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2008-2009 Student Health Plan Document The Princeton University Student Health Plan (SHP) Benefit Summary for Off-campus Health Care

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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: <http://www.princeton.edu/uhs>

Call Claims Administrator for Claim Information and SHP Eligibility

Toll-free: 1-877-437-6511
 Overseas: 1-617-218-8400

Referral for Off-Campus Care

(609) 258-3141

Princeton University Student Health Plan (SHP)
BENEFITS SUMMARY FOR OFF-CAMPUS HEALTH CARE
 Shown below is a summary of benefits provided
 by the Student Health Plan for 2008-2009

BENEFITS /PROVISIONS		See Page
In-Network (Preferred Provider) PPO	\$10 Office Visit co-payment for office visit only <i>co-payments do not apply toward \$200 deductible***</i>	6
All Out-of-Network Services (Non-Preferred Provider)	80% After Deductible*	6
Plan Year Deductible	\$200 per Student \$400 per Family	6, 13
Out-of-Pocket Expenses (<i>Office Visit and Prescription Co-pays and Deductibles Excluded</i>)	Up to a Maximum of \$5,000 in Medical Expenses (Annually)	6, 9
Plan Year Maximum Benefit	\$250,000 (Includes Prescription & Medical Expenses)	6, 9
Maximum Lifetime Benefit for Medical/Surgical/Mental Health	\$500,000 (Includes Prescription & Medical Expenses)	6, 13
BENEFITS/ELIGIBLE EXPENSES*		
Outpatient Diagnostic Laboratory/Screening Tests New Change	Laboratory/Screening reimbursed at 100% (Benefit is not applied to Deductible)***	14
Inpatient Medical/Surgical Care (including Maternity)	80% After Deductible*	15
Specialties (MRI, CAT Scans, X-rays)	80% After Deductible*	14
Mental Health Benefits: Inpatient	80% of admissions up to 30 days per plan year*	7, 15
Mental Health Benefits: Outpatient	80% of visits up to 30 visits per plan year*	7, 15
Physical Therapy Services (<i>off-campus</i>)	80% After Deductible*	15
Therapies/Complementary Medicine	80% After Deductible/Lifetime Maximum 60 sessions per modality, 10 sessions per UHS referral*	7, 14
Prescriptions	\$100 Annual Deductible per Student \$200 per Family, Retail Co-payments - Generic \$5, Brand \$20, Multi- source \$30, Plan Administrator - Medco Health	6
Childhood Immunizations (ages 11 & under) Gardasil (HPV) Immunization (ages 9-26)	80% After Deductible*	7, 15
Well Baby Care	6 Well Baby Visits up to and including the 2nd year visit	7, 16
Repatriation & Medical Evacuation	Up to a Maximum of \$10,000	7, 15
Dental	Preventive dental benefit reimbursed 100% up to \$125 per plan year. Benefit is not applied to deductible.*** (No preauthorization is needed-this service only)	6, 14
Vision (Vision One Discount Program)	Eye Exam/Glasses/Contacts**	6, 15
EXCLUSIONS**		
Preventative Immunizations (<i>age 12 or older</i>)	Not Covered	16
Routine Hearing Examinations	Not Covered	16
COSTS		
Student	\$1,150 per year / \$525 per semester	N/A
Dependents - Standard Plan - <i>\$200 deductible</i>	Spouse - \$1,150 1 Child - \$575 2 Children - \$1,150 3 or More Children - \$1,725	10, 11

*Claims are reimbursed at 80% of eligible expenses or 100% after you have satisfied \$5,000 of eligible medical out of pocket expenses.
 **See the Student Health Plan (SHP) document for further information about benefits or exclusions or call Aetna Student Health at: 1-877-437-6511.
 ***\$10 office visit co-payments, outpatient laboratory testing expenses, and preventive dental visit reimbursement are not applied toward the deductible.

The Princeton University Student Health Plan Overview

Off-campus Mandatory Health Care Coverage

New Jersey law requires that all students have comprehensive medical and hospitalization coverage while attending Princeton University. All Princeton University students are automatically enrolled in the Student Health Plan (SHP), unless waivers certifying comparable coverage are received by our published deadline (**for undergraduates only**). Enrollment in the SHP is mandatory for all graduate students.

The Student Health Plan (SHP)

The Princeton University Student Health Plan (SHP) provides medical and hospitalization benefits for medical and hospital services not available from University Health Services (UHS) or received off campus.

The SHP covers all graduate students, and undergraduates and dependents who elect coverage. 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 a Waiver/Enrollment Form indicating their family insurance coverage or to request enrollment in the Princeton University Student Health Plan (SHP). If the SHP office does not receive the completed form by our published deadline (June 30), the student is automatically enrolled in the SHP.

If a student elects to enroll in the SHP, a separate fee is automatically charged to the student's account under the heading "Charges" and is 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.
- 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.

Referral Requirements for Off-campus Care

When You Need a Referral

The Princeton University SHP requires that students initiate care at University Health Services (UHS) before being referred for off-campus medical care except for emergency illnesses or injuries during the plan year (September 1 through August 31).

The SHP requires that UHS provide a referral *every 12 months* for off-campus medical/counseling care. If you have been referred to an off-campus community provider by a UHS clinician during the 2006-2007 plan year, you will need to contact UHS to check when and if you need an updated referral before you plan to continue with any ongoing medical and/or counseling services as an enrollee of the SHP in the upcoming plan year starting September 1, 2008. As an example, if you received a referral from a UHS clinician to see an off-campus specialist in November of 2007, you will need to secure an updated referral for services being received in November of 2008. If you do not remember the last time you received a referral for off-campus services, please contact Aetna Student Health directly at: 1-877-437-6511. If you find that your referral has expired or is expiring in the near future, please be sure to call UHS or the UHS Counseling Department to make arrangements for securing your referral at: (1-609-258-3141 for medical referrals or 1-609-258-3285 for Counseling Services referrals). Care rendered without authorization by UHS, is not covered by the plan, except as noted below.

When You Do Not Need a Referral

- ✓ If you have a life threatening emergency illness or injury and require hospitalization or emergency room services.
- ✓ If you choose to use your \$125 preventative dental visit, you do not need a referral.
- ✓ Dependents under the age of 16 are not required to secure a referral for off campus care.
- ✓ Enrollees and dependents are not required to secure a referral for off campus care during published Princeton University break periods, (e.g., fall recess, spring recess, and summer).
- ✓ Students who maintain in absentia status do not require a referral if they are not within a reasonable proximity to the University (i.e., outside Mercer, Middlesex and Somerset Counties in NJ and Bucks County in PA) or if UHS is closed.

We do ask that you contact UHS prior to receiving any elective surgery procedures during recess periods or the summer so that your medical chart may be properly updated.

Enrollees needing a referral for medical care should contact UHS at (609) 258-3141.

Enrollees are responsible for becoming familiar with all SHP benefits, limitations, and exclusions. Students should contact Aetna Student Health at: 1-877-437-6511 or www.aetnastudenthealth.com for more information regarding the plan or for claim assistance.

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.”
- After the deductible is met, the plan pays 80 percent of eligible, usual, and customary, or reasonable (UCR), charges (see definition section).
- There is a \$10 co-payment for all in-network provider office visits. Out-of-network office visits are subject to the deductible and coinsurance. Co-payments do not apply towards the \$200 deductible and plan year out-of-pocket maximum.
- Eligible medical expenses over \$25,000 are reimbursed at 100 percent of UCR.
- The annual maximum of \$250,000, and the \$500,000 lifetime maximum benefit applies to all eligible expenses. These eligible expenses include medical and prescription claims that have been incurred while the student is 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. Retail co-payments (maximum 30 day supply) are as follows: Generic \$5, Brand \$20, and Multi-source \$30. Home delivery co-payments (maximum 90 day supply) are as follows: Generic \$10, Brand \$40, and Multi-source \$60. Additional information about the plan and specific benefits can be obtained at the following web sites: www.princeton.edu/uhs or www.medcohealth.com. Benefit inquiries can be made directly to Medco Health at: 1-800-711-0917.
- Outpatient laboratory testing charges are paid at 100% for diagnostic and/or screening tests. These expenses do not apply toward the plan year deductibles.
- The SHP includes a preventive 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 a referral from UHS, and expenses incurred for preventive dental services do not apply toward the plan year deductibles.
- Students automatically receive vision benefits from Vision One 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. Contact Aetna Student Health for further details (1-877-437-6511).
- 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.
- Optional vision and dental plans are available separately. Additional information about these plans can be obtained at the following website: www.princeton.edu/uhs.

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.

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.**

An individual \$200 deductible applies to any claims submitted for services given to the newborn 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 Student Insurance, Student Health Plan.**

If the enrollee has previously purchased coverage for one dependent, an additional fee is billed when a second dependent 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 co-payment applies).
- required/scheduled immunizations for children ages 11 and under.

Mental Health Services Benefits

A referral from a UHS Counseling Center clinician or staff physician **is required** for all mental health services. **(See page 5 for exceptions to the referral requirement).**

Inpatient:

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 visits are paid up to a maximum of 80 percent of eligible charges **or 100 percent when the \$5,000 annual out of pocket expenses has been satisfied.**

Outpatient:

The SHP requires that UHS Counseling Services provide a referral every 12 months for off-campus counseling care.

Visits. 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.**

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. Claims should be submitted together with a translation for services rendered, currency exchange on the date of service, and receipts with itemized bills. Claim forms are available on the following web site: www.princeton.edu/uhs.
- Check the Travel Smart Web page for more info at: www.princeton.edu/uhs/TravelSmart.

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, is 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 injury 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 co-payments, 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 our web site at: www.princeton.edu/uhs/athletics under the heading, “Athletic Participation Information.”

Club 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 insurance 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.

Intramural/Recreational Sports

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 web site under: <http://gradschool.princeton.edu/forms/acadforms> for more information about the new 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 canceling 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. In those instances the fees would be on a prorated basis.

Financial Responsibility of Students and Covered Dependents

The student is responsible for charges over eligible, usual, and customary, or reasonable (UCR) and other expenses that are limited or excluded by the SHP (for a definition of UCR see the "Definitions" section).

Maximum Out-of-Pocket Coinsurance Expenses

When the 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 \$250,000. All expenses (medical and prescription claims) that have been incurred while the student is enrolled in the SHP count toward the annual maximum of \$250,000, and the \$500,000 lifetime maximum benefit. This does not include the annual SHP \$200/\$400 deductible, the Prescription Plan \$100/\$200 deductible, or any office visit co-payment 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 (June 30), 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: 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 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 who are granted DCE status can choose DCE status for one term at a time for up to two years beyond the end of the normal enrollment period. DCE status, and therefore SHP coverage, must be continuous from your last year of enrollment in your regular program length. That is, graduate students cannot opt out of DCE status and then reenter it at a later time. Those with DCE status 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 (see web site for further details at: <http://gradschool.princeton.edu/forms/acadforms>).

Students granted DCE status by the Graduate School are automatically enrolled in the SHP and have access to University Health Services. DCE students may also enroll in the voluntary vision and dental programs, as well as enrolling their dependents in the SHP or voluntary plans for an additional fee.

Eligible Dependents

Eligible dependents include a student's spouse, same sex domestic partner, and unmarried children under 19 years of age (including stepchildren, foster children, and legally adopted children, providing they are dependent upon the covered student for support). 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 19 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 semester is May 15th through June 30th and for the spring semester it is December 3rd through January 11th. (The spring enrollment period is only for students who were not enrolled at Princeton University for the fall semester.) Parents/students are mailed out an insurance election package each year in which they can enroll in the Student Health Plan or waive out if they have insurance that exceeds or is comparable to the Princeton University Student Health Plan coverage.

Undergraduates are not allowed to enroll after these periods unless proof is provided to the Student Health Plan Office within 31 days that 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 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.

Dependents

The dependent enrollment period for the fall semester is August 1st through September 28th and for the spring semester it is December 3rd through January 11th. 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 1st through August 31st. There are no other periods of coverage, except as specifically provided by Princeton University for academic or other required programs.

Termination of SHP Benefits

Undergraduate Students:

- Coverage ends August 31 after graduation in June unless a condition listed below under **“Termination of SHP Benefits Specific to All Students”** occurs first (see next page). 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 (e.g., 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 (e.g., 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

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

- unless a condition listed below under “**Termination of SHP Benefits Specific to All Students**” occurs first (see below). Coverage under the SHP would end on the earlier of the two dates.

Termination of SHP Benefits Specific to All Students:

- 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 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 19.
- 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 an 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, obtain an individual limited health insurance policy from Celtic Insurance Co. The benefits and provisions of the individual policy may differ from those of the Princeton University SHP.

Application for the individual policy 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 Celtic Insurance Co. Princeton University has made arrangements with Celtic Insurance Co. to provide this service but neither endorses nor administers the conversion policy. For more information regarding the conversion policy, please call Celtic Insurance Co. directly at (800) 365-2365 or visit our web site 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 co-payment for each physician office visit **and prescription co-pays** 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 \$250,000 maximum benefit per enrollee per plan year. The maximum lifetime benefit is \$500,000. 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 \$500,000.

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 “**Referral 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 under **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 under **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 sessions authorized maximum per referral, up to a maximum of 60 sessions lifetime for each modality. A new referral 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 preventive/diagnostic services such as examination/visit, X-rays, prophylaxis/cleanings, and fluoride treatment up to \$125 per plan year. **Preventive dental services do not require a referral from UHS and are excluded from the annual \$200 deductible.** Preventive 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. 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.
- **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: 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.**

- **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 of 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 are covered during pregnancy.
- **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 co-payments (maximum 30 day supply) are as follows: Generic \$5, Brand \$20, and Multi-source \$30. Home delivery co-payments (maximum 90 day supply) are as follows: Generic \$10, Brand \$40, and Multi-source \$60. Additional information about the plan and specific benefits/exclusions can be obtained at the following web site: www.princeton.edu/uhs or www.medcohealth.com. Benefit inquiries can also be made directly to Medco Health at: 1-800-711-0917.
- **Repatriation:** in the event of the death of a covered international enrollee while in the U.S. as an enrolled student at P.U. 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 by 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.
- **Vision:** Enrollees in the SHP are automatically provided a vision discount program under the Vision One® Discount Program. Enrollees receive discounts on eye examinations, eyeglasses, contact lenses, and non-prescription eyewear at participating Vision One locations. For more information, please visit: www.chickering.com.

- **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 co-payment applies. For well baby and child care in the community, please contact the Men's and Women's Health (MAWH) 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 a referral from UHS, that enrollee is responsible for all expenses.
This exclusion does not apply to covered dependents under the age of 16. In addition, enrollees and dependents are not required to seek a referral for off campus care during published Princeton University break periods, (e.g., fall recess, spring recess, and summer). Students who maintain in absentia status do not require a referral if they are not within a reasonable proximity to the University (i.e., outside Mercer, Middlesex and Somerset Counties in NJ and Bucks County in PA) or if UHS is closed. Enrollees needing a referral 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) Hearing aids, unless they are the result of an accidental injury and are supplied within six months following the date of injury.
- 6) Expenses for services provided by a close relative of an enrollee.
- 7) Immunizations, immunization titers (not related to an illness diagnosis or pregnancy), and physical examinations (except as noted under well baby care and for the HPV immunization, 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.)
- 8) 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.)
- 9) Dental appliances, braces, or services for repositioning teeth due to temporomandibular joint dysfunction. Periodontal care, prosthodontal care, and orthodontic care are not covered.
- 10) 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.
- 11) 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.

- 12) 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.
- 13) 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.
- 14) Expenses due to an accidental injury related to employment, or an illness enabling benefits under a Worker’s Compensation Act or similar legislation.
- 15) 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.
- 16) Services for which the enrollee would not be legally obligated to pay in the absence of a benefit plan.
- 17) **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.
- 18) 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 co-payments 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, 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: All students and dependents 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. is accredited under the Hospital Accreditation Program of the Joint Commission on Accreditation of Healthcare Organizations.
2. 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 (1) or (2) of this definition and which is a specialized provider of these facilities.

Inabsentia 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.

Nonemergency 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, 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 web site 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, as the primary plan, pays its benefits without regard to any other insurance plan that is available. If an excess balance is submitted to a secondary plan, the secondary plan adjusts its benefits so that the total benefits available do not exceed the allowable 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 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.
4. 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
Princeton, New Jersey 08544-1004
Tel: (609) 258-3138, option #5
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. 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 Web site (see below 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 web site at www.princeton.edu/uhs, at UHS in the appointment/reception area, and in the Student Health Plan Office. You may also obtain a claim form from the Aetna Student Health web site at: www.aetnastudenthealth.com.