

TO: Pre-65 Retirees and Covered Dependents

FROM: Linda Nilsen
Assistant Vice President
Human Resources



DATE: September 25, 2020

SUBJECT: 2021 Annual Benefits Open Enrollment Period
(September 28 through October 9, 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. 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, 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 Want To Stay Enrolled In The Same Plans You Have Now

After you review this letter and the new rates, you may decide that you do not want to change any of your elections. **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 2021 that you have today. A Summary Plan Description (SPD) for each healthcare plan is available online at hr.princeton.edu/thrive. You may also request to receive a paper copy of the SPDs 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 PM on Friday, October 9, 2020.**

Health Care Plans

The new rates for the health care plans for 2021 are enclosed, along with a comparison sheet which outlines the benefits available under each health care plan. Plan design is the same except that copayments for in-network outpatient mental health visits are being reduced for the HMO and Princeton Health Plan (PHP) to \$20 per visit. Also, Teladoc's services have been expanded to now include dermatology, in addition to general medicine and mental health services. For retirees and their dependents enrolled in the HMO or PHP Teladoc's board certified dermatologists will diagnose skin issues and treat common conditions such as acne, psoriasis, eczema, rosacea, rash, poison ivy, skin infections, dermatitis, and more. The cost for participants is a \$30 copayment per visit.

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 or 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, 2021.

OptumRx Prescription Drug Plan

There will be no copayment changes for generic, preferred brand or non-preferred brand under the OptumRx prescription drug plan for 2021.

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).

| Tiers | Retail Pharmacy 30-Day Supply | Mail Order 90-Day Supply |
|----------------------------|-----------------------------------------------------------------------|-----------------------------------------------------------------------|
| Generic | \$5 | \$10 |
| Preferred Brand | \$25 | \$50 |
| Non-Preferred Brand | \$40 or Member Pays the Difference if generic equivalent is available | \$80 or Member Pays the Difference if generic equivalent is available |

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 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, 2021 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*".

My Health Advocate

My 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 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 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 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.

Form 1095-C

The Affordable Care Act (ACA) requires Princeton University to send a tax form called the 1095-C to certain retirees. The 1095-C contains information about the health care coverage offered by Princeton University. If you were covered under a health care plan for one or more months in 2020, you will receive a 1095-C from Princeton University by February 1, 2021. You should keep the 1095-C with your tax documents.

Individual Health Insurance Mandate

As a reminder, the New Jersey Individual Health Insurance Mandate went into effect on January 1, 2019 and requires New Jersey residents without health insurance to pay a tax penalty. Princeton is required to report to the state the coverage status for full-time and part-time employees who elected healthcare coverage through Princeton in 2020. This information will be reported to New Jersey on the IRS Form 1095-C early next year. Note that some other states outside of New Jersey are also implementing their own individual health insurance mandates. Therefore, if you 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 2021
- 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 healthcare plans. It briefly describes your benefits plans, including changes effective January 1, 2021. 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.