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# Amendment to Plan of Benefits

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**For Employees of:** Yale University  
**Administrative Services Agreement No.:** 877076

Effective January 1, 2006, the following changes have been made to your Booklet.

The following sections entitled, **Explanation of Some Important Plan Provisions, Calendar Year Deductible, Family Deductible Limit** and **Limitations** under the **Prescription Drug Expense** section have been added to your Booklet.

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## Explanation of Some Important Plan Provisions

### Calendar Year Deductible

This is the amount of Covered Prescription Drug Expenses you pay each calendar year before benefits are paid. The Calendar Year Deductible applies to all such expenses incurred by a person for **Generic Drugs, Brand Name Drugs**, drugs dispensed by a **Preferred Pharmacy**, and **Non-Preferred Pharmacy**.

### Family Deductible Limit

If Covered Prescription Drug Expenses incurred in a calendar year by you and your dependents and applied against the separate Calendar Year Deductibles equal the Family Deductible Limit, you and your dependents will be considered to have met the separate Calendar Year Deductibles for the rest of that calendar year.

### Limitations

No benefits are paid under this section:

- For a device of any type unless specifically included as a **prescription drug**.
- For any drug entirely consumed at the time and place it is prescribed.
- For less than a 100 day supply of any drug dispensed by a **mail order pharmacy**.
- For more than a 100 day supply per **prescription** or refill.