

## COVERAGE REQUIREMENTS FOR STUDENT HEALTH PLAN OPT-OUT

### Plans Not Accepted for SHP Opt-Out

Financial aid is available to aid-eligible students if your plan does not meet the coverage requirements.  
Financial Aid Office: 609-258-3330 or [faoffice@princeton.edu](mailto:faoffice@princeton.edu)

- HMO plans, Kaiser plans, Medicaid, Medicare, and traveler's plans
- Plans that are not issued in the United States or do not have a U.S.-based claims administrator/telephone number/address
- Plans that exceed the annual out-of-pocket maximum of \$9,450/individual plan or \$18,900/family plan (per Affordable Care Act, as of 2024)
- Any other plan that does not meet the coverage requirements listed below

### Coverage Requirements for SHP Opt-Out

#### Your plan must meet all criteria for opt-out:

- In-network coverage for emergency, non-emergency and routine medical care, mental health care, substance abuse disorders, and hospitalization in the Princeton, NJ area and NJ region
- In-Network or Out-of-Network coverage for medical and mental health services outside of the NJ area
- Cover travel abroad
- Cover pre-existing conditions, laboratory, radiology, and ambulance services
- Cover prescription medications

For Student Health Plan information visit: <https://uhs.princeton.edu/student-health-plan>