

# The 2008–2009 Student Health Program

Princeton Primary and Urgent Care Center

Student Counseling at Princeton Theological Seminary

Trinity Counseling Service

Sports Physical Therapy Institute

Passport Health

## Princeton HealthCare System

Physicians' Organization

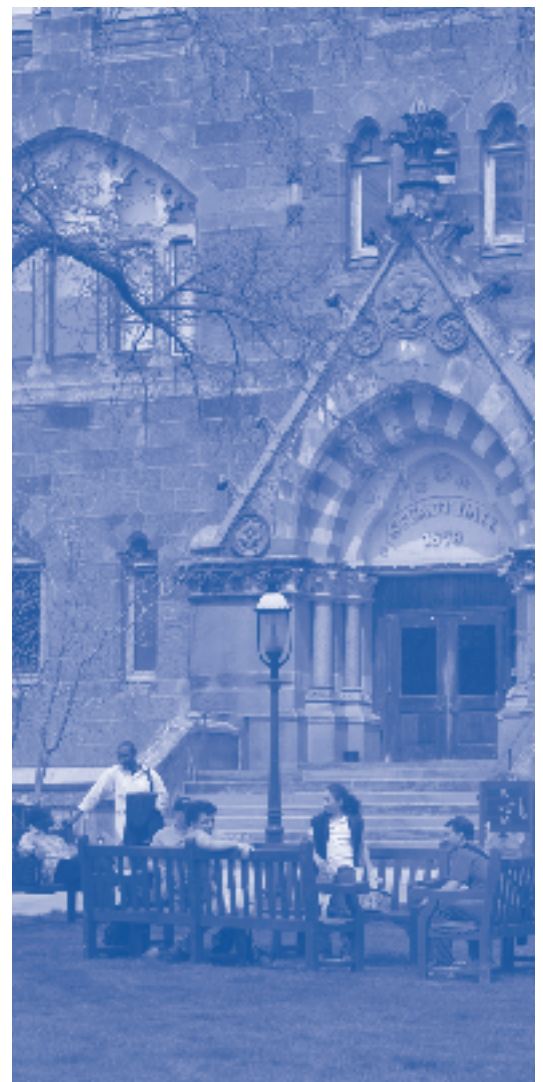
University Medical Center at Princeton

Merwick Rehab Hospital and Nursing Care

Princeton House Behavioral Health

Princeton HomeCare Services

Student Health Benefits Plan (SHBP)



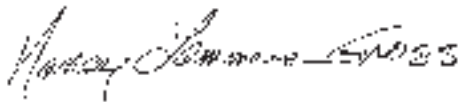
Dear Student:

This booklet provides you with information about the Student Health Program provided by Princeton Theological Seminary. As it has for the last several years, the Student Health Program has two primary components. One is the broad spectrum of primary care and counseling services that are provided to all students who have paid the Seminary's comprehensive fee. The second component is the Student Health Benefits Plan (SHBP), which is the major medical insurance plan required of all students who do not have access to another comparable plan.

There are no major changes to the Student Health Benefits Plan (SHBP) for the 2008–2009 plan year, and the cost to students remains the same as the 2007–2008 premium. Dependents may still be enrolled in the plan, at a modest increase in cost. Although we are situated in one of the most costly areas of the country for health care services, we are able to provide an outstanding benefits plan due to our direct contracts with Trinity Counseling Service, Princeton Primary and Urgent Care Center, numerous community specialty counselors and spiritual directors, and Princeton HealthCare System and its more than 350 affiliated physicians. These relationships are the foundation for our ability to provide a program that is among the most comprehensive and cost effective among seminaries in the United States.

Please use the contact information table on the facing page to obtain answers to any questions or concerns you might have about our Student Health Program. Frequently Asked Questions can be found on the student portal of the Seminary's web site by clicking Health Resources.

Sincerely yours,



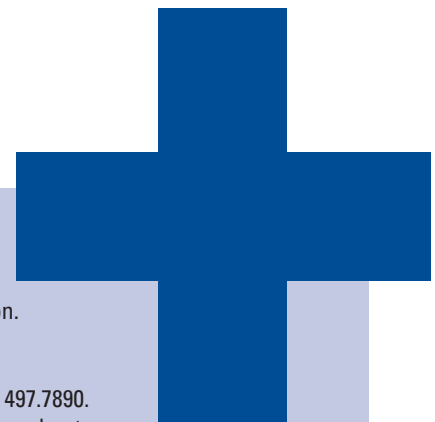
Nancy Lammers Gross  
Dean of Student Life



## EMERGENCIES

For life-threatening emergencies, students should call 911 or, if appropriate, proceed directly to the nearest emergency room. The University Medical Center at Princeton is located at 253 Witherspoon Street in Princeton. For urgent health care situations, please call or visit Princeton Primary and Urgent Care Center (609.919.0009).

For psychological crisis situations on campus during normal Seminary business hours, please call 497.7844 or 497.7890. For after-hours calls, please call 273.9727 or 273.9726. Please refer to page 5 of this booklet for more information about responding to psychological crisis situations.



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Student Health Program	Affiliation Organization	Phone and Email*	Web Site
Primary Care and Urgent Care	Princeton Primary and Urgent Care Center (PPUCC)	609.919.0009	www.ppucc.com (see page 2 for more information)
Counseling	Counseling at PTS	609.497.7844 and 609.497.7890 nancy.schongalla@ptsem.edu	www.ptsem.edu/current/healthresources/ studentcounseling/ (see page 4 for more information)
Counseling	Trinity Counseling Service	609.924.0060 pks_tcs@msn.com	www.trinitycounseling.org (see page 6 for more information)
After Hours On-Campus Psychological Crisis	PTS Security/Counseling at PTS	609.273.9727 or 609.273.9726	
Physical Therapy	Sports Physical Therapy Institute	609.419.0455	www.sportspti.com
Immunizations	Passport Health	800.741.0504 or 732.345.0029 jean@passporthealthnj.com	www.passporthealthnj.com
<b>Student Health Benefits Plan (SHBP)</b>			
SHBP Enrollment/Waiver Inquiries— General Questions/Assistance for the SHBP	PTS Office of Admissions and Financial Aid	609.497.7805 patricia.korsak@ptsem.edu	www.ptsem.edu/current/healthresources/ (see page 8 for more information)
In-Network Hospital and Physicians (Princeton Area)	Princeton HealthCare System Physicians' Organization	888.PHCS.4YOU (toll-free)	www.princetonhcs.org (see page 9 for more information)
Primary Care for Children (Princeton Area)	Princeton Nassau Pediatrics, P.A.	609.799.5335	www.pnp.yourmd.com (see page 10 for more information)
In-Network Providers Outside of the Princeton Area	Beech Street	N/A	www.beechstreet.com
Claims Administrator for the SHBP	Klais & Company, Inc.	800.331.1096 (toll-free) klaisclaims@klais.com	www.klais.com/student/resourcesuniv1.htm (see page 20 for more information)
Prescription Drug Coverage	MEDCO	800.711.0917 (toll-free)	www.medco.com
Medical Emergency Travel Assistance	MEDEX Assistance Corporation	800.527.0218 (toll-free) info@medexassist.com	www.medexassist.com

\* Use the email addresses listed on this page to submit general inquiries or requests for information. Do not send personal or health information via email, including any personal or health information relating to an SHBP medical expense claim. Use either the telephone or the HIPAA-compliant secure web sites to communicate confidential information.

# Service Providers Included in the Comprehensive Fee

## Princeton Primary and Urgent Care Center

### Overview

All diagnostic services at Princeton Primary and Urgent Care Center ([www.ppucc.com](http://www.ppucc.com)) are provided by board-certified internal medicine physicians. PPUCC does not use mid-level providers such as nurse practitioners and physician assistants. Comprehensive internal medicine services are provided in a state-of-the-art facility, including radiology, laboratory testing, EKG, and pulmonary function tests. Both scheduled appointments and walk-in (urgent care) services are available.

A significant portion of the practice is devoted to providing women's health care services. PPUCC also provides diagnosis and treatment for mental health concerns that are routine within the scope and practice of primary care.

### Comprehensive Fee Benefits

There are two separate copayment schedules for students (spouses and family members are not covered by this comprehensive fee benefit) who have paid the Seminary's comprehensive fee:

- **SHBP:** Students who have paid the Seminary's comprehensive fee and are covered by the SHBP will pay per visit copayments of \$10 for scheduled appointments and \$20 for urgent care, walk-in visits. These copayments may not be used to satisfy the deductible under the SHBP.
- **Privately Insured:** Students who have paid the Seminary's comprehensive fee and who have waived enrollment in the SHBP based on qualifying employer-sponsored health coverage will pay per visit copayments of \$20 for scheduled appointments and \$40 for urgent care, walk-in visits. Students with private insurance are welcome to submit their visit copayment balances to their private insurance plans. The comprehensive fee will pay its maximum allowed charge on a primary basis before any other valid and collectible insurance.

Covered visits include the medically necessary services for treatment for illness (including immunization and treatment for allergies), injury, or one-time annual women's health exams. The comprehensive fee benefit also includes international travel consultations. Reference laboratory services, when provided through Quest Diagnostics™, will be reimbursed at 100 percent of the negotiated fee schedule. This means students should not incur any out-of-pocket expense for laboratory services relating to the treatment of illness, injury, or pap smears for annual women's health exams.

Services not covered by the comprehensive fee include routine physical examinations (except annual women's health exams), employment physicals, or other services not related to the treatment of illness or injury. Students will be responsible for paying for the cost of these services directly to PPUCC. Charges for services for the spouse and children of students are also the sole responsibility of the student.

### Location and Accessibility

Princeton Primary and Urgent Care Center is located at 707 Alexander Road, Suite 201. The building is handicapped accessible, and PPUCC is located at the south entrance to the facility.



Claire Hamilton and Cristian Fernandez, M.A.

## EMERGENCIES

For life-threatening emergencies, students should call 911 or, if appropriate, proceed directly to the nearest emergency room. The University Medical Center at Princeton is located at 253 Witherspoon Street in Princeton.

For urgent health care situations, please call or visit Princeton Primary and Urgent Care Center (609.919.0009).

For psychological crisis situations on campus during normal Seminary business hours, please call 497.7844 or extension 7890. For after-hours calls, please call 273.9727 or 273.9726. Please refer to page 5 of this brochure for more information about responding to psychological crisis situations.

## Hours of Service, Appointments, and Contact Information

Office hours for PPUCC are

- Monday through Friday, 8:00 a.m. to 6:00 p.m.
- Saturday, 9:00 a.m. to 12:00 p.m.

To make an appointment, call 609.919.0009. Please identify yourself as either a PTS student covered by the comprehensive fee benefits with private insurance or a PTS student covered by the SHBP.

## Clinicians

Dr. Chandani D. Fernando, medical director of Princeton Primary and Urgent Care Center, is a board-certified physician in internal medicine and infectious diseases. She completed her residency and fellowship training at Robert Wood Johnson University Hospital in New Brunswick, New Jersey. Dr. Fernando was on the faculty at Robert Wood Johnson University Hospital and then worked at Bristol-Myers Squibb as an assistant medical director providing employee health services. She is an attending physician at Robert Wood Johnson University hospital in New Brunswick, New Jersey, and at the University Medical Center at Princeton, New Jersey.



Dr. Bruno N. Cole is a board-certified surgeon. He specializes in cardiac, thoracic, and vascular surgery. Dr. Cole has specialized in general surgery at New York University-Bellevue Hospital, New York, New York. He has specialized in aortic surgery at Mount Sinai Medical Center in New York, New York. Dr. Cole served a fellowship in cardiac and cardiac-transplantation surgery at Columbia Presbyterian Hospital in New York, New York. He is currently a surgical attending at Robert Wood Johnson University Hospital in New Brunswick, New Jersey, JFK Medical Center in Edison, New Jersey, and The University Medical Center at Princeton, New Jersey.



Dr. Donna Reger is board certified in internal medicine. She completed her residency in internal medicine at Robert Wood Johnson University Hospital in New Brunswick, New Jersey. She has more than ten years of experience in the field of primary care as well as occupational medicine. Previous work experiences include occupational health at Robert Wood Johnson at Hamilton, assistant medical director at Bristol Myers Squibb, and staff physician at Professional Healthcare Services of Lawrenceville.



## Medical Services

Services at Princeton Primary and Urgent Care Center should be obtained through a scheduled appointment whenever possible. Urgent, walk-in care services are also available. The comprehensive fee partially funds (in addition to visit copayments) the following services at PPUCC:

- Primary care services for treatment of illness or injury.
- Diagnosis and treatment of mental health concerns that are routine within the scope and practice of primary care physician practices.
- Annual women's health exams.
- Visit costs for immunization and allergy services (the costs for sera are the student's responsibility).
- Radiology and EKG services.
- Laboratory services.
- Reference laboratory services when provided by Quest Diagnostics.
- International travel medicine consultations.

## Confidentiality

The HIPAA compliance statement is provided to all PPUCC patients at the time of their first appointment. Services at PPUCC are confidential and the Seminary does not have access to any patient records.

State and federal statutes protect a patient's records. The physical record and its contents are owned by the health care organization and the physician. The patient has the right to see his/her record. Only authorized PPUCC staff may have access to the information in the record to retrieve or record information for billing and insurance claims purposes.

Written authorization from the patient is necessary to release any health records, except as specifically provided in the PPUCC Privacy Policy.

## Notice

*This brochure may not be construed as obligation on the part of Princeton Primary and Urgent Care Center to provide specific services to students at Princeton Theological Seminary. PPUCC is also not obligated to provide services or supplies that are not customarily provided to its patients. PPUCC retains the right to deny services or supplies to any patient for failure to comply with policies established by PPUCC for patient responsibilities. At the Seminary, inquiries regarding the services provided by Princeton Primary and Urgent Care Center should be directed to the dean of student life.*

# Student Counseling at Princeton Theological Seminary

## Overview

Princeton Theological Seminary's Student Counseling (online at [www.ptsem.edu/current/healthresources/studentcounseling/](http://www.ptsem.edu/current/healthresources/studentcounseling/)) recognizes that seminary is a place of crossroads, and of deepening and formation in every dimension, including the theological, the vocational, the relational, and the psychological. The opportunities and challenges that are part of seminary training encourage students and spouses to stretch and grow. Preparation for ministry includes good self-care and relationship care. Indeed, effective ministry is not just a function of knowledge and skills, but interpersonal capability and emotional and spiritual health. Strengths such as self-knowledge, self-acceptance, self-responsibility, internalization of grace, empathy, ability to deal with anger and pain, clear communication, and confidence can be developed in the safety of counseling and support group settings.

## Eligibility and Fees

There are three levels of counseling provided by the Seminary: (1) on-campus services, (2) the first 10 counseling sessions at Trinity Counseling Service; and (3) mental health and counseling benefits provided to students covered by the Student Health Benefits Plan. On-campus counseling at the Seminary is available for all students. Services for couples or the spouse of the eligible student are also provided. These services are partially funded by the comprehensive fee.

There is no charge for the first session. Effective for 2007–08, a copayment of \$5 per session will be required for up to 10 sessions, and a copayment of \$10 is required for sessions 10 and beyond. This charge is not an eligible expense under the SHBP. Because of the high demand for counseling, the director of student counseling will often meet for an initial session and help make an appropriate referral to an on-campus contract therapist, to Trinity Counseling Service, or to a therapist in the Specialty Counseling Network (accessible through the SHBP). In some instances, such as renewal of an existing prescription medication, students may be directed to Princeton Primary and Urgent Care Center. Students covered by the SHBP should refer to the Schedule of Benefits in this brochure for outpatient mental health care benefits.

The copayment schedule for services provided or arranged by Student Counseling at PTS is as follows.

- **On-Campus Counseling**

- First on-campus counseling session: \$0
- Sessions 2 through 10: \$5 (no insurance applies)
- Sessions 11 and beyond: \$10 (no insurance applies)

- **Spiritual Direction**

- Individual spiritual direction (student not covered by SHBP): \$20 to \$45
- Individual spiritual direction (student covered by SHBP): \$10 to \$15

- **Groups Arranged by PTS**

- Spiritual direction or psychotherapy groups (student not covered by SHBP): \$7
- Spiritual direction or psychotherapy groups (student covered by SHBP): \$5

## Location and Accessibility

On-campus counseling takes place in Scheide Hall, which is a handicapped-accessible building.

## Hours of Service, Appointments, and Contact Information

Counseling is available between 8:30 a.m. and 4:30 p.m. Monday through Friday, with limited evening hours. Sessions are typically 50 minutes. To schedule a first appointment, fill out an availability form and issue checklist on the table next to the reception window in Scheide Hall, and leave it with the office assistant. The director of student counseling will email you with an appointment time. If you need an emergency appointment, come to Scheide Hall or call 497.7844 or 497.7890. Please send email to [nancy.schongalla@ptsem.edu](mailto:nancy.schongalla@ptsem.edu) if you have questions about counseling options or need to reschedule an appointment.

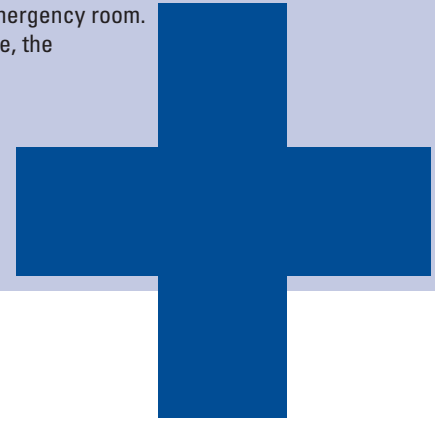


The Reverend Nancy Schongalla-Bowman, Director

## PSYCHOLOGICAL CRISIS

For life-threatening emergencies students should call 911 or, if appropriate, proceed directly to the nearest emergency room. The University Medical Center at Princeton is located at 253 Witherspoon Street in Princeton. Princeton House, the psychiatric branch of the University Medical Center, may be reached at 609.497.3355.

During on-campus business hours, call or come to Scheide Hall and let Teresa Heyer know there is an emergency situation. After hours, you may call 609.273.9727 or 609.273.9726. Security staff will come to the individual in crisis and contact the director of student counseling or one of the members of the Psychological Crisis Response Team. Community crisis hotlines are 609.896.8183 and 609.585.2244.



### The Reverend Nancy Schongalla-Bowman, Director

On-campus counseling and support groups are available through Nancy Schongalla-Bowman, director of student counseling. The Reverend Schongalla-Bowman has provided pastoral counseling at Princeton Seminary since 1995, is a PTS alumna (Class of 1979), is licensed in New Jersey, and is also a supervisor in the American Association for Marriage and Family Therapy. She is an ordained minister in the United Church of Christ, a parent, a stepparent, a grandmother, and is part of a clergy couple.

Her approach to counseling is holistic and eclectic with a family-systems base. She has pursued additional training in sex therapy and marital therapy, Gestalt and Christian healing approaches, inner-child work, and many other traditional and nontraditional modalities.

### Confidentiality and Informed Consent

Information discussed in counseling is confidential and can only be shared with explicit, written permission from the client. However, in certain extreme instances, confidentiality becomes secondary to a concern for life. In the rare event that injury to self or to others is an imminent danger, a breach of confidentiality is required to take the appropriate steps to ensure safety.

### Common Counseling Issues

Students and spouses often address a wide range of issues in counseling. These include:

- |  |                               |
|--|-------------------------------|
| stress   | compulsive behaviors          |
| anxiety  | low self-esteem               |
| depression                                       | boundary-setting              |
| academic and vocational concerns                 | health problems               |
| dating   | perfectionism/procrastination |
| premarital, marital,<br>and parenting challenges | eating disorders              |
| sexuality  | abuse                         |
| faith issues                                     | grief and loss                |
| family of origin problems                        | trauma                        |

### Faith Formation and Spiritual Direction

Some people come to counseling for guidance in faith development, spiritual disciplines, or discernment of call. While students are encouraged to talk about their faith in counseling, individual and group spiritual direction also provide a unique setting for exploring these issues. Local spiritual directors are available to help students and spouses deepen their capacity to “listen for God” in and out of the classroom, in all of life’s experiences. Information about spiritual direction at PTS is available through the Office of Student Counseling, the Office of the Chapel, the Office of Student Relations, the Office of Field Education, and the Office of Multicultural Relations. Group direction is arranged through the Office of the Chapel. Please refer to the new SHBP in-network coverage for individual and group spiritual direction benefits (page 12).

### Support Groups, Seminars, and Speakers

The director of student counseling and the student-led Wholistic Health Initiative often work together to promote wellness. Annual events include a fall Wholistic Health Fair, stress management seminars, and a spring mini-retreat. As needs arise, the director of student counseling arranges speakers or support and psychotherapy groups to address particular issues such as eating disorders, depression, self-integration, compulsive sexuality, releasing emotions through the Sedona Method, family of origin, and marriage enrichment. Please refer to the SHBP in-network benefits for psychotherapy, support, and spiritual direction groups (page 12).

Many drawn to the helping professions have experienced significant personal pain. What makes an effective wounded healer is not the wound, but the healing and growth that have been gained.

# Trinity Counseling Service

## Overview

Subsidized counseling is available for PTS students at Trinity Counseling Service ([www.trinitycounseling.org](http://www.trinitycounseling.org)). Trinity Counseling Service (TCS) is a non-profit pastoral counseling service begun in 1968 and licensed by the state of New Jersey. Trinity Counseling Service believes each person is a creature of God and worthy of love and healing. Its mission is to provide quality, individualized clinical and wellness services in a caring environment to the community—regardless of a client's ability to pay.

## Location and Accessibility

Trinity Counseling Service is located on the grounds of Trinity Church, at 22 Stockton Street in Princeton, next to Speer Library. TCS is handicapped accessible.

## Eligibility and Fees

PTS students who have paid the comprehensive fee are eligible for 10 counseling sessions in an academic year at Trinity Counseling Service, with a copayment of \$10 per session. The Seminary subsidizes these sessions but never sees the names of students in counseling at TCS. This 10-session benefit does not apply to medical visits to TCS psychiatrists.

After 10 sessions, the Seminary's subsidy ends, TCS bills the student's insurance company, and the student's copayment increases to \$20. The Student Health Benefits Plan covers up to 24 counseling sessions (no limit for biologically based conditions).

Spouses and children are not eligible for Seminary-subsidized counseling, but TCS works with all insurance companies and has a sliding scale, which makes counseling affordable for anyone.

Psychiatrist visits for medication consultation or management can only be scheduled with a referral from a TCS counselor. The cost for psychiatrist visits, except for counseling sessions, is the sole responsibility of the student. Please review the SHBP coverage (refer to page 12) or your personal health insurance coverage for mental health care coverage for psychiatry and for counseling services beyond the 10 sessions provided at TCS under the Seminary's comprehensive fee.

## Clinicians

TCS's professional clinicians comprise 21 experienced and licensed therapists including 2 psychiatrists, 4 clergy, 5 psychologists, 7 social workers, and 3 professional counselors. Some have been at TCS and have worked with seminarians for many years. The clinicians are interdisciplinary and ecumenical, representing many religious denominations within the Judeo-Christian tradition.



## Hours of Service, Appointments, and Contact Information

Appointments are available from 8:30 a.m. to 9:00 p.m. Monday through Thursday, and Friday until 5:00 p.m. To make a first appointment, call 609.924.0060 and mention that you are a seminarian from PTS.

## Counseling Services

TCS clinicians are prepared to address a range of issues, including attention deficit disorder, alcohol and drug abuse, anxiety and stress, compulsive behavior and certain eating disorders, bereavement, depression, divorce, domestic violence, marital problems, parenting problems, school problems, and spiritual issues.

They also provide cognitive, academic, and personality assessment of children and adolescents. For adults, TCS offers vocational and career counseling, premarital and marital counseling, consultations for families in transition periods, and psychological evaluations of candidates for the ordained ministry.

## Confidentiality and Informed Consent

The TCS confidentiality and HIPAA compliance statement is provided to all clients at the time of their first appointment. Counseling is confidential, and the Seminary is not told who is being seen at TCS. However, in the event of a psychological crisis where there is risk of injury to the client or others, the director of student counseling may be informed by the TCS clinician to help ensure safety and an appropriate level of support and response from the Seminary community.

## Notice

*This brochure may not be construed to convey an obligation on the part of Trinity Counseling Service to provide specific services to students of Princeton Theological Seminary. Service arrangements are subject to change and students are responsible for complying with all aspects of the patient rights and responsibility policies of Trinity Counseling Service. At the Seminary, inquiries regarding the services provided by Trinity Counseling Service should be directed to the director of student counseling.*





## Sports Physical Therapy Institute

Sports Physical Therapy Institute has been contracted to provide physical therapy services to all students covered by the Comprehensive Fee. Benefits will be paid only after any other valid and collectible insurance has first paid its maximum benefits. The student will then be responsible for a \$25 copayment per visit; the Seminary's maximum reimbursement per plan year is \$3,000. All claims must first be submitted to the student's personal insurance carrier and an explanation of benefit form must be issued and submitted to Klais & Company, Inc. before benefits from the Comprehensive Fee will be paid for eligible services at Sports Physical Therapy Institute. This requirement does not apply to students covered by the SHBP.

## Passport Health

Passport Health ([www.passporthealthnj.com](http://www.passporthealthnj.com)) has been retained by the Seminary to review and maintain immunization records for incoming students and to provide immunization services for both incoming international students and students traveling abroad. The cost for immunizations for incoming international students must be paid by the student at the time of service at Passport Health. The Seminary pays for the cost of immunizations for students enrolled in the Field Education International Program.

It is important for students to understand fully their copayment, deductible, and coinsurance responsibilities under the SHBP.

# The Student Health Benefits Plan

## The Insurance Requirement at Princeton Theological Seminary

All full-time students of Princeton Theological Seminary are required to have health insurance. This is a requirement of both New Jersey law and the Seminary.

Full-time students who are United States citizens or permanent residents may only waive SHBP coverage if they are covered by a U.S.-based employer-sponsored health plan that provides coverage that is equal to or greater than the Seminary's Student Health Benefits Plan (e.g., plan maximum, deductible/copayment amounts, in-network providers in the Princeton area, mental health care benefits, prescription drug coverage, etc.). Certain government-sponsored health plans (e.g., coverage for retired military and Medicare for disabled students) may be used to satisfy the Seminary's insurance requirement and the student will be allowed to waive enrollment in the SHBP. Medicaid does not qualify for waiving enrollment in the SHBP because access to a broad spectrum of physicians and health care providers is not provided for the Princeton area. This is particularly important for access to mental health care services. The only exception to this requirement is in situations where (1) the student can demonstrate that a family member will receive significantly greater benefits under an alternative government-sponsored program; and (2) the student is required to enroll in the program as a precondition for obtaining benefits for his or her family member.

International students, regardless of credit-hour enrollment, are required to enroll in the SHBP. International students are not allowed to waive SHBP coverage, regardless of the existence of any other health insurance coverage.

**Enrollment and Waiver Process:** All full-time students at PTS must complete either a SHBP enrollment or a SHBP waiver form. One of these forms must be submitted to the Office of Admissions and Financial Aid no later than August 1, 2008, for students who have been admitted for the fall semester as of July 1, 2008. The last day to submit a SHBP waiver form is the last day of drop/add each semester. Full-time students who do not submit either an enrollment or waiver form will be automatically enrolled in the SHBP and charged for the cost of SHBP coverage.

## Voluntary SHBP Eligibility

All part-time students at the Seminary are also eligible for participation in the SHBP. The enrollment deadline is the last day to submit a waiver petition for each semester.

Students who involuntarily lose their group health insurance coverage may enroll in the SHBP within 30 days of the loss of their health insurance coverage.

The eligible spouse and children of SHBP-covered students may enroll in the SHBP if they are residing in the United States.

The term "newborn children" refers to any child born of an SHBP-covered person (whether that person is the father or the mother of the child). A newborn child will be covered by the SHBP for the first

31 days after birth as any other Dependent, and there is no additional cost of coverage. Benefits for such child will be for Injury or Sickness paid on the same basis as any other Sickness, including medically diagnosed congenital defects and birth abnormalities. The SHBP-covered person will have the right to continue such coverage beyond the first 31 days if the applicable dependent cost under the SHBP is paid (there is no additional cost if the student is enrolled in the Student + 2 or More Dependents coverage class). If the SHBP-covered person does not pay for any additional required dependent costs under the SHBP, coverage for the newborn infant will automatically terminate at the end of the 31-day period.

## Plan Year for 2008–09

The 2008–2009 plan year for the SHBP is September 1, 2008, through August 31, 2009.

## Annual Costs

The following costs for the SHBP are payable to the Seminary on a semi-annual basis on September 19, 2008 and January 28, 2009:

Student: \$2,150  
Student + 1 Dependent (spouse or child): \$6,480  
Student + 2 or More Dependents: \$7,290

**Refund of SHBP Cost:** Refund of any SHBP cost of coverage will only be provided for students who enter the armed services of any country. A pro-rated refund will be made and coverage will be terminated based on the date of such entry into the armed services. **No other refunds will be allowed.**

## SHBP Highlights for 2008–09

- Primary care services for students are provided by Princeton Primary and Urgent Care Center (refer to page 2). Copayments are required for student visits to Princeton Primary and Urgent Care Center (these copayments may not be used to satisfy the SHBP Annual Plan Year Aggregate Deductible).
- The SHBP features a copayment benefit design for in-network care.
- The SHBP continues to provide a lifetime maximum benefit of \$1,000,000 with a combined \$250 deductible for in-network and out-of-network care. Princeton HealthCare System and its affiliated 350 doctors will continue to be the basis for in-network providers in the Princeton area. The Beech Street network will continue to provide in-network benefits for services received away from the Princeton area.
- Klais & Company, Inc. will continue to serve as the claims administrator and MEDEX Global Group, Inc., will continue to provide medical evacuation and repatriation coverage. Students who waive participation in the SHBP will be covered by the MEDEX PLUS program (refer to pages 16–17) while they travel abroad on Seminary-sponsored programs.



- The SHBP continues to provide a Specialty Counseling Network and spiritual direction benefits (refer to page 12).

## Plan Document and SHBP Funding Arrangement

This brochure does not constitute a promise of benefits on behalf of Princeton Theological Seminary. A complete description of benefits, limitations, exclusions, definitions, and special provisions is provided in the SHBP Plan Document, which is posted on the PTS web site and is available in the Office of Admissions and Financial Aid.

The Seminary is providing the Student Health Benefits Plan for 2008–09 under a partial self-funding arrangement. Insurance commonly referred to as stop-loss coverage has been purchased to limit the Seminary's liability for catastrophic claims.

## Identification Cards

SHBP identification cards will be available in the Office of Admissions and Financial Aid approximately three weeks after the Office of Admissions and Financial Aid receives the student's enrollment form.

The identification card contains information for both medical and prescription drug coverage. Students who need prescription drugs prior to receipt of their SHBP identification card will have to pay for the entire cost of the prescription and submit a prescription drug claim following the instructions on page 13.

## Coordination of Benefits and Subrogation

For student coverage, the SHBP will be a primary payor in almost all instances when a health care claim is covered by both the SHBP and another insurance organization. The detailed rules for coordination of benefits are explained in the Plan Document.

The Plan Document for the SHBP includes a subrogation and Recovery Rights provision that allows the SHBP to recover expenditures that were also compensated by a third party.

## Extension of Benefits and COBRA

There is no extension of benefits provision under the SHBP that would extend some or all of the plan benefits for expenses incurred after the termination date of a student's or dependent's coverage. The plan does not include any extension of eligibility provision as the SHBP is not an employer-sponsored plan and is not subject to regulation under the Consolidated Omnibus Budget Reconciliation Act of 1996.

## Princeton HealthCare System

The Seminary appreciates the support of Princeton HealthCare System ([www.princetonhcs.org](http://www.princetonhcs.org)) and its affiliated Physicians' Organization in directly contracting with the SHBP to serve as in-network providers. This agreement is a major factor in the Seminary's ability to provide the outstanding scope of benefits and the favorable cost of the SHBP.

Princeton HealthCare System is one of the most comprehensive health care systems in New Jersey. It provides the full continuum of care, including hospital services, behavioral health care, acute rehabilitation, skilled nursing, home care, hospice care, ambulatory surgery, and fitness and wellness services. Each unit of Princeton HealthCare System is equipped with advanced diagnostic and treatment tools to provide convenient access to state-of-the-art health care. Princeton HealthCare System is committed to providing exceptional clinical care delivered by physicians with exemplary credentials and a strong commitment to each patient. They work closely with a team of skilled nurses and other health care professionals who are also committed to the patient's care, comfort, and safety. Ninety-nine percent of the physicians have achieved board certification—the hallmark of professional excellence.

## Finding an SHBP In-Network Physician in the Princeton Area

The most current listing of SHBP participating physicians in the Princeton area is maintained through the Princeton HealthCare System web site, as well as the Princeton HealthCare System Call Center (**888.PHCS.4YOU**). Please follow these directions:

- Step 1:** Go to [www.princetonhcs.org](http://www.princetonhcs.org).
- Step 2:** Click on the "Find a Physician" button near the top of the page.
- Step 3:** Click on "Physician Search."
- Step 4:** Select "Physician Specialty" field.
- Step 5:** Select the **Princeton Theological Seminary SHBP** in the "Search by Insurance Plan" field.
- Step 6:** Change the other search fields as desired to search for a provider by zip code, town, or language spoken.

University Medical Center at Princeton, a unit of Princeton HealthCare System, has been a leading teaching hospital for more than 30 years. Established in 1919, University Medical Center at Princeton is a 308-bed acute care hospital located at 253 Witherspoon Street in Princeton.

As a University Hospital Affiliate of the prestigious University of Medicine and Dentistry of New Jersey-Robert Wood Johnson Medical School and a Clinical Research Affiliate of The Cancer Institute of New Jersey, University Medical Center at Princeton integrates care with advanced technologies, diagnostics, and treatment protocols. University Medical Center at Princeton is also a member of the Association of American Medical College's prestigious Council of Teaching Hospitals and Health Systems.

BENEFIT/SERVICE CATEGORY AND MAXIMUM BENEFIT	IN-NETWORK	OUT-OF-NETWORK
Unless otherwise specified, all maximum allowances are combined for both In- and Out-of-Network Care.	Princeton HealthCare System (see page 9) • Physicians' Organization • Princeton Primary and Urgent Care Center Beech Street for health care services received outside of the Princeton area.	Any health care service received in the United States (refer to MEDEX section for emergency care outside of the United States) by a Provider (other than an In-Network Provider) licensed in the healing arts and providing a Covered Service under the SHBP.
PLAN YEAR	SEPTEMBER 1, 2008, TO AUGUST 31, 2009	
<b>ANNUAL PLAN YEAR AGGREGATE DEDUCTIBLE</b>		
<ul style="list-style-type: none"> <li>Individual</li> <li>Family</li> </ul>	<p style="text-align: center;">\$0</p> <p style="text-align: center;">\$0</p> <p>There are no deductibles for In-Network care. If a copayment is not specified for a specific service, the plan provides benefits at 80% of the Preferred Allowance.</p>	<p style="text-align: center;">\$250</p> <p style="text-align: center;">\$750</p> <p>Copayments may not be used to satisfy the annual aggregate plan year deductible, for example, copayments for prescription drugs.</p>
<b>OUT-OF-POCKET ANNUAL PLAN YEAR MAXIMUM</b>		
<ul style="list-style-type: none"> <li>Individual</li> <li>Family</li> </ul> <p>Prescription drug benefits do not apply to the out-of-pocket maximum.</p>	<p style="text-align: center;">\$2,500</p> <p style="text-align: center;">\$7,750</p>	<p style="text-align: center;">\$7,750</p> <p style="text-align: center;">\$23,250</p>
<b>LIFETIME MAXIMUM BENEFIT PAID BY THE SHBP FOR ALL CARE</b>	<p>\$1,000,000</p> <p>The lifetime benefit is combined for In- and Out-of-Network care.</p>	
<p><b>MEDICAL OFFICE VISITS</b></p> <p>Please refer to page 2 for visit copayments that are applicable to services available at Princeton Primary and Urgent Care Center. These primary care benefits are funded by the comprehensive fee and are not part of the SHBP.</p>	<p>\$25 copayment per visit and 100% of Preferred Allowance thereafter. Ancillary expenses such as laboratory and X-ray that are billed by the physician's office are also covered at 100% of the Preferred Allowance.</p> <p>A \$15 copayment is charged per visit for children at Princeton Nassau Pediatrics (see <a href="http://www.pnp.yourmd.com">www.pnp.yourmd.com</a>).</p>	80% of Usual and Customary allowance, subject to deductible.
<b>SURGEON'S FEES</b>	<p>\$100 copayment per surgical procedure and 80% of Preferred Allowance thereafter.</p>	80% of Usual and Customary allowance, subject to deductible.
<p><b>PREVENTIVE CARE</b> (In-Network benefits are reduced by the amount of any Out-of-Network benefits that are used).</p> <ul style="list-style-type: none"> <li>Children's services</li> <li>Adults' services</li> </ul> <p>Unless otherwise specified, all Preventive Care services, either In- or Out-of-Network, are subject to the deductible and coinsurance provisions for the SHBP.</p>	<p>\$25 copayment per visit and 100% of Preferred Allowance thereafter.</p> <p>Up to a maximum of 6 well-baby visits (up to and including the second-year visit). New Jersey required school immunizations for children ages 11 and under.</p> <p>Refer to Special Provisions on page 14 and the Plan Document.</p>	<p>80% of Usual and Customary allowance, subject to deductible.</p> <p>Up to a maximum of 6 well-baby visits (up to and including the second-year visit). New Jersey-required school immunizations for children ages 11 and under.</p> <p>Refer to Special Provisions on page 14 and the Plan Document.</p>
<b>MATERNITY</b>		
<ul style="list-style-type: none"> <li>Prenatal care</li> <li>Delivery and inpatient well-baby care</li> </ul> <p>Complications of Pregnancy benefits are provided on the same basis as any other Sickness and are paid as a separate and distinct condition from Pregnancy. Refer to Special Provisions for Maternity Testing and Maternity-Related Hospital Length of Stay.</p>	<p>Paid as any other Sickness, subject to copayment and coinsurance.</p> <p>Paid as any other Sickness, subject to copayment and coinsurance.</p>	<p>Paid as any other Sickness, subject to copayment and coinsurance.</p> <p>Paid as any other Sickness, subject to copayment and coinsurance.</p>
<b>PRESCRIPTION DRUGS</b> (see pages 12–13)		
<ul style="list-style-type: none"> <li>Outpatient care (Retail Pharmacy—30-day supply)</li> <li>Prescription Mail Service 90-day supply for maintenance medications</li> </ul>	<p>Generic \$10 Copay Brand Name \$20 Copay</p> <p>Copayments double for maintenance medications, but only one copayment is charged for a 90-day supply.</p> <p>The benefit percentage is 100% after satisfaction of the copayment requirement.</p>	<p>Generic \$10 Copay Brand Name \$20 Copay</p> <p>The limit for outpatient prescription drug charges is the lesser of Usual and Customary allowances or the maximum amount payable if the prescription had been obtained under the MEDCO Pharmacy Network.</p> <p>Not covered.</p> <p>The percentage benefit is 100% of Usual and Customary allowance or MEDCO maximum fee, whichever is less.</p>

BENEFIT/SERVICE CATEGORY AND MAXIMUM BENEFIT	IN-NETWORK	OUT-OF-NETWORK
Unless otherwise specified, all maximum allowances are combined for both In- and Out-of-Network Care.	Princeton HealthCare System (see page 9) <ul style="list-style-type: none"> <li>Physicians' Organization</li> <li>Princeton Primary and Urgent Care Center</li> </ul> Beech Street for health care services received outside of the Princeton area.	Any health care service received in the United States (refer to MEDEX section for emergency care outside of the United States) by a Provider (other than an In-Network Provider) licensed in the healing arts and providing a Covered Service under the SHBP.
PLAN YEAR	SEPTEMBER 1, 2008, TO AUGUST 31, 2009	
<b>INPATIENT HOSPITAL</b>	\$300 per hospital admission copayment and 80% of Preferred Allowance thereafter.	80% of Usual and Customary allowance, subject to deductible.
<b>OUTPATIENT/AMBULATORY SURGERY</b>	\$100 copayment and 80% of Preferred Allowance.	80% of Usual and Customary allowance, subject to deductible.
<b>LABORATORY AND X-RAY</b>	\$0 copayment and 80% of Preferred Allowance.	
<b>DIAGNOSTIC IMAGING AND SCANS</b>	\$200 copayment for scans and imaging diagnostic testing (e.g., MRI, PET, CAT, etc.) and 80% of Preferred Allowance thereafter.	80% of Usual and Customary allowance, subject to deductible.
<b>EMERGENCY ROOM CARE</b>	\$50 per visit copayment, 100% coverage thereafter (including ancillary charges for services such as laboratory and X-ray, if provided in the Emergency Department) of Preferred Allowance. This copayment benefit only applies to the Emergency Department at the University Medical Center at Princeton.  There are no In-Network benefits for Emergency Room Care at locations other than the University Medical Center at Princeton.	80% of Usual and Customary allowance, subject to deductible.
<b>AMBULANCE</b>		
<ul style="list-style-type: none"> <li>Ground</li> </ul>	\$100 copayment per trip and 80% of Preferred Allowance thereafter.	80% of Usual and Customary allowance, subject to deductible.
<ul style="list-style-type: none"> <li>Air</li> </ul>	Air transportation is not a Covered Expense under the SHBP (refer to MEDEX benefits for emergency travel services).	Air transportation is not a Covered Expense under the SHBP (refer to MEDEX benefits for emergency travel services).
<b>URGENT, NON-ROUTINE, AFTER HOURS CARE</b>	Not covered (refer to the Princeton Primary and Urgent Care Center section of this brochure for benefits provided by the Seminary).	80% of Usual and Customary allowance, subject to deductible.
<b>PHYSICAL, OCCUPATIONAL, AND SPEECH THERAPY</b>		
<ul style="list-style-type: none"> <li>Inpatient care</li> <li>Outpatient care</li> </ul>	\$0 copayment and 80% of Preferred Allowance. \$20 per day maximum.	80% of Usual and Customary allowance, subject to deductible. \$20 per day maximum following satisfaction of the deductible.
<b>DURABLE MEDICAL EQUIPMENT</b>	\$0 copayment and 80% of Preferred Allowance.	80% of Usual and Customary allowance, subject to deductible.
<b>ORGAN TRANSPLANTS</b>	\$0 copayment and 80% of Preferred Allowance.	80% of Usual and Customary allowance, subject to deductible.
<b>CHEMOTHERAPY AND RADIATION TREATMENTS</b>	\$0 copayment and 80% of Preferred Allowance.	80% of Usual and Customary allowance, subject to deductible.
<b>DENTAL CARE DUE TO ACCIDENTAL INJURY</b> The plan year maximum is combined for both In- and Out-of-Network care.	\$0 copayment and 80% of the Preferred Allowance, up to a maximum plan year benefit of \$2,000.  Beech Street providers are the only in-network providers.	80% of Usual and Customary allowance, subject to deductible, up to a maximum plan year benefit of \$2,000.
<b>VISION CARE</b>	Not covered.	Not covered.
<b>BIOLOGICALLY BASED MENTAL ILLNESS CARE</b>	\$25 per visit copayment and 100% of the Preferred Allowance thereafter. Ancillary expenses such as laboratory and x-ray that are billed by the physician's office are also covered at 100% of the Preferred Allowance.	80% of Usual and Customary allowance, subject to deductible.
<b>OTHER MENTAL HEALTH AND ALCOHOL/SUBSTANCE ABUSE CARE</b> <ul style="list-style-type: none"> <li>Inpatient care (limited to combined maximum of 30 inpatient days or 60 partial days for both In- and Out-of-Network Providers). Princeton House provides partial-day hospital and intensive outpatient programs of 3 to 6 hours per day, 2 to 5 days per week for the treatment of anxiety, depression, past or present abuse/trauma, self-injury, and addictions. The University Medical Center at Princeton provides inpatient and partial hospitalization treatment for eating disorders. Participation in intensive outpatient programs may follow or be in place of inpatient treatment and does not reduce the 24-visit annual counseling limit for Other Mental Health and Alcohol/Substance Abuse Care.</li> <li>Outpatient care (limited to 24 combined visits for both In- and Out-of-Network Providers)</li> </ul>	\$300 per inpatient admission copayment and 80% of Preferred Allowance thereafter. Princeton House Behavioral Health is the only In-Network provider in the Princeton area.  \$100 copayment for the first visit and \$20 copayment for each visit thereafter, with 100% coverage after each copayment. In-Network providers in the Princeton area include Trinity Counseling Service and The Specialty Counseling Network (see page 12).	80% of Usual and Customary allowance, subject to deductible.  80% of Usual and Customary allowance for the initial visit following satisfaction of the deductible. Subsequent visits are covered at 50% of the Usual and Customary allowance.

## Counseling and Spiritual Direction Benefits

**Individual Spiritual Direction:** There is no deductible for this benefit. Students and spouses enrolled in the SHBP will pay a per visit copay of \$10 to the provider for services at the provider's office. The copay is \$15 per visit if the provider arranges to provide services to the student on campus. Individual direction sessions are usually monthly and the benefit covers up to 12 sessions per year. The SHBP provides 100 percent coverage following the applicable copayments. Any sessions provided under this individual benefit will not reduce the 24-session plan year limit for outpatient mental health and alcohol/substance abuse care. The student or spouse is required to obtain a referral from the Office of Student Relations, the Office of Student Counseling, or the Minister of the Chapel. No benefits are payable under the Spiritual Direction Benefit without a referral.

**Specialty Counseling In-Network Providers:** A specialty counseling network has been developed by the Office of Student Counseling at PTS. This network of providers offers diagnostic and therapeutic services that may not be readily available at Trinity Counseling Service or other mental health services in the Princeton area. Access to this benefit requires a referral from the Office of Student Counseling (no other PTS office may provide referrals for this benefit). No SHBP benefits are payable under the Specialty Counseling Network without a referral. The student will be charged a copayment of \$100 for the first session and a \$20 copayment for each session thereafter (the SHBP provides 100 percent coverage after the applicable per visit copayment). The 24 combined plan year visits maximum for non-biologically based outpatient mental health care and alcohol/substance abuse care is applicable to this benefit. Any visits to Specialty Counseling Network providers reduce the visits available under the 24 visit plan year maximum. Conversely, any visits to Trinity Counseling Service under SHBP coverage, or other mental health care providers, reduce the number of sessions available under the Specialty Counseling Network.

**Spiritual Direction, Psychotherapy, and Support Groups:** Personal growth and spiritual direction groups offer a unique formation experience for students and spouses. Spiritual direction groups led by facilitators who have completed training in spiritual direction are organized through the Office of Student Relations at 609.497.7882 and meet every other week for a semester. Support, relationship enrichment, parenting, and psychotherapy groups are coordinated by the Office of Student Counseling as needs arise. SHBP-covered students will pay a copay of \$5 per session for groups with outside facilitators (e.g., \$30 for a 6-session spiritual guidance group). Any sessions provided under this group benefit will not reduce the 24-session plan year limit for Other Mental Health and Alcohol/Substance Abuse Care.

## SHBP Prescription Drug Coverage

The SHBP uses MEDCO ([www.medco.com](http://www.medco.com)), a prescription benefit management program for prescription drug coverage. Prescription drug benefits are payable for the expense of covered prescriptions and refills dispensed by a licensed pharmacist. You may locate participating pharmacies across the United States at the MEDCO web site or by calling toll-free 800.711.0917 to determine if a pharmacy is a member of the Medco network. Numerous Princeton area pharmacies (e.g., CVS Pharmacy, The Forer Pharmacy, Target, Eckerd, Wegmans, and Wal-Mart) participate with MEDCO.

### Copayment per Covered Prescription or Refill

(retail pharmacy—30-day supply)

Generic.....	\$10
Brand Name.....	\$20

### Mail Service Copayment per Covered Prescription or Refill

(90-day supply for maintenance medications\*)

Generic.....	\$20
Brand Name.....	\$40

\*Maintenance medications are those which are prescribed for chronic conditions and are available to Covered Persons in up to 90-day quantities through the mail service benefit. The Mail Service Prescription Drug Program should be your first selection when filing a claim for Outpatient drugs that are maintenance medications. Information needed for claim filing under the Mail Service can be obtained from [www.medco.com](http://www.medco.com) or [www.klais.com](http://www.klais.com) (Klais & Company, Inc.).

**Benefit Percentage after Copayment.....** 100%

## Eligible Prescription Drug Expenses

The Plan will pay a benefit for Eligible Expenses incurred for the following covered prescription drugs or medicine issued by the written order of a Physician:

- Federal Legend Drug—A drug or medicine which carries on the label of the bottle or original package the statement *Caution: federal law prohibits dispensing without a prescription.*
- State Restricted Drug—A drug or medicine that under applicable state law may only be dispensed upon the written prescription of a Physician.
- Compounded Medication—A drug or medicine mixture that has in it at least one Federal Legend Drug or State Restricted Drug.
- Insulin, insulin needles, and syringes.
- Supplies used in connection with diabetes for testing the sugar level.
- Allergy serum.
- Oral contraceptives.
- Prenatal vitamins.



## Exclusions Applicable to Prescription Drug Expense Coverage

The following are excluded from coverage unless specifically listed as a benefit under Eligible Prescription Drug Expenses:

- Drugs procured without a Physician's prescription.
- Anti-obesity drugs.
- Non-Federal Legend Drugs and Over-the-Counter drugs.
- Injectables other than insulin.
- Fertility agents.
- Vitamins, except those specifically provided as prenatal vitamins.
- Growth hormones.
- Sexual enhancement drugs such as Viagra.
- Therapeutic devices or appliances, supports, and prosthetic devices such as, but not limited to, canes, crutches, wheelchairs, or any means of conveyance or locomotion prescribed for an ambulatory patient, braces, splints, bandages, dressings, heat devices, hypodermics.
- Medications or products used for cosmetic purposes, except as specifically provided.
- Any drug or medication which, when taken or used in accordance with the directions of the prescribing Physician, is made available in sufficient quantity to provide more than a 30-day supply.
- Drugs obtained after the termination date of coverage under the Plan. Mail order prescriptions or refills must be submitted no later than July 1 before the last day of each Plan Year.
- Drugs labeled *Caution: limited by federal law to investigational use*, or experimental drugs, even though a charge is made to the individual.
- Refilling of a prescription in excess of the number specified by the Physician, or any refill dispensed after one year from the order of a Physician.
- Any exclusion stated on page 15 of the SHBP coverage that is, unless otherwise specified, applicable to prescription drug coverage.

## Obtaining a Prescription from a Non-MEDCO Participating Pharmacy

At any pharmacy outside the Medco network, the Covered Person will have to pay the full cost of the prescription at the time of purchase. The Covered Person is then responsible for filing a claim form for reimbursement. Prescription Drug Expense Coverage claim forms that include specific instructions on claim filing can be obtained from MEDCO or the SHBP's Claims Administrator, Klais & Company, Inc. Direct reimbursement prescription drug claim forms must not be mailed to Klais & Company, Inc., but to the address indicated on the claim form. Prescription charges in excess of the amount charged by stores in the Medco Pharmacy network, or charges in excess of amounts allowable under any "Maximum Allowable Cost" program, will be the responsibility of the SHBP-covered person.

For maintenance medications, the highest coverage level can be obtained by using the mail service option.

## For Prescription Drug Claims

For Prescription Drug Claims: Participating MEDCO pharmacies will submit claims for you if you have an SHBP identification card. To submit claims to MEDCO for non-participating pharmacies, mail the original prescription drug receipt to: MEDCO, P.O. Box 2187, Lee's Summit, MO 64063-2187.

The MEDCO prescription drug claim form may be downloaded at the Klais & Company, Inc. web site: [www.klais.com](http://www.klais.com). Questions concerning MEDCO coverage should be directed to Klais & Company, Inc.

## Special Coverage Provisions

Unless otherwise specified, all special provision benefits will be subject to the Deductible and Coinsurance provisions of the SHBP. The medical necessity requirement for services to be provided also applies to all special provisions unless otherwise specified. The complete description of each special provision in this section is provided in the Plan Document for the SHBP.

**Reconstructive Breast Surgery:** Benefits will be paid the same as any other Sickness following a mastectomy on one breast or both breasts. This benefit includes a minimum of 72 hours of inpatient care following a modified radical mastectomy and a minimum of 48 hours of inpatient care following a simple mastectomy. This benefit also includes the cost of a prosthesis.

**Diabetes:** Benefits will be paid on the same basis as any other Sickness for the treatment of diabetes.

**Mammography:** Benefits will be paid on the same basis as any other Sickness for a mammogram according to the following guidelines: (1) one baseline mammogram for women who are least 35, but less than 40 years of age; and (2) one mammogram every year, or more frequently if recommended by a Physician, for women age 40 and over.

**Colorectal Cancer Screening:** Benefits will be paid the same as any other Sickness for colorectal cancer screenings at regular intervals for SHBP-covered persons age 50 and over and for SHBP-covered persons who are considered to be a high risk for colorectal cancer. The method and frequency of screening is determined in accordance with the most recent published guidelines of the American Cancer Society.

**Prostate Exam:** Benefits will be paid the same as any other Sickness for an annually recognized diagnostic examination including, but not limited to, a digital rectal and a prostate-specific antigen (PSA) test for men age 50 and over who are asymptomatic and for age 40 and over with a family history of prostate cancer or other prostate cancer risk factors.

**Treatment of Wilm's Tumor:** Benefits will be paid the same as any other Sickness for treatment of Wilm's Tumor, including autologous bone marrow transplants, when standard chemotherapy treatment is unsuccessful, notwithstanding that any such treatment may be deemed experimental or investigational and be excluded by the SHBP.

**Audiology and Speech Language Pathology:** Benefits will be paid the same as any other Sickness.

**Pap Smears:** Benefits will be paid the same as any other Sickness for an annual pap smear or a pap smear done more frequently than annually if recommended by a Physician. This benefit includes coverage for all laboratory tests associated with the pap smear and any subsequent confirmatory testing.

**Maternity Testing:** Benefits will be paid the same as any other Sickness for maternity routine tests and screening exams.

**Wellness Health Exams and Counseling:** Benefits will be paid the same as any other Sickness, subject to a maximum allowance schedule for certain exams (refer to the Plan Document) and specific age requirements.

**Inherited Metabolic Disease:** Benefits will be paid the same as any other Sickness for Covered Medical Expenses incurred for the therapeutic treatment of inherited metabolic disease, including the purchase of medical foods and low-protein modified food products.

**Hospital Confinements for Pregnancy:** Under Federal law, group health plans such as the SHBP may not restrict benefits for any hospital length of stay in connection with childbirth for the mother of a newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section.







## Exclusions and Limitations

Benefits are not payable for the following services under the SHBP. These limitations and exclusions are explained in detail in the Plan Document.

1. **Ineligible Expenses:** Any service or supply that is not listed as a Covered Expense in the Plan Document.
2. **Services Which Are Not Medically Necessary:** Any service or supply which is not Medically Necessary for the treatment of a Sickness, Injury, Pregnancy, or a service or supply which is not included as a Covered Expense under the Special Provisions section of the Plan Document. A specific list of excluded procedures (regardless of medical necessity) is included in the Plan Document. Such services include, but are not limited, to:
  - Circumcision, except neonatal.
  - Dental treatment (except for injury to sound teeth), including skeletal irregularities of one or both jaws, including orthognathia and mandibular retrognathia, and temporomandibular joint dysfunction.
  - Hearing examinations and treatment or devices related to hearing defects and problems.
  - Vision care-related services (including vision exams) or care related to correcting defective vision (including vision training or therapy and surgical procedures for the purpose of correcting or restoring vision).
  - Tubal ligation, vasectomy, breast reduction, submucous resection, and/or surgical correction of a deviated septum.
3. **Ineligible Providers:** Services rendered by providers who are not covered by the SHBP, such as a provider who is a member of an SHBP-covered person's immediate family.
4. **Worker's Compensation:** Services or supplies to the extent they are covered under any Worker's Compensation plan of benefits or Occupational Disease Law or Act.
5. **Congenital Conditions:** Congenital conditions, except as specifically provided for newborn children or adopted infants.
6. **Cosmetic Procedures:** Cosmetic surgery or procedures, except surgery required to correct an injury for which benefits are otherwise payable, care for newborn or adopted children, and cosmetic surgery following treatment for breast cancer (see Special Provisions).
7. **Immunizations:** Immunizations, except as specifically provided by the SHBP or for a covered Injury.
8. **Acts of War:** Medical expenses resulting from acts of war (declared or undeclared).
9. **Reproductive Services.**
10. **Voluntary Termination of Pregnancy.**
11. **Prescription Medication:** Prescription medication on an outpatient basis, except as specifically provided.
12. **Weight Reduction Services or Prescription Drugs for Obesity or Weight Loss:** Any service or supply related to weight reduction, including treatment for morbid obesity.
13. **Claims Submission Deadline:** Billing submitted one year after the date the service or supply was incurred.
14. **Services Without Charge and Government Services:** Any service or supply normally provided without charge, and any service available (a) under a program for which a federal or state government pays all or part of the charge; or (b) under Medicare or similar program authorized by the state or local laws or regulations or any future amendments to them.

**Pre-Existing Conditions:** There is no pre-existing condition exclusion under the SHBP for either student or dependent coverage. SHBP-covered persons should note, however, that congenital conditions and cosmetic procedures may only be covered due to underlying Sickness or Injury which occurred or first became manifest during the time the student or dependent was covered under the SHBP or the preceding insurance program provided by the Seminary.

The SHBP provides outstanding coverage that is designed to meet the special needs of PTS students.



## MEDEX PLUS

### International Travel Emergency Assistance, Medical Evacuation, and Repatriation Program

An International Travel Emergency Assistance, Medical Evacuation and Repatriation Program is included for students and dependents covered by the Student Health Benefits Plan. This same program covers students (dependents are not covered) who waive enrollment in the SHBP and travel abroad under a Seminary-sponsored program. This program only provides coverage for the travel dates that are established for each program by the Seminary.

The cost for this program is included in charges for the SHBP coverage, and the service is provided by MEDEX Global Group, Inc. MEDEX uses highly trained, multilingual coordinators and board-certified physicians in conjunction with an extensive information and communication system to assist travelers worldwide. For more than 25 years, MEDEX has been of service to insurance companies, corporations, academic institutions, and government organizations, including the Agency for International Development. MEDEX PLUS offers prompt, professional help in any medical or personal emergency, 24 hours a day.

### Using MEDEX PLUS

Before students traveling abroad leave the PTS campus, they should obtain their MEDEX PLUS I.D. card from the Admissions and Financial Aid Office.

### MEDEX PLUS Services

- Management, coordination, and payment of emergency medical evacuations or repatriation.

Coverage for international students covered by the SHBP while they are in the United States.

Coverage for Seminary students who travel abroad (including international students who are not in their home country).

Coverage for United States citizens who are more than 100 miles from their home residence in the United States.

- Worldwide 24-hour toll-free telephone assistance in locating the nearest, most appropriate medical care.
- Overcoming language barriers by directing SHBP-covered persons to English-speaking doctors or translators.

- Monitoring progress during the course of medical treatment and recovery, including arranging for necessary specialists upon a doctor's request.
- Maintaining contact with family, personal physician, and PTS, as appropriate.
- Assistance in coordinating admission into hospitals or other care facilities.
- Coordination of direct payments or deposits to health care providers.
- Coordination of emergency blood and medication transfers.
- Pre-planning of medical support in remote areas.
- Emergency message transmittal services.
- Emergency international funds transfer capabilities.
- Travel assistance for a family member wishing to be with a patient hospitalized for more than seven days (includes payment of round-trip economy airfare to the place of hospitalization).
- Assistance for unattended dependent children (includes payment of one-way economy airfare to the place of residence with an escort if required).
- Assistance in making arrangements for interrupted travel plans resulting from an emergency situation.
- Knowledgeable legal referral service.
- Assistance with travel problems such as lost or stolen passports.

### Locating Medical Services

MEDEX has created a database of more than 40,000 international providers. These providers encompass doctors, hospitals, clinics, air ambulance companies, and others. Providers are carefully selected based on their medical specialty, location, language, and office hours. In addition, MEDEX Assistance Coordinators are multilingual and highly trained.

### Payment of Medical Bills

MEDEX PLUS includes coverage for expenses associated with a medically necessary evacuation, but all other medical bills are the responsibility of the insured. MEDEX will coordinate all billing and insurance verifications, including settling any guarantee of payment, which helps you avoid delays or denial of treatment.

### PTS International Students Enrolled in the SHBP

International students enrolled in the SHBP are covered by MEDEX PLUS (as explained in this brochure) while they are outside the United States as part of PTS-sponsored travel. Also, international students enrolled in the SHBP are covered by MEDEX PLUS for medical evacuation and repatriation while they are at PTS.



## MEDEX Identification Cards

PTS students and dependents enrolled in the Student Health Benefits Plan who are planning to travel abroad should obtain a MEDEX PLUS I.D. card by contacting the Admissions and Financial Aid Office. All international students enrolled in the Student Health Benefits Plan should also have a MEDEX I.D. card while they are in the United States.

## MEDEX PLUS Policy

This brochure provides a general outline of the services and coverage provided under the contract between MEDEX Global Group, Inc., and Princeton Theological Seminary. The complete scope of coverage (including exclusions) and description of services provided by MEDEX Global Group, Inc., is included in the contract/policy issued by MEDEX to Princeton Theological Seminary. This document is on file in the Admissions and Financial Aid Office.

## Traveling Abroad

SHBP-covered persons who are traveling abroad may wish to begin their trip by consulting with Princeton Primary and Urgent Care Center (see pages 2–3). PPUCC offers pre-travel planning, immunizations, travel-related prescriptions, education, and post-travel evaluation of medical problems acquired abroad. Travelers who have a chronic medical condition, are pregnant, or are traveling to Africa, Asia, Central and South America, Eastern Europe and the NIS of the former Soviet Union, and the South Pacific (except Australia and New Zealand) require advanced travel planning.

SHBP-covered students should schedule a travel planning appointment at least 4 to 6 weeks prior to departure. If travel will occur within 4 to 6 weeks of an appointment, it is still best to schedule an appointment in order to provide some measure of protection. Students must bring all required forms to this appointment. The travel planning appointment must occur before any immunizations will be given. During the appointment, the clinician will review the student's vaccination record and discuss safety precautions that should be taken while traveling in particular area(s). If a physical examination is needed, it must be scheduled through a separate appointment. Students planning to travel in numerous countries and across different continents should schedule their travel planning appointment at least 10 weeks before departure. In most cases, traveling across different geographical areas and through various developing countries increases the number of required vaccinations.

SHBP-covered persons should also carefully review the services available under the MEDEX PLUS program in this section. MEDEX Global Group, Inc., also provides the following international travel-related web site links:

**[www.medexassist.com/group/AdvicelInfo/Links.html](http://www.medexassist.com/group/AdvicelInfo/Links.html)**

# Confidentiality and HIPAA

## Princeton Theological Seminary Notice of SHBP Privacy Practices

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

**Explanation of Forms:** The Princeton Theological Seminary Student Health Benefits Plan (“SHBP”) handles medical information about you. The handling of this information is regulated by law. To comply with the applicable law, the SHBP requires you to receive this notice and, in some circumstances, to sign an authorization form.

The SHBP is allowed by law to use and disclose information about you for the purposes essential to providing care, including, but not limited to, treatment, payment collection, and operating the SHBP.

An authorization allows the SHBP to use and disclose information about you for any other reason that is listed in the authorization. The SHBP may condition enrollment or eligibility on the provision of an authorization only if the authorization is for determining enrollment or eligibility. Other rules about your rights regarding medical information are described in this notice.

**Types of Uses and Disclosures:** Medical information about you may be used or disclosed by the SHBP for treatment, payment, and health care operations. Treatment includes consultation, diagnosis, provision of care, and referrals. Payment includes all activities necessary for billing and collection, such as claims processing. Health care operations includes everything the SHBP does to assess the quality of care, teach and develop staff, and manage the SHBP’s operations. Some examples of uses and disclosures are below.

**Example of Treatment Disclosure:** The SHBP may disclose medical information about you to your treating physician, a hospital, or other providers to help them diagnose and treat an injury or illness.

**Example of Payment Disclosure:** The SHBP may disclose medical information about you when health plans or insurers, Medicare, Medicaid, or other payors require the information before paying for your health care services.

**Example of Health Care Operations Use:** The SHBP may use medical information about you when it hires new staff whose education and development requires information about the medical needs of our patients.

**Other Uses and Disclosures:** The SHBP may use or disclose your medical information in the following situations without your authorization. These situations include:

**As Required by Law:** The SHBP may use or disclose your medical information to the extent that the use or disclosure is required by law. The use or disclosure will be made in compliance with the law and will be limited to the relevant requirements of the law. You will be notified, as required by law, of any such uses or disclosures.

**Public Health:** The SHBP may disclose your medical information for public health activities and purposes to a public health authority that is permitted by law to collect or receive the information. The disclosure will be made for the purpose of controlling disease, injury, or disability. The SHBP may also disclose your medical information, if directed by the public health authority, to another government agency that is collaborating with the public health authority.

**Communicable Diseases:** The SHBP may disclose your medical information, if authorized by law, to a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading the disease or condition.

**Health Oversight:** The SHBP may disclose your medical information to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections. Oversight agencies seeking this information include government agencies that oversee the health care system, government benefit programs, other government regulatory programs, and civil rights laws.

**Abuse or Neglect:** The SHBP may disclose your medical information to a public health authority that is authorized by law to receive reports of child abuse or neglect. In addition, the SHBP may disclose your medical information to the governmental entity or agency authorized to receive such information if the SHBP believes that you have been a victim of abuse, neglect, or domestic violence. In this case, the disclosure will be made consistent with the requirements of applicable federal and state laws.

**Food and Drug Administration:** The SHBP may disclose your medical information to a person subject to the jurisdiction of the Food and Drug Administration if that person has responsibility to report adverse events, product defects or problems, or biologic product deviations; to track products; to enable product recalls, repairs, or replacements; or to conduct post-marketing surveillance.

**Legal Proceedings:** The SHBP may disclose your medical information in the course of any judicial or administrative proceeding, in response to an order of a court or administrative tribunal (to the extent such disclosure is expressly authorized by such order), and, under certain conditions, in response to a subpoena, discovery request, or other lawful process.

**Law Enforcement:** The SHBP may also disclose your medical information for law enforcement purposes so long as applicable legal requirements are met. These law enforcement purposes include: (1) disclosure pursuant to legal processes or as otherwise required by law, (2) disclosure in response to limited information requests by a law enforcement official for identification and location purposes, (3) disclosure to a law enforcement official in response to information pertaining to victims of a crime, (4) disclosure to a law enforcement official in connection with a suspicion that death may have occurred as a result of criminal conduct, (5) disclosure to a law enforcement official in the event that a crime occurs on the premises of the SHBP, and (6) disclosure to a law enforcement official in connection with a medical emergency (not on the CSM’s premises) when it is likely that a crime has occurred.

**Coroners, Funeral Directors, and Organ Donation:** The SHBP may disclose your medical information to a coroner or medical examiner for identification purposes, for determining cause of death, or for

the coroner or medical examiner to perform other duties authorized by law. The SHBP may also disclose your medical information to a funeral director, as authorized by law, in order to permit the funeral director to carry out the director's duties. The SHBP may disclose such information in reasonable anticipation of death. Your medical information may also be used and disclosed to organ procurement organizations for cadaveric organ-, eye-, or tissue-donation purposes.

**Research:** The SHBP may disclose your medical information to researchers when the research has been approved by an institutional review board that has reviewed the research proposal and established protocols to ensure the privacy of your medical information.

**Criminal Activity:** Consistent with applicable federal and state laws, the SHBP may disclose your medical information, if the SHBP believes that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. The SHBP may also disclose your medical information if it is necessary for law enforcement authorities to identify or apprehend an individual.

**Military Activity and National Security:** When the appropriate conditions apply, the SHBP may use or disclose the medical information of individuals who are Armed Forces personnel (1) for activities deemed necessary by appropriate military command authorities; (2) for the purpose of a determination by the Department of Veterans Affairs of eligibility for benefits, or (3) to foreign military authority if you are a member of the foreign military services. The SHBP may also disclose your medical information to authorized federal officials for conducting national security and intelligence activities, including for the provision of protective services to the President or others legally authorized.

**Workers' Compensation:** Your medical information may be disclosed by the SHBP as authorized to comply with workers' compensation laws and other similar legally established programs.

**Required Uses and Disclosures:** Under the law, the SHBP must make disclosures to you when required by the Secretary of the Department of Health and Human Services to investigate or determine our compliance with applicable law.

**Others Involved in Your Health Care:** Unless you object in writing to the Privacy Official, the SHBP may disclose to a member of your family, a relative, a close friend, or any other person whom you identify, your medical information that directly relates to that person's involvement in your health care. If you are unable to agree or object to such a disclosure, the SHBP may disclose such information as necessary if the SHBP determines that it is in your best interest based on the SHBP's professional judgment. The SHBP may use or disclose your medical information to notify or assist in notifying a family member, personal representative, or any other person who is responsible for your care of your location, general condition, or death. Finally, the SHBP may use or disclose your medical information to an authorized public or private entity to assist in disaster relief efforts and to coordinate uses and disclosures to family or other individuals involved in your health care.

**Authorized Uses and Disclosures:** Additional uses and disclosure may be made if you have given written authorization, which may be revoked at any time in writing delivered to the Privacy Official or the Privacy Official's designee, except to the extent the SHBP acted in reliance on the authorization.

**Restrictions:** You have the right to request restrictions on the use and disclosure of medical information about you; however, the SHBP will only be bound by the restrictions if the SHBP notifies you that it agrees with them.

**Confidentiality:** You have the right to have the SHBP use only confidential means of communicating with you about medical information. This means you may have information delivered to you at a certain time or place, or in a manner that keeps your information confidential.

**Access:** You have the right to see and receive a copy of information about you kept by the SHBP under most circumstances.

**Amendment of Health Information:** You have the right to have the SHBP amend its records of information about you. The SHBP may refuse to amend information that is accurate, that was created by someone else, or that is not disclosable to you.

**Accounting:** You have the right to request in writing a list of disclosures of your medical information made by the SHBP, which includes the purposes and recipients of the information.

**Copy:** You have the right to receive a paper copy of this notice.

**Amendment of Policies and Procedures:** The SHBP reserves its rights to make changes to the privacy policies and procedures in accordance with the applicable terms of such policies and procedures with respect to changes.

**Privacy Notice:** The SHBP is required by law to keep medical information about you private and to give you this notice. The SHBP must abide by this notice. However, the SHBP reserves the right to amend this notice and make such change applicable to all medical information maintained by SHBP. Any revised notice will be provided to enrollees by the SHBP.

**HIPAA and FERPA:** With respect to student health information, the SHBP also complies with the requirements set forth in The Family Educational Rights and Privacy Act (FERPA). In areas where HIPAA and FERPA intersect, the SHBP will comply with the rules that provide the highest level of privacy protection for the student.

**Complaints:** If you believe your privacy rights have been violated you may submit a written complaint to the Privacy Official, Dean of Student Life, Princeton Theological Seminary, 64 Mercer Street, Princeton, New Jersey, 08542. You may also complain to the Secretary of the U.S. Department of Health and Human Services. The SHBP will not retaliate against you for making a complaint.

**Effective Date:** This notice is effective from July 15, 2005, until revised by the SHBP.



## SHBP Appeals Process

### How to Appeal a Denial of Benefits

If a student believes a claim for medical or prescription drug benefits was not correctly administered or settled, the following process is available:

#### Initial Appeal

Within 60 days of receipt of an Explanation of Benefits form or claim declination letter, the covered SHBP person may request (either in writing or by telephone) that a claim be reviewed. Klais & Company, Inc. and/or MEDCO will review the processed claim and inform the SHBP-covered person whether or not the claim was correctly administered. Any errors will be corrected promptly.

#### Second Appeal

If you are not satisfied with the results of the initial appeal, submit a written request for a second review. This request must be submitted to Klais & Company, Inc. The request should state in clear and concise terms the basis for the disagreement with the way the claim was processed. When the request is received, the claim will be reviewed again and the results of this review furnished in writing within 60 days in most cases, but in no case more than 120 days.

#### Third and Final Appeal

A third and final appeal may be submitted to the consultant retained by the Seminary for its Student Health Program. The consultant will establish a review team of medical and/or mental health care professionals and claims administration experts, none of whom will have had any previous role in adjudicating the claim or have any financial interest in the claim. This review team will issue a final determination for the claim within 60 days in most cases, but in no case more than 120 days. This third and final review must be submitted through the Dean of Student Life Office at the Seminary.

No appeals for SHBP claims review will be accepted by the Seminary outside of this process. All requests for review of denied benefits should include a copy of the initial denial letter and any other pertinent information. Send all information to Klais & Company, Inc. except as specified for the third and final appeal process.

## SHBP Claims Process

### How to File a Claim

Medical claim forms can be downloaded from the Klais & Company, Inc. web site at [www.klais.com](http://www.klais.com) or from the PTS web site by clicking on Students and then on Health Resources.

One claim must be filed for each Sickness or Injury for which care expenses are incurred. Follow these steps in completing the claims process:

1. Complete the student's portion of the claim form in full. Answer all questions. State "none" or "N/A" when the question does not apply.
2. Attach all necessary documentation of expenses to the claim form (many providers may submit their billing for you). Documents must include:
  - a description of services or supplies provided, detailing the charge for each service or supply;
  - the diagnosis;
  - the patient's name and date(s) of service;
  - the Provider's name, address, phone number, and degree; and
  - the Federal Tax Identification Number of the Provider.
3. Complete a separate claim form for each person for whom benefits are being requested.
4. If another plan is the primary payor, a copy of the other plan's Explanation of Benefits (EOB) must accompany the SHBP claim form.
5. Mail the completed claim forms with supporting documents to: Klais & Company, Inc., 1867 West Market Street, Akron, OH 44313-6977

All claims must be filed within 12 months of the date the charge was incurred by the SHBP-covered person.

If you have questions, please call 800.331.1096. From outside the United States, please call 330.867.8443. Information about your claim is also available at the Klais & Company, Inc. web site for students who are registered users.

**Refer to page 13 for prescription drug claim submission instructions.**



## Key SHBP Definitions

The complete terms and definitions for the SHBP are provided in the Plan Document. The following are key terms that are used throughout this brochure and plan document:

**Copayment:** A copayment is the amount of covered expenses/services you must pay before the SHBP will consider expenses for reimbursement under the Schedule of Medical Expense Benefits or Schedule of Prescription Drug Benefits provided by the SHBP. Unless otherwise specified, copayments may not be used to satisfy the aggregate plan year deductible.

**Coinsurance:** The percentage of covered expenses/services to be paid by the SHBP and the covered person after satisfaction of the deductible or copayment. These percentages apply only to covered expenses/services which do not exceed usual and customary charges. The SHBP-covered person is responsible for all non-covered expenses/services and any amount which exceeds the usual and customary charge for covered expenses/services.

**Covered Expense/Service:** A health service or supply that is eligible for benefits when performed and billed by a Provider. A Covered Expense/Service must be a charge for service that is specifically identified in the Plan Document as being covered by the SHBP and not otherwise be excluded.

**Deductible:** Except as specifically provided for coverage that is subject to a copayment, the aggregate plan year deductible is the amount of covered expenses/services you must pay during each plan year before the SHBP will consider expenses for reimbursement. The individual deductible applies separately to each SHBP-covered person. The family deductible applies collectively to all SHBP-covered persons in the same family. When the family deductible is satisfied, no further deductible will be applied for any covered family member during the remainder of that plan year. The plan year individual and family deductible amounts are shown on the schedule of medical benefits on pages 10–11. Expenses from separate sicknesses or injuries may be used to satisfy the aggregate plan year deductible.

**Injury:** A condition which results independently of a Sickness and all other causes and is a result of an externally violent force or accident. Treatment must be provided by a Provider within 30 days of the date of the onset of the Injury.

**Medically Necessary (Necessity):** An intervention that is or will be provided for the diagnosis, evaluation, and treatment of the condition, Sickness, disease, or Injury and that is determined by the Claims Administrator for the SHBP to be:

- Medically appropriate for and consistent with the symptoms and proper diagnosis or treatment of the condition, Sickness, disease, or Injury.
- Not experimental/investigational.
- Obtained from a licensed, certified, or registered Provider.
- Provided in accordance with the applicable medical and/or professional standards.
- Known to be effective, as proven by scientific evidence, in materially improving health outcomes.
- The most appropriate supply, setting, or level of service that can safely be provided to the member and that cannot be omitted consistent with recognized professional standards of care (which, in the case of hospitalization, also means that safe and adequate care could not be obtained as an outpatient).
- Cost-effective compared to alternative interventions, including no intervention.
- Not primarily for the convenience of the SHBP-covered person, the SHBP-covered person's family, or a Provider.
- Not otherwise subject to an exclusion under the SHBP.

A service or supply is not, of itself, Medically Necessary simply because a Provider prescribes, orders, recommends, or approves care, treatment, services, or supplies.

**Preferred Allowance:** The amount that payment is based on for a given Covered Expense/Service to a Provider who/which has entered into an agreement with Princeton Theological Seminary to be a participating provider with the SHBP.

**Provider:** A physician, practitioner, facility, or other professional entity who/which is licensed or otherwise authorized by the state or jurisdiction where services are provided to perform designated health care services. For facilities, inpatient and outpatient Providers are defined in detail in the Plan Document.

**Sickness:** Any bodily sickness, disease, or mental/disorder. For the purposes of determining benefits under the SHBP, pregnancy benefits will be paid on the same basis as any other sickness or temporary disability.

**Usual and Customary:** The charge most frequently made to the majority of patients for the same service or procedure. The charge must be within the range of charges most frequently made in the same or similar medical service area for the service or procedure as billed by other physicians, practitioners, or facilities.

Office of Admissions and Financial Aid

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