

Schedule of Benefits for Faculty, Post-Doctoral Associates and Fellows and Managerial & Professional Staff

The Yale Health medical benefit provides coverage for a wide range of medical expenses for the treatment of illness or injury. It does not provide benefits for all medical care. With your Yale Health benefit, you must directly access the following departments and services at Yale Health Center at 55 Lock Street: Acute Care, Internal Medicine, Obstetrics & Gynecology, Ophthalmology, and Pediatrics for covered services and supplies under the benefit without a referral. All other departments and services require prior authorization.

The benefit will pay for authorized expenses up to the maximum benefits shown in the Member Coverage Booklet. Coverage is subject to all the terms, policies and procedures outlined in the Member Coverage Booklet. Not all medical expenses are covered under the benefit.

Exclusions and limitations apply to certain medical services, supplies and expenses.

Under the medical benefit, in multiple copay situations, the higher copay prevails.

Late cancellation/no show fees may apply in specialty departments at the Yale Health Center: Allergy, Dermatology, Diagnostic Imaging, Endoscopy, Nutrition, Eye Care, Physical Therapy (all locations), and Specialty Services. Review details at yalehealth.yale.edu/late-cancellation-fees.

Medical Benefit

Plan Maximums	Coverage
Lifetime maximum benefit per person	Unlimited
Annual out-of-pocket limit	Maximum of \$3000 single /\$6000 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 ¹	100%
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 extract	100%



Immunizations other than those required for travel	100%
Travel immunizations	Not covered

¹ \$50 late cancellation/no-show penalty for the Allergy, Dermatology, Diagnostic Imaging, Nutrition, Ophthalmology, and Specialty Services Departments at the Yale Health Center if the appointment is not cancelled/rescheduled at least 24 hours prior to the scheduled appointment.

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 	\$150 copay per visit Copay waived if admitted
Non-emergency care in a hospital emergency room	Not covered

Urgent Care Services	Coverage
Urgent medical care at Yale Health Center Acute Care	100% Monday-Friday 8am-6pm \$20 copay nights (6pm-10pm), weekends, and University holidays and recess days
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 \$100 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 \$20 copay outside of the Yale Health Center

¹ \$50 late cancellation/no-show penalty for the Allergy, Dermatology, Diagnostic Imaging, Nutrition, Ophthalmology, and Specialty Services Departments 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 outside of Yale Health Center	\$300 copay
--	-------------

Inpatient Facility Expense	Coverage
Hospital facility expense	\$400 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
Fertility Preservation	\$1,500 maximum per lifetime for cryopreservation - lifetime maximum does not apply if patient meets medical necessity criteria

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

Behavioral Health and Substance Abuse	Coverage
Inpatient treatment of mental disorders	\$400 copay per admission
Outpatient treatment of mental disorders	100%
Inpatient treatment of alcoholism and substance abuse	\$400 copay per admission
Outpatient treatment of alcoholism and substance abuse	100%
Residential treatment facility	\$400 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	\$400 copay per admission

Transplant Services	Coverage
Transplant facility expense and physician services	\$400 copay per admission

Other Benefits	Coverage
Home health care outpatient	100% per visit for up to 120 visits per calendar year
Hospice care inpatient and outpatient	100%
Maximum number of days	60
Private duty nursing inpatient	Not covered

Other Covered Health Expenses	Coverage
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



Chiropractic service	Reimbursed for up to \$50 per visit for up to 12 visits per year
Durable medical and surgical equipment	10% coinsurance
Electrolysis/hair removal (facial and perineal) with prior approval for covered conditions	Reimbursed for up to \$60 per 60-minute session with a lifetime limit of \$10,000
Endoscopy procedures ⁴	100%
Ground, air, or water ambulance	100%
Hearing aids	100% Maximum of \$3000 every 3 years
Infusion therapy	100%
Oral and maxillofacial treatment mouth, jaws, and teeth	100%
Occupational therapy for children with autism	100%
Physical therapy ⁵ (including for children with autism)	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
Speech therapy for children under the age of 12, with developmental delays including autism spectrum disorder	90 visits per calendar year, covered at 80% after \$100 deductible (\$300 per family)
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 \$50 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 \$50 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.

Pharmacy Benefit

Per Prescription Copay	Network	Out-of-Network
Tier 1 prescription drugs - For up to a 31-day supply ⁶	\$10	The greater of 30% of the price of the drug or the copay
Tier 2 prescription drugs - For up to a 31-day supply ⁶	\$45	The greater of 30% of the price of the drug or the copay
Tier 3 prescription drug ⁷ - For up to a 31-day supply ⁶	40% coinsurance, \$60 minimum, \$120 maximum ^{7,8}	The greater of 30% of the price of the drug or the amount you would pay at the Yale Health Pharmacy
Tier 4 prescription drug - For up to a 30-day supply only ^{9,10}	40% coinsurance, \$150 maximum ^{9,10}	The greater of 30% of the price of the drug or the amount you would pay at Yale Health Pharmacy



\$0 (Free) - Generic birth control pills, related devices, and emergency contraception	\$0	30% of the price of the drug
--	-----	------------------------------

⁶32-100 days supplies are charged the equivalent of 2 copays.

⁷If a generic drug is available, and a brand name drug is dispensed, you will be charged the applicable copay plus the difference in cost between the brand and generic cost even if your provider requests the brand name drug. Your out-of-pocket expense for these brand name drugs does not count towards your annual out-of-pocket limit.

⁸If the total charge for your prescription is \$49.99 or less you will pay the cost of the drug, no minimum applies.

⁹A 30-day supply limit applies for specialty medications.

¹⁰If the intended day supply exceeds 30 days based on the manufacturer’s packaging, you will receive more than a 30-day supply and be responsible for an incremental copay (e.g., if you receive a specialty drug, pre-packaged with between 31 and 60 doses, you will pay \$300 copay. If you receive a specialty drug whose packaging includes between 61 and 90 doses, you will pay \$450 copay).

