

## Schedule of Benefits for Yale Police Benevolent Association (YPBA)

### 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 cases where multiple copays apply, the higher copay will be charged.

### Late Cancellation/No Show Fees

Specialty departments may charge a \$35 late 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 (all locations)
- Specialty Services

## Medical Benefit

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

Wellness Benefit	Coverage
<b>Routine physical exam</b>	<b>100%</b>
<b>Routine gynecological exam</b>	<b>100%</b>

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

Provider Services	Coverage
<b>Office visits to primary care provider</b>	<b>100%</b>
<b>Specialist office visits</b>	<b>100%</b>

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	100%
Immunizations other than those required for travel	100%
Travel immunizations	Not covered
<b>Emergency Medical Services</b>	<b>Coverage</b>
<b>Hospital emergency facility</b> The following locations are the preferred in-network emergency facilities: <ul style="list-style-type: none"> <li>- YNHH Main Campus, 20 York St., New Haven or</li> <li>- YNHH Saint Raphael Campus, 1450 Chapel St., New Haven</li> <li>- YNHH Shoreline Medical Center, 111 Goose Lane, Guilford</li> </ul>	<b>\$70 copay per visit</b> Copay waived if patient notifies Yale Health within 48 hours of visit at 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	\$70 copay per visit

Outpatient Diagnostic and Preoperative Testing	Coverage
Diagnostic and preoperative testing	100%
Complex imaging services <sup>1</sup>	100%
Diagnostic laboratory testing at any Quest Diagnostics facility in New England	100%
Diagnostic X-rays	100%
<sup>1</sup> \$35 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	100%

Inpatient Facility Expense	Coverage
Hospital facility expense	100%
Inpatient care at Yale Health Center	100%

Infertility Treatment <sup>2</sup>	Coverage
Infertility Services	\$20,000 maximum per lifetime
In Vitro Fertilization (IVF)	4 courses of treatment per lifetime

<sup>2</sup> This is a university lifetime limit per contract unit regardless of carrier chosen.

Behavioral Health and Substance Abuse	Coverage
Inpatient treatment of mental disorders	100%
Outpatient treatment of mental disorders	100%
Inpatient treatment of alcoholism and substance abuse	100%
Outpatient treatment of alcoholism and substance abuse	100%
Residential treatment facility	100%

Obesity Treatment Surgical and Non-Surgical	Coverage
Outpatient obesity treatment	100%
Inpatient morbid obesity surgery includes surgical procedure and acute hospital services	100%

Transplant Services	Coverage
Transplant facility expense and physician services	100%

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

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 <sup>3</sup>
Cardiac Rehabilitation	36 visits per year, \$10 copay per visit
Chemotherapy	100%

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

<sup>3</sup>The cost of another breast pump, other than the model provided by Yale Health, may be eligible for reimbursement of up to \$100.

<sup>4</sup> \$35 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.

<sup>5</sup> \$35 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

<b>Per Prescription Copay</b>	<b>Network</b>	<b>Out-of-Network</b>
<b><i>Tier 1 prescription drugs</i></b> - For each 30-day supply	<b>\$10</b>	<b>The greater of 20% of the price of the drug or the copay</b>
<b><i>Tier 2 prescription drugs</i></b> - For each 30-day supply	<b>\$30</b>	<b>The greater of 20% of the price of the drug or the copay</b>
<b><i>Tier 3 prescription drugs<sup>6</sup></i></b> - For each 30-day supply	<b>\$50</b>	<b>The greater of 20% of the price of the drug or the amount you would pay at the Yale Health Pharmacy</b>

<sup>6</sup>If 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.