

2009

MEDICAL INSURANCE COMPARISON

Clerical & Technical and Service & Maintenance Staff

The chart below represents a general overview of the Yale University Medical Plan options. For complete details, refer to the Yale Health Plan and Aetna plan documents located online at www.yale.edu/benefits.

Benefits & Services	Yale Health Plan	Aetna Choice POS II	
	In-Network ¹	In-Network	Out-of-Network
Routine Physicals	Plan pays 100%	\$5 (frequency limits may apply based on age)	Not covered
Routine Eye Exams	Plan pays 100% (Services available as necessary; no frequency limit)	\$5 (1 exam every 12 months)	After you pay the deductible, you pay 30% (1 exam every 12 months)
Doctor's Office Visits (PCP/Specialist)	Plan pays 100%	\$5/\$5	After you pay the deductible, you pay 30%
Annual Deductible²	None	None	\$250 Individual \$500 2-Person \$750 Family (Per calendar year)
Out-of-pocket Maximum (after deductible)³	None	None	\$1,000 Individual \$2,000 2-Person \$3,000 Family (Per calendar year)
Diagnostic X-ray, Laboratory	Plan pays 100%	Plan pays 100%	After you pay the deductible, you pay 30%
Prescription Drugs (Generic/Brand)	After the \$200 deductible per fiscal year is met, you pay 20% to a maximum of \$700. The annual benefit maximum is \$25,000 per person.	\$10/\$15 Retail (30-day supply) \$8 Mail Order (100-day supply) Alternative prescription rider: \$200 deductible per individual/\$600 max per family – no co-pay/ unlimited	Retail: You pay 20%, not subject to the deductible Mail Order: Not covered
Inpatient Hospital Services (Semi-private room and board)	Plan pays 100%	Plan pays 100%	After you pay the deductible, you pay 30%
Outpatient Surgical Services	Plan pays 100%	Plan pays 100%	After you pay the deductible, you pay 30%
Physical Therapy/ Chiropractic	Plan pays 100% for Physical Therapy (unlimited visits where medically necessary). Chiropractic not covered	\$5 (unlimited visits where medically necessary)	After you pay the deductible, you pay 30% (unlimited visits where medically necessary)
Infertility Services	Plan pays 100% up to a \$5,000 lifetime max—upon referral	\$5 for diagnosis and treatment of underlying condition to a lifetime max of \$15,000	After you pay the deductible, you pay 30%
In-Vitro Fertilization & ART⁴	Four (4) cycles; pre-authorization required	Four (4) cycles; pre-authorization required	After you pay the deductible, you pay 30%

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Benefits & Services	Yale Health Plan	Aetna Choice POS II	
	In-Network ¹	In-Network	Out-of-Network
Mental Health and Substance Abuse —Outpatient	After \$100 deductible, YHP reimburses \$60/visit—max of 30 visits per plan year/150 visits lifetime (19–25 dependent program—see plan details for more benefit information)	\$5; prior authorization required after 8 visits	After you pay the deductible, you pay 30%
Mental Health and Substance Abuse —Inpatient	60 days/year. See plan document for additional benefits (19–25 dependent program—see plan details)	Plan pays 100%	After you pay the deductible, you pay 30%
Emergency Services	Plan pays 100%	\$50 (waived if admitted)	
Dependent Coverage	Dependents covered up to age 19. One full-time student 19–25: \$166/month. Non-students 19–25: \$284/month	Dependents covered up to age 25. Proof of financial dependency required	

¹ Yale Health Plan provides coverage for emergency and urgent care out of network.

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

³ The maximum amount you have to pay toward the cost of your medical care in the course of one year.

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