Princeton University’s Retiree 2022 Annual Benefits Open Enrollment period will begin on Monday, September 27, 2021 and end on Friday, October 8, 2021. During this Open Enrollment period, you may change or waive your health plan coverage. You may also remove dependents from your health care plan. If you decide to make any changes to your coverage, those changes will become effective January 1, 2022. **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 Want To Stay Enrolled In The Same Plans You Have Now**

After you review this letter and the new rates, *if you want to keep the same coverage you have today for next year, you do not need to do anything.* If we do not receive a form from you during the enrollment period, we will automatically enroll you in the same plan(s) for 2022 that you have today. A Summary Plan Description (SPD) for each health care plan as well as the benefit administrative notices are available online at [hr.princeton.edu/thrive](http://hr.princeton.edu/thrive). You may also request a paper copy of the SPDs and/or administrative notices by contacting the Benefits Team in the Office of Human Resources.

For those retirees who wish to change their health plan election, waive coverage, or drop dependent(s) and/or enroll in vision, please complete the enclosed “Princeton Health Care Plan Election Form for Retirees Under 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 5 p.m. on Friday, October 8, 2021.**

**Health Care Plans**

The new rates for the health care plans for 2022 are enclosed, along with a comparison sheet that outlines the benefits available under each health care plan. The following plan design changes will be effective on January 1, 2022:

**Aetna PHP Plan Change**

Aetna is discontinuing its preferred specialist network, so the coverage for specialist visits under the Aetna Princeton Health Plan (PHP) is changing. Under the Aetna PHP, in-network specialist visits will be covered at a $35 copayment, and all in-network inpatient and outpatient specialist services will be
covered at 90% after deductible. Since UnitedHealthcare (UHC) will continue to designate a preferred specialist network, there is no change to the specialist coverage under the UHC PHP.

**Out-of-Network Reimbursement**
You may seek care from a licensed or certified physician or facility outside of the Aetna or UHC PHP network. However, not all services are covered out-of-network. For services that are covered, they can cost as much as five times more than in-network services, which have negotiated prices. For this reason, when you voluntarily choose to use out-of-network providers, there is a maximum amount our plans will allow to be reimbursed, referred to as Reasonable and Customary (R&C). Currently R&C is determined using Fair Health, Inc. data. However, due to dramatic fluctuations in R&C amounts and the related challenge to provide accurate R&C data to providers and consumers, a new calculation will be used. In 2022, the maximum amount our plans will allow to be reimbursed for non-emergency services will be determined by Aetna and UHC using data provided by Medicare. Princeton’s out-of-network services will be reimbursed at 180% of Medicare’s payment fee schedule for most services. Costs above 180% of Medicare’s payment fee schedule will be your responsibility. This change provides transparency of covered costs for services, enabling providers and insurance companies to meet the requirements of the “No Surprises Act,” which require them to disclose to consumers the cost of services. You can find more details in the Summary Plan Descriptions (SPDs) or contact Aetna or UHC for assistance.

**Medical Plan ID Cards**
You will only receive new ID cards if you are changing medical plans. A temporary ID card may be printed from each provider’s website at [www.aetna.com/dse/princeton](http://www.aetna.com/dse/princeton) or [princetonuniversity.welcometouhc.com](http://princetonuniversity.welcometouhc.com). If you receive a new ID card, please destroy your old ID card and provide your new ID card to your provider(s) beginning January 1, 2022.

**OptumRx Prescription Drug Plan**
There will be no plan design changes for 2022, except for the new program listed below that went into effect in September:

**OptumRx Copay Card Solutions Program**
While few patients use specialty medications, their high cost makes up a significant portion of Princeton’s total plan costs. The OptumRx Copay Card Solutions program leverages manufacturer copay assistance programs, commonly referred to as coupons, to reduce plan cost and offset member copays. The program has two components, an accumulator adjustment, which prevents coupon dollars from applying to out-of-pocket costs, and a variable copay solution (VCS), which reduces member and plan costs by varying copays “behind the scenes” to capture the maximum benefit of coupons. If you participate in the program, you will continue to receive your specialty medications through the OptumRx Specialty Services Pharmacy. Contact OptumRx for details.

**Three Tier Formulary: Generic, Preferred Brand and Non-Preferred Brand**
OptumRx will continue to have a three 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 three tiers and those tiers determine your cost for a particular medication (see chart).

<table>
<thead>
<tr>
<th>Tiers</th>
<th>Retail Pharmacy 30-Day Supply</th>
<th>Mail Order 90-Day Supply</th>
</tr>
</thead>
<tbody>
<tr>
<td>Generic</td>
<td>$5</td>
<td>$10</td>
</tr>
<tr>
<td>Preferred Brand</td>
<td>$25</td>
<td>$50</td>
</tr>
<tr>
<td>Non-Preferred Brand</td>
<td>$40 or member pays the difference if generic equivalent is available</td>
<td>$80 or member pays the difference if generic equivalent is available</td>
</tr>
</tbody>
</table>
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 health care provider will enable you to fully maximize and understand your pharmacy benefit. OptumRx updates its formulary on January 1 and July 1 each year. By making updates, OptumRx is able to keep pace with new clinical information. 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 (877) 629-3117.

Preventive Coverage
Certain prescriptions that are intended to prevent illness and disease, as well as contraceptives, will continue to be covered at 100%. This will apply to generic and certain preferred brand drugs as well as some over-the-counter (OTC) drugs (prescription required). Since this is a Health Care Reform requirement, the medications covered at 100% are based on government guidelines, and also have specific age and gender requirements.

Home Delivery Incentive Program
We are continuing the Home Delivery Incentive Program for participants who are on maintenance medication. If you fill your maintenance prescriptions through OptumRx’s Home Delivery Service (mail order), you will receive a three month (90-day) supply for the cost of a two month (60-day) supply. However, if you renew your prescription for maintenance medication through a retail pharmacy for more than three months, subsequent refills will cost twice the retail pharmacy copayment rate.

Member Pays the Difference
If you or your physician chooses a brand name drug that has a generic equivalent, you will pay the difference between the cost of the brand name drug and the generic equivalent, plus the generic copay. To find the generic equivalent for the brand name drug you are taking, talk to your prescribing physician or contact OptumRx. The prescribing physician may file an appeal for a clinical exception on your behalf with OptumRx.

Prior Authorization, Step Therapy, and Quantity Duration Programs
Princeton University continues to participate in Prior Authorization, Step Therapy, and Quantity Durations 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 prescribed medication. 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 OptumRx’s decision.

Important Information on a Prescription Drug Plan Change for Pre-65 Retirees who are Approaching Age 65 and/or for their Medicare Eligible Dependents
As a reminder, for pre-65 retirees who may have post-65 dependents and/or dependents who are approaching age 65, the University implemented an Employer Group Waiver Plan (EGWP) under the Medicare Part D program. This plan is also covered through OptumRx, and is called the Princeton University Medicare Prescription Drug Plan. This plan will be similar to the prescription drug plan described above. Please note that all post-65 retirees and Medicare eligible dependents will be automatically enrolled under this plan as they become Medicare-eligible. As a pre-65 retiree, you will continue to be enrolled in your current prescription drug plan until you become eligible for Medicare. If you have any questions, please contact the Human Resources Benefits Team at (609) 258-3302 or benefits@princeton.edu. You may also contact OptumRx Customer Service at (855) 209-1299. OptumRx Customer Service representatives are available 24 hours a day, 7 days a week.
**Vision Care Plan**
A summary of the coverage provided by MetLife along with the rates is enclosed. 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, 2022 and your monthly premium will be reflected in your billing statement. **Once enrolled, you may not terminate your vision coverage mid-year.** To enroll, add or remove dependent(s), or waive your vision benefits, please complete the enclosed “Princeton Health Care Plan Election Form for Retirees Under Age 65.”

**Health Advocate**
Health Advocate will help you and your family members confidentially navigate the often complex health care 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 the bottom of a wide variety of health care 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 research 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 remain 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 MSK’s website at mskcc.org/direct/Princeton. You can 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.

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 2022 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 check.

Summary of Benefits Coverage (SBC)
As a requirement of the PPACA, Princeton must provide a Summary of Benefits Coverage (SBC) to all participants and their dependents. The SBCs are designed to provide you with an easy-to-understand summary about a health plan’s benefits and coverage to help you evaluate your health insurance choices. The SBCs are available on the Human Resources website at hr.princeton.edu/thrive. You may also request to receive a paper copy of the SBCs by contacting the Human Resources Benefits Team.

SSN Verification Required
The Affordable Care Act (ACA) requires Princeton to provide a Form 1095-C to those enrolled in a Princeton medical plan, and this document needs to include Social Security numbers (SSN) in order for the IRS to tie the information back to your tax records. Open Enrollment is a good time for you to verify your SSN and provide SSNs for any dependents enrolled under your medical plan. To verify your SSN, log in to HR Self Service, click on Payroll, and then Validate SSN Payroll. To verify SSNs are on file for your enrolled dependents, in HR Self Service, click on Benefit Details and then Dependent/Beneficiary Info, and then click on the name of each enrolled dependent. If the SSN is not listed as being on file under National ID, enter it.

Individual Health Insurance Mandate
The New Jersey Individual Health Insurance Mandate requires New Jersey residents without health insurance to pay a tax penalty. Princeton is required to report to the state the coverage status for all individuals enrolled in a Princeton healthcare plan. This information is reported to New Jersey on the IRS Form 1095-C each year. Additional states outside of New Jersey have implemented individual health insurance mandates. If you reside or work outside of New Jersey, you should check with your state government for information.
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 for additional information.

Enclosures:

- Medical Plan Comparison for Retirees Under Age 65 in 2022
- Health Care Plan Election Form/Rate Sheet for Retirees Under Age 65
- MetLife Vision 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

This communication is intended to be a Summary of Material Modifications (SMM) for the health care plans. It briefly describes your benefits plans, including changes effective January 1, 2022. Full details regarding coverage, eligibility, and limitations may be found online at hr.princeton.edu/thrive.

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.