

2009

MEDICAL INSURANCE COMPARISON

Faculty , Post-doctoral Associates & Fellows, and Managerial & Professional 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		Aetna Choice POS II with HSA (High Deductible Health Plan)	
	In Network ¹	In Network	Out of Network	In Network	Out of Network
Routine Physicals	Plan pays 100%	\$15 (frequency limits may apply based on age)	Not covered	You pay 20%; deductible is waived	Not covered
Routine Eye Exams	Plan pays 100% (Services available as necessary; no frequency limit)	\$25 (1 exam every 12 months)	After you pay the deductible, you pay 30% (1 exam every 12 months)	After you pay the deductible, you pay 20% (1 exam every 12 months)	After you pay the deductible, you pay 50% (1 exam every 12 months)
Doctor's Office Visits (PCP/Specialist)	Plan pays 100%	\$15/\$25	After you pay the deductible, you pay 30%	After you pay the deductible, you pay 20%	After you pay the deductible, you pay 50%
Annual Deductible ²	None	\$150 individual \$300 family (Per calendar year)	\$300 individual \$600 family (Per calendar year)	\$1,500 individual \$3,000 family (Per calendar year)	\$1,500 individual \$3,000 family (Per calendar year)
Out-of-pocket Maximum (after deductible) ³	None	None	\$3,000 individual \$6,000 family (Per calendar year)	\$2,500 individual \$5,000 family (Per calendar year)	\$2,500 individual \$5,000 family (Per calendar year)
Diagnostic X-ray, Laboratory	Plan pays 100%	Plan pays 100%	After you pay the deductible, you pay 30%	After you pay the deductible, you pay 20%	After you pay the deductible, you pay 50%
Complex Imaging (MRI) ⁴	Plan pays 100%	\$50 co-pay	After you pay the deductible, you pay 30%	After you pay the deductible, you pay 20%	After you pay the deductible, you pay 50%
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.	Retail: \$10/\$30 (30-day supply) Mail Order: \$20/\$60 (90-day supply)	Retail: You pay 30%, not subject to the deductible Mail Order: Not covered	After you pay the deductible, you pay 20%	Retail: You pay 50%, subject to the deductible Mail Order: Not covered
Inpatient Hospital Services (Semi-private room and board)	Plan pays 100%	\$200 co-pay	After you pay the deductible, you pay 30%	After you pay the deductible, you pay 20%	After you pay the deductible, you pay 50%
Outpatient Surgical Services	Plan pays 100%	\$100 co-pay	After you pay the deductible, you pay 30%	After you pay the deductible, you pay 20%	After you pay the deductible, you pay 50%

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MEDICAL INSURANCE COMPARISON (continued from front)

Faculty , Post-doctoral Associates & Fellows, and Managerial & Professional Staff

Benefits & Services	Yale Health Plan	Aetna Choice POS II		Aetna Choice POS II with HSA (High Deductible Health Plan)	
	In Network ¹	In Network	Out of Network	In Network	Out of Network
Physical Therapy/Chiropractic	Plan pays 100% for Physical Therapy (unlimited visits where medically necessary) Chiropractic not covered	\$25 (unlimited visits where medically necessary)	After you pay the deductible, you pay 30% (unlimited visits where medically necessary)	After you pay the deductible, you pay 20% (unlimited visits where medically necessary)	After you pay the deductible, you pay 50% (unlimited visits where medically necessary)
Infertility Services	Plan pays 100% up to a \$5,000 lifetime max—upon referral	\$15/\$25 (PCP/Specialist) for diagnosis and treatment of underlying condition to a lifetime max of \$15,000	After you pay the deductible, you pay 30%	After you pay the deductible, you pay 20%	After you pay the deductible, you pay 50%
In-Vitro Fertilization & ART ⁵	Four (4) cycles; pre-authorization required	Four (4) cycles; pre-authorization required	After you pay the deductible, you pay 30%	After you pay the deductible, you pay 20%	After you pay the deductible, you pay 50%
Mental Health and Substance Abuse —Outpatient	After \$100 deductible, YHP reimburses \$60/visit (max of 30 visits per plan year/150 visits lifetime (unsalaried post-doctoral fellows and 19–25 dependent program see plan details for more benefit information)	\$25; prior authorization required after 8 visits	After you pay the deductible, you pay 30%	After you pay the deductible, you pay 20%; prior authorization required after 8 visits	After you pay the deductible, you pay 50%
Mental Health and Substance Abuse —Inpatient	60 days/year. See plan document for additional benefits (19–25 dependent program see plan details)	After you pay the deductible, you pay 0%	After you pay the deductible, you pay 30%	After you pay the deductible, you pay 20%	After you pay the deductible, you pay 50%
Emergency Services	Plan pays 100%	\$50 (waived if admitted)		After you pay the deductible, you pay 20%.	
Dependent Coverage	Dependents covered up to age 25. Proof of student status or financial dependency required.	Dependents covered up to age 25. Proof of student status or financial dependency required.		Dependents covered up to age 25. Proof of student status or 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, excluding co-pays and including co-insurance.

⁴ Examples of complex imaging include MRIs, CT scans, and PET scans. If you have questions, please contact Aetna for more details.

⁵ 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.

CONTACT INFORMATION

YHP: 203-432-0246, www.yale.edu/yhp

Aetna: 866-253-8886, www.aetna.com