

# 2007 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](http://www.yale.edu/benefits).

Benefits & Services	Yale Health Plan	Aetna Choice POS II	
	In-Network <sup>1</sup>	In-Network	Out-of-Network
<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>Inpatient Hospital Services (Semi-private room and board)</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>Routine Physicals</b>	Plan pays 100%	\$5	Not covered
<b>Routine Eye Exams</b>	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)
<b>Doctor's Office Visits (PCP/Specialist)</b>	Plan pays 100%	\$5/\$5	After you pay the deductible, you pay 30%
<b>Physical Therapy/Chiropractic</b>	Plan pays 100% for Physical Therapy (Services available as necessary, no visit limit). Chiropractic not covered	\$5 (Unlimited visits, where medically necessary)	After you pay the deductible, you pay 30% (Unlimited visits, where medically necessary)
<b>Prescription Drugs (Generic/Brand)</b>	After you pay a \$200 deductible per fiscal year, you pay 20% of the cost, up to a maximum out-of-pocket expense of \$700. There is also an annual maximum of \$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 copay/ unlimited	Retail: You pay 20%, not subject to the deductible Mail Order: Not covered
<b>Infertility Services<sup>4</sup></b>	Plan pays 100% up to \$5,000 lifetime max—upon referral from YHP provider	\$5 for diagnosis and treatment of underlying condition; In-vitro and advanced reproductive technology through Yale Medical Group	After you pay the deductible, you pay 30%
<b>Diagnostic X-ray, Laboratory</b>	Plan pays 100%	Plan pays 100%	After you pay the deductible, you pay 30%

*continued >*

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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—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%
<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: \$142/month. Non-students 19–25: \$243/month	Dependents covered up to age 25. Proof of financial dependency required	

<sup>1</sup> Under the Yale Health Plan, out-of-network care includes coverage for emergency and urgent care (some follow-up care is covered with prior authorization).

<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> Infertility coverage for Aetna plans includes four cycles each of ovulation induction and artificial insemination subject to a combined lifetime maximum benefit of \$15,000.