

# 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.

Benefits & Services	Yale Health Plan	Aetna Choice POS II		Aetna Choice POS II with HSA (High Deductible Health Plan)	
	In Network <sup>1</sup>	In Network	Out of Network	In Network	Out of Network
<b>Routine Physicals</b>	Plan pays 100%	\$15 (frequency limits may apply based on age)	Not covered	You pay 20%; deductible is waived	Not covered
<b>Routine Eye Exams</b>	Plan pays 100%	\$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)
<b>Doctor's Office Visits</b>	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%
<b>Annual Deductible <sup>2</sup></b>	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)
<b>Out-of-pocket Maximum (after deductible) <sup>3</sup></b>	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)
<b>Diagnostic X-ray, Laboratory</b>	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%
<b>Complex Imaging (MRI) <sup>4</sup></b>	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%
<b>Prescription Drugs</b>	<b>Copay:</b> \$5 Generic \$20 Preferred Brand \$30 Non-Preferred Brand  <b>Non YUHS Pharmacies:</b> 20% or Copay, whichever is greater	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
<b>Inpatient Hospital Services</b>	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%
<b>Outpatient Surgical Services</b>	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%

*continued >*

## 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 <sup>1</sup>	In Network	Out of Network	In Network	Out of Network
<b>Physical Therapy / Chiropractic</b>	<b>Physical Therapy:</b> plan pays 100% <b>Chiropractic:</b> up to 12 visits per year, \$50 maximum reimbursement per visit	\$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%
<b>Infertility Services</b>	Plan pays 100% up to a \$20,000 University lifetime maximum	\$15/\$25 (PCP/Specialist) for diagnosis and treatment of underlying condition to a lifetime maximum 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%
<b>In-Vitro Fertilization &amp; ART <sup>5</sup></b>	Four (4) cycles; University lifetime maximum.	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%
<b>Mental Health and Substance Abuse —Outpatient</b>	After \$100 deductible, YHP reimburses \$60/visit (maximum of 30 visits per plan year/150 visits lifetime (unsalaried post-doctoral fellows 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%
<b>Mental Health and Substance Abuse —Inpatient</b>	60 days per plan year. See plan document for restrictions.	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%
<b>Emergency Services</b>	Plan pays 100%	\$50 (waived if admitted)		After you pay the deductible, you pay 20%.	
<b>Dependent Coverage</b>	Dependents covered up to age 25. Proof of student status or financial dependency required.				

For complete details, refer to the Yale Health Plan and Aetna plan documents located online at [www.yale.edu/benefits](http://www.yale.edu/benefits).

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

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

<sup>3</sup> 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.

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

<sup>5</sup> In-vitro Fertilization & Advanced Reproductive Technology (ART) covers four (4) cycles of ovulation induction and artificial insemination. This is a University lifetime limit per family unit regardless of carrier chosen.

This communication is not intended as a substitute for the Plan document. If there is any ambiguity or inconsistency between the terms of the Plan document and this communication, the terms of the Plan document will control and are final. This communication is not intended to be a contract or a guarantee of any benefits. For a copy of the controlling Plan documents, please visit [www.yale.edu/benefits](http://www.yale.edu/benefits).

### CONTACT INFORMATION

YHP: 203-432-0246, [www.yale.edu/yhp](http://www.yale.edu/yhp)

Aetna: 866-253-8886, [www.aetna.com](http://www.aetna.com)