



University
Health Services

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

Princeton University

Policy Year: August 1, 2021– July 31, 2022

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 (Aetna) for medical claims coordination and services, and OptumRx 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 Design and Benefits Summary.

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/Opt-Out Deadline
Annual	08/01/2021	07/31/2022	06/30/2021
Fall	08/01/2021	01/31/2022	06/30/2021
Spring/Summer	02/01/2022	07/31/2022	12/09/2021

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/Opt-Out Deadline
Annual	08/01/2021	07/31/2022	06/30/2021
Fall	08/01/2021	01/31/2022	06/30/2021
Spring/Summer	02/01/2022	07/31/2022	12/09/2021 ¹

¹

Rates for: All Students and Their Eligible Dependents

For All Students and their Eligible Dependents Enrolled in the SHP, the following rates apply:

	Annual	Fall Semester	Spring/Summer Semester
Student	\$2,780	\$1,390	\$1,390
Spouse	\$2,200	\$1,100	\$1,100
Child	\$1,100	\$550	\$550
Children (2)	\$2,200	\$1,100	\$1,100
Children (3+)	\$3,300	\$1,650	\$1,650

Rates for: 90-day Extension of Coverage Due to Medical Disability

For all Students Eligible for the Extension of Coverage Due to Medical Disability and for their Eligible Dependents, the following rates apply:

	90-Day Extension*
Student	\$695
Spouse	\$550
Child	\$275
Children (2)	\$550
Children (3+)	\$825

*90 days is the maximum coverage available to students and their eligible dependents on the SHP. If the 90-day extension continues into the next plan year, rates may vary.

Rates for: Extension of Coverage for Approved Student Leave of Absence Without Comparable Coverage

For all Approved Student Leave of Absence Without Comparable Coverage to the SHP and for their Eligible Dependents, the following rates apply:

	First 6 Month Extension	Second 6 Month Extension
Student	\$0	\$1,390
Spouse	\$1,100	\$1,100
Child	\$550	\$550
Children (2)	\$1,100	\$1,100

Children (3+)

\$1,650

\$1,650

*If a 6-month period continues into the next plan year, rates may vary.

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 degree-enrolled graduate students are automatically enrolled in the SHP – there is no enrollment process for the SHP medical coverage for degree-enrolled graduate students.

All actively enrolled undergraduate students will be automatically enrolled in this Plan, unless the student opts-out of the Plan through the MyUHS online election portal, by the specified 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 and 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.

Dependent coverage takes effect on the same date that the student enrollee's coverage becomes effective if the student enrollee has been enrolled in the plan during the annual open election period or coverage will take effect within 31 days of notification of an applicable Qualifying Status Event change.

Dependent coverage may also be extended if the student enrollee is eligible for the 90-day Extension Due to Medical Disability or an Extension of Coverage for Approved Student Leave of Absence Without Comparable Coverage and having completed the required application and payment of fees in accordance with the extension of coverage policies described in this plan document.

Ineligible Dependents

- ✓ Civil union or domestic partners
- ✓ Common law spouses where common law marriage exists
- ✓ Ex-spouses, even if there is a Qualified Domestic Relations Order (QDRO) requiring you to provide health insurance coverage
- ✓ Former stepchildren of ex-spouses, even if you are required to provide health coverage as dictated under a Qualified Medical Child Support Order (QMCSO)
- ✓ Ex-civil union or ex-domestic partners, even if there is a QDRO requiring you to provide health insurance coverage
- ✓ Ex-civil union or ex-domestic partners' children, even if there is a QDRO requiring you to provide health insurance coverage
- ✓ 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 the legal guardian

Instructions for 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 for Dependent Verification

Dependent Type	Documentation Required
Spouse	Marriage certificate ¹ and most recently filed tax return with Social Security numbers and all financial information redacted, i.e., blacked out by the student
Biological Child Who Is Under the Age 26 ²	Birth certificate ³
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.

¹ Foreign nationals must provide current visa documentation showing marriage.

² Coverage will exist through the plan year in which the child turns 26.

³ Foreign nationals must provide current visa documentation showing date of birth of child.

Instructions for Enrollment

To enroll dependents of a student enrollee in the SHP during the open enrollment period (May/June through June 30), please review the following link:

[Student Health Plan | University Health Services \(princeton.edu\)](https://www.princeton.edu/healthservices)

Dependent Enrollment applications through MyUHS will not be accepted after the annual election period deadline of June 30 of each year, unless proof is provided to the Student Health Plan Office of a Qualifying Status Event change. A Qualifying Status Event change allows a student enrollee to add coverage for dependent/s or make changes to enrollment status during the year outside of the annual open election period within 31 days of the qualifying event.

Dependent Qualifying Status Event Changes include:

- Marriage or divorce
- Birth or Adoption of a child
- Death of spouse or child
- Loss of other health plan coverage by a dependent

If the enrolled student or dependent experiences a Qualifying Status Event, the student enrollee must contact the SHP Office at: shpo@princeton.edu, and provide the SHP Office with the appropriate documentation to substantiate the qualifying event, such as a birth certificate or death certificate.

Termination of Coverage

General Provisions:

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 with comparable coverage, suspension, 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 transfer to a Princeton University appointment, i.e. PGRA) or the date the enrollee begins active service in the armed forces of any country.
- The date the eligible enrollee with an Approved Student Leave of Absence status without Comparable Coverage status fails to submit application and/or payment for the Extension of Coverage benefit in accordance with the extension of coverage policies described in this plan document.
- Dependent enrollee coverage terminates if:
 - the student enrollee's coverage terminates as outlined above;
 - on the date a dependent child reaches the age of 26;
 - for the spouse/civil union partner, the date the marriage ends in divorce or annulment;
 - on the date a dependent no longer meets the definition of a dependent;
 - if a student enrollee or the student enrollee's dependent has performed an act that constitutes fraud or the student has made an intentional misrepresentation of material fact in writing on his or her enrollment application, in order to obtain coverage for a service, coverage will terminate immediately upon written notice of termination delivered by the SHP Office to the student enrollee and/or the student enrollee's dependent, as applicable. However, if a student enrollee makes an intentional misrepresentation of material fact in writing on his or her enrollment application, the SHP Office will rescind coverage if the facts misrepresented would have led the office to refuse to issue the coverage. Rescission means that the termination of the coverage will have a retroactive effect of up to your enrollment in the plan. If termination is a result of the student enrollee's action, coverage will terminate for the student enrollee and any dependents. If termination is a result of the dependent's action, coverage will terminate for the dependent.
 - the date dependent coverage is deleted from this Plan.
- The date the University terminates the plan as applicable.
- Termination will not prejudice any claim for a charge that is incurred prior to the date coverage ends.

Graduation: Undergraduate Students

Coverage ends the July 31st that falls after graduation in May unless a condition listed above under **Termination of SHP Benefits Specific to All Enrollees** occurs first. Coverage under the SHP would end on the earlier of the two dates.

For Out-of-Phase students, SHP eligibility is dependent upon the conferment of the student's degree. If the student finishes their classes at the end of the Fall semester and their degree is conferred by the trustees meeting in January, they are SHP eligible until January 31st. If the student is granted an April confer date, the SHP is then extended to April 30th. SHP termination follows their degree confer date.

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 above under **Termination of SHP Benefits Specific to All Student and Dependent Enrollees** occurs first.

Another example: if an M.P.A. student graduates in May, SHP coverage would be extended through August 31st, unless a condition listed above under **Termination of SHP Benefits Specific to All Enrollees** occurs first.

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.

SHP extensions for qualifying students are made automatically by the SHP Office once the Graduate School has forwarded the student's official status. Students do not need to contact the SHP to initiate the extension if they fulfilled the above conditions.

Extension of Coverage for an Approved Student Leave of Absence Without Comparable Coverage -

Student enrollees on an Approved Student Leave of Absence who do not have comparable coverage to the SHP available, may continue SHP coverage for a period of up to 12 months, in two six-month increments, from the date of the approved Student Leave of Absence. Coverage for the first six-months will be provided at no expense to the enrollee. Coverage for the additional six-months is available to the enrollee as long as application and payment for the coverage is received by the SHP Office at least 45 days before the end of the first 6-month period. **See fee schedule on page 3 for details.** If a six-month extension continues into the next plan year, the six-month extension fee may be adjusted based on the next plan year fee schedule, if applicable, and include the application of new plan year deductibles.

Student enrollees may receive an approved Leave of Absence (LOA) based on Graduate/Undergraduate guidelines as referenced below.

Graduate

Graduate students can consult with their department advisor/DGS as well as a member of the academic affairs staff at the Graduate School while reviewing the following site at: [Leave of Absence | Graduate School \(princeton.edu\)](#).

Undergraduate

The undergraduate student is required to first consult with their residential dean to initiate the Leave of Absence. Information is located at: [Academic Standing, Leaves of Absence, and Reinstatement | Undergraduate Announcement \(princeton.edu\)](#).

For subsequent approved leaves of absence/s, enrollees may extend coverage for an additional two six-month periods at their expense (for a total of 24-months over their time at Princeton), as long as they are enrolled on the plan at the time of the subsequent leave and do not have access to comparable coverage to the SHP.

Extension of coverage for an approved Student Leave of Absence without Comparable Coverage requires that notification of the student enrollee's status or condition be provided to the Student Health Plan Office (shpo@princeton.edu) by the applicable dean's office in conjunction with the enrollee's completed application and attestation to not having comparable coverage. For subsequent six-month periods, the application and attestation and payment for the six-month period will be submitted to the SHP Office. The Extension of Coverage for Approved Student Leave without Comparable Coverage Application and Attestation Form is available on the SHP website at: [Student Health Plan | University Health Services \(princeton.edu\)](#) under the **Forms** section.

90-Day Extension of Coverage due to Medical Disability

Coverage continues if a student enrollee is medically 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. Coverage for the additional 90 days is available to the enrollee as long as payment for the coverage is received by the SHP Office within 30 days prior to the termination of the SHP. **See fee schedule on page 3 for details.** If the 90-day extension continues into the next plan year, the 90-day fee may be adjusted based on the next plan year fee schedule, and include the application of new plan year deductibles.

Preferred Provider Network

As an enrollee on **the Plan** you have access to the Aetna Preferred Provider Network. 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. See Aetna Navigator: [Student Health Plan | University Health Services \(princeton.edu\)](#).

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>DEDUCTIBLE</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>Annual Plan Deductible is waived for: Preventive Care Preferred Medical and Prescription Drug Expenses (including Generic Contraceptives), Preferred Care Office Visits, Preferred Care Laboratory or Screening Expenses, Ambulance Expense, Human Leukocyte Antigen Testing, Lead Poisoning Screening, Preventive Dental Expense, and Mental Health visits within the Princeton University Exclusive Provider Network (EPN).</p>	<p>Individual:</p> <p>Medical - \$200 per Policy Year</p> <p>Prescription Drugs - \$100 per Policy Year</p> <p>Family:</p> <p>Medical - \$400 per Policy Year</p> <p>Prescription Drugs - \$200 per Policy Year</p>
<p>COINSURANCE</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 & Prescription Expenses are payable by the Plan at the Plan coinsurance percentage specified below, after any applicable Deductible.</p>

<p>OUT-OF-POCKET MAXIMUMS</p> <p>Once the Individual or Family Out-of-Pocket Limit has been satisfied, Covered Medical & 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"> • expenses that are not covered medical expenses • expenses that are not paid because a required precertification for the services(s) or supply was not provided as required under the Plan. 	<p>Preferred Care and Non-Preferred Care Combined</p> <p>Medical - Individual Out-of-Pocket: \$5,000 per Policy Year Medical - Family Out-of-Pocket: \$10,000 per Policy Year</p> <p>Prescription - Individual Out-of-Pocket: \$1,350 Prescription - Family Out-of-Pocket: \$2,700</p>
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Referral and Pre-Certification Requirements

When Referrals Are Required The Plan requires all enrollees 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 the enrollee being responsible for expenses.** Authorized referrals are effective for 12 months from date of issue unless otherwise specified.

When Referrals Are Not Required:

- A referral is not required for Pediatric, routine physical exams, or OB-GYN off-campus care, including Well Woman preventative visits.
- In the event of a life-threatening emergency illness or injury requiring hospitalization or ER services.
- A referral is based on condition, **not care provider**. The covered enrollee is not required to obtain a new referral from UHS if they are being treated by multiple providers for the same condition identified on the original referral. Providers can verify if a referral is on file by calling Aetna Student Health, Provider Services at: **1-877-480-4161**. If a referral is not on file, the enrollee will need to call UHS at: **609-258-3141** to make an appointment to speak with a clinician.
- To use the \$125 preventative dental visit benefit under this Plan.
- To use the Pediatric Dental or Vision benefits.
- For outpatient mental health services with an off-campus mental health provider including an Exclusive Mental Health Network Provider.
- For covered enrollees who maintain In Absentia status and/or covered students and covered dependents residing and receiving services outside Mercer County, New Jersey,
- Covered enrollees provided with the 90 days’ extension of coverage due to disability, or
- When off-campus care is needed during published Princeton University break periods (i.e., fall recess, spring recess and summer break) – see specific dates below:

2021-2022 PRINCETON UNIVERSITY PUBLISHED BREAKS (No referrals needed)	
FALL CLASSES START	September 1, 2021
FALL RECESS	October 16-24, 2021
THANKSGIVING RECESS	November 23-28, 2021
WINTERSESSION	January 10-23, 2022
SPRING CLASSES START	
	January 24, 2022
SPRING RECESS	March 5-13, 2022
SUMMER BREAK 2021	May 24, 2022 to September 6, 2022

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
Room and Board Expense	90% of the Negotiated Charge	70% of Recognized Charge for a semi-private room	Inpatient Services available see UHS website
Miscellaneous Hospital Expense Includes but not limited to: operating room, laboratory tests/x-rays, oxygen tent, and drugs, medicines, dressings	90% of the Negotiated Charge	70% of the Recognized Charge	N/A
Non-Surgical Physicians Expense Non-surgical services of the attending Physician, or a Consulting Physician	90% of the Negotiated Charge	70% of the Recognized Charge	N/A
Surgical Expenses	Preferred Care	Non-Preferred Care	University Health Services
Surgical Expense (Inpatient and Outpatient)	90% of the Negotiated Charge	70% of the Recognized Charge	N/A
Surgical Expense Primary Surgery	90% of the Negotiated Charge	70% of the Recognized Charge	N/A
Surgical Expense Secondary Surgery (subsequent surgery on same date of service as primary surgery)	50% of the Negotiated Charge	50% of the Recognized Charge	N/A
Surgical Expense Tertiary + (three or more surgeries on same date of service as primary & secondary)	25% of the Negotiated Charge	25% of the Recognized Charge	N/A
Anesthesia Expense (Inpatient and Outpatient)	90% of the Negotiated Charge	70% of the Recognized Charge	N/A
Assistant Surgeon Expense (Inpatient and Outpatient)	90% of the Negotiated Charge	70% of the Recognized Charge	N/A
Ambulatory Surgical Expense	90% of the Negotiated Charge	70% of the Recognized Charge	N/A
Outpatient Expenses	Preferred Care	Non-Preferred Care	University Health Services
Hospital Outpatient Department Expense	90% of the Negotiated Charge	70% of the Recognized Charge	N/A
Walk-in Clinic Visit Expense	90% of the Negotiated Charge	70% of the Recognized Charge	\$0 fee for UHS visit

Outpatient Expenses <i>(continued)</i>	Preferred Care	Non-Preferred Care	University Health Services
Emergency Room Expense Important Note: 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.	90% of the Negotiated Charge	90% of the Recognized Charge	N/A
Urgent Care Expense	90% of the Negotiated Charge	70% of the Recognized Charge	\$0 fee for UHS urgent care visit
Ambulance Expense	90% of the Negotiated Charge Deductible Waived	70% of the Recognized Charge Deductible Waived	N/A
Physician's Office Visit Expense This benefit includes visits to specialists	After a \$10 per visit Copay, 100% of the Negotiated Charge Deductible Waived	70% of the Recognized Charge	\$0 fee for physician visit @ UHS (no specialist visits)
Laboratory Expense	100% of the Negotiated Charge Deductible Waived	70% of the Recognized Charge	\$0 fee for most Laboratory Services available @ UHS
Laboratory Expense Treatment of Mental and Nervous Disorders	100% of the Negotiated Charge Deductible Waived	70% of the Recognized Charge	\$0 fee for most Laboratory Services available @ UHS
X-ray Expense	90% of the Negotiated Charge	70% of the Recognized Charge	\$0 for X-ray services available @ UHS
High Cost Procedures Expense Includes CT scans, MRIs, PET scans and Nuclear Cardiac Imaging Tests	90% of the Negotiated Charge	70% of the Recognized Charge	N/A

Outpatient Expenses <i>(continued)</i>	Preferred Care	Non-Preferred Care	University Health Services
Therapy Expense Includes Physical, Occupational, Respiratory and Chelation Therapy	90% of the Negotiated Charge	70% of the Recognized Charge	PT services available @ UHS @ negotiated charge from independent vendor. PT services also available @ Dillon Gym for athletes when school in session.
Complementary Medicine Expense Includes: Requires initial referral and after every 10 visits Includes Pain Management, Chiropractic (Limited to 30 visits per year with two modalities per visit), Acupuncture, Massage Therapy, & Biofeedback (Limited to 30 combined visits per year).	90% of the Negotiated Charge \$20 visit copay for Chiropractic care	50% of the Recognized Charge	N/A
Cognitive Therapy Expense Includes Speech and Cognitive Therapy	90% of the Negotiated Charge	70% of the Recognized Charge	N/A
Durable Medical and Surgical Equipment Expense	90% of the Negotiated Charge	50% of the Recognized Charge	Certain braces & crutches are available @ UHS for nominal fees
Enteral formulas and nutritional supplements	90% of the Negotiated Charge	70% of the Recognized Charge	N/A
Infant formulas	90% of the Negotiated Charge	70% of the Recognized Charge	N/A
Infant pasteurized donated breast milk	90% of the Negotiated Charge	50% of the Recognized Charge	N/A

Outpatient Expenses (continued)	Preferred Care	Non-Preferred Care	University Health Services
Prosthetic or Orthotic Expense Includes charges for orthotic or prosthetic appliances from a licensed orthotist or prosthetist or any certified pedorthist, if determined medically necessary by the enrollee'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.	90% of the Negotiated Charge	70% of the Recognized Charge	N/A
All other orthotic and prosthetic devices	90% of the Negotiated Charge	70% of the Recognized Charge	N/A
Dental Injury Expense	90% of the Negotiated Charge	70% of the Recognized Charge	N/A
Dental Expense for Impacted Wisdom Teeth	90% of the Negotiated Charge	70% of the Recognized Charge	N/A
Allergy Testing & Treatment Expense	90% of the Negotiated Charge	70% of the Recognized Charge	Allergy serum administration provided @ \$0 fee @ UHS when serum is provided.
Diagnostic Testing for Learning Disabilities Expense 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.	90% of the Negotiated Charge	70% of the Recognized Charge	N/A

Preventive Care:

Preventive Care Benefits are provided by the Plan in full compliance with the PPACA and New Jersey Essential Health Benefits Benchmark Plan. For specific benefits covered, see the following links:

- 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 <https://www.uspreventiveservicestaskforce.org/Page/Name/uspstf-a-and-b-recommendations/>
- Services as recommended in the American Academy of Pediatrics/Bright Futures Guidelines for Children and Adolescents https://www.aap.org/en-us/Documents/periodicity_schedule.pdf.
- For females, screenings and counseling services as provided for in the comprehensive guidelines recommended by the Health Resources and Services Administration <https://www.hrsa.gov/womens-guidelines/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>.

Deductible waived for all Preferred Care Preventive Medical and Dental Services.

Routine Physical Exam Includes routine vision & hearing screenings given as part of the routine physical exam, routine tests, and related lab fees.	100% of the Negotiated Charge	70% of the Recognized Charge	\$0 fee @ UHS for routine physical exam – appointment necessary
Preventive Care Immunizations Includes travel immunizations and flu shots	100% of the Negotiated Charge	70% of the Recognized Charge	Submit walk-out statement and claim to Aetna for 100% reimbursement of charge - appointment necessary
Childhood Immunizations and, Screening for Lead Poisoning	100% of the Negotiated Charge	70% of the Recognized Charge	N/A
Treatment for Lead Poisoning Screenings by blood lead measurement for lead poisoning for children, including: <ul style="list-style-type: none"> • Confirmatory blood lead testing, as specified by the New Jersey Department of Health. • Medical evaluation. • Any necessary medical follow-up treatment for lead poisoned children. 	100% of the Negotiated Charge	70% of the Recognized Charge	N/A

Preventive Care <i>(continued)</i>	Preferred Care	Non-Preferred Care	University Health Services
<p>Health Wellness Promotion Programs Recommended immunizations for all adults Annual:</p> <ul style="list-style-type: none"> • Blood tests and lifestyle behavior counseling for enrollees age 20 and over. • A pap smear for female enrollees age 20 and over. • Stool examination for presence of blood for enrollees age 40 or over. • A mammogram for female enrollees age 40 or over. <p>Every 5 years:</p> <ul style="list-style-type: none"> • Glaucoma test for enrollees age 35 and over. • A left-sided colon examination of 35 or 60 centimeters for enrollees age 45 and over. 	100% of the Negotiated Charge	70% of the Recognized Charge	N/A
<p>Well Woman Preventive Visits Routine well woman preventive exam office visit, including Pap smears. Does not require a referral. Includes laboratory and diagnostic services</p>	100% of the Negotiated Charge	70% of the Recognized Charge	\$0 fee @ UHS – appointment is necessary
<p>Preventive Care Screening and Counseling Services for Sexually Transmitted Infections Includes the counseling services to help an enrollee prevent or reduce sexually transmitted infections.</p>	100% of the Negotiated Charge	70% of the Recognized Charge	\$0 fee @ UHS for routine screening for STDs – appointment necessary
<p>Preventive Care Screening and Counseling Services for Obesity and/or Healthy Diet Screening and counseling services to aid in weight reduction due to obesity. Coverage includes:</p> <ul style="list-style-type: none"> • Preventive counseling visits and/or risk factor reduction intervention; • Nutritional counseling; and • Healthy diet counseling visits provided in connection with Hyperlipidemia (high cholesterol) and other known risk factors for cardiovascular and diet-related chronic disease. 	100% of the Negotiated Charge	70% of the Recognized Charge	N/A
Preventive Care <i>(continued)</i>	Preferred Care	Non-Preferred Care	University Health Services

<p>Preventive Care Screening and Counseling Services for Misuse of Alcohol and/or Drugs 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.</p>	100% of the Negotiated Charge	70% of the Recognized Charge	N/A
<p>Preventive Care Screening and Counseling Services for Use of Tobacco Products Screening and counseling services to aid an enrollee to stop the use of tobacco products. Coverage includes:</p> <ul style="list-style-type: none"> • Preventive counseling visits; • Treatment visits; and • Class visits; to aid an enrollee to stop the use of tobacco products. <p>Tobacco product means a substance containing tobacco or nicotine including:</p> <ul style="list-style-type: none"> • Cigarettes; • Cigars; • Smoking tobacco; • Snuff; • Smokeless tobacco; and • Candy-like products that contain tobacco. 	100% of the Negotiated Charge	70% of the Recognized Charge	N/A
<p>Preventive Care Screening and Counseling Services for Depression Screening Screening or test to determine if depression is present.</p>	100% of the Negotiated Charge	70% of the Recognized Charge	N/A
<p>Preventive Care Routine Cancer Screenings 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</p>	100% of the Negotiated Charge	70% of the Recognized Charge	N/A

Preventive Care (continued)	Preferred Care	Non-Preferred Care	University Health Services
<p>Preventive Care Screening and Counseling Services for Genetic Risk for Breast and Ovarian Cancer</p> <p>Covered medical expenses include the counseling and evaluation services to help assess an enrollee's risk of breast and ovarian cancer susceptibility.</p>	100% of the Negotiated Charge	70% of the Recognized Charge	N/A
<p>Preventive Care Prenatal Care</p> <p>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.</p>	100% of the Negotiated Charge	70% of the Recognized Charge	N/A
<p>Preventive Care Lactation Counseling Services</p> <p>Lactation support and lactation counseling services are covered medical expenses when provided in either a group or individual setting.</p>	100% of the Negotiated Charge	70% of the Recognized Charge	N/A
<p>Preventive Care Breast Pumps and Supplies</p>	100% of the Negotiated Charge	50% of the Recognized Charge	N/A

Preventive Care <i>(continued)</i>	Preferred Care	Non-Preferred Care	University Health Services
<p>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)</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>Voluntary Sterilization</p> <p>Includes charges billed separately by the provider for female voluntary sterilization procedures & related services & 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	70% of the Recognized Charge	N/A
<p>Contraceptives 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	70% of the Recognized Charge	N/A
<p>Routine Prostate Cancer Screening</p> <p>Includes charges incurred by an enrollee 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	70% of the Recognized Charge	N/A

Preventive Care <i>(continued)</i>	Preferred Care	Non-Preferred Care	University Health Services
<p>Pediatric Routine Vision Exams (Coverage is limited to enrollees through age 18) Includes charges made by an ophthalmologist or optometrist for a routine vision exam. The exam will include refraction & glaucoma testing. Benefits are limited to 1 exam per policy year.</p> <p>Low Vision Services Covered medical expenses include:</p> <ul style="list-style-type: none"> • One comprehensive low vision evaluation every 5 years. • Low vision aids such as high-power spectacles, magnifiers and telescopes and medically necessary follow-up care. <p>Pediatric Visit for the fitting of prescription contact lenses, Pediatric Eyeglass Frames, Prescription Lenses or Prescription Contact Lenses In a policy year, this benefit will cover either prescription lenses for eyeglass frames or prescription contact lenses, but not both.</p>	<p>100% of the Actual Charge</p>	<p>70% of the Recognized Charge</p>	<p>N/A</p>
<p>Preventive Dental Expense Benefits are limited to a maximum of \$125 per Policy Year.</p>	<p>100% of the Actual Charge Deductible waived</p>	<p>100% of the Actual Charge Deductible waived</p>	<p>N/A</p>

Pediatric Dental Benefits: The Pediatric dental benefits described below are limited to enrollees who are under the age of 19 (from birth through age 18).

<p>Preventive & Diagnostic Services</p> <p>Oral Exams</p> <ul style="list-style-type: none"> • One complete initial oral exam per provider or location (includes initial history and charting of teeth and supporting structures). • Periodic or routine oral exams; twice in 12 months. • Periodic or routine oral exams for children with special needs, 4 times in 12 months. <p>X-rays</p> <ul style="list-style-type: none"> • Single tooth x-rays; no more than one per visit. • Bitewing x-rays; once in 12 months. • Full mouth x-rays; once in 36 months per provider or location. • Panoramic x-rays; once in 36 months per provider or location. 	<p>100% of the Negotiated Charge</p> <p>Deductible waived</p>	<p>70% of the Recognized Charge</p> <p>Deductible waived</p>	<p>N/A</p>
<p>Routine Dental Care</p> <ul style="list-style-type: none"> • 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. • Fluoride treatments (including fluoride varnishes); twice in 12 months or up to four times per year for children with special health care needs. • Sealants; once per tooth in three years per provider or location (sealants over restored tooth surfaces not covered). • Space maintainers 	<p>100% of the Negotiated Charge</p> <p>Deductible waived</p>	<p>70% of the Recognized Charge</p> <p>Deductible waived</p>	<p>N/A</p>

Pediatric Dental Benefits <i>(continued)</i>	Preferred Care	Non-Preferred Care	University Health Services
<p>Basic Restorative Services</p> <p>Fillings</p> <ul style="list-style-type: none"> • 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). <p>Bridges</p> <ul style="list-style-type: none"> • Bridges <p>Root Canal Treatment</p> <ul style="list-style-type: none"> • Root canals • Vital pulpotomy • Once per tooth • Root end surgery <p>Crowns</p> <ul style="list-style-type: none"> • Prefabricated stainless steel crowns <p>Gum treatment</p> <ul style="list-style-type: none"> • Periodontal scaling and root planning or periodontal surgery <p>Prosthetic maintenance</p> <ul style="list-style-type: none"> • Repair of partial or complete dentures and bridges; once in 12 months • Reline or rebase partial or complete dentures; once in 24 months • Recementing of crowns, inlays, onlays, and fixed bridgework; once per tooth <p>Oral surgery</p> <ul style="list-style-type: none"> • Simple tooth extractions; once per tooth • Erupted or exposed root removal; once per tooth • Surgical extractions; once per tooth • Other necessary oral surgery • Care of abscesses • Cleft palate treatment • Cancer treatment 	70% of the Negotiated Charge	50% of the Recognized Charge	N/A

Pediatric Dental Benefits <i>(continued)</i>	Preferred Care	Non-Preferred Care	University Health Services
<p>Major Restorative Services</p> <p>Crowns</p> <ul style="list-style-type: none"> • Metal only crowns. • Resin crowns. • Porcelain/ceramic crowns. • Porcelain fused to metal/high noble crowns. <p>Tooth replacement</p> <ul style="list-style-type: none"> • Removable complete or partial dentures, including services to fabricate, measure, fit, and adjust them; once in 84 months • Fixed prosthetics (bridges); only if there is no other less expensive adequate dental service. <p>Other necessary services</p> <ul style="list-style-type: none"> • Occlusal guards when necessary; once in calendar year • Fabrication of an athletic mouth guard 	50% of the Negotiated Charge	50% of the Recognized Charge	N/A
<p>Orthodontic Services</p> <ul style="list-style-type: none"> • Medically necessary orthodontic care including retainers. • Braces for an enrollee who has a severe and handicapping malocclusion • Related orthodontic services for an enrollee when medically necessary qualifies 	50% of the Negotiated Charge	50% of the Recognized Charge	N/A
<p>Princeton University Exclusive Mental Health Provider Network (EPN)</p> <ul style="list-style-type: none"> • An Exclusive Provider Network is available for enrollees to access off-campus outpatient Treatment for Mental and Nervous Disorders and for the Treatment of Alcoholism and Drug Addiction • See the link for EPN Providers at: https://uhs.princeton.edu/student-health-plan • After a \$20 per visit copay, 100% of the negotiated fee is covered • Deductible is waived for outpatient treatment with an EPN Provider 			
Treatment of Mental and Nervous Disorders	Preferred Care	Non-Preferred Care	University Health Services
<p>Mental Health Inpatient Expense</p>	90% of the Negotiated Charge	70% of the Recognized Charge	<p>*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.</p>

Treatment of Mental and Nervous Disorders <i>(continued)</i>	Preferred Care	Non-Preferred Care	University Health Services
Mental Health Outpatient Expense	After a \$10 per visit Copay, 100% of the Negotiated Charge Deductible waived	70% of the Recognized Charge	*See explanation above
Alcoholism and Drug Addiction Treatment	Preferred Care	Non-Preferred Care	University Health Services
Inpatient Expense	90% of the Negotiated Charge	70% of the Recognized Charge	*See explanation above
Outpatient Expense	After a \$10 per visit Copay, 100% of the Negotiated Charge Deductible waived	70% of the Recognized Charge	*See explanation above
Medical Evacuation, Repatriation & Medical Services Received Abroad: (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
Medical Evacuation Benefits are paid up to \$50K for medical evacuation to country of origin.	90% 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.)	70% of the Recognized Charge	N/A
Repatriation Benefits are paid up to \$25K for preparing and transporting the remains of the deceased to his or her country of origin.	90% of the Negotiated Charge	70% of the Recognized Charge	N/A
Maternity Benefits	Preferred Care	Non-Preferred Care	University Health Services
Maternity Expense Covered Medical Expenses for pregnancy, childbirth, and complications of pregnancy	\$10 per office visit copay All other expenses at 100% of Negotiated Charge	70% of the Recognized Charge	N/A

Maternity Benefits <i>(continued)</i>	Preferred Care	Non-Preferred Care	University Health Services
Breast Feeding Durable Medical Equipment – Breast Pumps Plan covers purchase of a breast pump as medically necessary durable medical equipment (DME)	100% of the Negotiated Charge	50% of the Recognized Charge	N/A
Well Newborn Nursery Care Expense	100% of the Negotiated Charge	70% of the Recognized Charge	N/A

Prescription Drug Coverage

The prescription plan is administered by OptumRx. Please see page 3 for separate individual and family deductibles and out-of-pocket maximums for the prescription plan.

Additional information may be obtained at:

<https://uhs.princeton.edu/student-insurance/student-health-plan/prescription-program>.

The prescription drug deductible and copays do not apply to the following:

- Preventive Care Drugs and Supplements
- Risk Reducing Breast Cancer Prescription Drugs
- Contraceptives (Generic, unless a Generic equivalent is not available, or the **enrollee** is granted a medical exception.)

For each generic drug prescription filled, the **Plan** provides 100% coverage. See [OptumRx](#) for list of Preventive Drugs. 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.

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.

Prescription Drug Benefit Description	Preferred Care	Non-Preferred Care	University Health Services
Retail/Specialty Pharmacy 30-day supply Generic Preferred Brand Non-Preferred Brand 90-day Home Delivery Supply Generic Preferred Brand Non-Preferred Brand Preventive Care Drugs, Supplements, Contraceptives, Risk Reducing Breast Cancer Prescription Drugs 30-day supply Generic Preferred Brand Non-Preferred Brand 90-day Home Delivery Supply Generic Preferred Brand Non-Preferred Brand	\$5 copay \$20 copay \$70 copay \$10 copay \$40 copay \$140 copay \$0 copay \$20 copay \$70 copay \$0 copay \$40 copay \$140 copay	\$5 copay \$20 copay \$70 copay \$10 copay \$40 copay \$140 copay \$0 copay \$20 copay \$70 copay \$0 copay \$40 copay \$140 copay	N/A
Additional Benefits	Preferred Care	Non-Preferred Care	University Health Services
Infertility Treatment Only Artificial Insemination and standard dosages, lengths of treatment and cycles of therapy of Prescription Drugs are covered.	Covered Medical Expenses: 90% of the Negotiated Charge	Covered Medical Expenses: 70% of the Recognized Charge	N/A
Routine Foot Care Expense 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.	90% of the Negotiated Charge	70% of the Recognized Charge	N/A
Diabetic Equipment and Self-Management Education Expense	90% of the Negotiated Charge	70% of the Recognized Charge	N/A

Additional Benefits (continued)	Preferred Care	Non-Preferred Care	University Health Services
Temporomandibular Joint Dysfunction Expense	90% of the Negotiated Charge	70% of the Recognized Charge	N/A
Elective Abortion Expense	90% of the Negotiated Charge	70% of the Recognized Charge	N/A
Hospice Benefit	90% of the Negotiated Charge	70% of the Recognized Charge	N/A
Home Health Care Expense (Limited to 60 visits per year)	90% of the Negotiated Charge	70% of the Recognized Charge	N/A
IUD & Other Birth Control Devices	100% of the Negotiated Charge	70% of the Negotiated Charge	Once UHS receipt is submitted to Aetna – 100% reimbursement
Licensed Nurse Expense	90% of the Negotiated Charge	70% of the Recognized Charge	N/A
Skilled Nursing Facility Expense	90% of the Negotiated Charge for the semiprivate room rate	70% of the Recognized Charge for the semiprivate room rate	N/A
Rehabilitation Facility Expense	90% of the Negotiated Charge for the rehabilitation facility's daily room and board maximum for semi-private accommodations	70% of the Recognized Charge for the rehabilitation facility's daily room and board maximum for semiprivate accommodations	N/A
Hearing Aids Expense 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.	90% of the Negotiated Charge	70% of the Recognized Charge	N/A
Sickle cell anemia treatment	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

Additional Benefits <i>(continued)</i>	Preferred Care	Non-Preferred Care	University Health Services
Home Hemophilia treatment	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
Wilm's tumor treatment	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
Podiatric (foot care) treatment - Physician and specialist non-routine foot care treatment	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
Bariatric Surgery Expense Includes services rendered as part of medically necessary bariatric surgery treatment for morbid obesity	90% of the Negotiated Charge	70% of the Recognized Charge	N/A
Nutritional Counseling	90% of the Negotiated Charge	70% of the Recognized Charge	N/A
Private Duty Nursing Expense	90% of the Negotiated Charge	70% of the Recognized Charge	N/A
Human Organ Transplant Expense 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.	90% of the Negotiated Charge	70% of the Recognized Charge	N/A

Additional Benefits <i>(continued)</i>	Preferred Care	Non-Preferred Care	University Health Services
<p>Autism Disorders Expense Includes:</p> <p>1) coverage for the screening and diagnosing of autism or other developmental disabilities,</p> <p>2) coverage, as prescribed through a treatment plan, for medically necessary occupational therapy, physical therapy and speech therapy when the enrollee's primary diagnosis is autism or another developmental disability, and</p> <p>3) coverage, as prescribed through a treatment plan, for medically necessary behavioral interventions, based on principles of applied behavioral analysis (ABA), when the enrollee is under age 21 and their primary diagnosis is autism</p>	90% of the Negotiated Charge	70% of the Recognized Charge	N/A
<p>Human Leukocyte Antigen Testing Expense Includes expenses arising from human leukocyte antigen testing, also referred to as histocompatibility locus antigen testing, for A, B & DR antigens for utilization in bone marrow transplantation</p> <p>The testing must be performed in a facility that is: A. accredited by the American Society for Histocompatibility & Immunogenetics, or its successor, & B. certified under the Clinical Laboratory Improvement Act of 1967, 42 USC Section 263a, as amended from time to time; & Benefits are limited to individuals who, at the time of testing, complete & 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>	90% of the Negotiated Charge Deductible Waived	70% of the Recognized Charge Deductible Waived	N/A
<p>Transgender Related Expense Covered Medical Expenses include charges incurred by an enrollee for medically necessary surgery, mental health, prescription drugs and other related services that are Covered Medical Expenses under this plan. All surgical procedures require precertification. If Pre-Certification is not obtained, service is not covered.</p>	90% of the Negotiated Charge	70% of the Recognized Charge	N/A

Additional Benefits <i>(continued)</i>	Preferred Care	Non-Preferred Care	University Health Services
Dermatological Treatment	90% of the Negotiated Charge	70% of the Recognized Charge	N/A
Transfusion or Kidney Dialysis of blood	90% of the Negotiated Charge	70% of the Recognized Charge	N/A

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 OptumRx) within 180 days after receipt of the Explanation of Benefits (EOB) statement 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 appeals or formulary exceptions, please address your appeal either in writing or telephonically to:

OptumRx Prior Authorization Department

P.O. Box 5252
Lisle, IL 60532-5252
1-877-615-6319

See Section 5 of the Plan Document for a complete description of the Plan’s Formulary Exception Request processes, 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 #G09, Princeton, NJ 08544-1004. Tel: 1-609-258-3138, 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

Email: 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 4:30pm and Wednesday from 10:30am to 4:30pm.

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:

- If you wish to electronically file a claim with Aetna, please fill out the [Aetna Student Health Claim](#) form, save and download to your computer and follow these [instructions](#), or
- 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, in the SHP Office, or from the Aetna Student Health at: www.aetnastudenthealth.com.

Recovery of Overpayments

If a benefit payment is made by the Plan, to you or on your behalf, which exceeds the benefit amount that you are entitled to receive, the Plan has the right to require the return of the overpayment. The Plan has the right to reduce by the amount of the overpayment, any future benefit payment made to or on behalf of a Participant in the Plan. Another way that overpayments are recovered is by reducing future payments to the provider by the amount of the overpayment. These future payments may involve this Plan or other health plans that are administered by the Plan's third-party administrator -- Aetna. Under this process, Aetna reduces future payments to providers by the amount of the overpayments they received, and then credits the recovered amount to the plan that overpaid the provider. Payments to providers under this Plan are subject to this same process when Aetna recovers overpayments for other plans administered by Aetna. This right does not affect any other right of recovery the Plan may have with respect to overpayments.

Exclusions

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 an enrollee elects to seek care without first initiating care at UHS and obtaining a referral from UHS, the enrollee is responsible for all expenses.

This exclusion does not apply to Pediatric or OB/GYN referrals. In addition, enrollees are not required to get a referral for off-campus care during published Princeton University break periods, Pediatric or OB/GYN, Pediatric Dental or Vision, or Mental Health Care including care provided by an EPN provider. Enrollees who maintain In Absentia status do not need a referral if they are outside of Mercer County, NJ, or enrollees who reside outside of Mercer County, NJ (see page 11).

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 OptumRx prescription benefit details at: <https://uhs.princeton.edu/student-insurance/student-health-plan/prescription-program>.)
7. Expenses for cosmetic surgery (except with a transgender dysphoria diagnosis), unless treatment is related to 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 an enrollee 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;
- Intracytoplasmic sperm injection (ICSI); or ovum microsurgery
- Embryo Transfer; and Donor sperm, surrogate motherhood or sterilization reversal.