Comparison of Benefits
available through health care plans offered by Princeton University in 2009

Summary of Services
This is intended to provide an overview of plan benefits. Please refer to the various carrier packages or websites for the exact coverage level of specific services.

### Preferred Provider Organization Plan

<table>
<thead>
<tr>
<th>UnitedHealthcare Options (PPO)</th>
<th>Aetna Preferred Provider (PPO)*</th>
<th>UnitedHealthcare Select Plus POS</th>
<th>Aetna Choice POS II</th>
<th>Aetna HMO</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>In-network</strong></td>
<td><strong>Out-of-network</strong></td>
<td><strong>In-network</strong></td>
<td><strong>Out-of-network</strong></td>
<td><strong>In-network</strong></td>
</tr>
<tr>
<td>Individual: $300</td>
<td>Individual: $300</td>
<td>Individual: $300</td>
<td>Individual: $300</td>
<td>Individual: $300</td>
</tr>
<tr>
<td>Family: $600</td>
<td>Family: $600</td>
<td>Family: $600</td>
<td>Family: $1,200</td>
<td>Family: $1,200</td>
</tr>
<tr>
<td><strong>Annual deductible</strong></td>
<td><strong>Annual deductible</strong></td>
<td><strong>Annual deductible</strong></td>
<td><strong>Annual deductible</strong></td>
<td><strong>Annual deductible</strong></td>
</tr>
<tr>
<td>- 20% after deductible</td>
<td>- 20% after deductible</td>
<td>- 20% after deductible</td>
<td>- 10% (no deductible)</td>
<td>- 10% (no deductible)</td>
</tr>
<tr>
<td>- 20% after deductible</td>
<td>- 20% after deductible</td>
<td>- 20% after deductible</td>
<td>- 20% after deductible</td>
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<tr>
<td>- 10% after deductible</td>
<td>- 10% after deductible</td>
<td>- 10% after deductible</td>
<td>- 20% after deductible</td>
<td>- 20% after deductible</td>
</tr>
<tr>
<td>- Not covered</td>
<td>- Not covered</td>
<td>- Not covered</td>
<td>- Not applicable</td>
<td>- Not applicable</td>
</tr>
<tr>
<td>- Based on salary band</td>
<td>- Based on salary band</td>
<td>- Based on salary band</td>
<td>- Based on salary band</td>
<td>- Based on salary band</td>
</tr>
<tr>
<td><strong>Lifetime maximum medical/ surgical/mental health</strong></td>
<td><strong>Lifetime maximum medical/ surgical/mental health</strong></td>
<td><strong>Lifetime maximum medical/ surgical/mental health</strong></td>
<td><strong>Lifetime maximum medical/ surgical/mental health</strong></td>
<td><strong>Lifetime maximum medical/ surgical/mental health</strong></td>
</tr>
<tr>
<td>Unlimited</td>
<td>Unlimited</td>
<td>Unlimited</td>
<td>Unlimited</td>
<td>Unlimited</td>
</tr>
<tr>
<td>$2,000,000</td>
<td>$2,000,000</td>
<td>$2,000,000</td>
<td>$2,000,000</td>
<td>$2,000,000</td>
</tr>
</tbody>
</table>

### Hospital Benefits

#### Inpatient/medical/surgical care (including maternity)
- 10% after deductible
- 20% after deductible
- 30% after deductible
- 50% after deductible

#### Outpatient care for mental health
- 10% after deductible
- 20% after deductible
- 30% after deductible
- 50% after deductible

#### Emergency care
- $50 copay per visit
- $50 copay, waived if admitted
- $50 copay, waived if admitted
- $100 copay, waived if admitted

### Outpatient Benefits

#### Treatment by physician
- $15 copay per visit
- $15 copay per visit
- $15 copay per visit
- $15 copay per visit
- $15 copay per visit

#### Annual physical
- $15 copay per visit
- $15 copay per visit
- $15 copay per visit
- $15 copay per visit
- $15 copay per visit

#### Specialist
- $15 copay per visit
- $15 copay per visit
- $15 copay per visit
- $15 copay per visit
- $15 copay per visit

#### Well baby visits
- $15 copay per visit
- $15 copay per visit
- $15 copay per visit
- $15 copay per visit
- $15 copay per visit

#### Maternity
- $15 copay per visit
- $15 copay per visit
- $15 copay per visit
- $15 copay per visit
- $15 copay per visit

#### Preventive immunizations
- $15 copay per visit
- $15 copay per visit
- $15 copay per visit
- $15 copay per visit
- $15 copay per visit

#### Mental health
- 20% coinsurance (no deductible required)
- 30% coinsurance (no deductible required)
- 50% coinsurance (no deductible required)
- 75% coinsurance (no deductible required)
- 80% coinsurance (no deductible required)

#### All prescription drug coverage is through Medco Health
- Not applicable

#### Routine annual eye exams
- Not covered
- Not covered
- Not covered
- Not covered
- Not covered

#### Prescription eyeglasses or contact lenses
- Not covered
- Not covered
- Not covered
- Not covered
- Not covered

2009 Plan changes are noted below in bold
**UnitedHealthcare (POS) and Aetna (POS and HMO) forms are available online at www.princeton.edu/hr/ben/forms**

*For the new Aetna PPO Plan, when searching for providers on the Aetna website, please select the Aetna choice POS II (open access) network.*