Healthcare & Retirement Benefits 2024
at Princeton under the Affordable Care Act
This communication is intended to be a Summary of Material Modifications (SMM) for the healthcare, retirement, and other benefits plans and programs. It describes your benefits plans including any changes effective January 1, 2024. Although Princeton intends to continue these benefits, the University reserves the right to amend or terminate these plans at any time. You can find full details regarding coverage, eligibility, and limitations in the Summary Plan Descriptions (SPDs) on our website. You may also request to receive a paper copy of an SPD by contacting the Benefits Team.

As a requirement of the Patient Protection and Affordable Care Act (PPACA), Princeton must provide a Summary of Benefits Coverage (SBC) to all participants and their dependents. The SBC is designed to provide you with a summary about a health plan's benefits and coverage to help you better understand and evaluate your health insurance choices. The SBC is available on our website. You may request a paper copy of the SBC by contacting the Benefits Team.

If there are any discrepancies between the information in this publication, verbal representations, and the plan documents, the plan documents always govern.

You are entitled to receive this SMM under the Employee Retirement Income Security Act of 1974 (ERISA). You also have other important rights under ERISA. These are explained in more detail on our website.

Human Resources Benefits Team
(609) 258-3302
benefits@princeton.edu | hr.princeton.edu/thrive
Dependent Eligibility and Verification

Eligible dependents include a spouse and eligible children until December 31 of the year in which they turn 26. Eligible children include biological, step, adopted, and foster children or children for whom you are the legal guardian. Coverage is available to eligible children regardless of student, residential, or marital status; the spouse and/or children of an eligible child are not eligible. Children who are physically or mentally challenged and become disabled before the end of the calendar year in which they turn 26 may still be eligible for coverage.

Ineligible dependents include:

• Civil union or domestic partners
• Former stepchildren of ex-spouses, even if you are required to provide health insurance coverage as dictated under a Qualified Medical Child Support Order (QMCSO)
• Extended family members—mother, father, siblings, grandparents, in-laws, etc.—under any circumstances.

For a full list of ineligible dependents visit hr.princeton.edu/thrive/health/dependents-eligibility-and-verification.

Verification

You must provide dependent verification documentation within 31 days from the effective date of your coverage for each dependent you are enrolling in Princeton’s health plans.

Please submit copies of documents by fax to (609) 258-5920 or by email to dv31@princeton.edu. If you are sending the documents via SecureSend at securesend.princeton.edu (log in to SecureSend with your NetID and password), you must address the email to dv31@princeton.edu. You can also call the Benefits Team at (609) 258-3302. All documentation is kept confidential.

All Employees

All eligible employees have the opportunity to enroll in or make changes to benefits coverage each fall, during the Open Enrollment period, for benefits effective January 1 of the following year.

DEPENDENT VERIFICATION: Documentation Required

Below is a list of required dependent verification documentation. We reserve the right to request additional documentation as necessary.

SPOUSE

Marriage certificate\(^1\) and most recently filed tax return with Social Security numbers and all financial information redacted, i.e., blacked out, by the employee

BIOLOGICAL CHILD\(^2\)

Birth certificate\(^3\)

ADOPTED CHILD\(^2\)

Legal adoption papers

STEPCHILD\(^2\)

Birth certificate including names of biological parents and employee’s marriage certificate

LEGAL WARD\(^2\)

Legal guardianship papers showing full financial support and custody responsibilities

FOSTER CHILD\(^2\)

Official placement papers

1 Foreign nationals can provide current visa documentation showing marriage in lieu of a marriage certificate.
2 Must be under age 26 at the time of enrollment. Once enrolled, coverage can continue through the calendar year in which the child turns 26.
3 Foreign nationals can provide current visa documentation listing dependent child(ren) in lieu of a birth certificate(s).
Qualifying Status Events

Your health and welfare benefits remain in effect for the calendar year, unless you experience a qualifying status event, like:

- Marriage or divorce
- Birth or adoption of a child
- Death of a spouse or child
- A loss or gain of benefits eligibility for yourself, a spouse, or a child
- Transition from full-time to part-time status, or vice versa, that changes eligibility for benefits for you or a spouse
- You or a spouse take or return from an unpaid leave of absence
- Any significant change in your family’s healthcare plan coverage through a spouse’s healthcare plan

If you experience a qualifying status event, you must contact the Benefits Team at benefits@princeton.edu or 609-258-3302 to make changes to your coverage within 31 days, or within 90 days for the birth or adoption of a child. Since these changes must comply with IRS regulations, you must provide proper documentation for your change, such as a birth certificate or divorce decree, and your benefits changes must be consistent with the qualifying status event. Most changes are effective the first day of the month following the date of the event (or, if the date of the event is the first day of the month, on that day). In the case of birth or adoption, the effective date is retroactive to the date of the birth or adoption.

Regardless of whether you have a qualifying status event, you can elect, change, or terminate participation in the Retirement Savings Plan.

Consumer Directed Health Plan with Health Savings Account

The Consumer Directed Health Plan (CDHP), administered by Aetna, provides three levels of coverage: in-network preferred, in-network non-preferred, and out-of-network.

For most in-network services and prescription drug coverage, you must first meet a deductible of $1,600/individual or $3,200/family before coverage is provided. For family coverage, there is no individual deductible, so the family deductible must be reached before coverage begins. However, there is an individual out-of-pocket maximum (OPM). If an individual incurs expenses that exceed the individual OPM ($3,200), covered expenses for that individual are reimbursed at 100% through the end of the calendar year, even if the full family OPM ($6,400) has not yet been met. Other family members would have to satisfy the remaining portion of the family OPM before their expenses are reimbursed at 100%.

If you elect coverage under the CDHP, you have the option to open in a Health Savings Account (HSA) through a bank. The HSA is an account you own and can contribute into to pay for healthcare expenses now, as well as in the future.

**Important Reminders About HSA Contributions and Exclusions:** Under IRS regulations, if you enroll in the HSA, you cannot participate in a healthcare flexible spending account (FSA), enroll in Medicare, or be covered under another medical plan that is not an IRS-qualified high deductible plan. Additional rules and exclusions apply. These rules are set by the IRS. For more information, view IRS Publication 969 on the IRS website.

Medical Plan ID Cards

When you enroll or make changes to your medical coverage, you’ll receive an ID card in the mail at home. You can print a temporary ID card through the provider website. You’ll receive a separate ID card for the Prescription Drug Plan.
The **Summary Plan Description (SPD)** and **Summary of Benefits Coverage (SBC)** are available on our website.

**Please note:** The dollar or percentage amounts in the chart below reflect the patient-paid portion of the incurred medical costs.

<table>
<thead>
<tr>
<th>Service</th>
<th>In-Network Preferred</th>
<th>In-Network Non-Preferred</th>
<th>Out-of-Network(^1)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Annual Deductible</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Individual/Family</td>
<td>$1,600/$3,200</td>
<td></td>
<td>$3,200/$6,400</td>
</tr>
<tr>
<td><strong>Out-of-Pocket Maximum (OPM)</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Individual/Family</td>
<td>$3,200/$6,400(^2)</td>
<td></td>
<td>$6,400/$12,800(^2)</td>
</tr>
<tr>
<td><strong>Physician Visits</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Preventive Care and Immunizations(^3)</td>
<td>$0</td>
<td>50% after deductible</td>
<td></td>
</tr>
<tr>
<td>Teladoc General Medicine</td>
<td>$0</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>Primary Care Physician (PCP)</td>
<td>20% after deductible</td>
<td>50% after deductible</td>
<td></td>
</tr>
<tr>
<td>Standard Specialists</td>
<td>20% after deductible</td>
<td>50% after deductible</td>
<td></td>
</tr>
<tr>
<td>Tiered Specialists</td>
<td>N/A</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td><strong>Emergency Services</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Urgent Care Center</td>
<td>$0 after deductible</td>
<td>50% after deductible</td>
<td></td>
</tr>
<tr>
<td>Emergency Room (\text{No coverage for non-emergencies})</td>
<td>$0 after deductible</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Inpatient Hospital Services(^4)</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medical and Surgical Procedures</td>
<td>20% after deductible</td>
<td>50% after deductible</td>
<td></td>
</tr>
<tr>
<td>Mental Health</td>
<td>20% after deductible</td>
<td>50% after deductible</td>
<td></td>
</tr>
</tbody>
</table>

\(^1\) If you choose to go out-of-network under the CDHP, costs above 180% of the Medicare allowable rate are your responsibility.

\(^2\) The OPM is on an individual basis. If any covered person exceeds the individual OPM, covered expenses for that person are reimbursed at 100%, even if the full family OPM has not yet been met.

\(^3\) Includes seven well-baby visits in the first year of a child's life.

\(^4\) Coverage requires precertification.

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**Family Planning and Fertility**

These services are covered under all of the medical plans in-network through Kindbody. [See page 7](#) and visit [hr.princeton.edu/thrive/wellness-resources/fertility-family-planning-benefits-kindbody](http://hr.princeton.edu/thrive/wellness-resources/fertility-family-planning-benefits-kindbody).
The **Summary Plan Description (SPD)** and **Summary of Benefits Coverage (SBC)** are available on our website.

**Please note:** The dollar or percentage amounts in the chart below reflect the patient-paid portion of the incurred medical costs.

<table>
<thead>
<tr>
<th>CDHP</th>
<th>In-Network Preferred</th>
<th>In-Network Non-Preferred</th>
<th>Out-of-Network&lt;sup&gt;1&lt;/sup&gt;</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Outpatient Services</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Surgical Procedures&lt;sup&gt;2&lt;/sup&gt; Independent Facility/Hospital</td>
<td>20% after deductible</td>
<td>50% after deductible</td>
<td></td>
</tr>
<tr>
<td>Laboratory&lt;sup&gt;3&lt;/sup&gt;</td>
<td>$0 after deductible</td>
<td>40% after deductible</td>
<td>Not covered</td>
</tr>
<tr>
<td>Radiology (X-Ray) Independent Facility/Hospital</td>
<td>$0 after deductible/20% after deductible</td>
<td>Not covered</td>
<td></td>
</tr>
<tr>
<td>Hi-Tech Radiology&lt;sup&gt;2&lt;/sup&gt; (MRI, CAT, etc.) Independent Facility/Hospital</td>
<td>$0 after deductible/20% after deductible</td>
<td>Not covered</td>
<td></td>
</tr>
<tr>
<td>Mental Health</td>
<td>20% after deductible</td>
<td>25% after deductible</td>
<td></td>
</tr>
<tr>
<td>Annual Eye Exam/ Prescription Eyeglasses and/or Contact Lenses</td>
<td>Not covered</td>
<td>Not covered</td>
<td></td>
</tr>
<tr>
<td>Physical Therapy</td>
<td>20% after deductible</td>
<td>50% after deductible</td>
<td></td>
</tr>
<tr>
<td>Chiropractic Care&lt;sup&gt;2&lt;/sup&gt; (20 visits per calendar year)</td>
<td>20% after deductible</td>
<td>50% after deductible</td>
<td></td>
</tr>
<tr>
<td>Acupuncture&lt;sup&gt;2&lt;/sup&gt; (20 visits per calendar year)</td>
<td>20% after deductible</td>
<td>50% after deductible</td>
<td></td>
</tr>
</tbody>
</table>

1 If you choose to go out-of-network under the CDHP, costs above 180% of the Medicare allowable rate are your responsibility.
2 Coverage requires precertification.
3 Quest Diagnostics and LabCorp are preferred labs.

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**Limits on Out-of-Network Costs**

You may seek care outside the network for all plans except for the HMO. However, not all out-of-network services are covered, and they can cost significantly more than in-network services. For this reason, when you choose to go out-of-network the maximum the plans reimburse is limited using data provided by Medicare. This amount, called the *recognized charge*, is calculated at 180% of the Medicare allowable rate for most services. You will be responsible for costs above the allowable rate. For the J-1 Visa Plan, out-of-network costs are subject to reasonable and customary limits.
Get The Most Out Of Your Medical Plan

Precertification
Various services such as inpatient stays, certain tests and procedures, outpatient surgery, and high-tech radiology require precertification by Aetna. If you do not use an in-network provider, you are responsible for obtaining precertification.

Preferred Labs
Quest Diagnostics and LabCorp are the preferred labs for Aetna. If you use any other in-network lab, you are charged more. There is no coverage for out-of-network lab services.

Institutes of Quality
Aetna offers Institutes of Quality (IOQs) for CHD, behavioral health, transplant services, bariatric surgery, and orthopedic procedures for joints and spine.

Navigating the Plan
To find an in-network provider, you can search on Aetna's website:

[link to Aetna website]

Aetna offers their own virtual mental health services:

- Call MDLive at (855) 824-2170 or go to [link to MDLive], call Inpathy at (800) 442-8938, or go to [link to Aetna website] or call Aetna at (800) 535-6689.

Visits are covered at the same cost as in-network in-person mental health visits.

Teladoc Telemedicine
Employees and their dependents enrolled in a Princeton medical plan have access to Teladoc virtual telemedicine services 24/7 at [link to Teladoc website] or 855-835-2362:

- **General medicine**: Connect with a board-certified doctor 24/7 who can diagnose, recommend treatment, and prescribe medication for issues like cold/flu, fever, and more. Visits are covered at 100%.
- **Mental health**: Participants aged 18 and older can talk to a licensed health provider—including psychiatrists, psychologists, and counselors—who can provide both therapy and medication management for issues like depression, bipolar disorder, anxiety, and substance use. Visits are covered at the same cost as in-network in-person mental health visits.
- **Dermatology**: Teladoc's board certified dermatologists will diagnose skin issues and treat common conditions like acne, psoriasis, eczema, and more. Visits are covered at the same cost as in-network in-person specialist visits.

Hinge Health Virtual Physical Therapy
Hinge Health is a virtual physical therapy exercise program to support back and joint health, as well as to address chronic back, knee, hip, neck and shoulder pain. This program is available at no cost to you and your dependents, aged 18 or older, who are enrolled in the CDHP medical plan. Hinge will assign a personal care team including a physical therapist and health coach to guide you through a personalized program including exercises and stretches. Hinge is completely virtual, allowing you to complete your exercise therapy at any time, from anywhere. The Hinge Health app is easy to use and most therapy sessions can be completed in 15 minutes or less. Access through Aetna at [link to Hinge Health website] or call 855-902-2777.

Minimizing Costs
To minimize costs, consider using the resources outlined in this section, as well as:

- Urgent Care Centers instead of Emergency Rooms for non-life threatening emergencies
- Independent outpatient facilities
- Independent radiology centers
- In-network providers
Prescription Drug Plan

The Princeton medical plan provides prescription coverage through OptumRx. The plan uses a formulary, which is a list of prescribed medications—both generic and brand-name—proven to be both clinically and cost effective. Prescriptions are categorized into three tiers that determine your cost. If you or your physician chooses a brand name drug that has a generic equivalent, you pay the difference between the cost of the brand name drug and the generic drug, plus the generic copay. A limited number of brand name prescriptions may be less expensive than generics. In these instances, when you fill the prescription for the brand name drug, you will pay the generic copay.

Certain preventive prescriptions, as well as contraceptives, are covered at 100%. This applies to generic and preferred brand drugs as well as some prescribed over-the-counter (OTC) drugs.

Refer to hr.princeton.edu/thrive/health/2024-prescription-drug-plan for the list of formulary medications. If your current prescription is not a generic or preferred medication on the formulary, contact OptumRx to find the best way to minimize your costs.

Under the CDHP, coverage is provided after the plan's annual deductible is met with the exception of preventive prescriptions (see Preventive Drugs and IRS-Designated Drugs on hr.princeton.edu/thrive/health/2024-prescription-drug-plan).

You can call OptumRx at 877-629-3117.

Maintenance Medications and Mail Order

If you take certain prescriptions monthly, you can purchase a three-month supply through mail order at the same cost of a two-month supply at retail.

If you fill your maintenance medication through a retail pharmacy for more than three months, subsequent refills cost twice the retail pharmacy copayment. Use retail pharmacies for short-term prescriptions, such as antibiotics.

Appeals and Specialty Medications

If your physician prescribes a non-preferred or excluded medication due to negative results you experienced when using a preferred or generic medication, such as an allergic reaction, you may be eligible for coverage through a clinical exception. Your doctor can file a tier-lowering prior authorization (PA) request on your behalf with OptumRx. Specialty medications may only be covered through the OptumRx Specialty Services Pharmacy.

Copay Card Solutions Program

This program leverages manufacturer copay assistance programs, commonly referred to as coupons, to reduce costs for specialty medications. Contact OptumRx for details.

<table>
<thead>
<tr>
<th>CDHP</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Prescription Drugs</strong></td>
</tr>
<tr>
<td>Generic</td>
</tr>
<tr>
<td>Preferred Brand</td>
</tr>
<tr>
<td>Non-Preferred Brand</td>
</tr>
</tbody>
</table>

* If you fill your maintenance medication through a retail pharmacy for more than three months, subsequent refills cost twice the retail pharmacy copayment.
Other Benefits

**MSK Direct Cancer Support**

**MSK Direct**, through Memorial Sloan Kettering Cancer Center, provides direct access to a team of professionals who specialize in cancer care to guide eligible faculty, staff, and their loved ones through the process of diagnosis and treatment and oversee the care experience every step of the way. **MSK Direct** is provided at no cost. Whether you need treatment, a virtual or in-person second opinion, or expert guidance on topics like prevention and caregiving, **MSK Direct** can help get you excellent care—whether at one of the three MSK facilities in New York or New Jersey, or close to home. Aetna participants have access to MSK as an in-network provider. **MSK Direct** will:

- Offer an appointment with the appropriate specialist within two business days of calling
- Gather necessary medical records before the patient’s first appointment
- Answer questions, coordinate the services, help navigate critical steps, and optimize the care experience

**AbleTo Therapy and Support**

AbleTo provides virtual therapy and emotional support to help with the stress and anxiety that comes with a medical condition or life change. You will work with two AbleTo specialists, a therapist, and a behavioral coach, for eight weeks.

You and/or your dependents must be enrolled in a Princeton medical plan to access AbleTo. For CDHP participants, the initial consultation costs $300, and subsequent visits cost $275; visits are then covered at 100% after the deductible is met.

**Brightline Virtual Mental Health Support for Kids and Teens**

Children aged 18 months through 17 years who are enrolled in the CDHP medical plan have access to Brightline for virtual therapy and coaching. Brightline’s care coordination team will determine what type of care is needed and provide a virtual appointment within one week. Visits are covered at the same cost as in-network mental health visits under the plan.

If your child has a mental health issue, the Brightline team of licensed therapists, psychologists, and psychiatrists can assess, diagnosis, develop a treatment plan, and provide medication management. In addition to therapy, coaching is available for everyday issues like stress or transitions.

Brightline provides specialized support and resources for caregivers, and will coordinate with external care teams such as pediatricians and schools. Access through [www.hellobrightline.com](http://www.hellobrightline.com).

**Fertility and Family Planning Services**

If you are enrolled in the Princeton medical plan, Kindbody’s fertility and family planning services are available to you and your spouse. The program provides medical and prescription coverage for up to four cycles per member per lifetime. Fertility services are covered in-network at Kindbody’s clinics or Kindbody’s Centers of Excellence network; there is no out-of-network coverage. Medically necessary fertility preservation for children may be covered in some circumstances; see the Summary Plan Description (SPD) for details. For more details, go to [hr.princeton.edu/thrive/wellness-resources/fertility-family-planning-benefits-kindbody](http://hr.princeton.edu/thrive/wellness-resources/fertility-family-planning-benefits-kindbody).

**If You Are Injured at Work (Workers’ Compensation)**

If you are injured on the job, contact your supervisor and Occupational Health Services. Go to the nearest hospital or urgent care center for an accident that occurs off hours or in the case of an emergency. If you are eligible, Workers’ Compensation provides coverage for medical treatment and wage replacement for an approved absence from work if you suffer a work-related injury, illness, or disability. View the Workers Compensation policy at [hr.princeton.edu/thrive/health/workers-compensation](http://hr.princeton.edu/thrive/health/workers-compensation).
Princeton University Retirement Savings Plan

The Retirement Savings Plan is a 403(b) plan that allows you to save money for your financial future. You contribute to your account on a pretax and/or a Roth after-tax basis, subject to IRS limits. The University does not contribute to the Retirement Savings Plan.

In 2024, the calendar year contribution limit is $23,000. If you are age 50 or older, you may contribute an additional amount ($7,500 in 2024). If you contribute pretax and Roth after-tax, the two plans are combined for the purpose of the annual limit. You can start, stop, increase, or decrease your contributions at any time. Please note, if you save pretax and are a resident of New Jersey or Pennsylvania, these contributions are not exempt from state tax when they are deducted from your pay.

The plan is administered by TIAA. You can choose to allocate funds among a variety of investments, and change your investments at any time. If you do not choose investments, your contributions default into the Vanguard Target to Retirement Fund closest to the year you reach age 65.

You are always 100% vested in your Retirement Savings Plan. The Retirement Saving Plan accepts rollovers from previous employer’s qualified retirement plans and Individual Retirement Accounts (IRAs).

ROTH AFTER-TAX CONTRIBUTIONS

You have the option to make contributions on an after-tax basis. Upon distribution, your contributions and earnings on those contributions are distributed tax-free if you receive the payout after age 59½ and it has been at least five years since making your first Roth contribution.

ACCESSING ACCOUNT FUNDS

The Retirement Savings Plan offers three options for withdrawal of funds while you are employed:

- **Loans:** The minimum loan is $1,000, and the maximum number of loans allowed from your account at any one time is three. The total of your outstanding loans cannot exceed $50,000 or 50% of your account, whichever is less.
- **Hardship Withdrawal:** If you have a financial hardship due to certain qualified reasons (including buying your primary residence, preventing eviction, or paying certain medical expenses) you may be able to take a hardship withdrawal from your account.
- **In-Service Distribution:** You may take an in-service distribution from your account any time after you reach age 59½ or are approved for a Long Term Disability leave.

IF YOU LEAVE PRINCETON

If you leave Princeton, you may take distribution of your account or roll it over to an IRA or other qualified plan. If you take your distribution and are under age 59½, you may be subject to a tax penalty in addition to ordinary income taxes.

Accessing Your Accounts

Log on to [tiaa.org/princeton](http://tiaa.org/princeton) to:

- Establish your account, login and password
- Name your beneficiaries
- Select your investment allocations

Call (800) 842-2776 to speak with a TIAA representative

Princeton's Retirement Savings Plan is a 403(b) Plan that allows you to save for your financial future and invest your contributions in a variety of funds. The University does not contribute to this plan. Your account belongs to you—you are always 100% vested.
Short Term Disability
Coverage is provided under the Short Term Disability plan as of your date of hire. The plan provides income replacement when you are unable to work for eight or more consecutive days due to an illness or non-work related injury. See hr.princeton.edu/thrive/wellness-resources/short-term-disability-plan.

New Jersey Family Leave Insurance
The New Jersey Family Leave Insurance (NJFLI) law provides eligible employees with up to 12 weeks of paid leave to bond with their child after birth or adoption, or to care for an eligible family member with a serious health condition. NJFLI may provide up to 85% of an employee’s average weekly wages, up to a maximum amount that is set each calendar year by the state of New Jersey. NJFLI benefits are approved and paid through the state. Under state law, the University withholds a state tax from employees’ paychecks to finance this program. For more information, visit hr.princeton.edu/thrive/health/new-jersey-family-leave-insurance.

Commuter Benefits Program
Through PayFlex’s Commuter Benefits Program, employees who travel to work using public transportation—trains, buses, subways, or van pools—can save tax dollars on commuting expenses. Monthly commuting expenses are deducted on a pretax basis from your paycheck and commuter-related products can be ordered online and mailed directly to your home. You can:

• Order transit vouchers or monthly transit passes
• Pay for parking or order parking vouchers
• Access a commuter debit card

The monthly maximum deduction amount is determined by the IRS annually. In 2023, the maximum pretax limits for both parking and transit expenses was $300. The 2024 limits will be posted at www.payflex.com when available.

USING THE PROGRAM
You can sign up or make changes on a monthly basis at www.payflex.com. You must place your orders by the 10th of each month prior to the month in which you need them. Incurred costs of your commuting expenses are deducted pretax from your paycheck the month after you place an order. You can place orders more than the pretax limit; however, you need to pay for any expenses that exceed the pretax limit with your personal credit card. Any unclaimed contributions are forfeited.
Certain benefits offered to you by Princeton University may be offered pretax, after-tax, or subject to imputed income on your W-2.

**FORM 1095-C**
The Affordable Care Act (ACA) requires certain employers to send an annual statement describing the healthcare coverage available to certain employees—Form 1095-C. If eligible, you will receive your 1095-C from Princeton University on or about February 1. Please make sure that the Social Security numbers (SSNs) provided for you and your dependents are entered in HR Self Service and are accurate.

**NEW JERSEY INDIVIDUAL HEALTH INSURANCE MANDATE**
The New Jersey Individual Health Insurance Mandate requires New Jersey residents without health coverage to pay a tax penalty. Under the law, New Jersey residents who are subject to the mandate and their dependents must have minimum essential coverage during each month of the year. Additional states have implemented insurance mandates, so if you work outside of New Jersey, check with your state.

**IMPUTED INCOME**
IRS regulations require that you pay taxes on the cost or value of certain benefits provided by your employer, even though no money is received. This imputed income is added to your taxable income on your W-2 each year.

**RETIREMENT SAVINGS PLAN**
Pretax Savings: Contributions and related gains or losses are tax-deferred for federal income tax. If you live in Pennsylvania or New Jersey, the contributions are subject to state income tax. If you live in New York, your contributions are also tax-deferred for state income tax. All contributions are subject to FICA taxes.

After-tax Savings: Contributions are made after-tax, and the earnings grow tax-free. Withdrawals after age 59½ are tax-free if the distribution is no earlier than five years after contributions were first made.

**DEFINITIONS OF DEPENDENT FOR TAX PURPOSES**
Under the definition in Section 152 of the Internal Revenue Code, dependents are defined as:

- Members of your household who maintain their principal place of residence in your home and
- You will furnish over half of their support for the year; in making this calculation, the amount you contribute toward their support must be compared with the amounts received for support by them from all other sources, including any amounts supplied by them and any earnings and
- For the current year, no other taxpayer can claim them as qualifying children for federal income tax purposes
## Health and Wellness Benefits

<table>
<thead>
<tr>
<th>Benefit</th>
<th>Provider</th>
<th>Group Number/Plan ID</th>
<th>Phone Number</th>
<th>Website</th>
</tr>
</thead>
<tbody>
<tr>
<td>Consumer Directed Health Plan</td>
<td>Aetna</td>
<td>486819</td>
<td>(800) 535-6689</td>
<td><a href="#">hr.princeton.edu/thrive/health/2023-consumer-directed-health-plan</a></td>
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<td>Teladoc Telemedicine (General Medicine, Dermatology, Mental Health)</td>
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<td>NA</td>
<td>(855) 835-2362</td>
<td>teladoc.com/princeton</td>
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<td>Physical Therapy</td>
<td>Hinge Health</td>
<td>NA</td>
<td>(855) 902-2777</td>
<td><a href="#">hr.princeton.edu/thrive/wellness-resources/hinge-health</a> (Aetna), <a href="#">www.hinge.health/princetonaetna</a> (UHC)</td>
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<td>Prescription Drug Plan</td>
<td>OptumRx</td>
<td>PURPRNCEM</td>
<td>(877) 629-3117</td>
<td><a href="#">optumrx.com</a></td>
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<tr>
<td>MSK Direct</td>
<td>MSK</td>
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<td>(844) 303-2123</td>
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<td>AbleTo</td>
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<td>(855) 773-2354</td>
<td><a href="#">member.ableto.com/princeton</a></td>
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<td>Kids, Teens Virtual Therapy &amp; Coaching</td>
<td>Brightline</td>
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<td>(888) 224-7332</td>
<td><a href="#">www.hellobrightline.com</a></td>
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<td>Fertility and Family Planning</td>
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<td>(833) 216-2345</td>
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## Financial Wellness Benefits

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<td>Retirement Savings Plan</td>
<td>TIAA (Main)</td>
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<td>(800) 842-2776</td>
<td><a href="#">tiaa.org/princeton</a></td>
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<td>TIAA (PPPL)</td>
<td>102866</td>
<td>(800) 842-2776</td>
<td><a href="#">tiaa.org/princeton</a></td>
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<td>Commuter Benefits Program</td>
<td>PayFlex</td>
<td>120632</td>
<td>(800) 284-4885</td>
<td><a href="#">payflex.com</a></td>
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