Summary of Coverage

Employer: Princeton University
Group Policy: GP-397432
SOC: 6A
Issue Date: October 15, 2002
Effective Date: January 1, 2003

Employee:

The benefits shown in this Summary of Coverage are available for you and your eligible dependents.

Eligibility

Employees

You are in an Eligible Class if you are a regular full-time employee employed at the New Jersey location of your Employer and reside in the state of New Jersey.

If you elect to have coverage under any other dental plan sponsored by your Employer and such coverage becomes effective, this Booklet-Certificate will no longer apply. A new Booklet-Certificate will be issued to you. Contact your Employer for information as to when coverage under any other dental plan may be effective.

Your Eligibility Date, if you are then in an Eligible Class, is the Effective Date of this Plan. Otherwise, it is first day of the calendar month coinciding with or next following the date you commence active work for your Employer or, if later, the date you enter the Eligible Class.

Dependents

You may cover your:

• wife or husband; and
• unmarried children who are under 23 years of age.

Any other unmarried child under age 25 who goes to school on a regular basis and depends solely on you for support will be covered as a dependent.

Your children include:

• Your biological children.
• Your adopted children.

DMO Dental - New Jersey Specialty Services
Your stepchildren.
• Any other child you support who lives with you in a parent-child relationship.

You may also cover as your dependent a person who is your “domestic partner” as determined in accordance with rules set by your Employer.

No person may be covered both as an employee and dependent and no person may be covered as a dependent of more than one employee.

Enrollment Procedure

You will get a form to fill out. This form will allow your Employer to deduct your contributions from your pay. Be sure to sign and return it within 31 days of your eligibility.

Your contributions toward the cost of this coverage will be deducted from your pay and are subject to change. The rate of any required contributions will be determined by your Employer. See your Employer for details.

Effective Date of Coverage

Employees

Your coverage will take effect as follows:

You will be deemed to have completed the enrollment form only if all the required information has been provided and the form has been signed.

Initial Open Enrollment Period
If you are in an Eligible Class during the initial open enrollment period, your coverage will take effect on the date you become eligible, if during the open enrollment period you have completed the enrollment form.

Enrollments Thereafter
If you enter an Eligible Class after the initial open enrollment period, your coverage will take effect:

• on the date you become eligible, if by then you have completed the enrollment form; or
• on the date the written request is made, if you complete the enrollment form during the 31 days following the date you enter an Eligible Class.

Subsequent Open Enrollment Periods
If you do not enroll in accordance with the above provisions, your coverage will take effect on the first day of the second calendar month following the end of an open enrollment period designated by your Employer and agreed to by Aetna, if you have completed the enrollment form before or during the open enrollment period.
Dependent coverage that is contributory will take effect as follows:

Initial Open Enrollment Period
If you are in an Eligible Class during the initial open enrollment period your dependent coverage will take effect on the date you become eligible, if during the open enrollment period you requested dependent coverage and you have completed the enrollment form.

Enrollments thereafter
If you enter an Eligible Class after the initial open enrollment period your dependent coverage will take effect:

• on the date you become eligible, if you have requested dependent coverage and you have completed the enrollment form; or
• on the date the written request is made, if you complete the enrollment form during the 31 days following the date you enter an Eligible Class.

Subsequent Open Enrollment Periods
If you do not enroll your dependents in accordance with the above provisions, your dependent coverage will become effective on the first day of the second calendar month following the end of an open enrollment period designated by your Employer and agreed to by Aetna, if you have requested dependent coverage and you have completed the enrollment form before or during the open enrollment period.
Health Expense Coverage

Your Booklet-Certificate spells out the period to which each maximum applies. These benefits apply separately to each covered person. Read the coverage section in your Booklet-Certificate for a complete description of the benefits payable.

The Dental Care Plan - Specialty Care Dentist Services - Dental Care Schedule

<table>
<thead>
<tr>
<th>Applies to Covered Services Provided by Participating Specialty Care Dentists</th>
<th>Payment Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Specialty Services Expenses</td>
<td></td>
</tr>
<tr>
<td>Type B Services</td>
<td>100%</td>
</tr>
<tr>
<td>Type C Services</td>
<td>60%</td>
</tr>
<tr>
<td>Orthodontic Treatment</td>
<td>50%</td>
</tr>
</tbody>
</table>

Adjustment Rule

If, for any reason, a person is entitled to a different amount of coverage, coverage will be adjusted as provided elsewhere in the group contract, except that an increase is subject to any Active Work Rule described in Effective Date of Coverage section of this Summary of Coverage.

Benefits for claims incurred after the date the adjustment becomes effective are payable in accordance with the revised plan provisions. In other words, there are no vested rights to benefits based upon provisions of this Plan in effect prior to the date of any adjustment.

General

This Summary of Coverage replaces any Summary of Coverage previously in effect under the group contract. Requests for amounts of coverage other than those to which you are entitled in accordance with this Summary of Coverage cannot be accepted.

The insurance described in this Booklet-Certificate will be provided under Aetna Life Insurance Company policy form GR-29.

KEEP THIS SUMMARY OF COVERAGE WITH YOUR BOOKLET-CERTIFICATE
The following information is provided to you in accordance with the Employee Retirement Income Security Act of 1974 (ERISA). It is not a part of your booklet-certificate. Your Plan Administrator has determined that this information together with the information contained in your booklet-certificate is the Summary Plan Description required by ERISA.

In furnishing this information, Aetna is acting on behalf of your Plan Administrator who remains responsible for complying with the ERISA reporting rules and regulations on a timely and accurate basis.

**Employer Identification Number:**
21-0634501

**Plan Number:**
501

**Type of Plan:**
Welfare

**Type of Administration:**
Group Insurance Policy with:
Aetna Life Insurance Company
151 Farmington Avenue
Hartford, CT 06156

**Plan Administrator:**
Benefits Committee
Princeton University
1 New South
Princeton, NJ 08544

**Agent For Service of Legal Process:**
Benefits Committee
Princeton University
1 New South
Princeton, NJ 08544

**End of Plan Year:**
December 31

**Source of Contributions:**
Employee

**Procedure for Amending the Plan:**
The Employer may amend the Plan from time to time by a written instrument signed by the Princeton Benefits Committee.
Your booklet-certificate contains information on reporting claims. Claim forms may be obtained at your place of employment. These forms tell you how and when to file a claim.

If your claim is denied in whole or in part, you will receive a written notice of the denial from Aetna Life Insurance Company. The notice will explain the reason for the denial and the review procedures.

You may request a review of the denied claim. The request must be submitted, in writing, within 60 days after you receive the notice. Include your reasons for requesting the review. Submit your request to the office of the Aetna Life Insurance Company to which you submitted your initial request for benefit payment.

Aetna will review your claim and ordinarily notify you of its final decision within 60 days of receipt of your request. If special circumstances require an extension of time, you will be notified of such extension during the 60 days following receipt of your request.

As a participant in the group insurance plan you are entitled to certain rights and protections under the Employee Retirement Income Security Act of 1974. ERISA provides that all plan participants shall be entitled to:

1. Examine, without charge, at the Plan Administrator's office and at other specified locations such as worksites and union halls, all plan documents, including insurance contracts, collective bargaining agreements and copies of all documents filed by the plan with the U.S. Department of Labor, such as detailed annual reports.

2. Obtain copies of all plan documents and other plan information upon written request to the Plan Administrator. The administrator may make a reasonable charge for the copies.

3. Receive a summary of the plan's annual financial report. The Plan Administrator is required by law to furnish each participant with a copy of this summary annual report.

In addition to creating rights for plan participants, ERISA imposes obligations upon the persons who are responsible for the operation of the employee benefit plan.

The people who operate your plan, called "fiduciaries" of the plan, have a duty to do so prudently and in the interest of you and other plan participants and beneficiaries.

No one, including your employer may fire you or otherwise discriminate against you in any way to prevent you from obtaining a welfare benefit or exercising your rights under ERISA.

If your claim for a welfare benefit is denied in whole or in part, you must receive a written explanation of the reason for the denial. You have the right to have the plan review and reconsider your claim.

Under ERISA there are steps you can take to enforce the above rights. For instance, if you request materials from the plan and do not receive them within 30 days you may file suit in a federal court. In such a case, the court may require the Plan Administrator to provide the materials and pay up to $110 a day until you receive the materials, unless the materials were not sent because of reasons beyond the control of the administrator.

If you have a claim for benefits which is denied or ignored, in whole or in part, you may file suit in a state or federal court.
If it should happen that plan fiduciaries misuse the plan’s money or if you are
discriminated against for asserting your rights, you may seek assistance from the U.S.
Department of Labor or you may file suit in a federal court. The court will decide who
should pay court costs and legal fees. If you are successful, the court may order the
person you have sued to pay these costs and fees. If you lose, the court may order you
to pay these costs and fees, for example, if it finds your claim is frivolous.

If you have any questions about your plan, you should contact the Plan Administrator.

If you have any questions about this statement or about your rights under ERISA, you
should contact:

• the nearest office of the Pension and Welfare Benefits Administration, U.S. Department of Labor, listed in your telephone directory; or
• the Division of Technical Assistance and Inquiries, Pension and Welfare Benefits Administration, U.S. Department of Labor, 200 Constitution Avenue, N.W., Washington D.C. 20210.