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.

<table>
<thead>
<tr>
<th>Plan Features</th>
<th>Coverage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lifetime maximum benefit per person</td>
<td>Unlimited</td>
</tr>
<tr>
<td>Annual out-of-pocket limit</td>
<td>$1,000 per person for hospital admission and surgical procedure copayments combined. Maximum of $6,350 single/$12,700 family</td>
</tr>
</tbody>
</table>

**Wellness Benefit**

| Routine physical exam                  | 100%                                                                    |
| Routine gynecological exam             | 100%                                                                    |

**Vision Care**

| Routine eye examinations including refraction | 100% |
| Maximum benefit per consecutive 12-month period | 1 exam |

**Clinician Services**

| Office visits to primary care clinician  | 100% |
| Specialist office visits at the Yale Health Center excluding allergists | 100% |
| Allergist office visit at the Yale Health Center | $25 copay |
| Specialist office visits outside of the Yale Health Center | $20 copay |
| 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 and pre-entrance requirements | 100% |
| Travel consultations and immunizations Travel consultations and immunizations can be provided by Yale Health Student Health on a fee-for-service basis. | Not covered |

Effective August 1, 2017
<table>
<thead>
<tr>
<th>Emergency Medical Services</th>
<th>$50 copay per visit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospital emergency facility</td>
<td>Copay waived if admitted</td>
</tr>
<tr>
<td>Non-emergency care in a hospital emergency room</td>
<td>Not covered</td>
</tr>
</tbody>
</table>

| Urgent Care Services                             |                      |
| Urgent medical care at Yale Health Center Acute Care | 100%                 |
| Urgent medical care at any other facility in CT    | Not covered          |
| Urgent medical care outside of CT                 | $50 copay per visit  |
| provided the visit meets the plan definition of an emergency or urgent condition |                      |

| Outpatient Diagnostic and Preoperative Testing    |                      |
| Diagnostic and preoperative testing               | 100%                 |
| Complex imaging services                          | 100%                 |
| Diagnostic laboratory testing                     | 100%                 |
| at any Quest Diagnostics facility in New England  |                      |
| Diagnostic X-rays                                 | 100%                 |

| Outpatient Surgery                                | $100 copay           |

<table>
<thead>
<tr>
<th>Inpatient Facility Expense</th>
<th>$200 copay per admission</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospital facility expense</td>
<td></td>
</tr>
<tr>
<td>Inpatient care at Yale Health Center</td>
<td>100%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Infertility Treatment</th>
<th>100%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basic infertility expense</td>
<td></td>
</tr>
<tr>
<td>Comprehensive infertility expense</td>
<td>100% limitations apply</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Mental Health &amp; Counseling/Substance Abuse</th>
<th>$200 copay per admission</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inpatient treatment of mental disorders</td>
<td></td>
</tr>
<tr>
<td>Outpatient treatment of mental disorders</td>
<td>100%</td>
</tr>
<tr>
<td>Outpatient treatment of mental disorders for covered dependent children</td>
<td>100%</td>
</tr>
<tr>
<td>Inpatient treatment of alcoholism and substance abuse</td>
<td></td>
</tr>
<tr>
<td>Outpatient treatment of alcoholism and substance abuse</td>
<td>100%</td>
</tr>
<tr>
<td>Residential treatment facility</td>
<td>$200 copay per admission</td>
</tr>
</tbody>
</table>
### Yale HEALTH

<table>
<thead>
<tr>
<th><strong>Obesity Treatment Surgical and Non-Surgical</strong></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Outpatient obesity treatment</td>
<td>Not covered</td>
</tr>
<tr>
<td>Inpatient morbid obesity surgery</td>
<td>Not covered</td>
</tr>
<tr>
<td>includes surgical procedure and acute hospital services</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Transplant Services</strong></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Transplant facility expense and physician services</td>
<td>$200 copay per admission</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Other Covered Health Expenses</strong></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Breast pumps</strong></td>
<td></td>
</tr>
<tr>
<td>when requested within 60 days of the child’s birth</td>
<td>Yale Health will provide one electric breast pump every 3 years¹</td>
</tr>
<tr>
<td><strong>Cardiac Rehabilitation</strong></td>
<td>36 visits per year, 20% co-insurance</td>
</tr>
<tr>
<td><strong>Chemotherapy</strong></td>
<td>100%</td>
</tr>
<tr>
<td><strong>Chiropractic Service</strong></td>
<td>50% co-insurance</td>
</tr>
<tr>
<td><strong>Durable medical and surgical equipment</strong></td>
<td>90% per item</td>
</tr>
<tr>
<td><strong>Ground, air or water ambulance</strong></td>
<td>100%</td>
</tr>
<tr>
<td><strong>Hearing aids</strong></td>
<td>100%, one every 24 months</td>
</tr>
<tr>
<td><strong>Infusion therapy</strong></td>
<td>100%</td>
</tr>
<tr>
<td><strong>Oral and maxillofacial treatment</strong></td>
<td>100% up to a maximum of $5000 per year</td>
</tr>
<tr>
<td><strong>mouth, jaws and teeth</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Physical Therapy</strong></td>
<td>100%</td>
</tr>
<tr>
<td><strong>Prosthetic devices</strong></td>
<td>90%</td>
</tr>
<tr>
<td><strong>Radiation therapy</strong></td>
<td>100%</td>
</tr>
<tr>
<td><strong>Speech Therapy</strong></td>
<td>Covered at 100% up to a maximum of 40 visits per year</td>
</tr>
<tr>
<td><strong>Transsexual/Transgender Services</strong></td>
<td>100 %</td>
</tr>
<tr>
<td></td>
<td>Eligibility guidelines apply</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th><strong>Other Benefits</strong></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Inpatient rehabilitation (non-psychiatric)</strong></td>
<td>100% after $200 copay per admission; 90 day lifetime maximum</td>
</tr>
<tr>
<td><strong>Home health care, outpatient</strong></td>
<td>100%, limit of 100 days per plan year</td>
</tr>
<tr>
<td><strong>Hospice care, inpatient and outpatient</strong></td>
<td>100%, maximum of 180 days</td>
</tr>
<tr>
<td><strong>Private duty nursing, inpatient</strong></td>
<td>Not covered</td>
</tr>
<tr>
<td>Tier 1 prescription drugs</td>
<td>Network</td>
</tr>
<tr>
<td>---------------------------</td>
<td>---------</td>
</tr>
<tr>
<td>For each 31-day supply</td>
<td>$10</td>
</tr>
<tr>
<td>Tier 2 prescription drugs</td>
<td></td>
</tr>
<tr>
<td>For each 31-day supply</td>
<td>$30</td>
</tr>
<tr>
<td>Tier 3 prescription drugs</td>
<td></td>
</tr>
<tr>
<td>For each 31-day supply</td>
<td>$45</td>
</tr>
<tr>
<td>$0 (Free)</td>
<td></td>
</tr>
<tr>
<td>Generic birth control pills, related devices and emergency contraception</td>
<td>$0</td>
</tr>
</tbody>
</table>