



# The Princeton University Student Health Plan (SHP) Design and Benefits Summary

## Princeton University

**Policy Year: September 1, 2016 – August 31, 2017**

**Policy Number: 812847**

**COORDINATED WITH: AETNA STUDENT HEALTH  
& CATAMARAN/OPTUMRX**



This is a brief description of the Princeton University Student Health Plan (SHP). The SHP is available for Princeton University students and their eligible dependents. This self-insured plan is administered and funded by Princeton University in cooperation with Aetna Student Health (ASH) for medical claims coordination and services, and Express Scripts (ES) for prescription plan claims coordination and services. Aetna Student Health is the brand name for products and services provided by Aetna and their applicable affiliated companies. Princeton University has sole responsibility for the accuracy of the information contained in this Summary Plan Document.

**Princeton University**  
**University Health Services @ McCosh Health Center**

University Health Services is the University's on-campus health facility. Staffed by physicians, physician assistants, nurse practitioners and registered nurses, it is open weekdays from 8:45 a.m. to 4:45 p.m., during the Fall and Spring semesters. A Physician and nurse practitioner are on call at all times, and conduct clinics during the week.

For more information, call University Health Services at (609) 258-3141.

For after-hours urgent care call (609) 258-3139. In the event of an emergency, call 911.

**Coverage Periods**

**Students:** Coverage for all insured students enrolled for coverage in the Plan for the following Coverage Periods. Coverage will become effective at 12:01 AM on the Coverage Start Date indicated below, and will terminate at 11:59 PM on the Coverage End Date indicated.

Coverage Period	Coverage Start Date	Coverage End Date	Enrollment/Waiver Deadline
Annual	09/01/2016	08/31/2017	06/30/2016
Fall	09/01/2016	01/31/2017	06/30/2016
Spring/Summer	02/01/2017	08/31/2017	12/12/2016

**Eligible Dependents:** Coverage for dependents eligible under the Plan for the following Coverage Periods. Coverage will become effective at 12:01 AM on the Coverage Start Date indicated below, and will terminate at 11:59 PM on the Coverage End Date indicated below. Coverage for insured dependents terminates in accordance with the Termination Provisions.

Coverage Period	Coverage Start Date	Coverage End Date	Enrollment/Waiver Deadline
Annual	09/01/2016	08/31/2017	06/30/2016
Fall	09/01/2016	01/31/2017	06/30/2016
Spring/Summer	02/01/2017	08/31/2017	12/12/2016

## Rates

Rates for Undergraduates and Graduate Students			
	Annual	Fall Semester	Spring/Summer Semester
Student	\$1,900	\$950	\$950
Spouse	\$1,900	\$950	\$950
Child	\$950	\$475	\$475
Children (2)	\$1,900	\$950	\$950
Children (3+)	\$2,850	\$1,425	\$1,425

## Student Coverage

### Eligibility

All active undergraduate and graduate students, who are enrolled at Princeton University and who actively attend classes for at least the first 31 days, after the date when coverage becomes effective.

### Enrollment

All actively enrolled graduate students are automatically enrolled in the Student Health Plan – there is no enrollment process for the Student Health Plan medical coverage for graduate students.

All actively enrolled undergraduate students will be automatically enrolled in this Plan, unless the student waives out of the Plan through the MyUHS online enrollment portal, by the specified enrollment deadline dates listed in the previous section of this Plan Design and Benefits Summary.

**If you withdraw from school within the first 31 days of a coverage period, you will not be covered under the Plan and the full premium will be refunded, less any claims paid.**

## Dependent Coverage

### Eligibility

Eligible dependents include a student's spouse, same sex civil union or domestic partner, and your eligible children up to 26 years of age (including stepchildren, foster children, and legally adopted children, providing the student is fully enrolled and eligible for coverage).

### Same-Sex Civil Union or Domestic Partner

A same-sex civil union or domestic partner and eligible children are qualified to receive coverage under your benefits plans. In order to cover a same-sex civil union or domestic partner and children, you will need to provide proof of relationship as permitted by your resident state. For example, if a couple's resident state is New Jersey, you must provide proof of marriage to be eligible for coverage. Proof from another state is acceptable as well.

In cases where the resident state does not provide an option to be recognized as a couple, you may complete the Statement of Domestic Partnership Form as proof of relationship. To register a same sex domestic partner, please see our website at: <http://uhs.princeton.edu/student-health-plan>.

### Ineligible Dependents

- ✓ Ex-spouses, even if there is a Qualified Domestic Relations Order (QDRO) requiring you to provide health coverage
- ✓ Same-sex ex-civil union or ex-domestic partners
- ✓ Common law spouses where common law marriage exists
- ✓ Opposite-sex domestic partners
- ✓ Former stepchildren of ex-spouses, even if you are required to provide health coverage as dictated under a Qualified Medical Child Support Order (QMCSO)
- ✓ Same-sex ex-civil union or ex-domestic partners' children, even if you are required to provide health coverage as dictated in a QMCSO
- ✓ Extended family members – mother, father, siblings, grandparents, in-laws, etc. – under any circumstances
- ✓ Children who are extended family members – grandchildren, nieces, nephews, etc., except when you are a legal guardian

### Verifying Your Dependent

You must provide dependent verification documentation for each dependent at the time of enrolling your dependents by uploading your documentation through the MyUHS online enrollment portal. If the proper documentation is not provided within 31 days from the effective date of your coverage, your dependent will be removed from your coverage. Please review the chart of permissible documentation for the required dependent verification documentation.

### Permissible Documentation

Dependent Type	Documentation Required
Spouse	Marriage certificate <sup>1</sup>
Same-Sex Civil Union Partner	Certificate of civil union
Same-Sex Domestic Partner	Princeton University Affidavit of Domestic Partnership and supporting documentation
Biological Child Who Is Up to Age 26 <sup>2</sup>	Birth certificate <sup>3</sup>
Adopted Child	Legal adoption papers
Stepchild	Birth certificate, including names of biological parents, and student's marriage certificate
Legal Ward	Legal guardianship papers showing full financial support and custody responsibilities
Foster Child	Official placement papers

*We reserve the right to request additional documentation as necessary.  
Copies of certificates are acceptable if information is legible.*

<sup>1</sup> Foreign nationals must provide current visa documentation showing marriage.

<sup>2</sup> Coverage will exist through the plan year in which the child turns 26.

<sup>3</sup> Foreign nationals must provide current visa documentation showing date of birth of child.

## Enrollment

To enroll dependents of a covered student during the open enrollment period (May/June through the first week in August), please review the following instructions:

### Instructions for Undergraduates Making Health Plan Elections through MyUHS

[www.princeton.edu/myuhs](http://www.princeton.edu/myuhs)

Your **Student NetID and Password Are Required to Access the Site.**

1. **Undergraduates** *must* enroll in or waive out of the Student Health Plan by clicking on the **Forms** link (see left sidebar example below) accessed from either the **MyUHS Home** page or from the **Insurance** page to make their election. (**This is an annual requirement!**) **DEADLINE: JUNE 30th of each year.** Graduate students are automatically enrolled and can disregard this step for medical coverage.
2. **Undergraduates** or **Graduates** wishing to enroll in the **optional dental and/or vision plans** should click on the **Insurance Enrollment** link accessed from the **Insurance** page. (Note: If you were enrolled in any of the health plans this academic year, your coverage will end on August 31st. **Renewal is not automatic for the upcoming academic year. You must re-enroll if you wish to remain on these plans.**)
3. **Undergraduates** or **Graduates** who have *eligible dependents\** and want to enroll them in the SHP, dental and/or vision plans, should first click on **My Dependents** accessed from the **Insurance** page to add (or view previously enrolled dependents) and then follow prompts to enter information for their enrollment. \*For dependent enrollment, you will be required to upload documentation showing proof of eligibility. Permissible Documentation is listed above in our chart. Once you've uploaded the documentation, you can click on **Proceed to Enrollment** to make your selections.
4. An email confirming your health plan elections (**SUBJECT: Insurance Enrollment Confirmation**) will be sent to your Princeton email account. If you do not receive a confirmation email, you missed one of the steps required to successfully submit your choices. Once a successful election is confirmed, you will be locked out of changing your option. Please contact the Student Health Plan Office at [shpo@princeton.edu](mailto:shpo@princeton.edu) or call 609-258-3138 if you need to change your option before the **June 30th deadline.**

### SAMPLE SCREEN WITH EMPHASIS ADDED

The screenshot shows the MyUHS website interface. At the top left is the University Health Services logo. The main header features the 'MyUHS' logo in blue script. On the right, contact information for University Health Services at the McCosh Health Center is provided. Below the header, a message states 'You are logged in as:' followed by a security notice: 'For your security, log off at the end of your session.' The main content area is titled 'Insurance' and contains a red-bordered box with the text: 'New health insurance elections for undergraduate students are made through the Forms section accessed from the navigation column on the left of the screen. Details of elections will display below.' To the left of this box is a navigation sidebar with links for Home, Forms, Immunization, Insurance, Upload Documents, and Log Off. A red arrow points from the 'Forms' link in the sidebar to the red-bordered box. Below the 'Insurance' section, there are two other sections: 'My Dependents' with a link to 'View/Add Dependent Information', and 'Insurance Enrollment' with a link to 'View fees, Enroll in Dental, Vision and Dependent Health'.

Dependent Enrollment applications through MyUHS will not be accepted after the enrollment deadline in August of each year, 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.

## Termination of Coverage

### Undergraduate Students

Coverage ends the August 31st 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 (The extension of SHP benefits applies to degree candidates only.)

Graduate students who are currently enrolled and covered by the SHP, and who in a given semester complete all of the requirements for their program (for Ph.D. students, this means the successful completion of the Final Public Oral Examination; for master's students, the successful completion of all program requirements, including a master's thesis and/or project where applicable) may be eligible for an extension of SHP coverage for up to 3 months after the date their student status ends. Student status ends on the first of the month following the successful completion of the FPO for graduate students and the successful completion of the program's requirements for master's students.

For example, if a Ph.D. candidate completes her FPO on November 11th, student status ends on December 1st, and SHP coverage would be extended through February 28th, unless a condition listed below under **Termination of SHP Benefits Specific to All Enrollees** occurs first (see below).

Another example: if an M.P.A. student finishes his program in May and graduates in June, SHP coverage would be extended through August 31st, unless a condition listed below under **Termination of SHP Benefits Specific to All Enrollees** occurs first (see below).

To be eligible for the SHP extension, the student **must** have fulfilled these two conditions:

- Been enrolled in Regular, In Absentia, or DCE status at the time of their FPO (for Ph.D. students) or the completion of their program requirements (for master's students) and,
- Been enrolled in the SHP at the time of FPO defense date or completion of program requirements.

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

- Termination of enrolled student status for reasons such as withdrawal, leave of absence, or completion of non-degree study (refunds for the cost of the SHP for undergraduate students is prorated based upon the date of departure from Princeton University; refunds for the cost of the SHP for dependents of enrollees is based upon the termination date of SHP coverage for the student);
- The date the enrollee becomes insured as an employee under any other policy group (including a move to another Princeton University appointment), franchise, 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 a covered person is disabled or becomes confined to a hospital or is undergoing specialty treatment for an identified condition and this condition has been documented in the student's medical records by the providers at University Health Services 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).

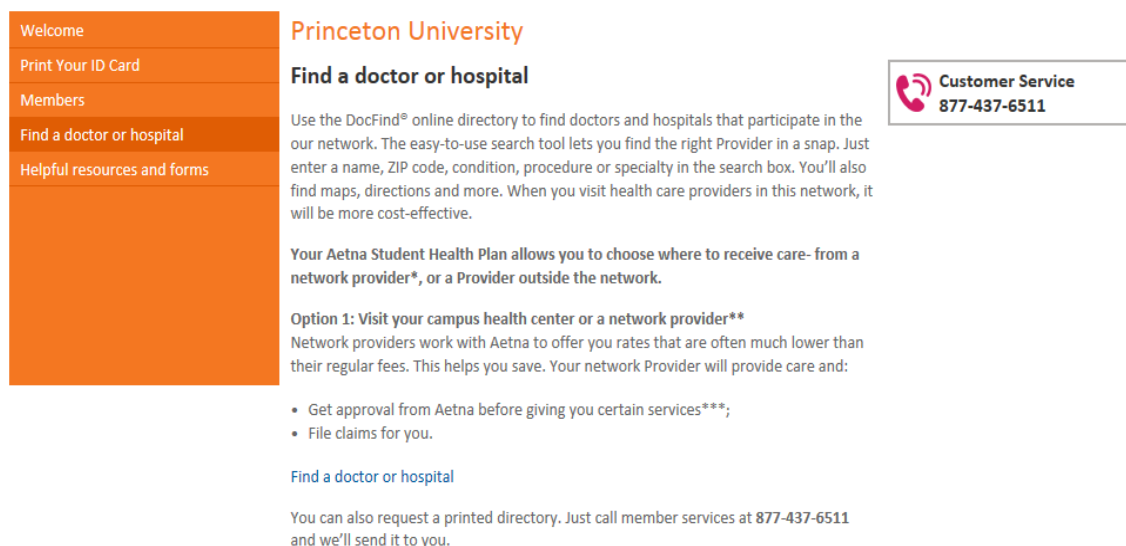
## Preferred Provider Network

Aetna Student Health has arranged for you to access a Preferred Provider Network in your local community.

To maximize your savings and reduce your out-of-pocket expenses, select a Preferred Provider. It is to your advantage to use a Preferred Provider because savings may be achieved from the Negotiated Charges these providers have agreed to accept as payment for their services.

## How to Find a Doctor in the Aetna Network

1. Go to the Princeton page on the Aetna Student Health Student connection site:  
<https://www.aetnastudenthealth.com/students/student-connection.aspx?GroupID=812847>



The screenshot shows the Princeton University Aetna Student Health website. On the left is a navigation menu with orange buttons: Welcome, Print Your ID Card, Members, Find a doctor or hospital (highlighted), and Helpful resources and forms. The main content area has an orange header with 'Princeton University' and 'Find a doctor or hospital'. Below this, there is text explaining the DocFind® online directory, a note about choosing care locations, and 'Option 1: Visit your campus health center or a network provider\*\*'. A bulleted list includes 'Get approval from Aetna before giving you certain services\*\*\*' and 'File claims for you.' A blue link 'Find a doctor or hospital' is present. A customer service box on the right shows a phone icon, 'Customer Service', and the number '877-437-6511'. At the bottom of the screenshot, a blue button with white text says 'Find a doctor or hospital'.

2. Click on "Find a doctor or hospital" link

3. Click on:

**START A NEW SEARCH** ➔

**aetna** Provider Online Referral Directory

DocFind®

START A NEW SEARCH ▶

Search Tips & FAQs

Directories & Resources

Quality & Cost Info

Tiered Network Program Information

Qualified Health Plans (QHPs) - including public exchange/marketplace plans

Search by Location Search by Name Advanced Search

**\*Required Selections**

\*Search for: Select... ▼

\*Type: Select... ▼

\*Search in:  Zip Code  City  County

\* ZIP CODE

\* DISTANCE 10 miles ▼

[Find a Zip Code](#)

\*Select a Plan: Select a plan... ▼

SEARCH ▶

Can't find what you're looking for? Try our [Advanced Search](#)

- You will now be on the Aetna Provider Directory Page and you may look up a doctor in several different ways:
- Go to “Search by Location” and the drop down menu will allow you to search for a type of provider:

Search by Location Search by Name Advanced Search

**\*Required Selections**

\*Search for: Select... ▼

\*Type: Select... ▼

\*Search in: Select...

\*Select a Plan: Select a plan... ▼

Search

- Medical—
- Walk-In Clinics
- Doctors (Primary Care)
- Medical Specialists
- Medical Group/IPA California
- Urgent Care Facilities
- Natural Therapy Professionals (Discount Program)
- Labs - Including Quest Diagnostics
- Dialysis
- Other (X-ray, Surg Ctrs; Med Equip, etc.)
- Hospitals
- All Medical Professionals
- Behavioral Health—
- Behavioral Health Professionals
- Employee Assistance Program Professionals
- Mental Health Facilities
- Substance Abuse Facilities
- Residential Treatment Facilities
- Dental—
- Dentists (Primary Care)
- Dental Specialists
- Other—
- Pharmacies
- Vision (routine exam & eyewear)
- Hearing Discount Locations
- Find a Flu Shot / Vaccine Provider



Search by Location   Search by Name   **Advanced Search**

**\*Required Selections**

**\*Search for:** Behavioral Health Professionals

**\*Type:** All Behavioral Health Professionals  
Addictions Specialist  
Anxiety and Stress Management Counseling  
Anxiety Disorders  
Attention Deficit Disorder

To search for 2 specialties, hold down the "ctrl" key and click the specialties.

For some providers you select, there will be an added drop down screen under “Type.”

6. Then the “Search in” section will allow you to search by: zip code, city, county. **The Zip code search is the fastest way.**
7. Enter your zip code of your local address or use the school’s zip code.
8. Then choose the distance you are willing to travel. Generally, 5 miles is enough.
9. Next, “Select a Plan”: **You will always choose “Student Health Plans.”**

**\*Select a Plan:** Student Health Plans

10. Then click the “Start Search” button and you will be on the Search page.
11. Now you will see the list of providers within the area code distance you chose.
12. Once you have your list of Aetna providers, **please call for an appointment** and please make sure they are taking new patients.

## Description of Benefits

The Plan excludes coverage for certain services and contains limitations on the amounts it will pay. This Plan Design and Benefits Summary document will tell you about some of the important features of the Plan.

<p><b>DEDUCTIBLE</b></p> <p>Unless otherwise indicated, the Policy Year Medical and Prescription Drug Deductibles must be met prior to benefits being payable. The Medical Policy Year Deductible and the Prescription Drug Deductible are separate.</p> <p>These policy year deductibles are waived for Preferred Care Covered Medical Expenses and Prescription Drug Expenses that apply to Preventive Care Expense Benefits, (including Generic Contraceptives) Preferred Care Office Visits, Preferred Care Laboratory or Screening Expenses, Ambulance Expenses, and Preventive Dental Expenses.</p> <p>In compliance with New Jersey State Mandate(s) the Policy Year Deductible is also waived for: Lead Poisoning Testing and Treatment and Human Leukocyte Antigen Testing.</p>	<p><b>Individual:</b></p> <p>Medical - \$200 per Policy Year  Prescription Drugs - \$100 per Policy Year</p> <p><b>Family:</b></p> <p>Medical - \$400 per Policy Year  Prescription Drugs - \$200 per Policy Year</p>
<p><b>COINSURANCE</b></p> <p>Coinsurance is both the percentage of covered medical expenses that the plan pays, and the percentage of covered medical expenses that you pay. The percentage that the plan pays is referred to as “plan coinsurance” or the “payment percentage,” and varies by the type of expense. Please refer to the Schedule of Benefits for specific information on coinsurance amounts.</p>	<p>Covered Medical &amp; Prescription Expenses are payable by the Plan at the Plan coinsurance percentage specified below, after any applicable Deductible.</p>
<p><b>OUT-OF-POCKET MAXIMUMS</b></p> <p>Once the Individual or Family Out-of-Pocket Limit has been satisfied, Covered Medical &amp; Prescription Expenses will be payable at 100% for the remainder of the Policy Year.</p> <p>The following expenses do not apply toward meeting the Out-of-Pocket Limit:</p> <ul style="list-style-type: none"> <li>• expenses that are not covered medical expenses</li> <li>• expenses that are not paid because a required precertification for the services(s) or supply was not provided as required under the Plan.</li> </ul>	<p><b>Preferred Care and Non-Preferred Care Combined</b></p> <p><b>Medical - Individual Out-of-Pocket:</b> \$5,000 per Policy Year  <b>Medical - Family Out-of-Pocket:</b> \$10,000 per Policy Year</p> <p><b>Prescription - Individual Out-of-Pocket:</b> \$1,350  <b>Prescription - Family Out-of-Pocket:</b> \$2,700</p>

## Referral and Pre-Certification Requirements

**When Referrals Are Required** The Plan requires all covered persons to receive referral authorization from University Health Services (UHS) before being referred for off-campus medical care, except as specified by this Plan. Failure to secure the required referral may result in enrollee being responsible for expenses. Authorized referrals are effective for 12 months.

### When Referrals Are Not Required

- A referral is not required for Pediatric or OB-GYN off-campus care.
- In the event of a life threatening emergency illness or injury requiring hospitalization or emergency room services.
- To use the \$125 preventative dental visit benefit under this Plan.
- To use the Pediatric Dental or Vision benefits.
- 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 covered students who maintain In Absentia status and/or covered students and covered dependents residing and receiving services outside Mercer County, New Jersey, or for
- Covered persons provided with the 90 days' extension of coverage due to disability.

### Pre-Certification

Hospital or out-patient Transgender surgery requires pre-certification. To obtain pre-certification, contact University Health Services (UHS). If Pre-Certification is not obtained, service is not covered.

Inpatient Hospitalization Benefits	Preferred Care	Non-Preferred Care	University Health Services
<b>Room and Board Expense</b>	80% of the Negotiated Charge	80% of Recognized Charge for a semi-private room	Inpatient Services available - see UHS website for more information.
<b>Miscellaneous Hospital Expense</b> Includes but not limited to: operating room, laboratory tests/x-rays, oxygen tent, and drugs, medicines, dressings	80% of the Negotiated Charge	80% of the Recognized Charge	N/A
<b>Non-Surgical Physicians Expense</b> Non-surgical services of the attending Physician, or a Consulting Physician	80% of the Negotiated Charge	80% of the Recognized Charge	N/A
Surgical Expenses	Preferred Care	Non-Preferred Care	University Health Services
<b>Surgical Expense (Inpatient and Outpatient)</b>	80% of the Negotiated Charge	80% of the Recognized Charge	N/A
<b>Surgical Expense Primary Surgery</b>	80% of the Negotiated Charge	80% of the Recognized Charge	N/A
<b>Surgical Expense Secondary Surgery</b> (subsequent surgery on same date of service as primary surgery)	50% of the Negotiated Charge	50% of the Recognized Charge	N/A
<b>Surgical Expense Tertiary +</b> (three or more surgeries on same date of service as primary & secondary)	25% of the Negotiated Charge	25% of the Recognized Charge	N/A

<b>Surgical Expenses (continued)</b>	<b>Preferred Care</b>	<b>Non-Preferred Care</b>	<b>University Health Services</b>
<b>Anesthesia Expense (Inpatient and Outpatient)</b>	80% of the Negotiated Charge	80% of the Recognized Charge	N/A
<b>Assistant Surgeon Expense (Inpatient and Outpatient)</b>	80% of the Negotiated Charge	80% of the Recognized Charge	N/A
<b>Ambulatory Surgical Expense</b>	80% of the Negotiated Charge	80% of the Recognized Charge	N/A
<b>Outpatient Expenses</b>	<b>Preferred Care</b>	<b>Non-Preferred Care</b>	<b>University Health Services</b>
<b>Hospital Outpatient Department Expense</b>	80% of the Negotiated Charge	80% of the Recognized Charge	N/A
<b>Walk-in Clinic Visit Expense</b>	80% of the Negotiated Charge	80% of the Recognized Charge	\$0 fee for UHS visit
<b>Emergency Room Expense</b> <b>Important Note:</b> Non-Preferred Care Providers do not have a contract with Aetna, the provider may not accept payment of your cost share (your deductible and coinsurance) as payment in full. You may receive a bill for the difference between the amount billed by the provider and the amount paid by this Plan. If the provider bills you for an amount above your cost share, you are not responsible for paying that amount. Send Aetna the bill at the address listed on the back of your ID card and Aetna will resolve any dispute with the provider over that amount. Make sure your member ID number is on the bill.	80% of the Negotiated Charge	80% of the Recognized Charge	N/A
<b>Urgent Care Expense</b>	80% of the Negotiated Charge	80% of the Recognized Charge	\$0 fee for UHS urgent care visit
<b>Ambulance Expense</b>	80% of the Negotiated Charge	80% of the Recognized Charge	N/A
<b>Physician's Office Visit Expense</b> This benefit includes visits to specialists	After a \$10 per visit Copay, 100% of the Negotiated Charge	80% of the Recognized Charge	\$0 fee for physician visit @ UHS (no specialist visits)
<b>Laboratory Expense</b>	100% of the Negotiated Charge	80% of the Recognized Charge	\$0 fee for Laboratory Services available @ UHS
<b>Laboratory Expense</b> Treatment of Mental and Nervous Disorders	100% of the Negotiated Charge	80% of the Recognized Charge	N/A
<b>X-ray Expense</b>	80% of the Negotiated Charge	80% of the Recognized Charge	\$0 for X-ray services available @ UHS

<b>Outpatient Expenses (continued)</b>	<b>Preferred Care</b>	<b>Non-Preferred Care</b>	<b>University Health Services</b>
<b>High Cost Procedures Expense</b> Includes CT scans, MRIs, PET scans and Nuclear Cardiac Imaging Tests	80% of the Negotiated Charge	80% of the Recognized Charge	N/A
<b>Therapy Expense</b> Includes Physical, Occupational, Respiratory and Chelation Therapy	80% of the Negotiated Charge	80% of the Recognized Charge	PT services available @ UHS @ negotiated charge from independent vendor. PT services also available @ Dillon Gym for athletes.
<b>Complementary Medicine Expense</b> Includes pain management, chiropractic (Limited to 30 visits per year), acupuncture, massage therapy, & biofeedback (Limited to 30 combined visits per year)	80% of the Negotiated Charge	80% of the Recognized Charge	N/A
<b>Cognitive Therapy Expense</b> Includes Speech and Cognitive Therapy	80% of the Negotiated Charge	80% of the Recognized Charge	N/A
<b>Durable Medical and Surgical Equipment Expense</b>	80% of the Negotiated Charge	50% of the Recognized Charge	Certain braces & crutches are available @ UHS for nominal fees
<b>Prosthetic or Orthotic Expense</b> Includes charges for orthotic or prosthetic appliances from a licensed orthotist or prosthetist or any certified pedorthist, if determined medically necessary by the covered person's physician. Benefits for orthotic and prosthetic appliances are paid at the higher of the federal Medicare reimbursement schedule or the Negotiated Charge. Coverage is provided under the same terms and conditions as for any other illness.	80% of the Negotiated Charge	80% of the Recognized Charge	N/A
<b>Dental Injury Expense</b>	80% of the Negotiated Charge	80% of the Recognized Charge	N/A
<b>Dental Expense for Impacted Wisdom Teeth</b>	80% of the Negotiated Charge	80% of the Recognized Charge	N/A
<b>Allergy Testing &amp; Treatment Expense</b>	Covered Medical Expenses are payable on the same basis as any other Sickness, member cost sharing is based on the type of service performed and the place of service where rendered		Allergy serum administration provided @ \$0 fee @ UHS when serum is provided.
<b>Diagnostic Testing For Learning Disabilities Expense</b> Once a person has been diagnosed with one of these conditions, medical treatment will be payable as detailed under the outpatient Treatment of Mental and Nervous Disorders portion of this Plan.	80% of the Negotiated Charge	80% of the Recognized Charge	N/A

## Preventive Care:

Preventive Care is services provided for a reason other than to diagnose or treat a suspected or identified sickness or injury and rendered in accordance with the guidelines provided by the following agencies:

- Evidence-based items that have in effect a rating of A or B in the current recommendations of the United States Preventive Services Task Force [uspreventiveservicestaskforce.org](http://uspreventiveservicestaskforce.org).
- Services as recommended in the American Academy of Pediatrics/Bright Futures Guidelines for Children and Adolescents <http://brightfutures.aap.org/>.
- For females, screenings and counseling services as provided for in the comprehensive guidelines recommended by the Health Resources and Services Administration <http://www.hrsa.gov/index.html>.
- The Advisory Committee on Immunization Practices (ACIP) of the Centers for Disease Control and Prevention <http://www.cdc.gov/vaccines/schedules/index.html>.

<b>Routine Physical Exam</b> Includes routine vision & hearing screenings given as part of the routine physical exam, routine tests and related lab fees.	100% of the Negotiated Charge	80% of the Recognized Charge	\$0 fee @ UHS for routine physical exam – appointment necessary
<b>Preventive Care Immunizations</b> Includes travel immunizations and flu shots	100% of the Negotiated Charge	100% of the Recognized Charge	Submit walk-out statement and claim to Aetna for 100% reimbursement of charge - appointment necessary
<b>Childhood Immunizations and Screening for Lead Poisoning</b>	100% of the Negotiated Charge	100% of the Recognized Charge	
<b>Treatment for Lead Poisoning</b> Screenings by blood lead measurement for lead poisoning for children, including: <ul style="list-style-type: none"> <li>• Confirmatory blood lead testing, as specified by the New Jersey Department of Health.</li> <li>• Medical evaluation.</li> <li>• Any necessary medical follow-up treatment for lead poisoned children.</li> </ul>	100% of the Negotiated Charge	100% of the Recognized Charge	
<b>Health Wellness Promotion Programs</b> Recommended immunizations for all adults Annual: <ul style="list-style-type: none"> <li>• Blood tests and lifestyle behavior counseling for covered persons age 20 and over.</li> <li>• A pap smear for female covered persons age 20 and over.</li> <li>• Stool examination for presence of blood for covered persons age 40 or over.</li> <li>• A mammogram for female covered persons age 40 or over.</li> </ul> Every 5 years: <ul style="list-style-type: none"> <li>• Glaucoma test for covered persons age 35 and over.</li> <li>• A left-sided colon examination of 35 or 60 centimeters for covered persons age 45 and over.</li> </ul>	100% of the Negotiated Charge	100% of the Recognized Charge	

Preventive Care <i>(continued)</i>	Preferred Care	Non-Preferred Care	University Health Services
<b>Well Woman Preventive Visits</b> Routine well woman preventive exam office visit, including Pap smears.	100% of the Negotiated Charge	100% of the Recognized Charge	\$0 fee @ UHS – appointment is necessary
<b>Preventive Care Screening and Counseling Services for Sexually Transmitted Infections</b> Includes the counseling services to help a covered person prevent or reduce sexually transmitted infections.	100% of the Negotiated Charge	80% of the Recognized Charge	\$0 fee @ UHS for routine screening for STDs – appointment necessary
<b>Preventive Care Screening and Counseling Services for Obesity and/or Healthy Diet</b> Screening and counseling services to aid in weight reduction due to obesity. Coverage includes: <ul style="list-style-type: none"> <li>• Preventive counseling visits and/or risk factor reduction intervention;</li> <li>• Nutritional counseling; and</li> <li>• Healthy diet counseling visits provided in connection with Hyperlipidemia (high cholesterol) and other known risk factors for cardiovascular and diet-related chronic disease.</li> </ul>	100% of the Negotiated Charge	80% of the Recognized Charge	
<b>Preventive Care Screening and Counseling Services for Misuse of Alcohol and/or Drugs</b> Screening and counseling services to aid in the prevention or reduction of the use of an alcohol agent or controlled substance. Coverage includes preventive counseling visits, risk factor reduction, intervention and a structured assessment.	100% of the Negotiated Charge	80% of the Recognized Charge	
<b>Preventive Care Screening and Counseling Services for Use of Tobacco Products</b> Screening and counseling services to aid a covered person to stop the use of tobacco products. Coverage includes: <ul style="list-style-type: none"> <li>• Preventive counseling visits;</li> <li>• Treatment visits; and</li> <li>• Class visits; to aid a covered person to stop the use of tobacco products.</li> </ul> Tobacco product means a substance containing tobacco or nicotine including: <ul style="list-style-type: none"> <li>• Cigarettes;</li> <li>• Cigars;</li> <li>• Smoking tobacco;</li> <li>• Snuff;</li> <li>• Smokeless tobacco; and</li> <li>• Candy-like products that contain tobacco.</li> </ul>	100% of the Negotiated Charge	80% of the Recognized Charge	

<b>Preventive Care (continued)</b>	<b>Preferred Care</b>	<b>Non-Preferred Care</b>	<b>University Health Services</b>
<b>Preventive Care Screening and Counseling Services for Depression Screening</b> Screening or test to determine if depression is present.	100% of the Negotiated Charge	80% of the Recognized Charge	
<b>Preventive Care Routine Cancer Screenings</b> Covered expenses include but are not limited to: Pap smears; Mammograms; Fecal occult blood tests; Digital rectal exams; Prostate specific antigen (PSA) tests; Sigmoidoscopies; Double contrast barium enemas (DCBE); Colonoscopies (removal of polyps performed during a screening procedure is a covered medical expense); and Lung cancer screenings	100% of the Negotiated Charge	80% of the Recognized Charge	
<b>Preventive Care Screening and Counseling Services for Genetic Risk for Breast and Ovarian Cancer</b> Covered medical expenses include the counseling and evaluation services to help assess a covered person's risk of breast and ovarian cancer susceptibility.	100% of the Negotiated Charge	80% of the Recognized Charge	
<b>Preventive Care Prenatal Care</b> Coverage for prenatal care under this Preventive Care Expense benefit is limited to pregnancy-related physician office visits including the initial and subsequent history and physical exams of the pregnant woman (maternal weight, blood pressure, fetal heart rate check, and fundal height). Refer to the Maternity Expense benefit for more information on coverage for maternity expenses under the Policy, including other prenatal care, delivery and postnatal care office visits.	100% of the Negotiated Charge	80% of the Recognized Charge	
<b>Preventive Care Lactation Counseling Services</b> Lactation support and lactation counseling services are covered medical expenses when provided in either a group or individual setting.	100% of the Negotiated Charge	80% of the Recognized Charge	
<b>Preventive Care Breast Pumps and Supplies</b>	100% of the Negotiated Charge	80% of the Recognized Charge	



Preventive Care <i>(continued)</i>	Preferred Care	Non-Preferred Care	University Health Services
<p><b>Preventive Care Female Contraceptive Counseling Services, Preventive Care Female Contraceptive Generic, Brand Name, Biosimilar Prescription Drugs and Devices provided, administered, or removed, by a Physician during an Office Visit, Preventive Care Female Voluntary Sterilization (Inpatient), Preventive Care Female Voluntary Sterilization (Outpatient)</b></p> <p>Includes counseling services on contraceptive methods provided by a physician, obstetrician or gynecologist. Such counseling services are covered medical expenses when provided in either a group or individual setting.</p> <p><b>Voluntary Sterilization</b></p> <p>Includes charges billed separately by the provider for female voluntary sterilization procedures &amp; related services &amp; supplies including, but not limited to, tubal ligation and sterilization implants. Covered medical expenses under this benefit would not include charges for a voluntary sterilization procedure to the extent that the procedure was not billed separately by the provider or because it was not the primary purpose of a confinement.</p>	100% of the Negotiated Charge	80% of the Recognized Charge	
<p><b>Contraceptives</b> can be paid either under this benefit or the prescribed medicines expense depending on the type of expense and how and where the expense is incurred. Benefits are paid under this benefit for female contraceptive prescription drugs and devices (including any related services and supplies) when they are provided, administered, or removed, by a physician during an office visit.</p>	100% of the Negotiated Charge	80% of the Recognized Charge	
<p><b>Routine Prostate Cancer Screening</b></p> <p>Includes charges incurred by a covered person for one digital rectal exam and one prostate specific antigen test each Policy Year for the screening of cancer as follows: for a male age 50 or over or, a male age 40 and over with a family history</p>	100% of the Negotiated Charge	80% of the Recognized Charge	N/A

Preventive Care <i>(continued)</i>	Preferred Care	Non-Preferred Care	University Health Services
<p><b>Pediatric Routine Vision Exams</b>  <b>(Coverage is limited to covered persons through age 18)</b>  Includes charges made by an ophthalmologist or optometrist for a routine vision exam. The exam will include refraction &amp; glaucoma testing. Benefits are limited to 1 exam per policy year.</p> <p><b>Low Vision Services</b>  Covered medical expenses include:</p> <ul style="list-style-type: none"> <li>• One comprehensive low vision evaluation every 5 years.</li> <li>• Low vision aids such as high-power spectacles, magnifiers and telescopes and medically necessary follow-up care.</li> </ul> <p><b>Pediatric Visit for the fitting of prescription contact lenses, Pediatric Eyeglass Frames, Prescription Lenses or Prescription Contact Lenses</b>  In a policy year, this benefit will cover either prescription lenses for eyeglass frames or prescription contact lenses, but not both.</p>	100% of the Actual Charge	80% of the Actual Charge	N/A
<p><b>Preventive Dental Expense</b>  Benefits are limited to a maximum of \$125 per Policy Year. This benefit is not applied to the Annual Deductible.</p>	100% of the Actual Charge	100% of the Actual Charge	N/A
<p><b>Pediatric Dental Benefits:</b> The Pediatric dental benefits described below are limited to covered persons who are under the age of 19 (from birth through age 18).</p>			
<p><b>Preventive &amp; Diagnostic Services</b></p> <p>Oral Exams</p> <ul style="list-style-type: none"> <li>• One complete initial oral exam per provider or location (includes initial history and charting of teeth and supporting structures).</li> <li>• Periodic or routine oral exams; twice in 12 months.</li> <li>• Periodic or routine oral exams for children with special needs, 4 times in 12 months.</li> </ul> <p>X-rays</p> <ul style="list-style-type: none"> <li>• Single tooth x-rays; no more than one per visit.</li> <li>• Bitewing x-rays; once in 12 months.</li> <li>• Full mouth x-rays; once in 36 months per provider or location.</li> <li>• Panoramic x-rays; once in 36 months per provider or location.</li> </ul> <p>Routine Dental Care</p> <ul style="list-style-type: none"> <li>• Routine cleaning, minor scaling, and polishing of the teeth; twice in 12 months or up to four times per year for children with special health care needs.</li> </ul>	100% of the Negotiated Charge	70% of the Recognized Charge	N/A

<ul style="list-style-type: none"> <li>• Fluoride treatments (including fluoride varnishes); twice in 12 months or up to four times per year for children with special health care needs.</li> <li>• Sealants; once per tooth in three years per provider or location (sealants over restored tooth surfaces not covered).</li> <li>• Space maintainers</li> </ul>			
<p><b>Basic Restorative Services</b></p> <p>Fillings</p> <ul style="list-style-type: none"> <li>• Amalgam (silver) fillings or Composite resin (white) fillings (for primary, back teeth, payment for a composite filling will not be more than the amount allowed for an amalgam filling).</li> </ul> <p>Bridges</p> <ul style="list-style-type: none"> <li>• Bridges.</li> </ul> <p>Root Canal Treatment</p> <ul style="list-style-type: none"> <li>• Root canals.</li> <li>• Vital pulpotomy.</li> <li>• Once per tooth.</li> <li>• Root end surgery.</li> </ul> <p>Crowns (see also Group 3)</p> <ul style="list-style-type: none"> <li>• Prefabricated stainless steel crowns.</li> </ul> <p>Gum treatment</p> <ul style="list-style-type: none"> <li>• Periodontal scaling and root planning or periodontal surgery.</li> </ul> <p>Prosthetic maintenance</p> <ul style="list-style-type: none"> <li>• Repair of partial or complete dentures and bridges; once in 12 months</li> <li>• Reline or rebase partial or complete dentures; once in 24 months</li> <li>• Recementing of crowns, inlays, onlays, and fixed bridgework; once per tooth</li> </ul> <p>Oral surgery</p> <ul style="list-style-type: none"> <li>• Simple tooth extractions; once per tooth</li> <li>• Erupted or exposed root removal; once per tooth</li> <li>• Surgical extractions; once per tooth</li> <li>• Other necessary oral surgery</li> <li>• Care of abscesses</li> <li>• Cleft palette treatment</li> <li>• Cancer treatment</li> </ul>	70% of the Negotiated Charge	50% of the Recognized Charge	N/A

<b>Preventive Care (continued)</b>	<b>Preferred Care</b>	<b>Non-Preferred Care</b>	<b>University Health Services</b>
<b>Major Restorative Services</b> Crowns <ul style="list-style-type: none"> <li>• Metal only crowns.</li> <li>• Resin crowns.</li> <li>• Porcelain/ceramic crowns.</li> <li>• Porcelain fused to metal/high noble crowns.</li> </ul> Tooth replacement <ul style="list-style-type: none"> <li>• Removable complete or partial dentures, including services to fabricate, measure, fit, and adjust them; once in 84 months</li> <li>• Fixed prosthetics (bridges); only if there is no other less expensive adequate dental service.</li> </ul> Other necessary services <ul style="list-style-type: none"> <li>• Occlusal guards when necessary; once in calendar year</li> <li>• Fabrication of an athletic mouth guard</li> </ul>	50% of the Negotiated Charge	50% of the Recognized Charge	N/A
<b>Orthodontic Services</b> <ul style="list-style-type: none"> <li>• Medically necessary orthodontic care including retainers.</li> <li>• Braces for a covered person who has a severe and handicapping malocclusion</li> <li>• Related orthodontic services for a covered person when medically necessary qualifies</li> </ul>	50% of the Negotiated Charge	50% of the Recognized Charge	N/A
<b>Treatment of Mental and Nervous Disorders</b>	<b>Preferred Care</b>	<b>Non-Preferred Care</b>	<b>University Health Services</b>
<b>Mental Health Inpatient Expense</b>	80% of the Negotiated Charge	80% of the Recognized Charge	*Counseling and Psychological Services (CPS) @ UHS offers short-term, in-house psychological and psychiatric services. When students require ongoing, long-term or specialized treatment, they are referred to an off-campus provider.
<b>Mental Health Outpatient Expense</b>	After a \$10 per visit Copay, 100% of the Negotiated Charge	80% of the Recognized Charge	*See explanation above
<b>Alcoholism and Drug Addiction Treatment</b>	<b>Preferred Care</b>	<b>Non-Preferred Care</b>	<b>University Health Services</b>
<b>Inpatient Expense</b>	80% of the Negotiated Charge	80% of the Recognized Charge	*See explanation above
<b>Outpatient Expense</b>	After a \$10 per visit Copay, 100% of the Negotiated Charge	80% of the Recognized Charge	*See explanation above

<b>Medical Evacuation, Repatriation &amp; Medical Services Received Abroad:</b> (Medical services received outside the US must be paid by the enrollee first, then a claim can be filed with Aetna Student Health for reimbursement. Claim forms are available online.)	Preferred Care	Non-Preferred Care	University Health Services
<b>Medical Evacuation</b> Benefits are paid up to \$50K for medical evacuation to country of origin.	80% of the Negotiated Charge (The evacuation must, in the opinion of the claims administrator, be medically necessary because appropriate health services are not otherwise available.)	80% of the Recognized Charge	N/A
<b>Repatriation</b> Benefits are paid up to \$25K for preparing and transporting the remains of the deceased to his or her country of origin.	80% of the Negotiated Charge	80% of the Recognized Charge	N/A
Maternity Benefits	Preferred Care	Non-Preferred Care	University Health Services
<b>Maternity Expense</b>	Covered Medical Expenses for pregnancy, childbirth, and complications of pregnancy are payable on the same basis as any other sickness, member cost sharing is based on the type of service performed and the place of service where it is rendered		N/A
<b>Breast Feeding Durable Medical Equipment – Breast Pumps</b> Plan covers purchase of a breast pump as medically necessary durable medical equipment (DME); purchase is valid anytime during the diagnosed pregnancy, up to 12 months after the baby is born.	100% of the Negotiated Charge*	80%	N/A
<b>Well Newborn Nursery Care Expense</b>	80% of the Negotiated Charge	80% of the Recognized Charge	N/A

Prescription Drug Coverage	Preferred Care	Non-Preferred Care	University Health Services
<p>The prescription plan is administered by Catamaran/OptumRx. Please see page 10 for separate individual and family deductibles and out of pocket maximums for the prescription plan. Additional information may be obtained at <a href="#">OptumRx's website</a> or by calling 1-877-615-6319.</p> <p>The prescription drug deductible and copays for generics does not apply to the following:</p> <ul style="list-style-type: none"> <li>• Preventive Care Drugs and Supplements</li> <li>• Risk Reducing Breast Cancer Prescription Drugs</li> <li>• Contraceptives (Generic, unless a Generic equivalent is not available or the covered person is granted a medical exception.)</li> </ul> <p>For each generic drug prescription filled, the Plan provides 100% coverage. See Catamaran/OptumRx for list of Preventive Drugs.</p> <p>Some brand and specialty prescriptions require prior authorization. When prior authorization is obtained, the preferred brand copay will apply for non-preferred and specialty brand prescriptions.</p> <p>Specialty medications, usually limited to a 30-day supply, are only covered through the OptumRx specialty pharmacy, BriovaRx. OptumRx will allow for a one-month supply at a retail pharmacy for the first prescription. Contact OptumRx directly to access specialty medication.</p>			
Benefit Description	Preferred Care	Non-Preferred Care	University Health Services
<p><b>Retail/Specialty Pharmacy</b> <b>30 day supply</b> Generic Preferred Brand Non-Preferred Brand</p> <p><b>90 day Home Delivery Supply</b> Generic Preferred Brand Non-Preferred Brand</p> <p><b>Preventive Care Drugs, Supplements, Contraceptives, Risk Reducing Breast Cancer Prescription Drugs</b> <b>30 day supply</b> Generic Preferred Brand Non-Preferred Brand</p> <p><b>90 day Home Delivery Supply</b> Generic Preferred Brand Non-Preferred Brand</p>	<p>\$5 copay \$20 copay \$70 copay</p> <p>\$10 copay \$40 copay \$140 copay</p> <p>\$0 copay \$20 copay \$70 copay</p> <p>\$0 copay \$40 copay \$140 copay</p>	<p>\$5 copay \$20 copay \$70 copay</p> <p>\$10 copay \$40 copay \$140 copay</p> <p>\$0 copay \$20 copay \$70 copay</p> <p>\$0 copay \$40 copay \$140 copay</p>	<p>N/A</p>
Additional Benefits	Preferred Care	Non-Preferred Care	University Health Services
<p><b>Infertility Treatment</b> Only Artificial Insemination and standard dosages, lengths of treatment and cycles of therapy of Prescription Drugs are covered.</p>	<p>Covered Medical Expenses: 80% of the Negotiated Charge</p>	<p>Covered Medical Expenses: 80% of the Recognized Charge</p>	<p>N/A</p>

Additional Benefits <i>(continued)</i>	Preferred Care	Non-Preferred Care	University Health Services
<b>Routine Foot Care Expense</b> Routine foot care is excluded, except for the following: open cutting operations to treat weak, strained, flat, unstable or unbalanced feet, metatarsalgia or bunions; removal of nail roots; treatment of corns, calluses or toenails in conjunction with the treatment of metabolic or peripheral vascular disease.	Covered Medical Expenses are payable on the same basis as any other Sickness, member cost sharing is based on the type of service performed and the place of service where it is rendered.		N/A
<b>Diabetic Equipment And Self-Management Education Expense</b>	Covered Medical Expenses are payable on the same basis as any other Sickness, member cost sharing is based on the type of service performed and the place of service where it is rendered		N/A
<b>Temporomandibular Joint Dysfunction Expense</b>	Covered Medical Expenses are payable on the same basis as any other Sickness, member cost sharing is based on the type of service performed and the place of service where it is rendered		N/A
<b>Elective Abortion Expense</b>	80% of the Negotiated Charge	80% of the Recognized Charge	N/A
<b>Hospice Benefit</b>	80% of the Negotiated Charge	80% of the Recognized Charge	N/A
<b>Home Health Care Expense (Limited to 60 visits per year)</b>	80% of the Negotiated Charge	80% of the Recognized Charge	N/A
<b>IUD &amp; Other Birth Control Devices</b>	100% of the Negotiated Charge	80% of the Negotiated Charge	Once UHS receipt is submitted to Aetna – 100% reimbursement
<b>Licensed Nurse Expense</b>	80% of the Negotiated Charge	80% of the Recognized Charge	N/A
<b>Skilled Nursing Facility Expense</b>	80% of the Negotiated Charge for the semi-private room rate	80% of the Recognized Charge for the semi-private room rate	N/A
<b>Rehabilitation Facility Expense</b>	80% of the Negotiated Charge for the rehabilitation facility's daily room and board maximum for semi-private accommodations	80% of the Recognized Charge for the rehabilitation facility's daily room and board maximum for semi-private accommodations	N/A

Additional Benefits <i>(continued)</i>	Preferred Care	Non-Preferred Care	University Health Services
<b>Hearing Aids Expense</b> Includes coverage for medically necessary expenses (including fittings, exams and hearing tests, dispensing fees, modifications and repairs, ear molds, and headbands for bone-anchored hearing implants) incurred in the purchase of hearing aids. This benefit is limited to 1 hearing aid per ear per plan year.	80% of the Negotiated Charge	80% of the Recognized Charge	N/A
<b>Bariatric Surgery Expense</b> Includes services rendered as part of medically necessary bariatric surgery treatment for morbid obesity	Covered Medical Expenses are payable on the same basis as any other Sickness, member cost sharing is based on the type of service performed and the place of service where it is rendered	N/A	
<b>Nutritional Counseling</b>	80% of the Negotiated Charge	80% of the Recognized Charge	N/A
<b>Private Duty Nursing Expense</b>	80% of the Negotiated Charge	80% of the Recognized Charge	N/A
<b>Human Organ Transplant Expense</b> Includes Transplants: cornea, kidney, lung, liver, heart, pancreas, intestine, allogenic bone marrow. Costs associated with the transplant, including inpatient services, and practitioner services. Inpatient hospital costs of donors associated with transplants if the donor does not have health coverage that would cover the medical costs associated with his or her role as a donor. Benefits do not include: Travel, accommodations, or comfort items.	Covered Medical Expenses are payable on the same basis as any other Sickness, member cost sharing is based on the type of service performed and the place of service where it is rendered		
<b>Autism Disorders Expense</b> Includes: 1) coverage for the screening and diagnosing of autism or other developmental disabilities, 2) coverage, as prescribed through a treatment plan, for medically necessary occupational therapy, physical therapy and speech therapy when the covered person's primary diagnosis is autism or another developmental disability, and 3) coverage, as prescribed through a treatment plan, for medically necessary behavioral interventions, based on principles of applied behavioral analysis (ABA), when the covered person is under age 21 and their primary diagnosis is autism	Covered Medical Expenses are payable on the same basis as any other Sickness, member cost sharing is based on the type of service performed and the place of service where it is rendered		



Additional Benefits <i>(continued)</i>	Preferred Care	Non-Preferred Care	University Health Services
<p><b>Human Leukocyte Antigen Testing Expense (Annual Deductible does not apply)</b> Includes expenses arising from human leukocyte antigen testing, also referred to as histocompatibility locus antigen testing, for A, B &amp; DR antigens for utilization in bone marrow transplantation The testing must be performed in a facility that is: A. accredited by the American Society for Histocompatibility &amp; Immunogenetics, or its successor, &amp; B. certified under the Clinical Laboratory Improvement Act of 1967, 42 USC Section 263a, as amended from time to time; &amp; Benefits are limited to individuals who, at the time of testing, complete &amp; sign an informed consent form that also authorizes the results of the test to be used for participation in the National Marrow Donor Program.</p>	80% of the Negotiated Charge	80% of the Recognized Charge	N/A
<p><b>Transgender Related Expense</b> Covered Medical Expenses include charges incurred by a covered person for medically necessary surgery, mental health, prescription drugs and other related services that are Covered Medical Expenses under this plan. All surgical procedures require pre-certification. If Pre-Certification is not obtained, service is not covered.</p>	80% of the Negotiated Charge	80% of the Recognized Charge	

### 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 coordinator (Aetna Student Health or Express Scripts) within 60 days after receipt of the Explanation of Benefits (EOB) form or prescription receipt.

For a medical/mental health claim address your appeal to:

**Aetna Student Health**  
P.O. Box 14464  
Lexington, KY 40513  
Attn: Appeals Unit  
Tel: 1-800-437-6511

For a prescription claim appeal, please address your written appeal to:

**OptumRx Prior Authorization Department**  
P.O. Box 5252  
Lisle, IL 60532-5252

See Section 5 of the Plan Document for a complete description of the Plan's Internal and External Appeals Processes. For Internal Review, Stage 2 Appeals, address your appeal to: the Princeton University Student

Health Plan Office at: Washington Road, McCosh Health Center – Room #111, Princeton, NJ 08544-1004. Tel: 1-609-258-3138, Fax: 1-609-258-9191, [shpo@princeton.edu](mailto:shpo@princeton.edu).

## Assistance and Information

### Claims/Prescription Drug Plan Coordinators

The University utilizes a claims coordinator and prescription drug plan coordinator to process claims payments and prescription claims. Enrollees should contact the applicable coordinator 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 coordinator's name and phone number or see our website at: <http://uhs.princeton.edu/student-health-plan>

### The Student Health Plan Office, Princeton University

To obtain assistance from the Student Health Plan Office, students should write, call, fax, or send an email 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

Email: [shpo@princeton.edu](mailto:shpo@princeton.edu)

Website: <http://uhs.princeton.edu/student-health-plan>

### 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, Tuesday, Thursday and Friday from 9:00am to 4:45pm and Wednesday from 10:30am to 4:45pm.

### 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 12 months of service. Send in all bills.
- Mail the claim in the preaddressed envelope to the claims coordinator.

## Claim Forms

Claim forms are available on the SHP website at <http://uhs.princeton.edu/student-health-plan>, 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](http://www.aetnastudenthealth.com).

## Exclusions

This Plan does not cover nor provide benefits for:

This Plan does not cover nor provide benefits for:

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 a covered person elects to seek care without first initiating care at UHS and obtaining a referral from UHS, that covered person is responsible for all expenses.

This exclusion does not apply to Pediatric or OB/GYN referrals. In addition, covered persons are not required to get a referral for off-campus care during published Princeton University break periods, (for example, fall recess, spring recess, and summer break). A referral is also not needed for off campus Pediatric or OB/GYN, Pediatric Dental or Vision, or Mental Health Care. Covered students who maintain In Absentia status do not need a referral if they are outside of Mercer County, NJ, or covered persons who reside outside of Mercer County, NJ. Enrollees needing an appointment to receive 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 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. The Plan 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. Medications that are not FDA-approved or that do not require a prescription, and/or drugs used for cosmetic purposes or for weight loss. (See Catamaran/OptumRx prescription benefit details at: <https://ctrx.benefits.catamaranrx.com/rxpublic/portal/memberMain?customer=PRINCETON3>.)
7. 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.
8. 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.
9. 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.
10. 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.

11. Expenses due to an accidental injury related to employment, or an illness enabling benefits under a Worker's Compensation Act or similar legislation.
12. Expenses incurred before the individual was enrolled in the SHP. If a covered person is confined to a hospital at the time of his or her effective date of initial enrollment at Princeton University, coverage begins on the effective date of enrollment.
13. Services for which the enrollee would not be legally obligated to pay in the absence of a benefit plan.
14. Expense for services and supplies for or related to Advanced Reproductive Technology (ART) Benefits.

**Advanced Reproductive Technology** are services or supplies to enhance fertility that involve harvesting, storage and/or manipulation of eggs and sperm including:

- In vitro fertilization (IVF);
- Zygote intra-fallopian transfer (ZIFT);
- Gamete intra-fallopian transfer (GIFT);
- Cryopreserved embryo transfers; and
- Intracytoplasmic sperm injection (ICSI); or ovum microsurgery.
- Embryo Transfer
- Donor sperm, surrogate motherhood or sterilization reversal.