

2012

MEDICAL INSURANCE COMPARISON

Clerical & Technical, Service & Maintenance and Security Staff

The chart below represents a general overview of the Yale University Medical Plan options.

Benefits & Services	Yale Health Plan	Aetna Choice POS II For those hired after 7/1/09, a three year exclusion rule applies.	
	In-Network ¹	In-Network	Out-of-Network
Annual Deductible ²	None	None	\$250 Individual \$750 Family
Office Visits	\$0	\$5	30%
Prescription Drugs (up to a 1-month supply)	\$5 Generic ₃ \$20 Preferred Brand ₃ \$30 Non-preferred Brand ₃	\$5 Generic \$20 Preferred Brand \$30 Non-preferred Brand	You pay 20%, not subject to the deductible
Inpatient Hospital Services	\$0	\$0	30%
Outpatient Surgical	\$0	\$0	30%
Emergency Services	\$0	\$50 (waived if admitted)	
Diagnostic X-ray/Lab	\$0	\$0	30%
Preventive Care	\$0	\$5 (frequency limits may apply)	Not covered
Routine Eye Exams	\$0	\$5 (1 exam every 12 months)	30% (1 exam every 12 months)
Physical Therapy/ Chiropractic	Physical Therapy: \$0 Chiropractic: Up to 12 visits per year, \$50 maximum reimbursement per visit	\$5	30%
Infertility Services	\$20,000 University lifetime maximum; Pre-authorization required		
In-Vitro Fertilization & ART ⁴	Four (4) cycles, University lifetime maximum; Pre-authorization required		
Out-of-pocket Maximum ⁵	None	None	\$1,000 Individual \$3,000 Family

www.yale.edu/benefits

¹ Yale Health Plan only provides out-of-area coverage for emergency and urgent care.

² The amount of out-of-pocket expenses per calendar year you must pay for service before the plan pays any expenses.

³ Co-pays apply when purchased at the Yale Health Plan pharmacy, outside pharmacy prescriptions are the greater of 20% of the cost or the co-pay.

⁴ In-vitro Fertilization & Advanced Reproductive Technology (ART) covers four (4) cycles of ovulation induction and artificial insemination. This is a University lifetime limit per contract regardless of carrier chosen.

⁵ The maximum amount you have to pay toward the cost of your medical care in the course of the calendar year not including deductible or co-pays.

This chart is a summary of the benefits provided under each option. For complete details, refer to the Yale Health Plan and Aetna Plan documents located on the My Benefits Web site. The applicable plan documents govern all questions of interpretation.