare plans are exempt from changes mandated by the Patient Protection and Affordable Care Act (PPACA).

During the Benefits Open Enrollment period, you may change or waive your retiree health plan coverage. You may also remove dependents from your health care plan. If you decide to make any changes to your coverage, these changes will become effective January 1, 2021. **However, if you waive your retiree medical plan coverage or remove dependents, you will not be permitted to re-enroll yourself or dependents at a later date.**

If you are:

- **not changing your medical or vision plan coverage, or**
- **not waiving your medical or vision plan coverage, or**
- **not enrolling in the vision, or**
- **not removing dependents from your medical or vision plan coverage, you do not need to do anything.**

Your Current Coverage: Premium or Standard Plan

YOUR OPTIONS FOR 2021

During this 2021 Annual Benefits Open Enrollment, we are offering you the following choices:

- **If you are in the Premium Plan**, you may elect to change to either the Princeton Medicare Plan or the Standard Plan. **If you make either choice, you will not be able to change back to the Premium Plan in the future.**
- **If you are in the Standard Plan**, you may elect to change to the Princeton Medicare Plan. **If you make this choice, you will not be able to change back to the Standard Plan in the future.**
- **If you are in the Princeton Medicare Plan**, you may **not** elect to change to the Standard or Premium Plan.
- **You may waive your health care coverage or remove dependents**. **If you make either of these choices, you will not be permitted to re-enroll yourself or dependents at a later date.**

For those retirees who wish to change their health plan election, waive coverage, or drop dependent(s) and/or enroll in or waive vision care coverage, please complete the enclosed "*Princeton Health Care Plan Election Form for Retirees Over Age 65*."

All completed and signed forms must be returned to Princeton University, Office of Human Resources, 100 Overlook Center, Suite 400, Princeton, NJ 08540 no later than Friday, October 9, 2020.

Health Care Plan Premiums

Enclosed please find the 2021 Highlights of the Standard, Premium and Princeton Medicare Plans which includes the monthly premiums. The monthly premiums for the Premium and Princeton Medicare Plans are increasing for 2021.

Prescription Drug Plan through OptumRx

There will be no copayment or deductible changes to the OptumRx prescription drug plan for 2021.

Princeton will continue to offer the Medicare Part D Employer Group Waiver Plan (EGWP) in 2021, and this plan is called the Princeton University Medicare Prescription Drug Plan (PDP) for Princeton University. If you have a spouse or dependent who is not Medicare eligible, that dependent will continue to be enrolled in their current prescription drug plan until they become Medicare eligible. Also, if you reside overseas or if you are enrolled in a Medicare Part D plan outside of the University, you are not enrolled under the EGWP.

If you or your Medicare-eligible dependents elect a Medicare Part D plan outside of Princeton University, you will be disenrolled from the prescription drug plan at Princeton University and will no longer be able to have prescriptions filled through a Princeton benefit program. Please note that if you disenroll from the Princeton University Medicare prescription drug plan, this will not impact your retiree medical plan coverage. You will continue to be enrolled in your retiree medical plan, and will continue to pay your monthly premium, if applicable. Please note that Princeton will be unable to adjust your monthly premium to reflect that you are no longer utilizing the prescription drug plan. If you disenroll and do not have or enroll under other Medicare prescription drug coverage or coverage that is considered creditable (as good as Medicare's), you may have to pay a late enrollment penalty (LEP) in addition to the premium for a Medicare prescription drug plan in the future. If you want to disenroll from the Princeton University Medicare PDP, contact OptumRx at (855) 209-1299.

Please note that the Centers for Medicare and Medicaid Services (CMS) does require standard communications be sent to all participants in the Medicare Part D plan, and these communications will be sent to you by OptumRx. These required communications from OptumRx may be confusing; therefore, if you have any questions or concerns we encourage you to contact OptumRx. OptumRx customer service representatives are available 24 hours a day, 7 days a week. You may also contact the Human Resources Benefits Team at (609) 258-3302 or benefits@princeton.edu.

Princeton University participates in Prior Authorization, Step Therapy, and Quantity Duration Programs, for certain prescribed medications. An OptumRx pharmacist may need to speak with the prescribing physician to ensure that the patient meets the criteria for the prescription prescribed. In addition, the quantity of some prescription medications may be limited based on FDA regulations ensuring patient safety. If your physician deems it necessary for your care and treatment, he or she may appeal the decision by contacting OptumRx.

Four Tier Formulary

Generic, Preferred Brand, Non-Preferred Brand or Specialty

OptumRx will continue to offer a four tier formulary design. 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 four tiers and those tiers determine your cost for a particular medication (see chart).

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

There are preferred products in every therapeutic class in the formulary. The formulary is an important tool that can assist you and your family in managing drug costs. Sharing the formulary with your healthcare provider will enable you to fully maximize and understand your pharmacy benefit. OptumRx updates its formulary on January 1 each year. Once the formulary changes are finalized, you will receive a letter from OptumRx, if you will be impacted. The letter(s) from OptumRx will include instructions to help you minimize costs. For more information and a list of formulary medications, contact OptumRx at (855) 209-1299.

Vision Care Plan

A summary of the Vision Care plan coverage provided is enclosed. The monthly premium for the MetLife Vision Care Plan is increasing for 2021. If you are not already enrolled in this “retiree-pay-all” plan and choose to enroll during this Open Enrollment period, your enrollment will be effective January 1, 2021, and your monthly premium will be reflected in your billing statement. ***Once enrolled, you may not terminate your coverage mid-year.*** To enroll, add or remove dependent(s), or waive your vision benefits, please complete and return the enclosed “*Princeton Health Plan Election Form for Retirees Age 65 and Over*”.

Health Advocate

Health Advocate will help you and your family members confidentially navigate the often complex healthcare system. The program provides you and your enrolled dependent(s), if applicable, with unlimited access to a Personal Health Advocate (PHA). PHA’s are typically registered nurses, supported by medical directors and benefits and claims specialists, who can get to a bottom of a wide variety of healthcare and insurance-related issues.

When you need assistance, you will call or email Health Advocate 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, health conditions, and researching treatments
- Find the right doctors, hospitals, and providers
- Schedule tests and appointments
- Navigate Medicare

Health Advocate is not affiliated with any insurance or third party providers and all your medical and personal information remains confidential. You can contact Health Advocate at (866) 695-8622 or **www.healthadvocate.com/princeton**.

Memorial Sloan Kettering Direct

If you or a family member is faced with a cancer diagnosis, reliable information and comprehensive care are crucial. With MSK *Direct*, you have 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
- Help you gather necessary medical records before your first appointment
- Introduce you to MSK facilities and 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 hr.princeton.edu/thrive, or call MSK *Direct* toll-free at (844) 303-2123, Monday through Friday, 8:30 a.m. to 5:30 p.m. EST. Messages left outside of these hours will be returned the next business day.

All retirees and eligible family members (spouses, domestic partners, children, parents, parents-in-law and siblings) will 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. If your family member is not enrolled under your retiree medical coverage, they will need to contact MSK *Direct* to verify their health plan's coverage, since eligibility is subject to health insurance coverage for care at MSK.

Best Doctors, now referred to as Teladoc Medical Experts, confidentially helps you and your covered dependents make medical decisions for physical and mental health issues with greater confidence to ensure you are getting the right care, including finding the right doctor, conducting an in-depth medical review of your condition, and getting expert medical advice when admitted to the hospital. For questions or to get more details, visit www.teladoc.com/medical_experts, or call Teladoc Medical Experts at (800) 835-2362.

Billing Information

If ECSI bills you for your monthly premium, please keep in mind that you will receive your 2021 billing statement at the beginning of January. If your premium is deducted from your monthly pension check as part of the *Biweekly Pension Plan* (administered by AIG), you will see the new premium deduction, if applicable, beginning with your January checks.

Contact Information

If you have any questions about your Princeton University retiree benefits, contact the Human Resources Benefits Team at (609) 258-3302 or benefits@princeton.edu, or visit our website at hr.princeton.edu/thrive for additional information.

Sincerely,



Linda Nilsen
Assistant Vice President, Human Resources

Enclosures:

- 2021 Highlights of the Premium, Standard, and Princeton Medicare Plans
- Princeton Health Care Plan Election Form/Rate Sheet for Retirees Age 65 and Over
- MetLife Vision Care Plan information
- Notice of Privacy Practices for Retirees Participating in the Princeton University Health Care Plans (aka HIPAA Notice)
- Affordable Care Act Notice of Nondiscrimination

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, for any reason.