

Princeton University Student Health Plan (SHP)
BENEFITS SUMMARY FOR OFF-CAMPUS HEALTH CARE
Student Health Plan 2011-2012

BENEFITS /PROVISIONS		See Page
In-Network (Preferred Provider) PPO	\$10 Office Visit Copayment is for Office Visit Only <i>Copayments Do Not Apply Toward \$200 Deductible***</i>	7
All Out-of-Network Services (Non-Preferred Provider)	80% After Deductible*	7
Plan Year Deductibles	\$200 per Student \$400 per Family	7, 15
Out-of-Pocket Expenses (<i>Office Visit and Prescription Copays and Deductibles Excluded</i>)	Up to a Maximum of \$5,000 in Medical Expenses (Annually)	7, 10
Plan Year Maximum Benefit	\$500,000 (Includes Prescription and Medical Expenses) (Per Individual Enrollee)	7, 10, 15
Maximum Lifetime Benefit for Medical/Surgical/Mental Health	\$1,000,000 (Includes Prescription and Medical Expenses) (Per Individual Enrollee)	7, 15
BENEFITS/ELIGIBLE EXPENSES*		
Outpatient Diagnostic Laboratory/Screening Tests	Laboratory/Screening Reimbursed at 100% (Benefit is Not Applied to Deductible)***	7, 16
Inpatient Medical/Surgical Care (Including Maternity)	80% After Deductible*	16, 17
Specialties (MRI, CAT Scans, Ultrasounds, X-rays)	80% After Deductible*	16
Mental Health Benefits: Inpatient	80% of Admissions up to 30 Days per Plan Year*	7, 8, 16
Mental Health Benefits: Outpatient	80% of Visits up to 30 Visits per Plan Year*	7, 8, 16
Physical Therapy Services (<i>Excluding Those Services Provided at Dillon Gym and Caldwell Fieldhouse</i>)	80% After Deductible*	15
Therapies/Complementary Medicine	80% After Deductible/Lifetime Maximum 60 Sessions per Modality/10 Sessions per UHS Referral*	7, 15, 16, 18
Prescriptions	\$100 Annual Deductible Per Student/\$200 Per Family; Retail Copayments - Generic \$5, Brand \$20, Multi-Source \$70; Plan Administrator - Medco Health	7, 17, 18, 19, 21
Childhood Immunizations (<i>Ages 11 and Under</i>) Gardasil (HPV) Immunization (<i>Ages 9-26</i>)	80% After Deductible*	8, 17
Well Baby Care	6 Well Baby Visits Up to and Including the 2nd Year Visit	8, 17
Repatriation and Medical Evacuation	Up to a Maximum of \$10,000	8, 9, 17
Dental	Preventative Dental Benefit Reimbursed at 100% up to \$125 Per Plan Year. Benefit is Not Applied to Deductible.*** (No Preauthorization is Needed - This Service Only)	7, 15, 16
Vision (Vision One Discount Program)	Eye Exam/Glasses/Contacts**	7, 17
EXCLUSIONS**		
Preventative Immunizations (<i>Ages 12 and Older</i>)	Not Covered	18
Routine Physicals, Well Woman Visits and Hearing Examinations	Not Covered	18
COSTS		
Student	\$1,620 per Year / \$810 per Semester	N/A
Dependents - Standard Plan - \$200 Deductible	Spouse - \$1,620; 1 Child - \$810 2 Children - \$1,620; 3 or More Children - \$2,430	10, 11, 12, 13
* Claims are reimbursed at 80% of eligible expenses or 100% after you have satisfied \$5,000 of eligible medical out-of-pocket expenses.		
** See Student Health Plan Document for further information about benefits or exclusions or call Aetna Student Health at (877) 437-6511.		
***\$10 office visit copayments, outpatient laboratory testing expenses, and preventative dental visit reimbursements are not applied to the Deductible.		

