Dear Student,

Please carefully review the contents of this brochure. There are important services and benefits available to you regardless of whether or not you are covered by the Student Health Benefits Plan (SHBP).

Like most private colleges and universities, Princeton Theological Seminary requires students to have health insurance that meets specific criteria. We do this for three reasons: (1) to assure that students have access to health care services anywhere in the U.S., and while traveling abroad; (2) to assure that students have financial protection from large medical expenses; and (3) to enhance the overall campus safety. We are also continuing to evaluate the impact of health care reform on our overall student health program; therefore, this requirement is subject to modification after the 2014–2015 academic year.

In order to have the cost of the Student Health Benefits Plan waived, you must provide documentation showing that your alternative personal health insurance meets each of the following requirements:

• Your health insurance plan must provide the ten essential health benefits specified for health insurance that meets the requirements of the Affordable Care Act: ambulatory patient services, emergency services, hospitalization, maternity and newborn care, mental health and substance use disorder services, including behavioral health treatment, prescription drugs, rehabilitative and habilitative services and devices, laboratory services, preventive and wellness services and chronic disease management, and pediatric services including oral and vision care.

• If the plan is an individual policy purchased on an insurance exchange, it must have gold or platinum level coverage (note that even with premium subsidies, the Student Health Benefit Plan will cost less than plans purchased through New Jersey’s insurance exchange in the Princeton area).

• If an employer-sponsored health plan is being used to waive the cost of the SHBP, you must certify it has adequate financial resources to fund the plan deductible if it is $1,000 or more.

• The plan will remain in effect for the entire academic year.

• The Seminary will continue to allow students who have spouses or children to use New Jersey Family Care (Medicaid) to waive the SHBP. For all other students, New Jersey Family Care does not meet the above requirements.

Effective for the 2014–2015 academic year, the Seminary has retained Gallagher Student Health and Special Risk to administer our enrollment/waiver process. If you have any questions, call 1.877.320.4347 or email ptsemstudent@gallagher.com.

Best Wishes,

Matthew Spina
Director of Admissions and Financial Aid
The Student Health Benefits Plan (SHBP) and the Affordable Care Act (ACA)

Self-funded student health plans, such as the SHBP, are not presently subject to regulation under the Patient Protection and Affordable Care Act (ACA). Princeton Theological Seminary has, however, voluntarily revised its program benefits and operations to meet or exceed requirements that would otherwise apply to fully insured student health insurance programs. In fact, the SHBP fulfills almost all of the requirements that are applicable to employer-sponsored health plans. The United States Department of Health and Human Services (HHS) requires student health insurance programs to publish certain notices for students and parents/guardians. Since the SHBP fully complies with the ACA, the following notice is the only one required by HHS to be provided to seminarians and parents/guardians.

Be advised that you may be eligible for coverage under a group health plan of a parent’s employer or under a parent’s individual health insurance policy if you are under the age of 26. Contact the plan administrator of the parent’s employer plan or the parent’s individual health insurance issuer for more information.

If you have questions about this notice please contact:

Stephen L. Beckley
Student Health Program Consultant
877.599.9800
steve.beckley@ptsem.edu
www.HBC-SLBA.com

EMERGENCIES

For life-threatening emergencies, students should call 911, or if appropriate, proceed directly to the nearest emergency room. The University Medical Center of Princeton at Plainsboro is located at One Plainsboro Road in Plainsboro, and can be reached at 609.853.7000.

For psychological crisis situations on campus during normal Seminary business hours, call 609.497.7844 or extension 7890. For after-hours crisis situations, call 609.273.9727 or 609.273.9726. Refer to page 17 of this brochure for more information about responding to psychological crisis situations.
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<td>609.497.7844 and</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>609.497.7890</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td><a href="mailto:nancy.schongalla@ptsem.edu">nancy.schongalla@ptsem.edu</a></td>
<td>Log in to our.ptsem.edu and click “Student Services”</td>
</tr>
<tr>
<td>Counseling</td>
<td>Trinity Counseling Service</td>
<td>609.924.0060</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td><a href="mailto:pks_tcs@msn.com">pks_tcs@msn.com</a></td>
<td><a href="http://www.trinitycounseling.org">www.trinitycounseling.org</a></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>(see page 17 for more information)</td>
</tr>
<tr>
<td>After Hours On-Campus Psychological Crisis</td>
<td>PTS Security/Counseling at PTS</td>
<td>Main campus: 609.273.9727</td>
<td></td>
</tr>
<tr>
<td></td>
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<td>West Windsor 609.273.9726</td>
<td></td>
</tr>
<tr>
<td>Immunizations</td>
<td>Occupational Health Services at Princeton HealthCare System</td>
<td>609.853.7474</td>
<td></td>
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</tbody>
</table>

* 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.
Occupational Health Services

Occupational Health services at the University Medical Center of Princeton at Plainsboro (http://www.princetonhcs.org/phcs-home/what-we-do/occupational-health/what-we-do/travel-services.aspx) 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 Princeton HealthCare System. The Seminary pays for the cost of immunizations for students enrolled in the International Field Education Program.

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.

Refer to the cover letter of this brochure for the insurance requirement criteria that are applicable for the 2014–2015 academic year.

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.


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 of drop/add each semester. Students who involuntarily lose their group health insurance coverage may enroll in the SHBP within thirty 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 thirty-one 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 thirty-one 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 thirty-one-day period.

Plan Year for 2014–2015

Annual Costs
The following costs for the SHBP are payable to the Seminary on a semi-annual basis on September 1, 2014, and February 1, 2015:

- Health Only / Individual Student: $2,800
- Health Only / Individual Student + 1 Dependent (spouse or child): $8,210
- Health Only / Individual Student + More than 1 Dependent: $9,220
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.

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 can be accessed by logging in to the PTS Community page on our web site.

The Seminary is providing the Student Health Benefits Plan for 2014–2015 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 made available through the Office of Admissions and Financial Aid. After receiving the SHBP enrollment information, the ID card normally will be placed in the student’s on-campus mailbox as soon as it is available.

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 14.

Coordination of Benefits and Subrogation
For student coverage, the SHBP will be a primary payor in almost all instances when a healthcare 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.

University Medical Center of Princeton at Plainsboro
The University Medical Center of Princeton at Plainsboro, a unit of Princeton HealthCare System, has been a leading teaching hospital for more than thirty years. Established in 1919, University Medical Center of Princeton at Plainsboro is a 308-bed acute care hospital located at One Plainsboro Road in Plainsboro.

As a University Hospital Affiliate of the prestigious University of Medicine and Dentistry of New Jersey-Robert Wood Johnson Medical School, and Clinical Research Affiliate of The Cancer Institute of New Jersey, University Medical Center of Princeton at Plainsboro integrates care with advanced technologies, diagnostics, and treatment protocols. University Medical Center of Princeton at Plainsboro 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**

| untreated conditions, all maximum allowances are combined for both In- and Out-of-Network Care. | University Medical Center of Princeton at Plainsboro (under contract to Princeton Theological Seminary). www.princetonhcs.org | Any healthcare service received in 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, 2014, TO AUGUST 31, 2015

**ANNUAL PLAN YEAR AGGREGATE DEDUCTIBLE**

| Individual | $0 | $0 |
| Family | $0 | $250 |

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.

Copayments may not be used to satisfy the annual aggregate plan year deductible, for example, copayments for prescription drugs.

**OUT-OF-POCKET ANNUAL PLAN YEAR MAXIMUM**

| Individual | $3,500 | $7,750 |
| Family | $7,500 | $23,250 |

 Prescription drug benefits do not apply to the out-of-pocket maximum.

**LIFETIME MAXIMUM BENEFIT PAID BY THE SHBP FOR ALL CARE**

UNLIMITED

**MEDICAL OFFICE VISITS** (includes visits to Registered Dieticians)

$35 copayment per visit and 100% of Preferred Allowance thereafter. Ancillary expenses, other than surgical procedures, such as laboratory and X-ray that are billed by the physician’s office, are also covered at 100% of the Preferred Allowance.

Surgical services are limited to a maximum benefit of $100, thereafter the separate Outpatient/Ambulatory Surgery benefit applies to surgical charges in excess of $100.

**SURGEON’S FEES**

$100 copayment per surgical procedure and 80% of Preferred Allowance thereafter.

The copayment is not charged for the first $100 of surgical charges billed by a physician for surgical procedures performed during an office visit.

75% of Usual and Customary allowance, subject to deductible.

**PREVENTIVE CARE**

Refer to page 9 for a limited description of Preventative Care Benefits required by the Affordable Care Act (ACA). A complete description of this coverage is provided in the Plan Document for the SHBP.

$0 copayment and 100% coverage for preventive care services required for Adults, Preventive Services for Women, Including Pregnant Women, and Children as required by the Affordable Care Act (ACA).

Certain additional preventive care benefits are also provided as mandated by the State of New Jersey for similarly situated fully insured student health insurance programs.

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.

Refer to Special Provisions on page 9–10 and the Plan Document.

**MATERNITY**

- Prenatal care
- Delivery and inpatient well-baby care

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 in the plan document.

Paid as any other Sickness, subject to copayment and coinsurance.

Paid as any other Sickness, subject to copayment and coinsurance.

**PRESCRIPTION DRUGS** (see pages 7–8)

A $50 annual plan year deductible must be satisfied before prescription drug benefits will be paid under either the in-network or the out-of-network prescription drug coverage.

- Outpatient care (Retail Pharmacy—30-day supply)
- Prescription Mail Service 90-day supply for maintenance medications

Generic $15 copayment

Preferred Brand Name $25 copayment

Non-preferred Brand $40 copayment

Copayments double for maintenance medications, but only one copayment is charged for a 90-day supply. The benefit percentage is 100% after satisfaction of the copayment requirement.

Generic $15 copayment

Preferred Brand $25 copayment

Non Preferred Brand $40 copayment

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 HealthSmartRxs Pharmacy Network. The percentage benefit is 100% of Usual and Customary allowance or HealthSmartRxs maximum fee, whichever is less.
<table>
<thead>
<tr>
<th>BENEFIT/SERVICE CATEGORY AND MAXIMUM BENEFIT</th>
<th>IN-NETWORK</th>
<th>OUT-OF-NETWORK</th>
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<td><strong>PLAN YEAR</strong></td>
<td><strong>SEPTEMBER 1, 2014, TO AUGUST 31, 2015</strong></td>
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<tr>
<td><strong>INPATIENT HOSPITAL</strong></td>
<td></td>
<td>75% of Usual and Customary Allowance, subject to deductible.</td>
</tr>
<tr>
<td>$300 per hospital admission copayment and 80% of Preferred Allowance thereafter.</td>
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<td>75% of Usual and Customary Allowance, subject to deductible. (this benefit, including the $100 copayment, applies after the $100 allowance for surgical procedures that are billed by a physician that are included with medical office visit charges).</td>
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<tr>
<td><strong>OUTPATIENT/AMBULATORY SURGERY</strong></td>
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<td>75% of Usual and Customary Allowance, subject to deductible.</td>
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<tr>
<td>$100 copayment and 80% of Preferred Allowance.</td>
<td></td>
<td>75% of Usual and Customary Allowance, subject to deductible.</td>
</tr>
<tr>
<td><strong>LABORATORY AND X-RAY</strong> (Not billed by a physician’s office)</td>
<td>$0 copayment and 80% of Preferred Allowance.</td>
<td>75% of Usual and Customary Allowance, subject to deductible.</td>
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<tr>
<td><strong>DIAGNOSTIC IMAGING AND SCANS</strong></td>
<td></td>
<td>75% of Usual and Customary Allowance, subject to deductible.</td>
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<tr>
<td>$200 copayment for scans and imaging diagnostic testing (e.g., MRI, PET, CAT, etc.) and 80% of Preferred Allowance thereafter.</td>
<td></td>
<td>75% of Usual and Customary Allowance, subject to deductible.</td>
</tr>
<tr>
<td><strong>EMERGENCY ROOM CARE</strong></td>
<td>$100 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.</td>
<td>$100 per visit copayment 100% of Usual and Customary Allowance thereafter and including ancillary chargers for services such as laboratory and X-ray.</td>
</tr>
<tr>
<td><strong>AMBULANCE</strong></td>
<td>$100 copayment per trip and 80% of Preferred Allowance thereafter. Air transportation is not a Covered Expense under the SHBP.</td>
<td>75% of Usual and Customary Allowance, subject to deductible.</td>
</tr>
<tr>
<td>• Ground</td>
<td></td>
<td>75% of Usual and Customary Allowance, subject to deductible.</td>
</tr>
<tr>
<td>• Air</td>
<td></td>
<td>75% of Usual and Customary Allowance, subject to deductible.</td>
</tr>
<tr>
<td><strong>PHYSICAL, OCCUPATIONAL, AND SPEECH THERAPY</strong></td>
<td>$0 copayment and 80% of Preferred Allowance. $35 copayment per visit.</td>
<td>75% of Usual and Customary Allowance, subject to deductible.</td>
</tr>
<tr>
<td>• Inpatient care</td>
<td></td>
<td>75% of Usual and Customary Allowance, subject to deductible.</td>
</tr>
<tr>
<td>• Outpatient care</td>
<td></td>
<td>75% of Usual and Customary Allowance, subject to deductible.</td>
</tr>
<tr>
<td><strong>DURABLE MEDICAL EQUIPMENT</strong></td>
<td>$0 copayment and 80% of Preferred Allowance.</td>
<td>75% of Usual and Customary Allowance, subject to deductible.</td>
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<tr>
<td><strong>ORGAN TRANSPLANTS</strong></td>
<td>$0 copayment and 80% of Preferred Allowance.</td>
<td>75% of Usual and Customary Allowance, subject to deductible.</td>
</tr>
<tr>
<td><strong>CHEMOTHERAPY AND RADIATION TREATMENTS</strong></td>
<td>$0 copayment and 80% of Preferred Allowance.</td>
<td>75% of Usual and Customary Allowance, subject to deductible.</td>
</tr>
<tr>
<td><strong>DENTAL CARE DUE TO ACCIDENTAL INJURY</strong></td>
<td>$0 copayment and 80% of the Preferred Allowance, up to a maximum plan year benefit of $2,000. PHCS providers are the only in-network providers.</td>
<td>75% of Usual and Customary Allowance, subject to deductible, up to a maximum plan year benefit of $2,000.</td>
</tr>
<tr>
<td>The plan year maximum is combined for both In- and Out-of-Network care.</td>
<td></td>
<td>75% of Usual and Customary Allowance, subject to deductible, up to a maximum plan year benefit of $2,000.</td>
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<tr>
<td><strong>VISION CARE</strong></td>
<td>Not covered.</td>
<td>Not covered.</td>
</tr>
<tr>
<td><strong>BIOLOGICALLY BASED MENTAL ILLNESS CARE</strong></td>
<td>$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.</td>
<td>75% of Usual and Customary Allowance, subject to deductible.</td>
</tr>
<tr>
<td><strong>OTHER MENTAL HEALTH AND ALCOHOL/SUBSTANCE ABUSE CARE</strong></td>
<td>$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.</td>
<td>75% of Usual and Customary Allowance, subject to deductible.</td>
</tr>
<tr>
<td>• 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 of Princeton at Plainsboro provides inpatient and partial hospitalization treatment for eating disorders.</td>
<td>$25 per visit copayment and 100% of the Preferred Allowance thereafter. In-Network providers in the Princeton area include Trinity Counseling Service (see page 17) and The Specialty Counseling Network (see page 8).</td>
<td>75% 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.</td>
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<tr>
<td>• Prescription Mail Service 90-day supply for maintenance medications</td>
<td>$15 per meeting copayment for off-campus group counseling paid directly to the provider. A referral form from the Office of Student Counseling is required.</td>
<td>Pharmacy Network. Not covered. The percentage benefit is 100% of Usual and Customary Allowance or HealthSmartRx maximum fee, whichever is less.</td>
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</table>

Refer to page 19 for key SHBP definitions.
Counseling and Spiritual Direction Benefits in the SHBP

**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 providers 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. There is no deductible for this benefit. The student has a $25 copayment per session for non-biologically or biologically-based conditions and there is no limit to the number of sessions. The SHBP provides 100 percent coverage after the applicable per visit copayment.

**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 twelve sessions per year. The SHBP provides 100 percent coverage following the applicable copayments. Any sessions provided under this individual benefit will not reduce the twenty-four-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 Counseling, the Minister of the Chapel, the Office of Field Education, or the Office of Student Life. No benefits are payable under the Spiritual Direction Benefit without a referral.

**Psychotherapy Groups, Support Groups, and Covenant Groups for Faith Formation:** Personal growth and spiritual direction groups offer a unique formation experience for students and spouses. Organized through the Chapel Office at 609.497.7890, spiritual direction and discernment groups meet every other week for six to eight sessions, and are facilitated by trained spiritual directors. The Office of Student Counseling at 609.497.7844 offers support, relationship enrichment, mindfulness training, and various psychotherapy groups as needs arise. SHBP-covered students will pay a copay of $5 per session for groups with outside facilitators (e.g., $30 for a six-session faith covenant group). Any sessions provided under this group benefit will not reduce the twenty-four-session plan year limit for Other Mental Health and Alcohol/Substance Abuse Care. Check the student counseling web site or come to Scheide Hall for descriptions of groups being offered. Contact the director of student counseling if there is a group you would like to see offered.

**New SHBP Benefit for Off Campus Support and Psychotherapy Groups**

Students and spouses enrolled in the SHBP can affordably participate in off-campus groups run by providers in the Specialty Counseling Network with only a $15 copayment per group meeting (paid directly to the facilitator). This new benefit has been added because it is not always possible to find enough students available at the same time to run a particular group on campus. Providers in the network offer groups in their own offices for those dealing with eating disorders, anxiety, depression, mindfulness meditation and stress reduction, compulsive sexual behavior, etc. Referrals for such groups need to be made through the director of student counseling.
SHBP Prescription Drug Coverage

The SHBP uses HealthSmartRx (www.healthsmart.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 HealthSmartRx web site or by calling toll-free 800.681.6912 to determine if a pharmacy is a member of the HealthSmartRx network. Numerous Princeton area pharmacies (e.g., CVS Pharmacy, Target, Wegmans, and Walmart) participate with HealthSmartRx.

Copayment per Covered Prescription or Refill
(retail pharmacy—thirty-day supply)
Generic........................................................................................$15
$0 copayment for contraception
Preferred Brand Name.................................................................$25
Non-Preferred Brand Name...........................................................$40

Mail Service Copayment per Covered Prescription or Refill
(ninety-day supply for maintenance medications*)
Generic....................................................................................... $30
$0 copayment for contraception
Preferred Brand Name.................................................................$50
Non-Preferred Brand Name...........................................................$80

*Maintenance medications are those that are prescribed for chronic conditions and are available to Covered Persons in up to ninety-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.healthsmart.com or www.klais.com (HealthSmart, 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 that 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 thirty-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 10 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 HealthSmartRx 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 HealthSmartRx or the SHBP’s Claims Administrator, HealthSmart, Inc. Direct reimbursement prescription drug claim forms must not be mailed to HealthSmart, Inc., but to the address indicated on the claim form. Prescription charges in excess of the amount charged by stores in the HealthSmartRx 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 Prescription Drug Claims
For Prescription Drug Claims: Participating HealthSmartRx pharmacies will submit claims for you if you have an SHBP identification card. To submit claims the HealthSmartRx prescription drug claim form can be downloaded at the HealthSmart, Inc. web site: www.healthsmart.com. Questions concerning HealthSmartRx coverage should be directed to HealthSmart, Inc.
Preventive Care Services Required by the Affordable Care Act (ACA)

In voluntary compliance with the Patient Protection and Affordable Care Act of 2010, the SHBP includes as Eligible Expenses “evidence-based preventive services” without cost sharing to the Covered Person, when such preventive services are obtained through an In-Network medical provider. This section of the 2014–2015 Student Health Program brochure provides a limited description of this SHBP coverage. The specific details of the ACA-required Preventive Care Benefits are provided in the Plan Document for the SHBP. The SHBP pays 100% of the maximum Eligible Expense. Coverage under this preventive services benefit is not available when furnished by Non-Network medical providers. Coverage under this preventive services benefit is subject to the Non-Network Calendar Year Deductible Amount, Benefit Percentage, and Out-of-Pocket Maximum.

Preventive services include outpatient services and office services. Screenings and other services are covered as preventive care for adults and children with no current symptoms or prior history of a medical condition associated with that screening or service. Some of the most common examples of these services are health screenings for:

- Breast cancer
- Cervical cancer
- Colorectal cancer
- High Blood Pressure
- Type 2 Diabetes Mellitus
- Cholesterol
- Child and Adult Obesity
- Prostate cancer
- Routine Hearing
- Routine Vision

Covered Persons who have current symptoms or have been diagnosed with a medical condition are not considered to require preventive care for that condition but instead benefits will be considered under the regular cost-sharing provisions of the Plan. That means the SHBP may not pay 100% of the maximum Eligible Expense.

“Evidence-based preventive services” are those items and services as described below or as defined under the Patient Protection and Affordable Care Act including:

Categories of Covered Evidence-Based Preventive Services
- Evidence-based items/services rated A or B in the current recommendations of the U.S. Preventive Services Task Force. This includes the recommendations for routine colonoscopies.
- Routine immunizations for children, adolescents, and adults recommended by the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention.
- Evidence-informed preventive care and screenings for infants, children, and adolescents in the comprehensive guidelines of the Health Resources and Services Administration.
- Evidence-based preventive care and screenings for women described in the comprehensive guidelines of the Health Resources and Services Administration.

As of the date of publication of this brochure, for a complete detailed list of preventive services you can view the federal government web sites:

http://www.healthcare.gov/center/regulations/prevention/recommendations.html

http://www.cdc.gov/vaccines/pubs/ACIP-list.html

http://www.hrsa.gov/womensguidelines/

http://www.uspreventiveservicestaskforce.org/uspstf08/cologenetics/cancers.html

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. 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 seventy-two hours of inpatient care following a modified radical mastectomy and a minimum of forty-eight hours of inpatient care following a simple mastectomy. This benefit also includes the cost of a prosthesis.

**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.

**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 forty-eight hours following a vaginal delivery, or less than ninety-six hours following a cesarean section.

**Testing for Attention Deficit Disorder, Reading or Learning Disorders, and Developmental Dyslexia:** Students enrolled in the SHBP have a lifetime benefit of up to $300 toward the cost. Counseling for these conditions and most medications for treatment of ADD are covered under this plan.

### 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 That Are Not Medically Necessary:** Any service or supply that is not Medically Necessary for the treatment of a Sickness, Injury, Pregnancy, or a service or supply that 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. **Voluntary Termination of Pregnancy.**
10. **Prescription Medication**: Prescription medication on an outpatient basis, except as specifically provided.

11. **Weight Reduction Services or Prescription Drugs for Obesity or Weight Loss**: Any service or supply related to weight reduction, including treatment for morbid obesity.

12. **Submission Deadline**: Billing submitted one year after the date the service or supply was incurred.

13. **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.

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**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 healthcare operations. Treatment includes consultation, diagnosis, provision of care, and referrals. Payment includes all activities necessary for billing and collection, such as claims processing. Healthcare 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 healthcare services.

Example of Healthcare 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.

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**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 that 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.
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 healthcare 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 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 Healthcare: 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 healthcare. 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 healthcare.

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 right 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 Claims Process**

**How to File a Claim**

Medical claim forms can be downloaded from the HealthSmart, Inc. web site at www.klais.com/student/resources_princeton.htm, 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, and phone number
   - 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:
   HealthSmart, Inc.,
   1867 West Market Street
   Akron, OH 44313-6977

All claims must be filed within twelve 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 HealthSmart, Inc. web site for students who are registered users. Refer to page 8 for prescription drug claim submission instructions.

**SHBP Appeals Process**

Refer to the Student Health Program web site for the most current information regarding the claims appeal process. This information is also available in the Plan Document for the SHBP.
Overview
Princeton Theological Seminary’s Student Counseling (log in to www.ptsem.edu and click “Student Services”) 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.

Options
There are three avenues for counseling provided by the Seminary: (1) On-campus counseling and wellness life coaching, (2) ten subsidized counseling sessions at Trinity Counseling Service during the student’s enrollment at PTS, and (3) mental health and counseling benefits provided to students covered by the Student Health Benefits Plan.

On-Campus Services
On-campus counseling at the Seminary is available for students, couples, or the spouse of the eligible student. These services are partially funded by the comprehensive fee. There is no charge for the first two sessions. A fee of $10 per session is required for up to eight subsequent sessions and is billed to student accounts. This charge will not be made with diagnostic and procedure codes. Accordingly, it is not an eligible expense under any insurance plan.

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. Students and spouses may be referred to a part-time therapist, or a wellness life coach, on campus. Referrals are also made to Trinity Counseling Service, or to a therapist in the Specialty Counseling Network (accessible through the SHBP). It is not a given that more than ten sessions will be available on campus. When counseling does go beyond ten sessions, the fee increases incrementally and caps at $25 per session. Students will not be charged for missed sessions in emergencies or when twenty-four-hour notice of cancellation is given. No one will be denied services for lack of ability to pay. Students covered by the SHBP should refer to the Schedule of Benefits in this brochure for outpatient mental healthcare benefits.

Wellness Life Coaching
PTS is pleased to make Wellness Life Coaching available and affordable on campus for students and spouses again this year as an alternative or a complement to traditional counseling and/or spiritual direction. Wellness coaching provides guidance and support for individuals who want to make lifestyle changes important to their well-being, such as eating in a healthier way, sticking to an exercise schedule, managing time effectively, or dealing with stress or chronic health challenges. Referrals are through the Office of Student Counseling. Wellness Life Coaching typically includes up to 12 sessions. Charges to student accounts are $10 for each of the first 10 sessions and $15 thereafter.

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 faith formation and integration. Local spiritual directors are available to help students and spouses deepen their capacity to “listen for God” in and out of the classroom, and in all of life’s experiences. Information about spiritual direction at PTS is available through the Office of Student Counseling, the Chapel Office, the Office of Student Life, the Office of Field Education, and the Office of Multicultural Relations. Group direction is arranged through the Counseling and Chapel Offices in Scheide Hall. Additional information about spiritual direction can be found on the Student Counseling web site. Please refer to the SHBP in-network coverage for individual and group spiritual direction benefits (page 6).
Support Groups, Seminars, and Speakers
As needs arise, the director of student counseling arranges speakers, seminars, mini-retreats or support and psychotherapy groups to address particular issues such as eating disorders, depression, self-integration, compulsive sexuality, mindfulness training, family of origin, procrastination and ADD, stress management, holistic health, and pre-marriage and marriage enrichment. Please refer to the SHBP in-network benefits for psychotherapy, support, and spiritual direction groups (page 6).

Fees for Wellness Life Coaching, Spiritual Direction, and Groups
The copayment schedule for services provided or arranged by Student Counseling at PTS is as follows.

- **Wellness Life Coaching**
  First ten sessions: $10
  More than ten Sessions: $15 (typically limited to 12 sessions)

- **Individual Spiritual Direction**
  Students not covered by SHBP: $20 to $45
  Students covered by SHBP: $10 to $15

- **Groups Arranged by PTS (Spiritual direction or psychotherapy groups)**
  Students not covered by SHBP: $7
  Students covered by SHBP: $5

Location and Accessibility
On-campus counseling, wellness life coaching, and individual spiritual direction typically take place in Scheide Hall and Miller Chapel, which are handicapped-accessible buildings. Groups often meet in the Student Government Room in the Mackay Campus Center.

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 45–50 minutes. To schedule a first appointment, fill out an intake sheet 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 609.497.7844 or 609.497.7890. Please send an email to nancy.schongalla@ptsem.edu if you have questions about counseling options or need to reschedule an appointment.

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

- stress and anxiety
- compulsive behaviors
- identity issues
- low self-esteem
- depression
- boundary-setting
- academic and vocational concerns
- health problems
- dating and relationships
- perfectionism/procrastination
- premarital, marital,
- eating disorders
- and parenting challenges
- abuse and trauma
- sexuality
- grief and loss
- faith issues
- time management
- family of origin problems
- ADD and learning differences

Student Counseling Lending Library
Students and spouses are encouraged to borrow self-help books, CDs and DVDs from the Lending Library in Scheide Hall. Topics include spiritual formation, vocation, relationships, personal growth, ADHD, depression, stress, anxiety, panic, sexual orientation, and more. All materials can be checked out for two weeks at no cost, including a mood lamp for SAD. Resources are listed in a notebook in the waiting area and on the Student Counseling website. Borrowers need not be in counseling.
The Reverend Nancy Schongalla-Bowman, Director of Student Counseling

On-campus counseling and support groups are available through Nancy Schongalla-Bowman, director of student counseling. Ms. 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. Nancy is a certified Hakomi therapist and has training in Gestalt and Christian healing approaches, inner-bonding, EMDR, and many other traditional and non-traditional modalities.

Counseling Program 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.

Trinity Counseling Service

Overview

Subsidized counseling is available for PTS students and couples at Trinity Counseling Service (www.trinitycounseling.org). Trinity Counseling Service (TCS) is a nonprofit 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 to the community in a caring environment—regardless of a client’s ability to pay.

Location and Accessibility

Trinity Counseling Service is located at 22 Stockton Street—the grey building with the red door, two buildings from the back of the PTS library heading toward town. TCS is handicap-accessible.

Eligibility and Fees

Students who have paid the comprehensive fee are eligible for a limit of ten counseling sessions at Trinity Counseling Service while enrolled at PTS with a copayment of $10 per session.

PSYCHOLOGICAL CRISIS

For life-threatening emergencies students should call 911 or, if appropriate, proceed directly to the nearest emergency room. The University Medical Center of Princeton at Plainsboro is located at One Plainsboro Rd., Plainsboro, NJ, 08536. Princeton House, the psychiatric branch of the University Medical Center, can be reached at 609.497.3355. Princeton House is located at 905 Herrontown Rd., Princeton, NJ, 08542.

During on-campus business hours, call or come to Scheide Hall and let Teresa Heyer know that 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 administrators on the Psychological Crisis Response Team. Community crisis hotlines are 609.896.2120 and 609.585.2244.
Psychiatrist visits for medication consultation or management can only be scheduled with a referral from a TCS counselor. The cost for psychiatric visits is not included in the ten sessions subsidized by the comprehensive fee. If you are not enrolled in the SHBP, please review your personal health insurance plan’s mental healthcare coverage for psychiatry and for counseling services beyond the ten sessions provided at TCS under the Seminary’s comprehensive fee. The SHBP copayment for sessions with a Trinity psychiatrist is $25 per session.

Clinicians
TCS has nineteen professional clinicians who are experienced and licensed therapists. These include three psychiatrists, four clergy, five psychologists, five social workers, and two 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. A referral from the director of student counseling is helpful but not required.

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 at TCS
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 made to the director of student counseling.
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 that do not exceed usual and customary charges. The SHBP-covered person is responsible for all excluded expenses/services and any amount that 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 5–6. Expenses from separate sicknesses or injuries may be used to satisfy the aggregate plan year deductible.

**Injury:** A condition that 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 thirty 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.
- 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/that 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/that is licensed or otherwise authorized by the state or jurisdiction where services are provided to perform designated healthcare 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.