

# 2009

## MEDICAL INSURANCE COMPARISON

Yale Police Benevolent Association (YPBA)

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

Benefits & Services	Yale Health Plan	Aetna Choice POS II	
	In-Network <sup>1</sup>	In-Network	Out-of-Network
<b>Routine Physicals</b>	Plan pays 100%	\$5 (frequency limits may apply based on age)	Not covered
<b>Routine Eye Exams</b>	Plan pays 100%	\$5 (1 exam every 12 months)	After you pay the deductible, you pay 30% (1 exam every 12 months)
<b>Doctor's Office Visits</b>	Plan pays 100%	\$5	After you pay the deductible, you pay 30%
<b>Annual Deductible<sup>2</sup></b>	None	None	\$250 Individual \$500 2-Person \$750 Family (Per calendar year)
<b>Out-of-pocket Maximum (after deductible)<sup>3</sup></b>	None	None	\$1,000 Individual \$2,000 2-Person \$3,000 Family (Per calendar year)
<b>Diagnostic X-ray, Laboratory</b>	Plan pays 100%	Plan pays 100%	After you pay the deductible, you pay 30%
<b>Prescription Drugs (Generic/Brand)</b>	After the \$200 deductible per fiscal year is met, you pay 20% to a maximum of \$700 out-of-pocket. 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 maximum per family – no co-pay/ unlimited	Retail: You pay 20%, not subject to the deductible Mail Order: Not covered
<b>Inpatient Hospital Services</b>	Plan pays 100%	Plan pays 100%	After you pay the deductible, you pay 30%
<b>Outpatient Surgical Services</b>	Plan pays 100%	Plan pays 100%	After you pay the deductible, you pay 30%
<b>Physical Therapy / Chiropractic</b>	Plan pays 100% for Physical Therapy. Chiropractic not covered.	\$5	After you pay the deductible, you pay 30%
<b>Infertility Services</b>	Plan pays 100% up to a \$5,000 lifetime maximum	\$5 for diagnosis and treatment of underlying condition to a lifetime maximum of \$15,000	After you pay the deductible, you pay 30%
<b>In-Vitro Fertilization &amp; ART<sup>4</sup></b>	Four (4) cycles;	Four (4) cycles; pre-authorization required	After you pay the deductible, you pay 30%

continued >

## MEDICAL INSURANCE COMPARISON *(continued from front)*

### Yale Police Benevolent Association (YPBA)

Benefits & Services	Yale Health Plan	Aetna Choice POS II	
	In-Network <sup>1</sup>	In-Network	Out-of-Network
<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 (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%
<b>Mental Health and Substance Abuse —Inpatient</b>	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%
<b>Emergency Services</b>	Plan pays 100%	\$50 (waived if admitted)	
<b>Dependent Coverage</b>	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 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.

<sup>4</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)