TO: Pre-65 Retirees and Covered Dependents

FROM: Linda Nilsen  
Assistant Vice President  
Human Resources

DATE: September 21, 2023

SUBJECT: 2024 Annual Benefits Open Enrollment Period

Princeton University’s Retiree 2024 Annual Benefits Open Enrollment period will begin on Monday, September 25, 2023 and end on Friday, October 6, 2023. 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, 2024. **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.**

**Important Information**

- **The new rates for 2024 are enclosed. 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 2024 that you have today.

- If you want to change your health plan election, waive coverage, 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 by Friday, October 6, 2023.

- Enclosed in this packet you will find a book containing the Summary Plan Descriptions (SPDs) for Princeton’s retiree plans. These SPDs are the primary source of benefits information for Princeton University’s retiree healthcare plans. Electronic versions of these materials can be found on the Princeton University Human Resources website at [hr.princeton.edu/summary-plan-descriptions-spds](http://hr.princeton.edu/summary-plan-descriptions-spds). We are legally required to provide you with the SPDs and no action is required.
Health Care Plans Changes
The new rates for the health care plans for 2024 are enclosed, along with a comparison sheet that outlines the benefits available under each health care plan. The plan changes for 2024 are outlined in bold on the comparison chart. Below are highlights of the changes that will be effective on January 1, 2024:

**Princeton Health Plan Changes**
The in-network deductible for the Princeton Health Plan is increasing to $250 for an individual and $500 for a family. The in-network and out-of-network out-of-pocket maximums (OPMs) will no longer be based upon your salary at retirement; the in-network OPM will now be $2,750 for an individual and $5,550 for family, regardless of salary.

Copays for lab services performed at a preferred lab (Quest and LabCorp) will be increasing to $20; for lab services performed at a non-preferred in-network lab, you will continue to pay 40% after meeting the deductible. There is no coverage for out-of-network lab services.

You will now pay a $20 copay for radiology (including high-tech radiology) scans performed at an independent facility and for nuclear medicines scans. In addition, outpatient surgery/professional services will be covered at a $500 copay, after the annual deductible is met.

**HMO Plan Change**
The OPM for the HMO plan will be reduced to $1,500 for an individual and $3,000 for family. The copay for in-person mental health visits will be reduced to $15 and the copay for Teladoc Behavioral Health will be reduced to $10.

Copays for lab services, durable medical equipment, radiology (including hi-tech radiology) and nuclear medicine scans will increase to $15. In addition, you will now pay a $30 copay for outpatient surgery/professional services performed at an independent facility.

**Consumer Directed Health Plan Change**
Retirees now have the option to enroll in the Consumer Directed Health Plan (CDHP). Due to legislative requirements, the deductible and OPM are increasing for 2024.

<table>
<thead>
<tr>
<th></th>
<th>Individual</th>
<th>Family</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deductible (in-network)</td>
<td>$1,600</td>
<td>$3,200</td>
</tr>
<tr>
<td>Out-of-Pocket Maximum (in-network)</td>
<td>$3,200</td>
<td>$6,400</td>
</tr>
<tr>
<td>Deductible (out-of-network)</td>
<td>$3,200</td>
<td>$6,400</td>
</tr>
<tr>
<td>Out-of-Pocket Maximum (out-of-network)</td>
<td>$6,400</td>
<td>$12,800</td>
</tr>
</tbody>
</table>
Hinge Health
Hinge Health is a virtual physical therapy program designed to address chronic back, knee, hip, neck, or shoulder pain. This program is available to you and your dependents, age 18 or older, who are enrolled in a Princeton medical plan. There is no cost to you for using Hinge. For more information, Aetna members can visit [www.hinge.health/princetonaetna](http://www.hinge.health/princetonaetna) and UHC members can visit [www.hinge.health/princetonuhc](http://www.hinge.health/princetonuhc).

Gender Affirmation Surgery
Coverage for gender affirmation surgery will be updated to align with the current World Professional Association for Transgender Health (WPATH) standards of care.

Brightline
Brightline provides virtual mental health therapy and coaching for children 17 and under who are enrolled in a Princeton medical plan. Brightline’s team of licensed therapists, psychologists, psychiatrists, and coaches can assess, diagnosis, treat and provide medication management for children suffering from a mental health concern or life change. For more information, visit [hr.princeton.edu/thrive/wellness-resources/brightline-therapy](http://hr.princeton.edu/thrive/wellness-resources/brightline-therapy)

OptumRx Prescription Drug Plan
There will be no plan design changes for 2024.

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>

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. Additional information on the OptumRx prescription plan can be found at [hr.princeton.edu/thrive](http://hr.princeton.edu/thrive).
Important Information on a Prescription Drug Plan Change for Pre-65 Retirees who are Approaching Age 65 and/or for their Medicare Eligible Dependents

If you have a Medicare-eligible dependent, they will be enrolled in the Princeton University Medicare Prescription Drug plan; this plan is called an Employer Group Waiver Plan (EGWP) under the Medicare Part D program. As a pre-65 retiree, you will continue to be enrolled in your current prescription drug plan until you become eligible for Medicare, at which time you will automatically be enrolled in the EGWP plan. The benefits team will notify you of this change prior to your 65th birthday. 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, 2024 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.”

Benefit Resources
Princeton University offers its retirees the resources listed below to help manage their family’s health. More information on these programs can be found at hr.princeton.edu/thrive.

Memorial Sloan Kettering MSK Direct is available to retirees and their loved ones and provides access to a team of professionals who specialize in cancer care to guide eligible faculty and staff through the process of diagnosis and treatment and oversee one’s care experience every step of the way. MSK Direct can be reached at (844) 303-2123.

2nd.MD provides confidential expert medical opinion services, at no cost, for you and your covered dependents enrolled in a Princeton retiree medical plan. When faced with a medical condition or surgery, 2nd.MD will connect you with leading doctors via phone or video call for an expert medical opinion, and they can also help locate high quality in-network providers for any issue, including mental health concerns. 2nd.MD also provides expert medical support for any clinical concerns or questions you may have. You can contact 2nd.MD at (866) 841-2575 or www.2nd.MD/princeton.
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 including billing and claim issues, explaining coverage, finding doctors, scheduling appointments, and navigating Medicare. Health Advocate is available at (866) 695-8622 or www.healthadvocate.com/princeton

Billing Information
If ECSI bills you for your monthly premium, please keep in mind that you will receive your 2024 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, 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 2024
- 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, 2024. 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.