



Trips to the Emergency Room

Important Information, FAQs, SHP

Office Phone Extensions

All extensions begin with 609-258-

General Information:

x3141

After-hours Urgent Care:

x3139

Appointments:

x3141

- Allergy and Immunization
- Counseling and Psychological Services
- Outpatient Medical Services
- Travel Planning
- Sexual Health and Wellness

Athletic Trainers and Physical Therapy:

- Caldwell:
- x3527 Dillon:
x3518

Employee Health:

x5035

Medical Records:

x3141

Sexual Harassment/Assault Advising, Resources, and Education (SHARE):

x3310

Student Health Plan (SHP):

x3138

Identify Yourself as a Princeton University Student

Upon registering at the emergency department, please identify yourself as a current Princeton University student. Present any paperwork given by your UHS provider.

Advocate for Yourself

Politely speak up when you have questions, concerns, or requests. Ask your ER nurses and providers to explain the treatment plan and timeline. Don't hesitate to reach out if you need help.

Get Your Records

Upon discharge from the emergency department or hospital, you will receive paperwork containing your diagnosis, test results, treatment recommendations, and instructions for follow-up care. **Please bring this paperwork back to UHS.** In order to provide you with the proper follow-up and best care possible, we need to have all records of your medical care on file.

Come Back and See us!

UHS asks all students to return to UHS upon discharge from the emergency department or hospital. Check in at UHS before returning to your housing, after hours or on weekends.

Need a Ride?

Once you are ready for discharge from the emergency department at Penn Medicine Princeton Medical Center, arrangements will be made for you with Public Safety (609-258-1000) to transport you back to UHS. If under special circumstances you choose to use other transportation such as Tiger Transit buses, taxis, and/or rideshare options, please notify the UHS Infirmary (609-258-3138) of your plans.

Referral for Specialty Care

If you need to follow-up with a specialist after your emergency department visit, call UHS during regular business hours at 609-258-3141. We can issue the referral if required and help direct you to the most appropriate medical provider to meet your needs.

Concerns about Sexual Harassment and Assault?

If you have any questions or concerns regarding sexual assault, please contact SHARE at 609-258-3310 and ask to speak with a SHARE advocate.

Questions about Insurance Coverage?

Please refer to the attached information sheet of Frequently Asked Questions regarding insurance coverage for emergency department visits and ambulance transport.

Have additional questions?

If you have any additional questions, please refer to the side bar on this form for the correct office extension or visit the UHS website at <http://uhs.princeton.edu> for additional information and resources

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Frequently Asked Questions

Regarding Referrals from UHS for Emergency Care and/or Ambulance Transport

Why am I being sent to the emergency department?

After evaluation by your UHS provider, it has been determined that you need additional work-up and treatment that is best provided at an emergency department. This may include laboratory or imaging studies, specialty consultations, or treatments that are not readily available at UHS.

Why do I have to travel by Ambulance?

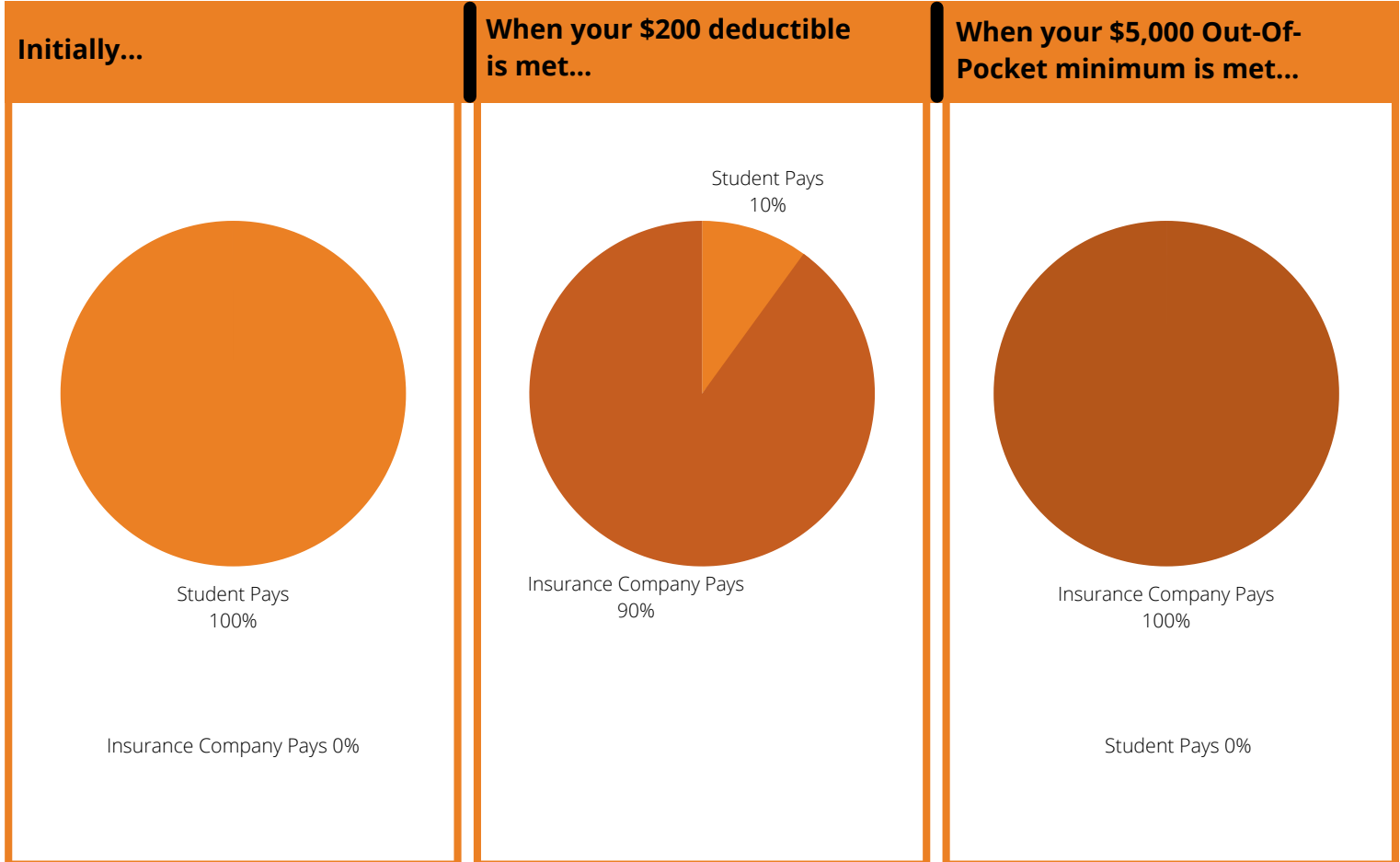
In our assessment, you have a medical condition where transport by ambulance with highly-trained emergency medical professionals is safest for you. You will be monitored for potentially life-threatening conditions, receive treatment for emergencies, and be transported safely and quickly.

How much will it cost me to go to the ER? How much will it cost me to travel by ambulance?

It is impossible for UHS to estimate what charges will be incurred once you arrive at an emergency department (ED.) Charges will vary based on which ED you access, the assessment and evaluation performed at the ED, what insurance you have, and what arrangements the ED has with your insurer. Having said that, the information provided below is designed to assist you in understanding what charges you may incur.

If you are on the Princeton University Student Health Plan (SHP) ...

The SHP has a \$200 individual deductible for In-Network providers, and a \$5,000 out-of-pocket (OOP) maximum per individual. Once an enrollee on the SHP meets the \$200 deductible, the plan now pays 90% of In-Network costs and 70% for Out-of-Network costs, until the enrollee reaches the \$5,000 OOP maximum. You will not be responsible for charges once you have reached the \$5,000 OOP maximum.





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The following chart provides an example of costs for an encounter at the Penn Medicine Princeton Medical Center Emergency Department and for ambulance transport via Princeton First Aid & Rescue squad for enrollees on the Princeton University SHP. Your charges could be more or less than this figure, which represents an average, and is provided as an example only. You may be transported via a different ambulance provider and you may receive services at a different Emergency Department, such as Capital Health Medical Center.

Princeton University SHP (Claims coordination by Aetna Student Health)	Penn Medicine Princeton Medical Center Emergency Department Charge (In Network)	Princeton Fire and Rescue Squad Ambulance Charge (Out of Network)
EXAMPLE: Estimate of Total Amount Billed	\$1,110	\$829
Annual Deductible	\$200	<u>No Deductible</u> - Deductible is Waived for Ambulance
Amount Remaining After Deductible	\$910	\$829
Co-Insurance Owed <i>(Percent of amount remaining <u>after</u> deductible is paid)</i>	10%, or \$91	30%, or \$248.70
Total That You Will Pay <i>(Deductible + Co-Insurance)</i>	\$291	\$248.70

Information about charges are estimates and reflect average contracted (In-Network) and non-contracted (Out-of-Network) charges from services providers for a standard visit. Your charges may exceed or be less than these contracted charges.

Penn Medicine Princeton Medical Center is In-Network for SHP. Princeton First Aid and Rescue Squad (Ambulance) is Out-of-Network for the SHP.

When you seek services in an Emergency Department, here are typically two bills generated: one that comes from the Emergency Medicine physician or provider that cares for you (often referred to as "professional fees") and one from the Hospital itself (may be referred to as a "facility fee.") The \$1,110 example in the chart above reflects the combined charges on both bills. There may be other charges associated with your Emergency Department visit if the clinician orders diagnostic tests, consultations, or if you are admitted to the Hospital.

If you have already paid your deductible for the year, in this example your out-of-pocket costs for the Emergency Department visit would be reduced to \$119. ($\$1,110 \times .9 = \991 Aetna reimbursement. $\$1,110 - \$991 = \$119$ remaining amount owed.)

Ambulance charges are not subject to the SHP annual deductible. The deductible is waived. In this example, your out-of-pocket costs for ambulance transport would be \$248.70.

Can I refuse to go to the Emergency Department? Can I refuse to travel by Ambulance?

In some situations, it is within your rights as a patient to refuse to go to the ED and/or to refuse to travel by ambulance. However, UHS policy requires you to sign an "Against Medical Advice" waiver if you refuse. Before signing this waiver, please share your concerns with the UHS clinician that is assisting you to make sure you have all the information you need to make an informed decision.



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If your insurance is a private, family plan, you should investigate the following:

What is the deductible on my plan?

Have I already paid the deductible within the plan year?

Is Penn Medicine Princeton Medical Center in-network for my plan?

Note: Princeton First Aid and Rescue Squad (PFARS) does not participate with any insurer; however, they will submit a claim to the insurance plan as an "Out-of-Network" provider and do not require you to file the claim to receive reimbursement. You will be billed for the balance after insurance has paid its portion.

If you are on the SHP, you can find more information at:

Student Health Plan: visit <https://shp.uhs.princeton.edu/>

Aetna Student Health: For information about your Princeton University SHP - Medical Plan, go to <https://www.aetnastudenthealth.com>. Health plan representatives at Aetna Student Health are available to answer questions regarding the Princeton University SHP at 1-877-437-6511.

OptumRx: For information about your prescription plan if you are enrolled in the Princeton University SHP, go to <https://shp.uhs.princeton.edu/student-insurance-plans/student-health-plan/prescription-plan>. For information about your prescription benefits, contact OptumRx Member Services [online](#) or by calling 1-877-615-6319.

Information about assistance for paying for external medical costs:

Information available at: <https://uhs.princeton.edu/sites/uhs/files/Paying-for-External-Medical-Care.pdf>

Health Insurance Terms: A Glossary

- **Annual Out-of-Pocket Maximum:** The total amount paid each year by the individual for the deductible and co-insurance. After reaching the out-of-pocket maximum, the plan pays 100% of the allowable charges.
- **Co-insurance:** The money that an individual is required to pay for services, after a deductible has been met. For example, the policy-holder pays 10% of the charges while the health plan pays 90%.
- **Co-payment:** An arrangement where an individual pays a specified dollar amount for covered health care services and the health plan or insurance company pays the remainder.
- **Deductible:** The plan deductible is the amount an individual pays during a calendar year before the health plan reimburses any medical expenses.
- **Explanation of Benefits:** A statement that details what the health insurance plan covers, what the plan does not cover, how much money needs to be paid, and more.
- **In-Network:** The facilities, providers, and suppliers with which your health insurer or plan has contracted to provide health care services
- **Out-of-Network:** Providers who don't contract with an individual's health insurance or plan.