

The Princeton University Student Health Plan

2011-2012 Student Health Plan Document

The Princeton University Student Health Plan (SHP)

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Quick Reference Guide

Student Health Plan Office

Tel: (609) 258-3138

Fax: (609) 258-9191

E-mail: shpo@princeton.edu

Internet: www.princeton.edu/uhs

Call Claims Administrator for Claim Information and SHP Eligibility

Toll-free: (877) 437-6511

Overseas: (617) 218-8400

To Make an Appointment for Authorization for Off-Campus Care

Tel: (609) 258-3141

Enrollees are responsible for becoming familiar with all SHP benefits, limitations, and exclusions. Contact Aetna Student Health at: (877) 437-6511 or www.aetnastudenthealth.com for more information regarding the plan or for claim assistance.

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.		

The Princeton University Student Health Plan Overview

Off-Campus Mandatory Health Care Coverage

New Jersey law requires that all students have comprehensive health and hospitalization coverage while attending Princeton University. All students are automatically enrolled in the Student Health Plan (SHP). Undergraduate students may submit their private health insurance election online, certifying they have comparable coverage. All undergraduate students have access to University Health Services (UHS) medical services whether they choose to enroll in or opt out of the SHP.

The Student Health Plan (SHP)

The SHP provides health and hospitalization benefits for health and hospital services not available from UHS or received off campus. The SHP covers all graduate students, undergraduates electing coverage, and dependents electing coverage (referred throughout as the “enrollee”). Plan benefits, exclusions, eligibility requirements, and other important information are detailed in this plan document.

Confidentiality

All information regarding an enrollee’s claim is treated as confidential to the extent permitted by law and in accordance with the confidentiality policy of the SHP.

General Information

University Policy and Comparable Coverage

Graduate Students

All graduate students are automatically enrolled in the SHP. The waiver system is not applicable to graduate students.

Undergraduate Students

Each year all undergraduate students are required to complete an annual insurance election online indicating if they want to enroll in the SHP or waive enrollment. If the SHP office does not receive the election by the published deadline, the student is automatically enrolled in the SHP in order to comply with state law, as noted above.

If a student elects to enroll in the SHP, a separate fee is automatically charged to the student’s account under the heading “Charges,” listed as SHP.

In order to waive coverage, a student’s health plan must meet the following criteria:

- Insurance or health plan must cover treatment for emergency care, medical and surgical treatment, diagnostic procedures, laboratory tests, specialty consultations, and hospitalization (including inpatient hospitalization for mental health/psychiatric care, and chemical dependency).
- The insurance or health plan must cover the student while he or she is in Princeton and during domestic or international travel.
- The minimum benefit per student must be at least \$100,000 per year or \$400,000 for a lifetime maximum.
- The plan must cover injuries resulting from the practice or play of athletic sports.
- The insurance carrier must be domiciled in the United States.

Authorization Requirements for Off-Campus Care

When an Authorization Is Required

The Princeton University SHP requires enrollees ages 16 and over to initiate care at University Health Services (UHS) before being referred for off-campus medical care. Exceptions are listed below (see **When an Authorization Is Not Required**).

Medical Care Authorization

The SHP requires that UHS provide an authorization *every 12 months* for off-campus medical care. Enrollees authorized to see an off-campus community provider by a UHS clinician during the plan year will need to contact UHS at 609-258-3141 to make an appointment if an updated authorization is needed before continuing with any ongoing medical services in the subsequent plan year. Enrollees can also contact Aetna Student Health directly at (877) 437-6511 to inquire about their authorization status. If the authorization has expired or is expiring in the near future, please be sure to call UHS to make arrangements to secure an updated authorization at (609) 258-3141 (for medical authorizations only). Medical care rendered without authorization by UHS is not covered by the plan, except as noted below.

Counseling Services Authorization

The SHP requires that UHS provide an initial authorization for off-campus counseling care if you are not already established with an off-campus mental health provider. Once you receive your initial authorization or if you have already received authorization in a prior year, you will not be required to obtain another authorization while you are an SHP enrollee. You may continue to see your mental health provider as an SHP enrollee per our plan provisions to include 30 inpatient days and/or 30 outpatient visits per plan year which begins each September 1 through August 31.

When an Authorization Is Not Required

- In the event of a life threatening emergency illness or injury requiring hospitalization or emergency room services.
- To use the \$125 preventative dental visit.
- For dependents under the age of 16.
- When off-campus care is needed during published Princeton University break periods (for example, fall recess, spring recess and summer break).
- When continuing with mental health services with an established off-campus mental health provider.
- For student enrollees who maintain *in absentia* status and their enrolled dependents receiving services outside Mercer County, New Jersey.
- Participants provided with the 90 days' extension of disability.

Enrollees should contact UHS prior to receiving any elective surgery procedures during recess periods or the summer so their medical chart may be properly updated.

Student Health Plan (SHP) Highlights

General Benefits Summary*

- Most eligible expenses are subject to the \$200 **deductible** per plan year (September 1 through August 31). The family deductible, including the student, is \$400 per plan year. See individual and family deductibles under “Definitions” on page 17 of this document.
- After the deductible is met, the plan pays 80 percent of eligible, usual, and customary, or reasonable (UCR), charges (see “Definitions”).
- There is a \$10 **copayment** for all in-network provider office visits. Out-of-network office visits are subject to the deductible and coinsurance. Copayments do not apply towards the \$200 deductible and plan year **out-of-pocket maximum** (up to \$5,000 annually).
- Eligible medical expenses over \$25,000 are reimbursed at 100 percent of UCR.
- The **annual maximum** of \$500,000 and the \$1,000,000 **lifetime maximum** benefit apply to all eligible expenses. These eligible expenses include medical and prescription claims that have been covered while the student was enrolled in the SHP.
- SHP enrollees are automatically enrolled in a **prescription drug plan** administered by Medco Health. There is an individual \$100 **annual deductible** and a \$200 **family deductible** for prescription benefits. Retail copayments (maximum 30 days’ supply) are as follows: Generic \$5, Brand \$20, and Multi-Source \$70. Home delivery copayments (maximum 90 days’ supply) are as follows: Generic \$10, Brand \$40 and Multi-Source \$140. Additional information about the prescription plan and specific benefits can be obtained at the following website: www.medcohealth.com. Benefit inquiries can be made directly to Medco Health at: (800) 711-0917.
- **Outpatient laboratory testing** charges are paid at 100% for diagnostic and/or screening tests **except when ordered as part of a physical examination**. These expenses do not apply toward the plan year deductibles.
- **Routine physicals, Well Woman visits, and hearing examinations** are not covered by the plan.
- The SHP includes a preventative dental benefit for an examination/visit, x-rays, prophylaxis/cleanings, and fluoride treatment – not to exceed \$125 per plan year. **This benefit does not require an authorization from UHS, and expenses incurred for preventative dental services do not apply toward the plan year deductibles.**
- Enrollees automatically receive **vision benefits** from the Aetna Vision Discount Program at no additional cost when they enroll in the SHP. Enrollees receive discounts on eye examinations and additional discounts on eyewear at participating providers within the EyeMed Select Network. Providers can be located on the Aetna Student Health Plan website at: www.aetnastudenthealth.com under DocFind or you may call (609) 437-6511.
- **Outpatient mental health visits** are reimbursed at 80 percent of eligible charges, with a maximum number of 30 visits per plan year.
- **Inpatient mental health admissions** are reimbursed at 80 percent of eligible charges up to 30 inpatient days per plan year.

* To fully understand your coverage, please review plan exclusions found on pages 16 and 17.

Pregnancy Benefits

Pregnancy benefits are covered in the same manner as other covered medical conditions. This includes complications resulting from pregnancy as a separate and distinct condition as well as the voluntary termination of a pregnancy.

Newborn Children

In the event of the birth of a child while the enrollee's (either male or female) coverage is in force, that child automatically becomes a covered person from the moment of birth, and for the first 31 days. There is no fee charged for SHP coverage for the first 31 days. **Notification of the child's birth must be made to the Student Health Plan Office within 48 hours of birth.**

An individual \$200 deductible applies to any claims submitted for services rendered to the newborn after discharge from the hospital during the 31-day period. The enrollee must complete and submit a **Dependent Enrollment Form** for his or her child within the 31-day period, or coverage terminates at the end of the 31 days. The Dependent Enrollment Form can be obtained from the UHS website at www.princeton.edu/uhs under the tabs Student Insurance and Links and Forms.

If the enrollee has previously purchased coverage for one or more dependents, an additional fee is billed when a newborn is enrolled and prorated starting with the 32nd day of coverage. No additional fees are incurred for three or more dependents.

Well Baby Care

Coverage for well baby care is as follows:

- Up to a maximum of 6 well baby visits including the 2nd year visit (\$10 office visit copayment applies).
- Required/scheduled immunizations for children ages 11 and under.

Mental Health Services Benefits

Inpatient Admissions

The SHP pays 80 percent of eligible UCR charges (see the **Definition** section for a complete explanation) for inpatient psychiatric admissions up to 30 days per plan year. Inpatient care is covered up to a maximum of 80 percent of eligible charges or 100 percent when the \$5,000 annual out-of-pocket expense provision has been satisfied.

Outpatient Visits

The SHP requires that UHS Counseling Services provide an initial authorization for off-campus counseling care if you are not already established with an off-campus mental health provider. The SHP pays 80 percent of eligible UCR charges up to 30 visits per plan year or 100 percent when the \$5,000 annual out-of-pocket expense provision has been satisfied.

Medical Evacuation, Repatriation, and Medical Services Received Abroad

Medical Evacuation

For international enrollees, benefits are paid up to \$10,000 for medical evacuation to his or her country of origin. For domestic enrollees traveling abroad, benefits are paid up to \$10,000 for medical evacuation back to the state of residence in the United States. The evacuation must, in

the opinion of the claims administrator, be medically necessary because appropriate health services are not otherwise available.

Repatriation

In the event of the death of an international enrollee while in the United States as an enrolled student at Princeton University or the death of a domestic enrollee while traveling abroad or the covered dependents of an enrollee in the SHP, benefits are paid up to \$10,000 for preparing and transporting the remains of the deceased to his or her country of origin.

Medical Services Received Abroad

The SHP does not make direct payment to health care providers outside the United States. Enrollees will be required to pay the physician for treatment or make payment to the hospital. Enrollees traveling abroad should secure a supply of SHP claim forms prior to departure. Claim forms together with receipts and itemized bills should be submitted directly to Aetna Student Health, P.O. Box 981106, El Paso, Texas 79998. Claim forms are available at: www.princeton.edu/uhs under the tabs Student Insurance and Links and Forms. Visit the University Travel homepage at <http://www.princeton.edu/travel/> and the Smart Traveler Enrollment Program (STEP) at <http://www.princeton.edu/travel/sos/smart-traveler-program/> for more travel-related information.

Athletic Injuries

The SHP provides the following coverage for injuries and illnesses sustained in athletic activities, including the practice and play of NCAA qualified intercollegiate sports, club sports, and intramural/recreational sports.

NCAA Qualified Intercollegiate Sports, Club Sports, and Intramural/Recreational Sports

Medical expenses for injuries and illnesses incurred during or resulting directly from the practice or play of intercollegiate, club or intramural/recreational sports, including medical expenses for an injury incurred while traveling to and from the practice or play of intercollegiate sports, are covered in the same manner as any other illness or injury after satisfying the \$200 annual deductible.

NCAA Qualified Intercollegiate Sports

After eligible expenses exceed \$75,000, a separate catastrophic accident policy under the NCAA for eligible expenses (as defined by the NCAA policy) associated with injuries resulting from the practice or play of qualified intercollegiate sports then covers eligible expenses, subject to certain limitations and exclusions.

If outside services are approved by the Athletic Medicine staff at UHS, a separate fund reimburses the student for the \$200 deductible, any copayments, and the 20 percent coinsurance up to \$5,000 per plan year. For more information including procedures associated with athletic injuries and illness, please see the website at: <http://www.princeton.edu/uhs/student-services/athletic-medicine-service> under the heading “Athletic Participation Information.”

Club Sports and Intramural/Recreational Sports

Medical expenses for injuries sustained while participating in Princeton University Department of Athletics club-sanctioned sports that do not fall within the definition of NCAA qualified intercollegiate sports are covered in the same manner as any other illness or injury after satisfying the \$200 annual deductible. The student is responsible for expenses over UCR and other expenses that are limited or excluded by the SHP.

After eligible expenses exceed \$25,000, a separate catastrophic accident policy pays up to \$1,000,000 for eligible expenses subject to UCR charges and other limitations and exclusions.

A summary of this accident insurance plan, providing a complete description of all benefits, limitations, and special provisions, is available at the Student Health Plan Office at UHS.

Medical expenses for injuries incurred during or resulting from the practice or play of sports that do not fall within the definition of either NCAA qualified intercollegiate sports or the Princeton University Department of Athletics sanctioned club sports are covered in the same manner as any other injury.

Costs and Billing

Student Health Plan (SHP) Costs and Billing

- **Undergraduate students.** The cost of the SHP is a separate charge and is billed according to the parent's tuition billing plan.
- **Graduate students.** The cost of the SHP is included in the University comprehensive fee and required annual fee for graduate students. A separate fee is also charged to students with *in absentia* status.
- **Graduate Students with DCE status, including those *in absentia*.** The cost of the SHP is covered by the reduced-cost tuition. Please see the Graduate School website under: <http://gradschool.princeton.edu/forms/acadforms> for more information about DCE status and its benefits.
- **Refunds.** If a student terminates enrollment at Princeton, the University refunds the SHP fee, on a prorated basis, using the same formula used for tuition refunds. **No refund is given for cancelling the SHP if the student continues enrollment at the University.**
- **Dependents.** Dependents enrolled in the SHP are billed through student accounts according to the student's billing plan. Fees are determined on an annual basis, except if there is an additional charge for a newborn or a dependent is enrolled due to an involuntary termination of coverage or other qualifying event such as marriage. In those instances fees would be on a prorated basis.

Financial Responsibility of Students and Covered Dependents

The enrollee is responsible for charges exceeding eligible, Usual and Customary or Reasonable (UCR) charges and other expenses that are limited or excluded by the SHP (for a definition of UCR see **Definitions**).

Maximum Out-of-Pocket Coinsurance Expenses

When the individual enrollee's SHP medical coinsurance reaches \$5,000 each plan year, the SHP then pays 100 percent of eligible medical expenses, up to an annual maximum benefit of \$500,000 per enrollee. All expenses (medical and prescription claims) that have been incurred while the student is enrolled in the SHP count toward the annual maximum of \$500,000 and the

\$1,000,000 lifetime maximum benefit. *This does not include the annual SHP \$200/\$400 deductible, the Prescription Plan \$100/\$200 deductible, or any office visit copayment amounts.*

Eligibility

Eligible Students

All enrolled graduate students are required to be covered by the SHP; this includes students with *in absentia* status.

The SHP is mandatory for all enrolled undergraduate students unless they submit a waiver/enrollment form by our published deadline, certifying that they have comparable coverage.

Extension of Eligibility: Undergraduate Students

Undergraduate students continuing to study at Princeton University on a nonenrolled basis and with the written approval from the Dean of the College may extend their SHP coverage for one semester.

Early Arrival Eligibility: Undergraduate Students

All new incoming undergraduate students participating in the Freshman Scholar's Institute (FSI) are eligible to enroll in the SHP coverage to coincide with their participation in this program which begins each July.

FSI students enrolling in the SHP will have their coverage activated in July when they begin the FSI program. An additional premium for the summer coverage will be billed to the enrollee's Student Account. Premium information for the summer coverage as well as the regular academic year will appear online through our Student Health Plan portal. Students are responsible for signing on using their NetID and making an annual election by the posted deadline. Further information can be located on our website at: www.princeton.edu/uhs under **Student Insurance, Student Health Plan.**

Early Arrival Eligibility: Graduate Students

All new incoming graduate students who meet the following criteria are required to be covered by the SHP.

- The student arrives on campus no earlier than July 1 for registration the following September; and
- The student holds an assistantship appointment from his or her department and is beginning to do research; or
- The student has summer support from a department or an outside source and is on campus early to begin a planned program of academic work known to and approved by the department; or
- The student is required to be on campus for a special academic or training program approved by the Graduate School Office.

A separate *pro rata* fee is charged to the Student Account billing statement at the time of early enrollment and is required for the enrollment or attendance of the student at Princeton University. Dependents of incoming graduate students may enroll early, and a *pro rata* fee is charged.

Extension of Eligibility: Graduate Students, Dissertation Completion Enrollment (DCE)

Graduate students who have not completed the Ph.D. degree within the normal enrollment period and who will be working full time on their dissertations may be recommended for DCE status. Graduate students granted DCE status may enroll for one term at a time for up to two years beyond the end of the normal enrollment period to complete their Ph.D. degree. DCE status and SHP coverage must be continuous from the last year of enrollment with regular or *in absentia* status in order to be eligible for an extension of the SHP. Those students granted DCE status by the Graduate School (GS) will be fully and formally enrolled graduate students with access to full student benefits, at a reduced-cost tuition which includes a mandatory Student Health Plan fee. DCE students may also enroll in the voluntary plans for an additional fee. Go to the GS website through this link for further details at: <http://gradschool.princeton.edu/forms/acadforms>.

Eligible Dependents

Eligible dependents include a student's spouse, same sex domestic partner, and unmarried children up to 26 years of age (including stepchildren, foster children, and legally adopted children, and providing the student is fully enrolled and eligible for coverage). A copy of a certified marriage certificate for spouses and a copy of a certified birth certificate for children must be provided at the time of enrollment to confirm eligibility for the dependent(s). To register a same sex domestic partner, please refer to the web site at: www.princeton.edu/uhs under Student Insurance.

A child who is physically or mentally incapable of self-support upon reaching age 26 may be continued under the SHP while remaining incapacitated and unmarried, subject to the enrollee's continuing coverage.

Services at University Health Services for dependents age 16 and older are included in the costs of the dependent SHP coverage. **Students should note that dependents age 16 and older are subject to the initiation of care requirements from UHS for off-campus medical care.**

Enrollment/Waiver Period

Enrollment Period

Undergraduates

The undergraduate enrollment/waiver period for the fall and spring semesters is posted and communicated annually beginning in early May. *The spring enrollment period is only for students who were not enrolled at Princeton University for the fall semester.* Parents are mailed out an insurance election letter to the address of record in mid May to remind the student about the annual election period. The student will register online with their NetId to either enroll in the Student Health Plan or waive out by the deadline date if they have insurance that exceeds or is comparable to the Princeton University Student Health Plan coverage. Returning undergraduates are also sent an email reminder the first week in May to enroll or waive before they leave campus.

Undergraduates are not allowed to enroll after the above stated periods unless proof is provided to the Student Health Plan Office within 31 days after coverage has been involuntarily terminated under an alternative insurance plan. In such cases, the SHP cost is prorated to the

first day of the month that SHP coverage becomes effective. Coverage begins on the date that the student presents proof of termination to the Student Health Plan Office.

Undergraduates are not eligible to waive the SHP coverage during the academic year, only during the annual enrollment period.

Dependents

The dependent enrollment period for the fall and spring semesters is posted and communicated annually beginning in early May. Dependents are not permitted to enroll after these periods unless proof is provided to the Student Health Plan Office that coverage has been involuntarily terminated under an alternative insurance plan (*except for newborns*) who must be enrolled within 31 days of birth. **Dependent coverage from a prior year is not automatically renewed the next plan year. You must enroll each year to renew your dependent(s) coverage.**

Period of Coverage, Termination of Coverage

Period of Coverage

The annual period of coverage under the SHP is from September 1 through August 31. There are no other periods of coverage, except as specifically provided by Princeton University for academic or other required programs.

Termination of Student Health Plan (SHP) Benefits

Undergraduate Students

Coverage ends the August 31 that falls after graduation in June unless a condition listed below under “**Termination of SHP Benefits Specific to All Enrollees**” occurs first (see below). Coverage under the SHP would end on the earlier of the two dates.

Graduate Students

Coverage is provided under the Student Health Plan (SHP) for up to 90 days after any of the five graduation times during the year: September, November, January, April or May/June. In order to be eligible for this extension of SHP coverage, graduate students must:

- Have been enrolled in Regular, ABS or DCE status up to the time they completed their program (that is, finished coursework, sustained their FPO) and been covered by the SHP;
- Have applied for the advanced degree by the published deadline; and
- Be graduating on the next degree list after having completed their program (that is, finished in January, February or early March for the April degree list; finished in June, July or August for the September degree list).

For degrees approved at the Board of Trustees Meeting in:

September – SHP coverage is extended until December 31,

November – SHP coverage is extended until January 31,

January – SHP coverage is extended until April 30,

April – SHP coverage is extended until June 30, and

May/June – SHP coverage is extended until August 31,

- Unless a condition listed below under **Termination of SHP Benefits Specific to All Enrollees** occurs first. Coverage under the SHP would end on the earlier of the two dates.

Termination of SHP Benefits Specific to All Enrollees Occurs in the Following Situations:

- Termination of student status for reasons such as withdrawal or leave of absence (refunds for the cost of the SHP is prorated based upon the date of departure from Princeton University);
- The date the enrollee becomes insured as an employee under any other policy group, franchise, Blue Cross/Blue Shield, or any other service or prepayment plan for accident and illness benefits; or the date the enrollee begins active service in the armed forces of any country.
- Dependent enrollee coverage terminates when the enrollee's coverage terminates as outlined above or on the date the dependent becomes insured as an employee under any other policy group or on the date the dependent reaches the age of 26.
- The date the University terminates the plan as applicable.

Extension of Coverage Due to Disability

Coverage continues if an enrollee is disabled or if an enrollee becomes confined to a hospital or is undergoing specialty treatment for an identified condition within 30 days prior to the termination of the SHP. The condition must be due to an accidental bodily injury or illness incurred before the coverage would have terminated. Such coverage continues, subject to the provisions of the SHP for treatment of the disabling condition, until 90 days after the date of normal termination of coverage or 90 days after the student's scheduled graduation (whichever occurs first).

Conversion Policy

If a student or a covered dependent has been covered under the SHP for at least one semester, the enrollee may, subject to established rules, access coverage through an independent insurance company as listed on our website. The independent insurance company guarantees the enrollee options for insurance coverage, and the benefits and provisions of their individual policy may differ from those of the Princeton University SHP. Applicants may also wish to check their local state insurance board for other insurance products and services and eligibility requirements for other plans.

Application for the individual policy from the independent insurance company must be made within 31 days after the coverage ends under the SHP. The purchase of a conversion policy is made directly by the applicant from the independent insurance company. Princeton University has made arrangements to provide this service but neither endorses nor administers the conversion policy. For more information regarding the current conversion policy, which is administered by Celtic Insurance Co., please contact them directly at (800) 365-2365 or visit our website at: www.princeton.edu/uhs.

Benefits

Provisions of the SHP

The Princeton University SHP covers eligible expenses incurred for off-campus treatment resulting from illness or injury that is not otherwise limited to or excluded by the SHP.

Plan Year Deductibles

Benefits are paid **after** an enrollee satisfies an individual deductible (within a plan year) consisting of \$200 of eligible medical expenses and \$100 for prescriptions. The family deductible (including the student) is \$400 per plan year for medical expenses and \$200 per plan year for prescriptions. The \$10 copayment for each physician office visit and prescription copays do not apply toward the annual medical deductible of \$200/\$400 or the prescription deductible of \$100/\$200.

Deductible Carryover

Although a new deductible applies each year, when a student enrolls early, expenses incurred prior to September 1, will be applied towards the deductible for the new plan year. No separate deductible will apply to the early enrollment period.

Plan Year and Lifetime Maximum Benefits

There is a \$500,000 maximum benefit per enrollee per plan year. The maximum lifetime benefit is \$1,000,000 per enrollee. Benefits terminate when (1) the maximum benefit has been paid under the schedule of benefits for a particular illness, injury, service, or supply; (2) the maximum plan year or lifetime benefit has been paid; or (3) the SHP coverage terminates. Any benefit payments that have occurred while the student was enrolled in the SHP will count towards the lifetime maximum of \$1,000,000.

Eligible Expenses

Eligible expenses include the following services that have been preauthorized by UHS (applicable to covered students and their dependents age 16 and older). All covered treatment must be preauthorized by UHS except as detailed under “Authorization **Requirements for Off-Campus Care.**”

- **Alcoholism/Chemical Dependency:** treatment for alcoholism/chemical dependency is provided on the same basis as any other illness.
- **Alternative Medicine and Treatments:** see **Complementary Medicine.**
- **Athletic Injuries:** expenses resulting from an athletic injury up to a maximum of \$75,000 from an enrollee’s practice or play of NCAA qualified intercollegiate sports and up to a maximum of \$25,000 for Princeton University Department of Athletics club-sanctioned sports. (See **Athletic Injuries** section.)
- **Complementary Medicine:** physician authorized expenses for manipulation (chiropractic), acupuncture, massage therapy, and biofeedback are reimbursed at 80 percent of eligible authorized expenses. 10 session maximum per authorization, up to a maximum of 60 sessions lifetime for each modality. A new authorization is required after 10 sessions have been completed. Complementary medicine practitioners must be certified or licensed in the state(s) in which they practice. Such treatment is subject to initiation of care by a UHS practitioner. These services are not authorized if treatment is available through UHS.
- **Dental:** benefits are limited to eligible expenses for preventative/diagnostic services such as examination/visit, x-rays, prophylaxis/cleanings, and fluoride treatment up to \$125 per plan year. **Preventative dental services do not require an authorization from UHS and are**

excluded from the annual \$200 deductible. Preventative dental claims are paid at 100 percent up to the \$125 plan year benefit. Eligible expenses for complete bony impaction and/or partial bony impaction wisdom teeth extraction (coverage includes the evaluation visit, surgery, and x-rays), and injury to natural teeth for expenses incurred within 12 months of the date of injury, including care for teeth and their supporting tissues, are covered by the SHP in the same manner as other medical conditions. Initiation of care is required from UHS for these treatments.

- **Drugs/Prescription Medications:** see under **Prescription Medications.**
- **Expenses for Hospice Care:** hospice care services as provided by a qualified and duly licensed hospice or facility for the treatment of terminally ill patients.
- **Hearing Aids:** up to \$1,500 lifetime maximum to include evaluation.
- **Home Health Care:** when ordered by a treating physician, expenses for home health care are reimbursed up to 60 visits per plan year.
- **Hospital Room/Board:** expenses for room/board up to the hospital's semiprivate room rate.
- **Medical Evacuation:** for international enrollees, benefits are paid up to \$10,000 for medical evacuation to the enrollee's country of origin. For domestic enrollees traveling abroad, benefits are paid up to \$10,000 for medical evacuation back to the enrollee's state of residence in the U.S. The evacuation must, in the opinion of the claims administrator, be medically necessary because appropriate health care services are not otherwise available.
- **Medical Services and Supplies:** the following are covered by the SHP at 80 percent of eligible expenses after deductible: diagnostic x-ray; blood transfusions, including the cost of blood; x-ray radium and radioactive isotopes for therapeutic treatment; rental of durable medical equipment for therapeutic treatment; artificial limbs and eyes and other prosthetic appliances; necessary emergency air or other ambulance services (limited to expenses incurred for transportation to the nearest place where emergency care treatment may be obtained); and podiatry services, orthotics, and orthopedic braces and appliances. The SHP covers eligible expenses of all outpatient laboratory testing at 100 percent to include diagnostic and/or screening tests and immunization titers related to illness and pregnancy. *Lab testing as part of a physical examination or well woman visit is not a covered benefit.*
- **Mental Health Expense Benefits:**
Inpatient: the SHP pays 80 percent of eligible UCR inpatient expenses up to 30 days per plan year and 80 percent of physician inpatient expenses or 100 percent when the \$5,000 annual out-of-pocket expenses have been satisfied.
- **Mental Health Expense Benefits:**
Outpatient: the SHP pays 80 percent of eligible UCR charges up to 30 visits per plan year or 100 percent when the \$5,000 annual out-of-pocket expenses have been satisfied.
- **Nursing Care:** physician-authorized services of a registered nurse for private-duty nursing while hospitalized.
- **Other Hospital Services:** services and supplies furnished by the hospital for medical care such as an operating room, x-rays, laboratory tests, medicines, and anesthetics—but not professional services.
- **Physician Visits and Services:** hospital, home, and office visits with a doctor who is not a “close relative” of the enrollee and expenses from a physician for surgery, administration of anesthesia, and diagnostic procedures (routine physical examinations are not covered except as noted under Well Baby care benefits).
- **Physiotherapy and Occupational Therapy:** expenses for treatment by a physiotherapist or an occupational therapist as ordered by a physician.

- **Pregnancy:** pregnancy benefits, including coverage for voluntary termination, reimbursed on the same basis as medical services. Prenatal vitamin costs and physician authorized flu shots are covered during pregnancy (childbirth education classes are not covered by the SHP).
- **Prescription Medications:** Enrollees in the SHP are automatically enrolled in a prescription drug plan administered by Medco Health. There is an individual \$100 plan year deductible and a \$200 family deductible. Retail copayments (maximum 30 days' supply) are as follows: Generic \$5, Brand \$20, and Multi-Source \$70. Home delivery copayments (maximum 90 days' supply) are as follows: Generic \$10, Brand \$40, and Multi-Source \$140. Additional information about the plan and specific benefits/exclusions can be obtained at the following websites: www.princeton.edu/uhs or www.medcohealth.com. Benefit inquiries can also be made directly to Medco Health at (800) 711-0917.
- **Repatriation:** in the event of the death of a covered international enrollee while in the U.S. as an enrolled student at Princeton University or the death of a domestic enrollee while traveling abroad or the covered dependents of a student enrolled in the SHP, benefits are paid up to \$10,000 for preparing and transporting the remains of the deceased to his or her country of origin.
- **Speech Therapy:** expenses for treatment by a qualified speech therapist to restore or rehabilitate any speech loss or impairment caused by injury or illness (except from a mental, psychoneurotic, or personality disorder), or surgery for that injury or illness. In the case of a congenital defect, speech therapist expenses are covered if incurred after corrective surgery for the defect.
- **Vehicular or Boating Accident:** medical expenses resulting from an accident in which an automobile, motorcycle, or other vehicle or a watercraft is involved are covered by the SHP on a secondary basis only. All expenses must be submitted to the vehicle or watercraft insurance plan first as the primary insurance carrier, and second to the SHP as the secondary insurance carrier.
- **Vision:** Enrollees in the SHP are automatically provided the Aetna Vision Discount Program which is in the EyeMed Select Network. For more information call Aetna at (877) 437-6511.
- **Well Baby Care:** Well Baby care is limited to 6 visits up to the age of 2 years old and visits for required scheduled immunizations for children ages 11 and under. \$10 office visit copayment applies. For Well Baby and child care in the community, please contact the Sexual Health and Wellness (SHAW) Office at University Health Services by calling (609) 258-5357.

Exclusions

The following are not covered for students and their dependents enrolled in the SHP:

1. Expenses submitted for reimbursement more than 12 months after the date of treatment.
2. **Hospitalization or medical care not approved by UHS**, except for emergency illnesses or injuries. If an enrollee elects to seek care without first initiating care at UHS and obtaining an authorization from UHS, that enrollee is responsible for all expenses.
 - a. ***This exclusion does not apply to covered dependents under the age of 16.*** In addition, enrollees and their enrolled dependents are not required to seek an authorization for off-campus care during published Princeton University break periods, (for example, fall recess, spring recess, and summer break). Students who maintain *in absentia* status do not require an authorization if they are outside of

Mercer County, NJ, or if UHS is closed. Enrollees needing an appointment to receive an authorization for medical care should contact UHS at (609) 258-3141.

3. Charges for services or supplies not medically necessary. Benefits are provided for services or supplies that are necessary to the diagnosis and/or treatment of an illness, injury, or pregnancy. No benefits are provided for procedures or services that are not generally accepted as medically necessary as determined by the claims administrator for the plan. UHS reserves the right to review medical records, treatment descriptions, and care notes from off-campus providers before approving a specific treatment or procedure.
4. Services and supplies provided by UHS, except expenses for prescription drugs, physical therapy treatments, orthopedic devices such as ankle and knee braces, and orthotics.
5. Expenses for services provided by a close relative of an enrollee.
6. **Immunizations, immunization titers** (not related to an illness diagnosis or pregnancy), and **routine physical, well woman, and hearing examinations** (except as noted under Well Baby care, for the HPV vaccination Gardasil (for ages 9-26) or unless required as part of the treatment of an illness or an injury). Prenatal vitamins are covered during pregnancy (See prescription benefit details at: www.medco.com.) Childbirth education classes are not covered.
7. Medications that are not FDA-approved or that do not require a prescription, drugs used for cosmetic purposes or for weight loss, and those prescribed solely for the treatment of infertility. (See Medco prescription benefit details at www.medco.com.)
8. Dental appliances, braces, or services for repositioning teeth due to temporomandibular joint dysfunction. Periodontal care, prosthodontal care, and orthodontic care are not covered.
9. Expenses for cosmetic surgery, unless treatment is initiated within six months of the date of an injury and is ordered by a physician; or unless treatment is for a congenital abnormality of an enrollee's newborn.
10. Treatment in a hospital owned or operated by the United States government or by a physician employed by such a hospital, unless the treatment is due to an emergency and the enrollee is not entitled to treatment because of veteran status or otherwise.
11. Services for which the enrollee is not legally obligated to pay or which are provided without charge, or which are paid for or are reimbursable through a national, state, provincial, county, or municipal government, or other political subdivision, instrumentality, or agency.
12. Expenses incurred due to "acts of war." The SHP excludes expenses for any illness or injury resulting from the enrollee engaging in or bearing arms due to an act of war. Enrollees in areas of potential conflict are covered under the SHP when they are engaged in official research and/or scholarly pursuits under the sponsorship of Princeton University.
13. Expenses due to an accidental injury related to employment, or an illness enabling benefits under a Worker's Compensation Act or similar legislation.
14. Expenses incurred before the individual was enrolled in the SHP. If a student was confined in a hospital at the time of his or her effective date of initial enrollment at Princeton University, coverage does not begin until he or she is discharged from the hospital.
15. Services for which the enrollee would not be legally obligated to pay in the absence of a benefit plan.
16. Medical and prescription expenses related to family planning, fertility tests, impotence (organic or otherwise), and infertility (male or female) and any services or supplies rendered for the purpose or with the intent of inducing conception.

17. Medical and prescription claims in excess of \$75,000 for injury incurred during or resulting directly from the practice or play of NCAA qualified intercollegiate sports and medical expense claims in excess of \$25,000 for Princeton University Department of Athletics club-sanctioned sports are excluded. Refer to the **Athletic Injuries** section for a complete description.

Definitions

The terms in this booklet shall have their normal meanings, unless otherwise defined. Some definitions of terms used herein are:

Close Relative: an enrollee's spouse, domestic partner, child, grandchild, brother, sister, parent, grandparent.

Coinsurance: The percentage of Covered Medical Expenses payable by the Plan Participant.

Co-Payment: A flat dollar payment made by the plan participant for services rendered by a health care provider and/or prescription plan.

Deductible: the amount of eligible out-of-pocket expenses that must be paid for health services by the enrollee before benefits become payable by the SHP. Family deductible is cumulative.

Individual Deductible - \$200

Family Deductible - \$400

The annual deductible is the amount you must pay each year in covered expenses, before benefits are payable. Office visit copayments do not apply to the annual deductible. The annual deductible is not applied toward your annual coinsurance limit. There is an individual and family deductible. The annual family deductible is cumulative among enrolled family members. This means that while no individual family member's expenses can exceed the amount of one individual deductible, any number of enrolled family members' expenses can be used to meet the family deductible of \$400.

Dissertation Completion Enrollment (DCE) Status: a status approved and granted by the Graduate School to those students who are continuing to study at Princeton and who are automatically enrolled in the SHP. The cost of the SHP is included as part of the student's reduced-cost tuition.

Disability: for the purpose of the "Extension of Coverage Due to Disability" provision, an enrollee is considered "disabled" if he or she is confined in a hospital or at home due to a diagnosed illness or injury and is under the care of a physician. This also includes any enrollee who is certified by UHS as unable to attend class or complete other required academic work.

Eligible Expenses: the negotiated or Usual and Customary or Reasonable (UCR) expenses that may be used as the basis for a claim under the terms of this plan for treatment of an illness or an injury.

Eligible Student or Dependent: an eligible student or dependent is defined in detail in the **Eligibility** section.

Emergency Illness or Injury: a medical condition resulting from illness or injury and requiring immediate medical care due to: danger to the enrollee's life if immediate medical care is not provided; or the severity of the enrollee's medical condition being such that any delay in obtaining medical care would adversely affect the treatment of the condition.

Enrollee: Any eligible student or dependent enrolled in the SHP.

Experimental/investigative: any treatment, procedure, facility, equipment, drug device, or supply that the Princeton University claims administrator does not recognize as accepted medical practice or which does not have the required governmental approval when administered to the patient.

Home Health Care Agency: a recognized provider rendering medical services (for example, changing bandages or giving prescribed physical therapy) and not custodial services (for example, cooking).

Hospice: an accredited facility that provides medical, social, psychological, and spiritual care as palliative treatment for terminally ill patients in the facility and/or while they are an inpatient under the care of an interdisciplinary team of professionals.

Hospital: a legally operated institution that meets any one of the following tests:

1. It is accredited under the Hospital Accreditation Program of the Joint Commission on Accreditation of Healthcare Organizations.
2. It is supervised by a staff of physicians, has a 24-hour-a-day nursing service, and is primarily engaged in providing either general inpatient medical care and treatment through medical, diagnostic, and major surgical facilities on its premises or under its control; or has specialized inpatient medical care and treatment provided through medical and diagnostic facilities (including x-ray and laboratory facilities) on its premises or under its control or through a written agreement with a hospital which itself qualifies under Numbers 1 or 2 of this definition and which is a specialized provider of these facilities.

In Absentia Student Status: a student who is enrolled and pursuing degree related work but is not in residence at Princeton University and is eligible for the SHP.

Intercollegiate Sport/Qualified NCAA Sport: a sport that meets each of the following tests:

- The sport has been accorded varsity status by Princeton University; and/or
- The sport is administered by Princeton University's Department of Athletics.

The eligibility of the participating student athlete is reviewed and certified in accordance with NCAA legislation, rules, or regulations by Princeton University.

Medical Necessity: refers to those services or supplies that are provided or prescribed by a hospital or physician that are:

1. Essential for the symptoms and the diagnosis or treatment of an illness or injury;
2. Provided for the diagnosis or the direct care and treatment of an illness or an injury;
3. In accordance with the standards of good medical practice;
4. Not primarily for the convenience of the covered person or off-campus providers and facilities;
5. Not considered experimental or investigative; and
6. The most appropriate level of service or supplies that can be safely provided to the enrollee.

Mental Health Practitioner: a licensed psychiatrist, psychologist, or certified/licensed social worker acting within the scope of his or her practice.

Non-Emergency Illness or Injury: a medical condition that is not an emergency illness or injury.

Non-Preferred Provider: a provider who does not have a contractual agreement with Aetna. The Usual and Customary or Reasonable (UCR) charge may be used as the basis for a claim under the terms of this plan for treatment of an illness or an injury.

Out-of-Pocket Limit: the maximum coinsurance expense payable by the enrollee in a plan year.

Physician: a licensed practitioner of the healing arts acting within the scope of his or her practice.

Preferred Provider: a provider who has a contractual agreement with Aetna. The negotiated charge will be used as the basis for a claim under the terms of this plan for treatment of an illness or injury.

Princeton University Department of Athletics Club-Sanctioned Sport: a sport that has been afforded club sport status by the Princeton University Department of Athletics and is supervised and sanctioned by that department.

Same Sex Domestic Partner: a relationship of two individuals of the same sex who have an exclusive mutual commitment, similar to marriage, in which the partners agree to be jointly responsible for each other's common welfare, living expenses, and financial obligations. The individuals must be each other's sole domestic partner and intend to remain so indefinitely. Both partners must be at least 18 years of age, not be related by blood to a degree of closeness that would prohibit marriage in their state of residence, and not be legally married to another individual. The individuals must currently be residing together and have resided together in a common household for at least six consecutive months and intend to reside together indefinitely.

Surgical Procedure: cutting, suturing, treating burns, correcting a fracture, reducing a dislocation, manipulating a joint under general anesthesia, electrocauterizing, tapping (paracentesis), applying plaster casts, administering pneumothorax, endoscopy, or injecting sclerosing solution.

Usual and Customary or Reasonable (UCR) Charge: the charge for the covered service or supply made by the provider, not to exceed the usual charge made by 95 percent of providers of like service in the same area. This test considers the nature and the severity of the condition being treated. It also considers medical complications or unusual circumstances that require more time, skill, or experience. In the absence of the ability to determine if a charge is either usual and customary or reasonable, the claims administrator retained by Princeton University shall provide a reasonable reimbursement.

Plan Administration

ID Cards for Medical Benefits and Prescription Drug Plan

After enrolling in the SHP, enrollees receive personal identification (ID) cards, one for medical benefits from the Claims Administrator, Aetna Student Health, and one for the prescription drug plan from Medco Health.

- These cards are valid for the plan year in which the student and/or dependent is enrolled.
- The ID cards should be carried at all times and presented at the time of service to the hospital, the provider providing the medical care, or a participating pharmacy for prescriptions.
- The enrolled student and/or dependent should ask the hospital/provider or pharmacy to contact the claims and/or prescription drug plan administrator to confirm their eligibility/coverage at the number specified on the ID card.

Physician/Hospital Network

Access to a Preferred Provider Organization (PPO) is available to SHP enrollees through the claims administrator and is identified on the back of the SHP ID card.

A list of network providers is available on the claims administrator's website at the link at: www.princeton.edu/uhs. Neither SHP enrollees nor UHS clinicians who provide referrals are obligated to use the providers within the PPO network. Enrollees are reminded that off-campus medical treatment (except emergency care and care outside this geographic area), must be pre-authorized by UHS clinicians, whether or not the enrollee uses a provider in the PPO network.

Coordination of Benefits

Coordination of Benefits (COB) is a system set up by insurance companies to determine the order of payment and to prevent overpayment of claims when a person is insured by more than one plan.

When a claim is submitted, the SHP is considered the primary plan and pays benefits per the plan provisions as described herein. When the enrollee does not maintain any other insurance (*exception—auto and/or boating insurance*), the SHP is automatically considered the primary plan. If the enrollee maintains another insurance plan in conjunction with the SHP, the SHP is automatically considered the secondary plan; and as such, benefits paid per the SHP provisions, as described herein, would not exceed the allowable plan expenses. No plan pays more than it would without the coordination provision.

Plan Governance

The extent of coverage for each individual is governed at all times by the complete terms of this plan document approved by Princeton University.

Plan Changes

Princeton University reserves the right to change SHP benefits and limitations, fees, eligibility requirements, and enrollment dates at any time during the plan year.

Claim Review and Appeals Procedure

Enrollees are entitled to a full and fair review of any claim concerning the level of reimbursement for any specific treatment or the denial of any treatment for off-campus care. A request for an appeal to a claim must be submitted to the claims administrator within 60 days after receipt of the Explanation of Benefits (EOB) form. The claims administrator is required to respond within 60 days. If the claims administrator denies payment at the first claim review stage, the enrollee may seek consideration of a second appeal through the Student Health Plan Office.

The enrollee must submit a written request and attach all documentation related to the claim. The request must include specific references to the description of SHP benefits in the plan brochure. The SHP Office will then respond within 60 days after receipt of the written request. A complete copy of the Claim Review Procedure may be obtained from the SHP Office by calling (609) 258-3138.

Right of Reimbursement and Subrogation

If payment is made relating to an injury or an illness of an enrollee for which any party whatsoever, other than the enrollee, may be liable for any reason (including by contract, negligence, or strict liability), then the plan shall have separate rights of both reimbursement and subrogation.

Reimbursement

Each enrollee agrees to reimburse and promptly repay to Princeton University all amounts paid relating to an injury or an illness of an enrollee if the enrollee, or any authorized representative, obtains a recovery relating to that injury or illness in any form (and described in any way) from anyone by settlement, award, judgment, or otherwise.

The enrollee shall not, however, be obligated to repay an amount in excess of that recovered. In the event that the third party administrator makes an overpayment to an enrollee, the enrollee will be responsible for making reimbursement of the overpayment.

Subrogation

The plan shall be subrogated to all of the enrollee's rights of recovery against anyone, for an amount not exceeding the aggregate amount of benefits paid or to be paid by the plan to or on behalf of the enrollee. This means that the plan may enforce, by its own suit or as a coplaintiff with the enrollee, a claim against anyone who may be liable to the enrollee for the covered person's injury or illness.

Obligations of Enrollees

1. Each enrollee agrees to execute instruments and papers, furnish information and reasonable assistance and take other actions requested by the plan to facilitate repayment to the plan under its rights of reimbursement and subrogation.
2. If an enrollee believes that anyone other than the enrollee may have caused the enrollee's injury or illness, or may otherwise be liable for it, the enrollee or an authorized representative shall promptly notify the plan of this belief and provide all relevant information.
3. If a claim is asserted in a letter or a complaint, or otherwise by or on behalf of an enrollee against anyone relating to the covered person's injury or illness, the enrollee, or an authorized representative, shall immediately give the plan notice of that claim. Failure to give such notice within 30 days of the assertion of such a claim shall make the enrollee immediately and unconditionally liable to reimburse to the plan the total amount of benefits paid by the plan relating to the injury or illness that gave rise to the claim. The enrollee, or an authorized representative, shall immediately advise the plan of the terms of any judgment, award, settlement, or other resolution of such a claim and provide appropriate reimbursement to the plan as stated above. All notices required to be provided to the plan by 2 and 3 above shall be directed to:

Student Health Plan Office

Princeton University

Washington Road

Princeton, New Jersey 08544-1004

Tel (609) 258-3138, option #5, Fax (609) 258-9191, E-mail:

shpo@princeton.edu

5. Princeton University may, in its sole discretion, request that a document confirming some or all of the conditions specified above be signed by or on behalf of the enrollee in advance of any payment of benefits under the plan, and the plan is not obligated to process any claims submitted under the plan until the signed document is returned to the plan.

Assistance and Information

Claims/Prescription Drug Plan Administrators

The University utilizes a claims administrator and prescription drug plan administrator to process claims payments and prescription claims. Enrollees should contact the applicable

administrator to obtain assistance and make inquiries regarding claim or prescription status. Please refer to your prescription drug plan card or health insurance ID card for policy information, the claims administrator's name and phone number or see our web site at: www.princeton.edu/uhs.

The Student Health Plan Office, Princeton University

To obtain assistance from the Student Health Plan Office, students should write, call, fax, or send e-mail to:

The Student Health Plan Office

Princeton University/University Health Services

McCosh Health Center, Washington Road

Princeton, New Jersey 08544-1004

Tel: (609) 258-3138

Fax: (609) 258-9191

E-mail: shpo@princeton.edu

www.princeton.edu/uhs

Walk-in Hours and Appointments

Students may also stop by the Student Health Plan Office in Room G24 in the lower level of the McCosh Health Center. Walk-in hours are Monday through Thursday from 9:00 a.m. until 12:00 noon, and from 1:30 p.m. to 4 p.m. Other hours are by appointment only.

How to File a Claim

In most instances, bills for services are submitted by the provider directly to the claims administrator. However, there are times when enrollees must complete claim forms and submit them with itemized bills and receipts (out-of-network services). To submit a claim, follow this procedure:

- Obtain a claim form from the Student Health Plan Office or website (see below **Claim Forms** for instructions).
- Complete the information on the claim form.
- Attach all medical, hospital or physician bills. **Enrollee should make a copy.** Make sure the information contains the name of the patient, the date of service, the diagnosis, and the procedure code number and charge.
- Claims should be filed within 30 days of service. Send in all bills.
- Mail the claim in the preaddressed envelope to the claims administrator.

Claim Forms

Claim forms are available on the SHP website at www.princeton.edu/uhs, at UHS in the appointment/reception area, and in the Student Health Plan Office. A claim form may also be obtained from the Aetna Student Health website at: www.aetnastudenthealth.com.