2019-2020 STUDENT HEALTH INSURANCE COMPARABLE COVERAGE CRITERIA CHECKLIST

- The checklist below is being provided as a reference to assist you in decision making regarding selecting Princeton’s Student Health Plan or retaining your private/family insurance.
- Students must 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.

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

Type of Plan

If your plan is a Medicaid, HMO, or considered a Catastrophic/High Deductible plan, 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.

<table>
<thead>
<tr>
<th>Plan Premium &amp; Deductible</th>
<th>Your Plan</th>
<th>Princeton SHP Comparison/Benefit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Annual Premium</td>
<td></td>
<td>$1,900*</td>
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<tr>
<td>Annual Deductible</td>
<td></td>
<td>$200</td>
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</tbody>
</table>

*Students may enroll dependents into Princeton SHP to provide family coverage.

Plan Requirements

<table>
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<tr>
<th>Annual out-of-pocket maximum (per Affordable Care Act, self-only plans must be =/&lt;$7,900; family plans must be =/&lt; $15,800 as of 2019)</th>
<th>Your Plan</th>
<th>Princeton SHP Comparison/Benefit</th>
</tr>
</thead>
<tbody>
<tr>
<td>$5,000/$10,000*</td>
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- 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 has to be valid for the academic year beginning September 1, 2019 through August 31, 2020 (or beginning July 1, 2019 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 $1,900 for the period September 1, 2019 through August 31, 2020. The fee will be reflected on your August or September tuition bill in the amount of $950 for the Fall semester, and then a second charge for $950 will appear on your February tuition bill for the Spring semester.

If you are eligible for any Financial Aid adjustments, they will be processed by request only for aid students who are not eligible to waive the SHP. Please fill out the attached Financial Aid Certification Form 2019-2020 Financial Aid Request and Student Certification Form.pdf and send it back to the Financial Aid Office for processing – Do not forward the form to the Student Health Plan Office. 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 on using 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 (with the exception of 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 during the first two weeks in July if you are an FSI student or during the first two weeks in September 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 that 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 (with the exception of Medicaid). This step will alleviate any confusion when you go to your off-campus appointment so the provider knows immediately which plan gets 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 significant time and paperwork for the patient to correct. Even if you are aware that 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. When a claim gets denied by your Primary insurance plan first, Aetna will need to see the Explanation of Benefit (EOB) denial from your Primary plan so they can properly process the claim as your secondary plan. You will want to follow these steps to maximize both of your plan’s benefits to keep your costs to a minimum.