

2021-2022 STUDENT HEALTH INSURANCE COMPARABLE COVERAGE CRITERIA CHECKLIST

- The checklist is being provided as a reference to assist you in decision making regarding selecting Princeton’s Student Health Plan (SHP) or retaining your private/family insurance.
- Students make their insurance election through the online MyUHS portal at: www.princeton.edu/uhs/InsuranceElections by using their student Net ID and password. Using a Princeton parent logon **will not** provide access.
- For additional information regarding SHP coverage, please visit: <https://uhs.princeton.edu/student-insurance>.

To Opt-Out of the Princeton University Student Health Plan (SHP), a student’s private insurance/health plan coverage must meet all the following criteria while the student is at Princeton University and during domestic travel.

Type of Plan		
If your plan is a Medicaid or an HMO , or your plan requires the patient to first coordinate care or get a referral from their in-network or primary care physician at home before you receive care from a specialist or need hospitalization, you do not meet the criteria and are not eligible to Opt-Out of the Princeton SHP.		
Plan Premium & Deductible	Your Plan	Princeton SHP Comparison/Benefit
Annual Premium		\$2,780*
Annual Deductible		\$200

*Students may enroll dependents into Princeton SHP to provide family coverage for additional costs not listed here. See our website.

Plan Requirements	Your Plan	Princeton SHP Comparison/Benefit
Annual out-of-pocket maximum (per Affordable Care Act, self-only plans must be =/<\$8,550; family plans must be =/< \$17,100 as of 2021)		\$5,000/\$10,000*
Non-emergency as well as emergency care provided in the Princeton area (or local area where student will be residing and studying in the academic year)	Yes / No	Yes
Treatment for pre-existing conditions (with no waiting periods or exclusions)	Yes / No	Yes
Essential health benefits as defined by the Affordable Care Act (ACA):		
• Outpatient care (ambulatory patient services – care you get without being admitted to a hospital, e.g., physician/specialist office visits, PT, CT/MRI scans, etc.)	Yes / No	Yes
• Emergency Services	Yes / No	Yes
• Hospitalization (Inpatient care including labs, x-rays, and misc. expenses)	Yes / No	Yes
• Mental health services and addiction treatment (includes counseling)	Yes / No	Yes
• Prescription medications	Yes / No	Yes
• Maternity and newborn care (both before and after birth)	Yes / No	Yes
• Rehabilitative services and devices	Yes / No	Yes
• Laboratory services	Yes / No	Yes
• Inpatient mental health	Yes / No	Yes
• Preventive services, wellness services, and chronic disease treatment	Yes / No	Yes
• Pediatric services	Yes / No	Yes
Additional Plan Requirements:		
Ambulance expense coverage	Yes / No	Yes
Plan has a claims administrator based in the United States	Yes / No	Yes
Plan has a United States telephone number & address for claims submission	Yes / No	Yes
Insurance plan policy was issued in the United States	Yes / No	Yes
Coverage for medical evacuation and repatriation expenses	Yes / No	Yes

Eligibility for On Campus Health Care Services

ALL students are fully eligible for all services provided at University Health Services, regardless of whether they enroll in the SHP or remain on private/family insurance <http://uhs.princeton.edu>. Insurance is required for services NOT offered by UHS, such as specialty care and hospitalization. It is also required for laboratory services provided on site at University Health Services, as the laboratory facility is independently operated by Quest Diagnostics. (If you plan to retain private/family insurance, please be sure to check with your insurance carrier to see if Quest Diagnostics is considered an in-network provider).

Opting Out of the SHP

If you Opt-Out of the Princeton University SHP, you will need to provide complete health plan policy information (name of policyholder, policy and subscriber numbers, U.S. telephone, claim/insurance membership number) by uploading your information into the MyUHS portal. Your coverage must be valid for the plan year beginning August 1, 2021 through July 31, 2022 (or beginning June 26, 2021 if you are an FSI program participant). Students should bring a copy of both their health insurance ID card and prescription ID card with them to campus every year.

Enrolling In the SHP

The fee for the SHP is \$2,780 for the period August 1, 2021 through July 31, 2022. The fee will be reflected on your August tuition bill in the amount of \$1,390 for the Fall semester, and then a second charge for \$1,390 will appear on your February tuition bill for the Spring semester.

If you are eligible for any Financial Aid adjustments, they will be processed automatically only when you make your enrollment election and certify in the MyUHS portal that you are not eligible to opt-out of the SHP. If you have any questions regarding your financial aid package or how much of an award will be approved for the SHP fee, please contact the Financial Aid Office directly at: 1-609-258-3330.

Enrolling in the SHP While Retaining Coverage Under a Private/Family Plan

- If you plan to use two insurance plans (both private/family and the SHP), the SHP will be considered your **"SECONDARY"** or **"EXCESS"** plan, and your private/family insurance is always your **"PRIMARY"** plan (except for Medicaid).
- To fully access your benefits, you should notify Aetna Student Health (1-877-437-6511), your private/family plan (see your Member Services ID contact #), as well as the SHP Office that you are utilizing two insurance plans. You can contact the SHP Office directly at: shpo@princeton.edu with a scanned copy of the front and back of your Primary insurance card only. Notify all parties at the start of your enrollment in July if you are an FSI student or in August for all other students. You are also required to inform the service provider that you have two insurance plans prior to receiving services.
- Informing all parties will ensure your claims will be properly processed. You should indicate this by writing **"PRIMARY PLAN"** on your private/family insurance ID card and **"SECONDARY PLAN"** on your Aetna card (except for Medicaid). This step will alleviate any confusion when you go to your off-campus appointment so the provider knows immediately which plan will get claims submitted to first. Failure to inform all parties before services are rendered can result in a loss of benefits, higher out of pocket expenses for the patient, and considerable time and paperwork for the patient to correct. Even if you are aware you will not be covered for a particular service under your Primary plan, all vendors need to be made aware of both insurances to process claims correctly. You want to follow these steps to maximize both of your plan's benefits to keep costs to a minimum.