

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 hr.princeton.edu/thrive. 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.

		Princeton Health Plan (PHP)			HMO Plan
		In-Network Preferred	In-Network Non-Preferred	Out-of-Network ¹	In-Network Only
Annual Deductible (Individual / Family)		\$200 / \$400		\$750 / \$1,500	\$0
Out-of-Pocket Maximum (OPM) (Individual / Family)		Based on salary ²			\$2,500 / \$5,000
Physician Visits	Telemedicine	\$0		NA	\$0
	Primary Care Physician (PCP)	\$20 copayment		40% after deductible	\$20 copayment
	Standard Specialists	\$30 copayment		40% after deductible	\$25 copayment
	Tiered Specialists	\$30 copayment ^{3,4}	\$60 copayment ^{3,4}	40% after deductible	\$25 copayment
Emergency Services	Urgent Care Center	\$30 copayment		40% after deductible	\$25 copayment
	Emergency Room (no coverage for nonemergencies)	\$175 copayment (waived if admitted)			\$175 copayment (waived if admitted)
Inpatient Hospital Services	Medical and Surgical Procedures ⁵	10% after deductible ^{3,4}	20% after deductible ^{3,4}	40% after deductible	\$175 copayment
	Mental Health ⁵	10% after deductible		40% after deductible	\$175 copayment
Outpatient Services	Surgical Procedures ⁵ (Independent Facility / Hospital)	10% after deductible ^{3,4}	20% after deductible ^{3,4}	40% after deductible	\$0 / \$75 copayment
	Laboratory	\$0 ³	40% after deductible ³	Not covered	\$0
	Radiology (X-Ray) (Independent Facility / Hospital)	\$0 / 20% after deductible		Not covered	\$0 / \$50 copayment
	Hi-Tech Radiology (MRI, CAT, etc.) ⁵ (Independent Facility / Hospital)	\$0 / 20% after deductible		Not covered	\$0 / \$100 copayment
	Preventive Care and Immunizations ⁶	\$0		40% after deductible	\$0
	Mental Health	\$20 copayment		25%, no deductible	\$20 copayment
	Annual Eye Exam	Not covered		Not covered	\$25 copayment
	Prescription Eyeglasses and/or Contact Lenses	Not covered		Not covered	\$70 reimbursement every 2 years ⁷
	Physical Therapy (100 visits per CY)	10% after deductible		50% after deductible	\$15 copayment
	Chiropractic Care (20 visits per CY)	\$30 copayment		40% after deductible	\$25 copayment
Acupuncture (20 visits per CY)	\$30 copayment		40% after deductible	\$25 copayment	

¹ Costs above reasonable and customary (R&C) are your responsibility. Refer to the Summary Plan Description (SPD) for more information.

² This cost is calculated based on the retiree's annual base salary at the time of retirement. Refer to the SPD at hr.princeton.edu/thrive.

³ The list of specialists and labs covered under the tiered plan design are on the back of this chart.

⁴ Patient costs for tiered specialists fees will correspond to the tier of the specialist utilized to perform the medical or surgical procedure under the PHP.

⁵ Coverage requires precertification.

⁶ Includes seven well baby visits in the first year of a child's life.

⁷ 100% reimbursement is provided for children up to age 18 for frames and lenses. Limited to one pair of glasses each calendar year.

UTILIZING PREFERRED SPECIALISTS AND LABS

PREFERRED SPECIALTY CATEGORIES AND LOCATIONS

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. 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. Instructions on locating in-network providers in your area are below. 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 document. For the most current list of categories and locations, contact Aetna at (800) 535-6689 or UHC at (877) 609-2273, or visit hr.princeton.edu/thrive.

Aetna (Aexcel)	UHC (Premium Tier 1)
Categories with In-Network Preferred Specialists	
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	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); Pediatric Internal Medicine; 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

PREFERRED LABS

Quest Diagnostics and LabCorp are the preferred labs for Aetna and UHC. These labs charge less and perform a wide variety of services. If you use any other in-network lab, other than Quest or LabCorp, you are charged more and have to meet the annual deductible. There is no coverage for out-of-network lab services. Aetna and UnitedHealthcare participants have access to the Quest lab located in McCosh Health Center.

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 Castlight, or follow the steps below for your medical plan provider.

Aetna (HMO, PHP)

1. Go to www.aetna.com/dse/princeton.
2. Enter 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)

1. Go to <http://princetonuniversity.welcometouhc.com>.
2. Under **Wondering if your doctor is in our network?**, click **Find a Doctor**.
3. Under **See if your doctor or hospital is in the network**, click **Search the network: The Choice Plus Plan**.
4. Change the address to your local area.
5. Enter the **Physician Specialty** or **Facility/Clinic** that you are looking for.