

Schedule of Benefits

for Yale Students with Yale Health Hospitalization and Specialty Care Coverage

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

This plan will pay for authorized expenses up to the maximums shown in the Student Handbook. Coverage is subject to all the terms, policies and procedures outlined in the Student Handbook. Not all medical expenses are covered under this plan.

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

| Plan Features | Coverage |
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| Lifetime maximum benefit per person | Unlimited |
| Annual out-of-pocket limit | \$1,000 per person for hospital admission and surgical procedure copayments combined. Maximum of \$9,100 single/\$18,200 family |
| <i>Wellness Benefit</i> | |
| Routine physical exam | 100% |
| Routine gynecological exam | 100% |
| <i>Vision Care</i> | |
| Routine eye examinations including refraction | 100% |
| Maximum benefit per consecutive 12-month period | 1 exam |
| <i>Clinician Services</i> | |
| Visits to primary care clinician | 100% |
| Specialist visits at the Yale Health Center excluding allergists | 100% |
| Allergist visits at the Yale Health Center | \$25 copay |
| Specialist visits outside of the Yale Health Center | 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 serum | 100% |
| Immunizations other than those required for travel | 100% |

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| Travel consultations and immunizations Travel consultations and immunizations can be provided by Yale Health Student Health on a fee-for-service basis. | Not covered |
| <i>Emergency Medical Services</i> | |
| Hospital emergency facility | \$50 copay per visit |
| Non-emergency care in a hospital emergency room | Not covered |
| <i>Urgent Care Services</i> | |
| 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 |
| <i>Outpatient Diagnostic and Preoperative Testing</i> | |
| Diagnostic and preoperative testing | 100% |
| Complex imaging services | 100% |
| Diagnostic laboratory testing at any Quest Diagnostics facility in New England | 100% |
| Diagnostic X-rays | 100% |
| <i>Outpatient Surgery</i> | |
| Outpatient Surgery | \$100 copay |
| <i>Inpatient Facility Expense</i> | |
| Hospital facility expense | \$200 copay per admission |
| Inpatient care at Yale Health Center | 100% |
| <i>Infertility Treatment</i> | |
| Infertility Services | 100% |
| In Vitro Fertilization (IVF) | 3 courses of treatment per lifetime |
| Donor tissue | <p>Donor Eggs (cohort of 6-8): coverage limited to \$20,000 and one cycle equivalent</p> <p>Donor Sperm: coverage limited to \$2,500 per ¼ cycle equivalent</p> <p>Embryo Fertilization: Coverage limited to \$7,000 and ½ cycle equivalent</p> |
| Cryopreservation during an approved IVF cycle | Coverage limited to \$1,500 |

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| | and ¼ cycle equivalent; includes 1 year of storage |
| Fertility Preservation | No dollar maximum, includes 1 year of storage from date of collection; medical necessity criteria must be met (see Student Guide) |
| <i>Mental Health & Counseling/Substance Abuse</i> | |
| Inpatient treatment of mental disorders | \$200 copay per admission |
| Outpatient treatment of mental disorders | 100% |
| Outpatient treatment of mental disorders for covered dependent children | 100% |
| Inpatient treatment of alcoholism and substance abuse | \$200 copay per admission |
| Outpatient treatment of alcoholism and substance abuse | 100% |
| Residential treatment facility | \$200 copay per admission |
| <i>Obesity Treatment Surgical and Non-Surgical</i> | |
| Outpatient obesity treatment | Not covered |
| Inpatient morbid obesity surgery includes surgical procedure and acute hospital services | Not covered |
| <i>Transplant Services</i> | |
| Transplant facility expense and physician services | \$200 copay per admission |
| <i>Other Covered Health Expenses</i> | |
| Breast pumps when requested within 60 days of the child's birth | Yale Health will provide one electric breast pump every 3 years ¹ |
| Cardiac Rehabilitation | 36 visits per year, 20% co-insurance |
| Chemotherapy | 100% |
| Chiropractic Service only covered in Connecticut | 50% co-insurance |
| Durable medical and surgical equipment | 90% per item |
| Ground, air or water ambulance | 100% |
| Hearing aids | 100%, one every 24 months |
| Infusion therapy | 100% |
| Oral and maxillofacial treatment mouth, jaws and teeth | 100% up to a maximum of \$5000 per year |
| Physical Therapy | 100% |
| Prosthetic devices | 90% |
| Radiation therapy | 100% |

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| Speech Therapy | Covered at 100% up to a maximum of 40 visits per year |
| Gender Affirming Care Services | 100 % Eligibility guidelines apply |

¹ The cost of another breast pump, other than the model provided by Yale Health, may be eligible for reimbursement of up to \$100.

| Other Benefits | |
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| Inpatient rehabilitation (non-psychiatric) | 100% after \$200 copay per admission; 90-day lifetime maximum |
| Home health care, outpatient | 100%, limit of 100 days per plan year |
| Hospice care, inpatient, and outpatient | 100%, unlimited 60-day authorizations; subject to clinical review |
| Private duty nursing, inpatient | Not covered |

Pharmacy Benefit

| Per Prescription Copay | Network | Out-of-Network |
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| <i>Tier 1 prescription drugs</i> | | |
| For each 30-day supply | \$10 | The greater of 20% of the price of the drug or the applicable tier copay per prescription is charged (Yale Health reimburses the difference). |
| <i>Tier 2 prescription drugs</i> | | |
| For each 30-day supply | \$30 | The greater of 20% of the price of the drug or the applicable tier copay per prescription is charged (Yale Health reimburses the difference). |
| <i>Tier 3 & Specialty prescription drugs</i> | | |
| For each 30-day supply | \$45 | The greater of 20% of the price of the drug or the amount you would pay at the Yale Health Pharmacy |
| <i>\$0 (Free)</i> | | |
| Generic birth control pills, related devices and emergency contraception | \$0 | The greater of 20% of the price of the drug or the applicable tier copay per prescription is charged (Yale Health reimburses the difference). |