

Schedule of Benefits for Clerical & Technical Staff, Service & Maintenance Staff and Yale Security

Care at Yale Health Center

The Yale Health plan covers various medical expenses for treating illness or injury. However, not all medical care is included. To receive full benefits for certain services, you must visit the Yale Health Center at 55 Lock Street directly for these departments:

- Acute Care
- Internal Medicine
- Pediatrics
- Obstetrics & Gynecology
- Ophthalmology (Eye Care)
- Pharmacy

You do not need a referral for these services, but other departments and services at Yale Health require prior authorization.

Payment and Coverage

Authorized expenses are covered up to the maximum benefits detailed in your [Member Coverage Booklet](#). Coverage is subject to the booklet's terms, policies, and procedures. Not all medical expenses are covered, and exclusions or limitations may apply.

Copay Policy

In situations where multiple copays apply, the higher copay will be charged.

Late Cancellation/No Show Fees

Specialty departments may charge a \$45 fee for late cancellations or no-shows. For more details, visit [Yale Health - Late Cancellation Fees](#). This applies to:

- Allergy
 - Dermatology
 - Diagnostic Imaging
 - Endoscopy
 - Nutrition
 - Eye Care
 - Physical Therapy
 - Specialty Services
- (all locations)

Medical Benefit

| Plan Maximums | Coverage |
|-------------------------------------|---|
| Lifetime maximum benefit per person | Unlimited |
| Annual out-of-pocket limit | Maximum of \$6,350 single/\$12,700 family |

| Wellness Benefit | Coverage |
|----------------------------|----------|
| Routine physical exam | 100% |
| Routine gynecological exam | 100% |

| Vision Care | Coverage |
|---|----------|
| Routine eye examinations including refraction | 100% |
| Maximum benefit per consecutive 12-month period | 1 exam |

| Provider Services | Coverage |
|--|----------|
| Office visits to primary care provider | 100% |
| Specialist office visits | 100% |

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|--|-------------|
| Walk-in clinics non-emergency visit other than Yale Health Center Acute Care | Not covered |
| Physician services for inpatient facility and hospital visits | 100% |
| Allergy testing and treatment | 100% |
| Allergy injections not including the cost of the serum | 100% |
| Immunizations other than those required for travel | 100% |
| Travel immunizations | Not covered |

| Emergency Medical Services | Coverage |
|--|---|
| Hospital emergency facility The following locations are the preferred in-network emergency facilities: <ul style="list-style-type: none"> - YNHH Main Campus, 20 York St., New Haven or - YNHH Saint Raphael Campus, 1450 Chapel St., New Haven - YNHH Shoreline Medical Center, 111 Goose Lane, Guilford | \$50 copay per visit Copay waived if patient notifies Yale Health within 48 hours of visit 877-947-2273. |
| Non-emergency care in a hospital emergency room | Not covered |

| Urgent Care Services | Coverage |
|--|--|
| Urgent medical care at Yale Health Center Acute Care | 100% |
| Urgent medical care at any other facility in CT | Not covered; urgent care services in CT are only covered at the Yale Health Center |
| Urgent medical care outside of CT provided the visit meets the plan definition of an emergency or urgent condition | \$50 copay per visit |

| Outpatient Diagnostic and Preoperative Testing | Coverage |
|--|--|
| Diagnostic and preoperative testing | 100% |
| Complex imaging services ¹ | 100% at the Yale Health Center \$30 copay outside of the Yale Health Center |
| Diagnostic laboratory testing at any Quest Diagnostics facility in New England | 100% |
| Diagnostic X-rays | 100% at the Yale Health Center \$15 copay outside of the Yale Health Center |

¹ \$45 late cancellation/no-show penalty for the Diagnostic Imaging Department at the Yale Health Center if the appointment is not cancelled/rescheduled at least

24 hours prior to the scheduled appointment.

| Outpatient Surgery | Coverage |
|---|--|
| Outpatient Surgery | \$25 copay |
| Inpatient Facility Expense | Coverage |
| Hospital facility expense | \$50 copay per admission |
| Inpatient care at Yale Health Center | 100% |
| Infertility Treatment ² | Coverage |
| Infertility Services | \$20,000 maximum per lifetime |
| In Vitro Fertilization (IVF) | 4 courses of treatment per lifetime |
| Donor tissue | Not covered |
| Cryopreservation during an approved IVF cycle | Not covered |
| Fertility Preservation | No dollar maximum, includes 1 year of storage from date of collection; medical necessity criteria must be met (see Member Coverage Booklet) |

² This is a University lifetime limit per contract unit regardless of carrier chosen.

| Behavioral Health and Substance Abuse | Coverage |
|--|--------------------------|
| Inpatient treatment of mental disorders | \$50 copay per admission |
| Outpatient treatment of mental disorders | 100% |
| Inpatient treatment of alcoholism and substance abuse | \$50 copay per admission |
| Outpatient treatment of alcoholism and substance abuse | 100% |
| Residential treatment facility | \$50 copay per admission |

| Obesity Treatment Surgical and Non-Surgical | Coverage |
|--|--------------------------|
| Outpatient obesity treatment | 100% |
| Inpatient morbid obesity surgery includes surgical procedure and acute hospital services | \$50 copay per admission |

| Transplant Services | Coverage |
|--|--------------------------|
| Transplant facility expense and physician services | \$50 copay per admission |

| Other Covered Health Expenses | Coverage |
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| Breast pumps when requested within 60 days of the child's birth | Yale Health will provide one electric breast pump every 3 years ³ |
| Cardiac Rehabilitation | 36 visits per year, \$10 copay per visit |
| Chemotherapy | 100% |



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| Chiropractic Service | Reimbursed for up to \$50 per visit for up to 12 visits per year |
| Durable medical and surgical equipment | \$10 copay per date of service |
| Electrolysis/hair removal (facial and perineal) with prior approval for covered conditions | Reimbursed for up to \$125 per 60-minute session with a lifetime limit of \$10,000 |
| Endoscopy procedures ⁴ | 100% |
| Ground, air, or water ambulance | 100% |
| Hearing aids for children 12 years old or younger with hearing loss | 100% with a limit of one ear every 24 months |
| Infusion therapy | 100% |
| Oral and maxillofacial treatment Mouth, jaws, and teeth | 100% |
| Physical Therapy ⁵ | 100% |
| Prosthetic devices | 100% |
| Radiation therapy | 100% |
| Speech Therapy | Covered at 80% after \$100 deductible (\$300 per family) to a maximum of \$4000 per injury or illness |
| Gender Affirming Care Services | 100% |

³ The cost of another breast pump, other than the model provided by Yale Health, may be eligible for reimbursement of up to \$100.
⁴ \$45 late cancellation/no-show penalty for the Endoscopy Department at the Yale Health Center if the appointment is not cancelled/rescheduled at least seven calendar days prior to the scheduled appointment.
⁵ \$45 late cancellation/no-show penalty for physical therapy appointments at all locations if the appointment is not cancelled/rescheduled at least 24 hours prior to the scheduled appointment.

| Other Benefits | Coverage |
|---------------------------------------|--|
| Home health care outpatient | 100% per visit for up to 120 visits per year |
| Hospice Care inpatient and outpatient | 100% for up to 60 days |
| Private duty nursing inpatient | Not covered |

Pharmacy Benefit

| Per Prescription Copay | Network | Out-of-Network |
|---|---------|---|
| Tier 1 prescription drugs - For each 30-day supply | \$10 | The greater of 20% of the price of the drug or the copay |
| Tier 2 prescription drugs - For each 30-day supply | \$35 | The greater of 20% of the price of the drug or the copay |
| Tier 3 prescription drugs ⁶ - For each 30-day supply | \$60 | The greater of 20% of the price of the drug or the amount you would pay at the Yale Health Pharmacy |

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| \$0 (Free) - Generic birth control pills, related devices and emergency contraception | \$0 | 20% of the price of the drug |
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⁹If you request a brand-name medication when a generic is available, you pay the difference in cost between the brand-name and generic medication in addition to your co-pay (or co-insurance). The prescription must state Dispense As Written (DAW) or generic substitution will apply.