

2015

MEDICAL INSURANCE COMPARISON

Yale Police Benevolent Association (YPBA)

The chart below represents a general overview of the Yale University Medical Plan options.

Benefits & Services	Yale Health ¹	Aetna Choice		Aetna Choice POS II ² (A three year exclusion rule applies to those hired after 10/01/2011)	
	In-Network Only	In-Network	Out-of-Network	In-Network	Out-of-Network
Prescription Drugs (up to a One-Month Supply)	\$5 Generic \$20 Preferred Brand \$30 Non-preferred Brand Co-pays apply when purchased at the Yale health pharmacy, outside pharmacy prescriptions are the greater of 20% of the cost or the co-pay	\$5 Generic \$30 Preferred Brand ³ \$50 Non-preferred Brand ³	20%, not subject to deductible	\$5 Generic \$20 Preferred Brand \$30 Non-Preferred Brand	20%, not subject to deductible
Preventive Care	\$0	\$0	Not Covered	\$5	Not covered
Office Visit: PCP/Mental Health Specialist	\$0	\$25 \$40	30%	\$5	30%
Routine Eye Exams	\$0	\$40	30%	\$5	30%
Emergency Room	\$0	\$100		\$50, waived if admitted	
Diagnostic X-ray/Lab	\$0	10%	30%	\$0	30%
Outpatient Surgical	\$0	10%	30%	\$0	30%
Inpatient Hospital Services	\$0	10%	30%	\$0	30%
Physical Therapy/Chiropractic	Physical Therapy: \$0 Chiropractic: Up to 12 visits per year, \$50 max reimbursement per visit	\$40	30%	\$5	30%
Infertility Services In-Vitro Fertilization & ART	\$20,000 University Lifetime maximum; Pre-authorization required ⁴ Four (4) cycles, University Lifetime maximum; Pre-authorization required.				
Annual Deductible ⁵	None	\$300 Individual \$600 Family	\$500 Individual \$1,000 Family	None	\$250 Individual \$750 Family
Coinsurance ⁶	None	10%	30%	None	30%
Out-of-Pocket Maximum ⁷	None	\$2,500 Individual \$5,000 Family	\$3,000 Individual \$6,000 Family	None	\$1,000 Individual \$3,000 Family

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1. Yale Health plan only provides out-of-area coverage for emergency and urgent care.
2. Participation in Aetna Choice POS II is limited to YPBA members hired on or before 09/30/2011, and YPBA members hired on or after 10/01/2011 with at least 3 years of service. Aetna Choice POS II is a “grandfathered health plan” under the Patient Protection and Affordable Care Act (the Affordable Care Act).
3. 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.
4. In-vitro Fertilization and Advanced Reproductive Technology (ART) covers four (4) cycles of ovulation induction and artificial insemination. This is a University lifetime limit per contract regardless of carrier chosen.
5. The amount of out-of-pocket expenses per calendar year you must pay for services before the plan pays any expenses.
6. The amount you pay for services, after the deductible has been paid and until plan out of pocket maximum has been met.
7. The maximum amount you have to pay toward the cost of your medical care in the course of the calendar year not including deductible or co-pays.

This chart is a summary of the benefits provided under each option. For complete details, refer to the Yale Health Plan and Aetna Plan Summary of Benefits and Plan documents located on the benefits website under forms and documents - www.yale.edu/benefits. The applicable plan documents govern all questions of interpretation.