

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

## 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 \$50 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 \$3000 single<br>/\$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 <sup>1</sup>  | 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 |

<sup>1</sup> \$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 canceled/rescheduled at least 24 hours before the scheduled appointment.

| Emergency Medical Services  | Coverage  |
|---|---|
| Hospital emergency facility<br>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> | \$150 copay per visit<br>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<br>\$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 <sup>1</sup>  | 100% at the Yale Health Center<br>\$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<br>\$20 copay outside of the Yale Health Center  |

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| 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 <sup>2</sup>            | Coverage   |
|---|--|
| Infertility Services                          | \$20,000 maximum per lifetime  |
| In Vitro Fertilization (IVF)                  | 4 courses of treatment per lifetime  |
| Donor tissue                                  | Donor Eggs (cohort of 6-8): coverage limited to \$20,000 and one cycle equivalent<br><br>Donor Sperm: coverage limited to \$2,500 per ¼ cycle equivalent<br><br>Embryo Fertilization: Coverage limited to \$7,000 and ½ cycle equivalent |
| Cryopreservation during an approved IVF cycle | Coverage limited to \$1,500 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 <a href="#">Member Coverage Booklet</a> )   |

<sup>2</sup>This is a university lifetime limit per contract unit regardless of the 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 procedures 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 <sup>3</sup>                          |
| 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 \$125 per 60-minute session with a lifetime limit of \$10,000                    |
| Endoscopy procedures <sup>4</sup>   | 100%  |
| Ground, air, or water ambulance   | 100%  |
| Hearing aids  | 100%<br>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 <sup>5</sup> (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%  |

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

<sup>4</sup> \$50 late cancellation/no-show penalty for the Endoscopy Department at the Yale Health Center if the appointment is not canceled/rescheduled at least seven calendar days before the scheduled appointment.

<sup>5</sup> \$50 late cancellation/no-show penalty for physical therapy appointments at all locations if the appointment is not canceled/rescheduled at least 24 hours before the scheduled appointment.



## Pharmacy Benefit

| Per Prescription Copay   | Network   | Out-of-Network  |
|--|---|---|
| Tier 1 prescription drugs - For up to a 31-day supply <sup>6</sup>                     | \$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 <sup>6</sup>                     | \$45  | The greater of 30% of the price of the drug or the copay  |
| Tier 3 prescription drug <sup>7</sup> - For up to a 31-day supply <sup>6</sup>         | 40% coinsurance, \$60 minimum, \$120 maximum <sup>7,8</sup> | 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 <sup>7</sup> - For up to a 30-day supply only <sup>9,10</sup> | 40% coinsurance, \$120 maximum <sup>9,10</sup>              | 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  |

<sup>6</sup>32-100 days supplies are charged the equivalent of 2 copays.

<sup>7</sup>If 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.

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

<sup>9</sup>A 30-day supply limit applies for specialty medications.

<sup>10</sup>If 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 a \$450 copay).