

Yale *Health Plan*

**Student
Handbook
2010-2011**

www.yale.edu/yhp

Welcome - or welcome back - to Yale. We're glad you're here, and we look forward to providing you with high quality, accessible medical care geared to your needs as a Yale student.

Yale Health Plan is a not-for-profit health care organization that operates a medical facility on the Yale campus (at 17 Hillhouse Avenue) and provides care to the entire Yale community both through that facility and through additional clinicians and services known as the "YHP network" - a term you will see as you read this handbook. Our clinicians - physicians, nurse practitioners, nurse midwives, physician assistants, and others - are board certified and committed to a team approach to health care. The fact that YHP is not-for-profit means that you, our member, come first, and that we are continually looking at ways to update and improve our services.

General information

203-432-0246

Out of area care and medical advice

877-YHP-CARE

E-mail

member.services@yale.edu

Website

www.yale.edu/uhs

Yale Health Online

www.yalehealthonline.yale.edu

At Yale Health Plan you will find

- comprehensive medical care available 24 hours a day, 7 days a week
- experienced clinicians in a wide variety of specialties
- an emphasis on wellness care, with numerous education programs tailored to student needs
- a wide range of mental health and counseling services
- on-site pharmacy, laboratory, and radiology services
- a fully-licensed, 17-bed, inpatient care facility

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COVERAGE ESSENTIALS FOR STUDENTS

The first thing you should know about Yale Health Plan is that, if you are an enrolled student attending Yale at least half time and working towards a Yale degree, you receive many YHP services, including primary care, at no charge. You do not have to sign up or pay extra to obtain this coverage, which is called YHP Basic. Your status as a Yale University undergraduate, graduate, or professional student automatically makes you a student member of the health plan. The next thing you should know is that if you are eligible for YHP Basic the University requires you to obtain additional coverage for hospitalization and specialty care. Here, you have two options.

1. You can purchase Yale Health Plan's Hospitalization/Specialty Coverage, with or without Prescription Plus.

OR

2. You can have other coverage, either by being a dependent on someone else's plan (parents' or spouse's or civil union partner's) or by purchasing other coverage on your own.

If you choose option 2, you must give formal notice that you are waiving YHP Hospitalization/Specialty Coverage. You must give this notice each academic year. If you choose option 1 but do not want the additional Prescription Plus coverage that is automatically included, you must give formal notice of waiving Prescription Plus.

WAIVING YHP COVERAGE

You provide notice in either situation by submitting an online waiver at www.yhpstudentwaiver.yale.edu. If you are waiving YHP Hospitalization/Specialty Coverage, you must provide proof of alternate coverage. No proof of alternate coverage is needed if you are waiving only Prescription Plus. Waivers for the full year or the fall term must be submitted annually by September 15, and by January 31 for those enrolling during the spring term.

If you do not submit this waiver by the deadline, you will be billed through your SFAS (Student Financial and Administrative Services) account for YHP Hospitalization/Specialty Coverage and Prescription Plus. Your SFAS account must be cleared in order for you to register for classes or graduate. If you waive YHP coverage, you may change your mind and revoke your waiver by submitting a revoke waiver form to the Member Services Department. If you submit this form before the September 15 or January 31 deadlines, your YHP coverage will begin retroactive to the beginning of the term. If you miss these deadlines, you must wait until the next term in which you are eligible.

LOSS OF ALTERNATIVE COVERAGE

If you lose your non-YHP hospitalization insurance coverage, you must either revoke your waiver and enroll in a YHP plan or select another hospitalization insurance carrier. If you choose to enroll in the YHP plan, you must do so within 30 days of the loss of other coverage. YHP's coverage begins the day following the other plan's termination date. Premiums are not prorated, and you must pay for the full-term cost of the YHP plan.

Here is a summary of the waiver process. Please call Member Services at 203-432-0246 if you have any questions.

- As long as you meet the guidelines —that is, you are an enrolled student attending Yale at least half time and working towards a Yale degree —you are automatically enrolled as a **YHP student member**, entitled to receive **YHP Basic coverage at no charge**.
- Because the University requires all eligible students to carry hospitalization and specialty coverage, you will be enrolled in and billed for YHP Hospitalization/Specialty Coverage unless you waive this plan and provide proof of alternate hospitalization and specialty coverage. You will also automatically be enrolled in Prescription Plus.
- You may waive Prescription Plus even if you elect the rest of YHP Hospitalization/Specialty Coverage. If you do not waive Prescription Plus, you will be billed for the cost of it.
- Prescription Plus coverage is available only if you purchase YHP Hospitalization/Specialty Coverage. You cannot carry outside hospitalization insurance and have the Prescription Plus coverage.
- Waivers for the full year or the fall term must be submitted annually by September 15, and by January 31 for those enrolling during the spring term.

CHOOSING HOSPITALIZATION COVERAGE

The three factors to consider when choosing your health insurance are cost, coverage, and convenience. Yale Health Plan offers high-quality, low-cost, easy-to-use hospitalization and specialty coverage, called YHP Hospitalization/Specialty Coverage. The majority of Yale students find that YHP Hospitalization/Specialty Coverage provides a wide range of benefits at a reasonable cost as well as excellent and accessible medical care geared to the Yale community. Details about specifics of services and coverage are in the Terms of Coverage section of this handbook. **Note:** If you decline YHP Hospitalization/Specialty Coverage, you should seek specialty services from providers who accept your insurance.

Advantages of YHP Hospitalization/Specialty Coverage include:

COST	COVERAGE	CONVENIENCE
<ul style="list-style-type: none">• No deductibles• Low premiums and no co-payments for office visits• No co-payments for emergency care• Reasonably priced, easy-to-use dependent coverage	<ul style="list-style-type: none">• No limitations on coverage for preexisting conditions• Worldwide coverage for emergency and urgent care• A wide range of experienced clinicians, all board-certified• Students covered for a full 12 months, not just the academic year	<ul style="list-style-type: none">• No claim forms to fill out for services obtained within the YHP network• Fifteen centrally located specialty clinics• Coordinated care when specialty and/or hospitalization services are required• On-site radiology services

Some Yale students do decide on other plans for reasons including:

- The student prefers to continue working with a specific clinician in the home area, or wants to be able to go home for treatment of injuries or illnesses experienced while at Yale.
- The student expects to be away from campus for an extended time and wants coverage for routine care such as yearly physicals or maintenance care such as diabetes monitoring. YHP Hospitalization/Specialty Coverage covers only emergency and urgent care, not primary care, away from campus.

Each year, as you consider whether to purchase your hospitalization and specialty coverage through YHP or through another insurer, you should ask these questions:

- What is the other plan's provider network? Does it cover services you might use at YHP while you are at Yale (i.e., will the other insurer pay for services received at YHP)?
- What is the real cost of coverage, not just the cost of the premiums? Are there deductibles? Are there maximums? Limits on reimbursements? Are there co-payments for office visits?
- What isn't covered?

- Does it limit or exclude coverage for pre-existing conditions?
- Does the plan require prior authorization for services you might need at YHP? Does it require pre-certification for hospital admissions?
- Would you be required to go home for certain kinds of care, even if the care is available at YHP? Would the other plan pay for that care only if you came home?
- Are you covered if you travel abroad?
- How easy is the reimbursement process? Please note that if a non-YHP plan is billed and the bills are not paid, YHP will bill your SFAS account; this account must be cleared in order for you to register for classes or graduate.
- For how long does the other plan cover you and what are the continuation options?
- What is the nature of dependent coverage?

No insurance plan covers every medical contingency, so you should also be sure to compare the terms of coverage for YHP Hospitalization/Specialty Coverage with the contracts of other plans you are considering, particularly if you have specific medical concerns.

You may also wish to consider purchasing both YHP Hospitalization/Specialty Coverage and a plan that will cover you for routine and maintenance care while you are away from campus (again, YHP Hospitalization/Specialty Coverage will cover emergency and urgent care anywhere). If you do so, YHP can help you coordinate benefits.

WHAT YHP OFFERS

As an enrolled student attending Yale at least half time and working towards a Yale degree, you are a member of Yale Health Plan and receive YHP Basic coverage at no charge. Your YHP Basic coverage includes the following services at no charge:

- Primary care through the Student Medicine Department. Primary care includes wellness care such as physical exams.
- Primary care and treatment of sports-related problems for varsity student athletes through the Athletic Medicine Department.
- Gynecology services, including annual exams and Pap smears.
- Preventive medicine services such as flu shots.

- Laboratory services.
- Access to 24-hour urgent care through the Urgent Care Department.
- Mental health services.
- Nutritional counseling.
- Use of the Inpatient Care Facility (infirmary). However, services of specialty physicians, if needed, are not covered unless you have YHP Hospitalization/Specialty Coverage.

If you choose YHP Hospitalization/Specialty Coverage, the following additional services (most available at 17 Hillhouse Avenue) **are covered at 100%** with no deductibles, no co-payments, no claim forms, and no restrictions for pre-existing conditions. We also offer dependent coverage under this option. See the Terms of Coverage section for details on enrollment and eligibility provisions.

- | | | |
|-------------------------|----------------------|--------------------|
| • allergy | • hospital services | • orthopedics |
| • audiology | • infectious disease | • pediatrics |
| • dermatology | • neurology | • physical therapy |
| • ear, nose, and throat | • obstetrics | • radiology |
| • endocrinology | • oncology | • surgery |
| • gastroenterology | • ophthalmology | • urology |

Services that are not available on-site (such as hospitalization) are covered upon referral by a YHP clinician and approval in advance by the YHP Care Coordination Department. These services are subject to the Terms of Coverage. Emergency services and urgent care are covered worldwide, also under the Terms of Coverage.

The following, in addition to all hospitalization/specialty services, are covered as deemed necessary by a YHP clinician and when approved in advance by the YHP Care Coordination Department.

There are no restrictions for pre-existing conditions. Except as indicated by an (*) these services are reimbursed the same as any other medical expense.

- Dental services – traumatic accidental injuries only (*)
- Durable medical equipment and prosthetic devices (*)

- Infertility evaluation and treatment (*)
- Organ transplants
- Podiatry (*)
- Speech therapy (*)

If you have chosen YHP Hospitalization/Specialty Coverage, you can also elect Prescription Plus. Prescription Plus is not available if you waive YHP Hospitalization/Specialty Coverage and choose alternate hospitalization/specialty insurance instead.

If you elect Prescription Plus, the following, in addition to all hospitalization/specialty services are covered as deemed necessary by a YHP clinician and when approved in advance by the YHP Care Coordination Department. There are no restrictions for pre-existing conditions.

- Prescription medications and supplies
- Additional psychiatric inpatient services
- Additional substance abuse inpatient services

We also offer dependent coverage under this option. See the Terms of Coverage section for details on these provisions.

Services are available in the following departments to anyone in the Yale community on a **fee-for-service basis** and can be paid for by check, MasterCard, Visa, or can be charged to your SFAS account.

- Pharmacy
- Travel Clinic
- Health Education (there is a nominal fee for some programs and classes)

Yale Health Online

As a YHP member, you can take care of many aspects of your health care at your convenience with Yale Health Online (www.yalehealthonline.yale.edu) —a secure web-based medical communications service tailored for the Yale community. Registering with and using Yale Health Online is totally optional.

With this interactive web site, available 24 hours a day, 7 days a week, you can:

- request/cancel/reschedule appointments
- request medication information
- leave messages for clinicians (such as requests for test results)
- access general health information
- link to the YHP web site to obtain information and download forms

Registration instructions are available on the web site. If you have questions, call Member Services at 203-432-0246.

COVERAGE UNDER SPECIAL CIRCUMSTANCES

A number of situations arise in which Yale students do not meet the eligibility requirements for automatic enrollment in YHP Basic and for purchase of YHP Hospitalization/Specialty Coverage. **In these situations, you are not required by the University to have health insurance coverage**, although having such coverage is always a good idea. Included in this category are students on leaves of absence, undergraduates in junior-year-abroad programs, medical students on extended study, students registered as special students in degree-candidate programs, students registered in absentia who are studying at another institution, and other degree-candidate students paying less than 50% of the term's tuition.

If you are in one of these categories, you can still obtain YHP coverage by purchasing YHP Affiliate Coverage, which includes the services described in both YHP Basic and YHP Hospitalization/Specialty Coverage. Please note that, with this plan, you must take both YHP Basic and YHP Hospitalization/Specialty Coverage; you cannot elect just the YHP Basic coverage. Dependent coverage and Prescription Plus are also available under this option. For details on obtaining Yale Health Plan coverage under these special circumstances, call the Member Services Department at 203-432-0246.

Applications must be received by September 15 for the full year or fall term coverage and by January 31 for spring term coverage. Premiums are charged on a semester basis only and are not prorated.

SERVICES AND PROGRAMS

WHAT IS PRIMARY CARE?

Primary care is where your health care usually starts. Primary care is routine care: the visit to the doctor or nurse practitioner when you have a cold or a stomach ache. Primary care is also wellness care: a physical exam, a Pap smear, or a flu shot. And primary care is also the point of entry into the health care system in nonemergency situations. It is your primary care clinician who will evaluate you, refer you for specialty care when needed, and monitor your progress throughout your treatment. Even in an emergency situation, when your entry into the health care system may mean you've been rushed to the hospital, it is usually your primary care clinician who will be notified and who will coordinate subsequent treatment if needed.

PRIMARY CARE CLINICIANS

Student primary care clinicians are located in the Student Medicine department.

All Yale College students (undergraduates) are designated with a primary care clinician in the Student Medicine Department. You may make routine, non-urgent appointments with your clinician in that department. Student varsity athletes are designated with a primary care clinician in the Athletic Medicine Department.

Graduate and professional students will have a primary care clinician designated for them at the beginning of their first semester at Yale.

Women undergraduate, graduate and professional students will also have a primary care clinician designated for them in the Ob/Gyn Department. You may make appointments directly with the Ob/Gyn Department. No referral is needed.

All Yale students may use the Urgent Care Department for urgent and emergency medical situations.

All Yale students may make appointments for mental health and counseling services directly with the Department of Mental Health & Counseling. No referral is needed.

YHP-enrolled spouses or civil union partners should select a primary care clinician from the Student Medicine Department.

Dependent children enrolled as YHP members should have a primary care clinician chosen from the Pediatrics Department.

USING THE PRIMARY CARE DEPARTMENTS

For appointments: All the primary care departments have staff available to answer phones and schedule appointments during regular business hours Monday through Friday. During the academic year, departments have regular daytime appointment slots, plus some early morning, later afternoon and early evening hours. Please be aware that hours change during the summer and during University recess periods.

ALWAYS CALL FIRST: there are a limited number of same day sick visits available each day. Always call first to avoid long waits or wasted trips.

For an urgent medical problem: The Urgent Care Department provides 24-hour coverage for problems - such as injuries, lacerations, severe sore throat, severe vomiting - that need to be addressed right away but are not immediately life-threatening. To obtain urgent care during regular hours, first contact Student Medicine. If the nurse or clinician feels that the problem is urgent, they will schedule a same-day visit or recommend that you go to Urgent Care.

In a medical emergency (a potentially life-threatening situation) call 911 on campus or 911 off-campus.

TERMS OF COVERAGE

The following pages contain the terms of coverage for the YHP coverage options available to students and enrolled dependents. They describe eligibility and enrollment conditions, explain what kinds of coverage are available, list exclusions and limitations, explain when and under what conditions YHP coverage terminates, and outline miscellaneous provisions. Please read this section carefully to be fully aware of your rights and responsibilities as a YHP member.

ELIGIBILITY AND ENROLLMENT

The following section outlines the eligibility requirements for enrollment in each of the YHP coverage options. If after reading this section you have any questions regarding your eligibility status, the enrollment deadlines, or the coverage dates, please contact Member Services (203-432-0246).

INSURING THE STUDENT

Students and their dependents have a wide range of health care options while at Yale. Degree-candidate students enrolled half-time or more receive primary care services at no charge through the Yale University Health Services (YUHS) and are required to provide proof of hospitalization and specialty care coverage. Dependents are not required to have coverage. YHP offers a number of options to help you meet your health care needs.

YHP Basic

If you are a **degree-candidate student enrolled half-time or more**, the University provides you with primary care services at YUHS at no charge through YHP Basic. This coverage is automatic: you don't need to enroll or submit any forms. For new students and newly eligible students, coverage begins on the date of the opening of the dormitories of their college/school or the date required to be on campus for orientation and continues through July 31, providing they remain eligible. For returning students, coverage begins August 1 and ends July 31, providing they remain eligible. For more information on primary care services offered through YUHS, see the section YHP Basic Coverage Description.

YHP Hospitalization/Specialty Coverage

Most students meet the University requirement for hospitalization and specialty care coverage by subscribing to YHP Hospitalization/Specialty Coverage, which provides coverage for all approved

hospitalization and specialty care services. For full details, see the section *YHP Hospitalization/Specialty Coverage Description*.

If you are a **degree-candidate student enrolled half-time or more**, you are automatically enrolled in this coverage and will be billed for the premium. Full-year coverage dates are identical to those for primary care services. However, YHP Hospitalization/Specialty Coverage may also be purchased for either the fall term only or spring term only. For new students and newly eligible students, coverage for fall term only begins on the date of the opening of the dormitories of a student's college/school or the date required to be on campus for orientation and continues through January 31, while coverage for spring term only begins on the date of the opening of the dormitories of a student's college/school or the date required to be on campus for orientation and continues through July 31. For returning students, coverage for fall term only begins August 1 and ends January 31, while coverage for spring term only begins February 1 and continues through July 31.

Students who do not want this coverage must provide proof of alternate insurance and submit a properly executed waiver online annually. To decline YHP Hospitalization/Specialty Coverage for the full year or fall term only, you must submit the waiver at www.yhpstudentwaiver.yale.edu by September 15; to decline coverage for spring term only, you must submit the waiver at www.yhpstudentwaiver.yale.edu by January 31. If waivers are not submitted by the deadlines, the premium for YHP Hospitalization/Specialty Coverage will be posted to your SFAS account.

Note to students who waive. If students who are subject to the University requirement to obtain hospitalization and specialty care insurance lose their non-YHP hospitalization insurance coverage, they must either revoke their waiver and enroll in a YHP plan or select another hospitalization insurance carrier. Students who choose to enroll in the YHP plan must do so within 30 days of the loss of other coverage. YHP coverage begins the day following the other plan's termination date. Premiums are not prorated, and students must pay for the full-term cost of the YHP plan.

Prescription Plus

If you are eligible for YHP Hospitalization/Specialty Coverage, you are also eligible for Prescription Plus. This plan provides coverage for prescription items as well as supplemental coverage for some of the services not covered under YHP Hospitalization/Specialty Coverage. For more information on this plan, see the section *Prescription Plus Description*.

The coverage dates for Prescription Plus are identical to the coverage dates for YHP Hospitalization/Specialty Coverage. As with YHP Hospitalization/Specialty Coverage, Prescription Plus must be waived annually if you do not want it. You may purchase YHP Hospitalization/Specialty

Coverage and waive Prescription Plus, but you cannot purchase Prescription Plus unless you also purchase YHP Hospitalization/Specialty Coverage. Waiver deadlines are the same as for YHP Hospitalization/Specialty Coverage.

YHP Affiliate Coverage

Students who do not meet the eligibility requirements for YHP Basic and YHP Hospitalization/Specialty Coverage are not required by the University to obtain hospitalization and specialty care coverage. They are eligible, however, to enroll in YHP Affiliate Coverage and receive primary and specialty care if they are:

- degree-candidate students who are no longer enrolled half-time or more or who are paying less than half of the term's tuition
- undergraduates in a junior-year-abroad program
- medical students on extended study
- students registered as special students in a degree-candidate program
- students registered in absentia who are studying at another institution
- students on a leave of absence

YHP Affiliate Coverage combines YHP Basic coverage with the coverage offered by YHP Hospitalization/Specialty Coverage, but under YHP Affiliate Coverage the cost of primary care coverage is added to the premium. For a description of the coverage offered by YHP Affiliate Coverage, see the sections *YHP Basic* and *YHP Hospitalization/Specialty Coverage*. The coverage is identical but the cost is not. Enrollment in this coverage is not automatic. The deadline for enrollment is September 15 for the full year or fall term, and January 31 for the spring term. Students are responsible for completing and submitting the appropriate enrollment forms to Member Services by the above deadlines. Coverage dates are identical to those for YHP Hospitalization/Specialty Coverage.

If you become ineligible for YHP Hospitalization/Specialty Coverage within the term, you are no longer required to have hospitalization insurance; however, if you meet the eligibility requirements for YHP Affiliate Coverage you may enroll in YHP Affiliate Coverage within 30 days of the date you become ineligible or wait until the next term in which you are eligible for this coverage. Premiums paid for YHP Hospitalization/Specialty Coverage and YHP Prescription Plus coverage will be applied to the premiums for YHP Affiliate Coverage. Students who purchase YHP Affiliate Coverage may also purchase Prescription Plus.

INSURING YOUR DEPENDENTS

Dependents of any student enrolled in YHP Hospitalization/Specialty Coverage or YHP Affiliate Coverage may be enrolled as dependents in the same plan as the student, based on the eligibility requirements listed below. Dependents enrolled in YHP Hospitalization/Specialty Coverage or YHP Affiliate Coverage also receive primary care services as part of their coverage under the same conditions and restrictions as the student. Dependents enrolled in these plans are subject to the conditions and restrictions of YHP Hospitalization/Specialty Coverage.

Enrollment is not automatic and must be renewed annually.

Eligible dependents are:

- a student's lawfully married spouse
- a student's civil union partner
- a child who is the biologic or legally adopted child of the student or enrolled spouse/civil union partner, or a child for whom the student or enrolled spouse/civil union partner can provide proof of court-appointed guardianship or custody, providing:
 - the child is less than 19 years old, unmarried, resides primarily in the student's home and is financially dependent upon the student or spouse/civil union partner for support *and*
 - the child is claimed as an exemption on the student's or enrolled spouse/civil union partner's income tax return according to IRS regulations

An exception to the residency requirement may be made for dependents of a divorced student who is legally responsible to purchase health insurance under the divorce decree.

Dependents who are not enrolled may receive care at YUHS, but the student will be billed for all services rendered. Students who find themselves in this situation are strongly encouraged to obtain outside insurance for their dependents.

Enrolling eligible dependents

You may enroll eligible dependents each year for full-year or fall-term coverage by completing and submitting an enrollment form and paying the appropriate premium to YHP Member Services prior to September 15. Coverage becomes effective at the same time as the student's coverage. The enrollment deadline for coverage for spring term only is January 31, and coverage becomes effective at the same time as the student's coverage. **If you fail to enroll your dependents by the enrollment deadlines you must wait until the next term in which they are eligible for coverage.**

A student who marries or is joined in a civil union during the term may enroll his or her **spouse/civil union partner** by submitting an enrollment form to Member Services within 30 days of the marriage/civil union and paying the full term premium. Premiums will not be prorated. Coverage begins the first day of the month after the marriage/civil union.

A **newborn child** may be enrolled in YHP and covered from the moment of birth, provided that the newborn meets the dependent eligibility criteria and is enrolled within 30 days of birth. Upon notification by the student of the child's birth, YHP Member Services will send an enrollment change application to the enrolled parent(s) of the newborn child. If after 30 days the newborn child is not added to the coverage, YHP will bill the student for all services rendered to the newborn from the date of birth. If a pediatrician outside the YHP network is chosen, neither professional nor hospital charges for the baby will be covered. If you do not enroll your newborn child within 30 days of the date of birth you must wait until the next term in which the child is eligible for coverage.

An **adopted child** must be enrolled within 30 days of the date on which the child is placed in the student's household. Coverage begins on the first day of placement if the enrollment form is received within 30 days of the date of placement. Legal documentation is required before coverage can become effective. Contact Member Services to ensure that you supply the correct documentation. If you do not add the child within 30 days of placement or adoption you must wait until the next term in which the child is eligible for coverage.

A child for whom you or your enrolled spouse/civil union partner are the **legal custodian or guardian** must be enrolled within 30 days of the date of court-appointed custody or guardianship. Legal documentation is required before coverage can become effective. Contact Member Services to ensure that you supply the correct documentation. If you do not add the child within 30 days you must wait until the next term in which the child is eligible for coverage.

Please note that **if your dependents lose other coverage**, you must enroll them within 30 days of the loss of other coverage and provide proof of the loss of coverage or wait until the following term in which they are eligible for coverage. Premiums will not be prorated.

DATES OF COVERAGE

Student type	Full year	Fall term only	Spring term only
ew students and newly eligible students	Official opening of dorms or required to be on campus for orientation through July 31	Official opening of dorms through January 31	Official opening of dorms through July 31
Returning students	August 1 through July 31	August 1 through January 31	February 1 through July 31
Students who revoke their waiver	The day after the other plan's termination date through July 31	The day after the other plan's termination date through January 31	The day after the other plan's termination date through July 31

YHP BASIC

Primary care services at YUHS are covered at 100% for students who meet the eligibility criteria outlined in the section *Eligibility and Enrollment*. Primary care services are not covered if they are rendered by clinicians or facilities that are not part of the YHP health care network. This includes health care received out of area for nonemergency and non-urgent conditions. Primary care services at YUHS are coordinated by clinicians in the primary care departments, which are

- Student Medicine
- Athletic Medicine (varsity athletes)
- Pediatrics
- Gynecology
- Urgent Care
- Mental Health and Counseling

Additional services are also offered at no charge to eligible students through the following YUHS departments, though in some cases a referral from a primary care clinician is needed.

- Laboratory services (on-site and other **in-network** facilities)

- Nutrition
- Inpatient Care Facility (for up to 30 days)

YHP Basic also includes preventive care such as flu shots and post exposure immunizations. These services may be provided in a YHP specialty care department but are still considered primary care and are available at no charge to eligible students. Unpaid or non-covered services may be billed to your SFAS account. Specialty care services, even if rendered in a primary care department, are covered under YHP Hospitalization/Specialty Coverage or, if the student has declined the coverage, are billed to the student's alternate insurance plan.

YHP HOSPITALIZATION/SPECIALTY COVERAGE

Students who are eligible for YHP Basic coverage may purchase hospitalization and specialty care coverage through YHP Hospitalization/Specialty Coverage. Students who purchase dependent coverage through YHP Hospitalization/Specialty Coverage or YHP Affiliate Coverage receive YHP Basic and all of the coverage outlined in the section *YHP Hospitalization/Specialty Coverage Description*.

YHP Hospitalization/Specialty Coverage covers approved outpatient specialty care received through the YHP health care network at 100%. YHP Hospitalization/Specialty Coverage also covers approved inpatient care at YHP-approved inpatient facilities at 100%. In addition, YHP Hospitalization/Specialty Coverage covers all approved emergency care received at any location at 100%.

In-Network coverage

Outpatient coverage

Outpatient care means health care received without being admitted to a hospital or other facility. The specialty services offered at YUHS are outpatient services and most are covered at 100% for enrolled students and their enrolled dependents. This does not include services offered on a fee-for-service basis. For additional exceptions to this policy, see the section *Exclusions and Limitations*.

Outpatient coverage outside YUHS

If in the course of medical evaluation and treatment, a member requires outpatient services not provided at YUHS, the member's primary care clinician may make a referral to an approved specialist in the YHP health care network outside YUHS. Prior authorization for coverage of these services must be obtained

from the YHP Care Coordination Department. A referral from your primary care clinician is necessary but does not constitute authorization for coverage. Authorization for coverage must be obtained from the Care Coordination Department. Approved claims are covered at 100%.

Please note that YHP will not pay for the services of a non-YHP network clinician unless those services, including all testing and treatment ordered by the non-network clinician, are authorized in advance by the YHP Care Coordination Department. This is true even if the member was referred for the services by a YHP network clinician, except in the case of emergencies (see the section *Emergency Care Coverage*).

Outpatient psychotherapy services for dependent children

YHP Hospitalization/Specialty Coverage covers outpatient psychotherapy services for an enrolled student's (or enrolled spouse's/civil union partner's) enrolled children under the care of a licensed clinical psychologist, psychiatrist, licensed clinical social worker, or certified alcohol counselor. No referral or prior authorization is needed for this service. Reimbursements for enrolled children are paid at \$25 per visit after an annual (August 1 through July 31) \$100 deductible is met. There is a yearly maximum of 16 visits and a lifetime maximum of 80 visits for each enrolled child. Charges for separate sessions with parents are not covered. For students and their enrolled spouse/civil union partner, psychotherapy is available only at YUHS under YHP Basic or YHP Affiliate Coverage; there is no reimbursement for outside services.

Inpatient coverage

YHP will provide coverage at 100% for medically necessary inpatient care at a YHP-approved inpatient facility –licensed acute care hospital, approved psychiatric hospital, approved substance abuse treatment center, approved rehabilitation center –under the authorized care of a YHP network physician under the terms outlined below. If, in the judgment of YHP, the illness or injury or its continuing care could have been treated in the Inpatient Care Facility (ICF) at YUHS, payment for inpatient hospital charges will be denied. Except for emergency admissions, any inpatient charges incurred for a hospital admission supervised by a non-YHP physician will be denied. For emergency care, see the section *Emergency Care Coverage*.

Acute care medical/surgical admissions

Students and enrolled dependents are covered for medically necessary inpatient care at a YHP-approved short-term general hospital under the care of a YHP network physician (see the limitations for inpatient rehabilitation, psychiatric, or substance abuse care immediately below). Coverage includes the cost of a semiprivate room, meals, general nursing care, and most nonprofessional fees billed by the hospital. In

addition, professional fees of YHP network clinicians will be covered in full. Coverage does not include charges for convenience or personal comfort items, such as a television or telephone.

Please note in regard to maternity coverage: starting from four weeks before your due date or earlier if you are advised not to travel by a YHP network clinician, charges associated with hospital admission will be covered only at Yale–New Haven Hospital. Exceptions will be made only when the admission to another facility is for a potentially life-threatening condition. The onset of labor that happens to occur while the mother is away from New Haven will not be an exception.

Rehabilitation admissions

In addition to being covered for medically necessary inpatient care at a YHP-approved short-term general hospital under the authorized care of a YHP network physician, students and enrolled dependents are covered for a lifetime maximum of 30 days of inpatient care at a YHP-approved, non-psychiatric rehabilitation hospital or rehabilitation ward of a general hospital.

Psychiatric or substance abuse admissions

In addition to being covered for medically necessary inpatient care at a YHP-approved short-term general hospital under the care of a YHP network physician, students and enrolled dependents are covered for up to 60 inpatient days per year for medically necessary direct care of the acute phase of a mental condition or substance abuse problem at a YHP-approved psychiatric hospital, psychiatric ward of a general hospital, or institution that specializes in the treatment of substance abuse. After the first 30 days of coverage have been used, 180 days must elapse before the next covered 30 days may be used. Coverage includes the cost of a semiprivate room, meals, general nursing care, most nonprofessional fees billed by the hospital, and professional fees for services provided by non-YHP psychiatric clinicians. Each of the 30 covered days of inpatient care can be exchanged for two days (up to a total of 60 days) of partial hospitalization care provided the fee charged by the facility is half or less than half of the approved inpatient rate.

Out-of-Network coverage

Outpatient Coverage

In general, outpatient care received outside of the YHP network of health care clinicians and facilities is not covered under YHP Hospitalization/Specialty Coverage. The two exceptions to this are outpatient care received for an emergency or urgent condition (see the section *Emergency Care Coverage* for a full explanation) and care that has been arranged in advance by a YHP clinician and approved in advance by the Care Coordination Department. In special circumstances when a medical condition or therapy may require some out-of-network care, a YHP clinician will case manage your condition, which means that the

clinician will coordinate in advance medically necessary care out of network and assist in arranging for the pre-authorization of this care. Case managed care is covered out-of-network only when care is coordinated in advance by a YHP clinician and authorized in advance by the Care Coordination Department.

Inpatient Coverage

Inpatient care received outside of the YHP network of health care clinicians and facilities is covered only if the admission stems directly from an emergency or urgent condition. See the section *Emergency Care Coverage* for a full explanation.

Dental services

Dental services are covered at 100% up to a maximum of \$5000/plan year only as follow-up care to a traumatic accidental injury to sound natural teeth (except chewing injuries) that occurs after the effective date of the YHP member's coverage. Repair must occur within two years of the date of the accident and the repair must occur while the member is enrolled in the plan. If approved in advance by the YHP Care Coordination Department, an exception may be made on the two-year limit for repairs for children who must wait for their permanent teeth to come in before repair work can be performed.

Durable medical equipment

The rental or purchase of durable medical equipment (braces, crutches, etc.) is covered at 90% up to a maximum of \$5000/plan year when it is medically necessary for the treatment of an illness or injury and ordered in advance by a YHP network clinician and approved in advance by the YHP Care Coordination Department.

Emergency care coverage

Emergency care and pre-authorized follow-up care for emergency conditions are covered at 100% regardless of location. An emergency condition is defined as a major acute medical problem or major acute trauma that requires immediate medical attention or a condition that could lead to serious harm or death if care is not received or is delayed. Coverage includes emergency facility fees, laboratory expenses, radiological expenses, emergency physicians' fees, ambulance transportation, and pre-authorized short-term follow-up care. If you need emergency care, go to the nearest emergency facility for treatment. Treatment for emergency conditions is covered at all emergency facilities worldwide.

Please contact the YHP Care Coordination Department within 48 hours (or 2 business days) of receiving emergency outpatient treatment or being admitted to an emergency facility. The Care Coordination

Department will (1) notify YHP clinical staff of your condition so that they can coordinate your care as appropriate or make any further arrangements for your care and (2) pre-authorize any necessary follow-up care. **Follow-up care that is not pre-authorized may be denied.** If YHP deems it appropriate, YHP may arrange for and cover the expenses of transporting you to a YHP-approved facility to receive follow-up care. If the severity of your medical condition prevents you or your representative from contacting the YHP Care Coordination Department within 48 hours, you will still be covered for the emergency; but you should contact Care Coordination as soon as possible to ensure that YHP clinical staff are aware of your condition and to request Care Coordination to pre-authorize follow-up care. You are strongly encouraged to carry your YHP membership card with you at all times to ensure that someone will be able to contact YHP in the event of an incapacitating emergency.

Urgent care is covered at 100% when it is received at the Urgent Care Department at YUHS. An urgent condition is defined as the sudden and unexpected onset of an acute medical problem or trauma that requires immediate medical attention. Care for non-acute phases of chronic conditions, maintenance care, and routine care are not considered urgent. If you are away from Connecticut you are considered out of area and you may receive urgent care at any medical facility and receive the same coverage as for emergency care, including pre-authorized short-term follow-up care. In other words, no distinction is made in coverage between urgent care and emergency care received out of area; the distinction between urgent care and emergency care applies only when you are within Connecticut. You should contact the YHP Care Coordination Department within 48 hours (or 2 business days) of any care received out of area for an urgent condition to ensure that YHP clinical staff are aware of your condition and to request the Care Coordination Department to pre-authorize follow-up care. **Follow-up care that is not pre-authorized may be denied.**

If, in the judgment of YHP, the illness or injury does not meet the plan definition of an emergency or urgent condition, coverage will be denied. This includes all elective admissions or treatments. Coverage will also be denied for conditions that could have been but were not treated at YUHS while the student or enrolled dependent was in area.

Infertility services

Treatment rendered or ordered for infertility services by a YHP network clinician is covered at 100% up to a lifetime maximum of \$5,000 per member, upon referral by a YHP clinician and approval in advance by the YHP Care Coordination Department.

Organ transplants

Hospital and medical services related to non-experimental transplants are covered at 100% when a referral has been made by a YHP network clinician and authorized in advance by the YHP Care

Coordination Department. This includes hospitalization charges, professional fees, the direct costs of the organ and organ procurement and is limited to expenses not covered by other insurance coverage, grants, foundations, government programs, etc.

Podiatry services

Services provided for foot care by a licensed podiatrist are covered up to a maximum of 20 visits per plan year when medically necessary due to an underlying medical condition, such as diabetes mellitus, circulatory and neurological disorders, or morbid obesity. Podiatry services must be ordered in advance by a YHP network clinician and approved in advance by the YHP Care Coordination Department.

Prosthetic devices

Prosthetic devices, either external or internal, are covered at 90% up to a maximum of \$5000 per plan year when they are medically necessary to replace a body part lost due to illness or injury. Dentures, dental appliances and implants, and hearing aids are not covered. Prior authorization by a YHP network clinician and prior approval by the YHP Care Coordination Department are required. Charges for replacement of a prosthetic device are covered only when replacement becomes medically necessary due to a change in the body.

Speech therapy

Speech therapy is covered up to a maximum of 20 visits per plan year when it is medically necessary to bring about or restore normal function of the speech mechanism —when impaired due to congenital anomaly, illness, or accidental trauma —if it is ordered in advance by a YHP network clinician and approved in advance by the YHP Care Coordination Department. Please note that public schools are required by law to provide this service for children 3 years and older.

Claims procedures

Claims are usually submitted directly to YHP by the clinician or facility who has rendered services. If a bill is sent directly to you, it is your responsibility to submit the claim to the YHP Claims Department promptly. If you fail to submit the claim to the YHP Claims Department in a timely manner you risk having the clinician or facility who rendered services initiate collection action against you. The YHP Claims Department will honor claims submitted within one year of the date you received services. Claims received by YHP may be denied if they are received after the one-year limit has expired, unless the delay is the fault of the clinician or facility who rendered services.

PRESCRIPTION PLUS

All YHP members who are covered by YHP Hospitalization/Specialty Coverage or YHP Affiliate Coverage may also enroll in Prescription Plus.

Prescription Plus provides supplemental coverage for some types of medical expenses not covered under YHP Hospitalization/Specialty Coverage and is considered “excess coverage.” Excess coverage means that if you receive or are entitled to receive payment from any other contract, agreement, plan, or insurance, payment by Prescription Plus will be made only toward the unpaid balance. This means that claims may be submitted under Prescription Plus only after payment has been made by any other insurance that covers you.

Reimbursement for the following services and treatment is offered under Prescription Plus. Except as otherwise indicated, reimbursements are payable at 80% after the deductible of \$100 per member (\$300 per family) per benefit year (August 1–July 31) has been satisfied. Prescription Plus has a combined maximum benefit of \$15,000 per member per benefit year.

Inpatient psychiatric and substance abuse services

Up to 15 days per benefit year are covered at 100% for medically necessary direct care of the acute phase of a mental condition or substance abuse problem at a YHP-approved psychiatric hospital, psychiatric ward of a general hospital, or institution that specializes in the treatment of substance abuse. This coverage is in addition to the coverage provided under YHP Hospitalization/Specialty Coverage. Coverage includes the cost of a semiprivate room, meals, general nursing care, most nonprofessional fees billed by the hospital, and professional fees for services provided by non-YHP network clinicians. These 15 days may be used for partial hospitalizations, but they are not exchangeable on a two-for-one basis as they are under YHP Hospitalization/Specialty Coverage. This benefit has a yearly maximum of 15 days and a lifetime maximum of 30 days.

Pharmacy items

Prescription drugs are covered if medically necessary and FDA approved. Some nonprescription items, such as diabetic supplies and ostomy supplies, are also covered.

Vaccinations

Prescription Plus includes coverage for many vaccines. Travel vaccines and pre-entrance requirements are not covered, but are available on a fee-for-service basis.

Claims procedures

Claims are normally submitted directly to YHP by the clinician or facility who has rendered services. If a bill is sent directly to you it is your responsibility to submit the claim to the YHP Claims Department promptly. If you fail to submit the claim to the YHP Claims Department in a timely manner you risk having the clinician or facility who rendered services initiate collection action against you. The YHP Claims Department will honor claims submitted within one year of the date you received services. Claims received by YHP may be denied if they are received after the one-year limit has expired, unless the delay is the fault of the clinician or facility who rendered service.

EXCLUSIONS AND LIMITATIONS

Yale Health Plan offers a comprehensive health care program, but there are limitations and exclusions. These are listed below.

GENERAL EXCLUSIONS AND LIMITATIONS

1. for charges that would not have been made had coverage not existed
2. for services that are not medically necessary
3. for services provided at the Yale University Health Services Center (YUHS) on a fee-for-service basis
4. for court-ordered testing, evaluations, or treatment unless deemed medically necessary by YHP
5. care for conditions that state or local law require to be treated in a public facility
6. services covered or mandated by the state or federal regulations that require another source to provide coverage or services, e.g., public school systems
7. for injury or occupational illness covered by Workers' Compensation
8. to the extent that they are otherwise payable as described under *Coordination of Benefits*
9. to the extent those expenses are in any way reimbursable through any program, including Medicare

10. for charges that members are not legally required to pay

NETWORK EXCLUSIONS AND LIMITATIONS

1. inpatient hospitalization expenses for an elective admission incurred when a YHP member is admitted to a hospital by a non-YHP network physician
2. services of clinicians not in the YHP network as well as services ordered by these clinicians, unless referred by a YHP network clinician and approved in advance as a covered benefit by the YHP Care Coordination Department
3. follow-up care by a non-YHP network clinician unless approved in advance by the YHP Care Coordination Department

COVERAGE DATE EXCLUSIONS AND LIMITATIONS

1. services received before the student's or enrolled dependent's effective date of coverage or after the termination date
2. facility and professional fees for an inpatient stay that began before the student's or enrolled dependent's effective date of coverage

SERVICE EXCLUSIONS AND LIMITATIONS

1. acupuncture
2. alternative therapies
3. aqua therapy
4. biofeedback
5. chiropractic services
6. testing for or treatment of cognitive disorders including attention deficit disorder
7. personal comfort and convenience items
8. services and hospitalization involving or arising from cosmetic surgery; any therapy the purpose of which is cosmetic
9. custodial care and convalescent care and assistance for activities of daily living

10. dental diagnosis, care, or treatment—including professional fees, anesthesia and facility charges, X rays, or appliances—for the diagnosis and treatment of TMJ (temporomandibular joint dysfunction); the extraction of teeth including erupted or impacted teeth; the correction of malposition of the teeth and jaw; or for pain, deformity, deficiency, injury, or physical condition of the teeth
11. experimental or investigational drugs, services, or procedures as determined by YHP
12. electrolysis
13. any eye surgery solely for the purpose of correcting refractive deficiencies of the eye, such as nearsightedness (myopia) and astigmatism, including but not limited to radial keratotomy; eyeglasses, contact lens exams and lenses, corrective lenses, vision therapy; routine vision care received outside YUHS
14. hypnosis
15. maternity charges for a surrogate mother who is not a YHP member
16. hospitalization or other services for obesity or weight reduction except as approved in advance by YHP
17. orthotics (including examinations for fitting)
18. outpatient psychotherapy received outside YUHS for the student or enrolled spouse/civil union partner
19. sex therapy
20. sperm collection or preservation service
21. reversal of voluntary sterilization
22. target symptom clinics or centers except as approved in advance by YHP
23. nonemergency transportation
24. transportation provided by a vehicle that is not medically equipped to transport ill or injured persons and/or that does not meets licensing requirements by local, county, or state regulations
25. sex reassignment surgery
26. travel medications and vaccines

YHP HOSPITALIZATION/SPECIALTY COVERAGE

EXCLUSIONS AND LIMITATIONS

1. services not specifically listed herein as covered services under YHP Hospitalization/Specialty Coverage
2. services covered only under Prescription Plus, such as organ transplants
3. benefits not payable under *General Exclusions and Limitations, Network Exclusions and Limitations, Coverage Date Exclusions and Limitations, and Service Exclusions and Limitations*
4. residential charges, if any are incurred, for members in a psychiatric or substance abuse partial hospitalization program
5. experimental organ transplants

PRESCRIPTION PLUS COVERAGE EXCLUSIONS AND LIMITATIONS

1. services not specifically listed as covered services under Prescription Plus
2. nonprescription contraceptive devices
3. benefits not payable under *General Exclusions and Limitations, Network Exclusions and Limitations, Coverage Date Exclusions and Limitations, and Service Exclusions and Limitations*

TERMINATION OF COVERAGE

Students and student dependents enrolled in any of the YHP plans may terminate their YHP coverage for a variety of reasons—a change in eligibility status, graduation, withdrawal, a leave of absence, divorce, etc. In certain circumstances, YHP also reserves the right to terminate a student’s (and that student’s enrolled dependents’) coverage. In general, students who wish to terminate their coverage under YHP Hospitalization/Specialty Coverage, Prescription Plus, or YHP Affiliate Coverage may do so by submitting written notice to YHP Member Services by September 15 for fall-term or full-year coverage and by January 31 for spring-term coverage. Students subject to the University requirement for hospitalization coverage must supply proof of alternate insurance coverage at the time of their waiver.

Premiums will be refunded only if written notice is received on or before the above deadlines. More specific information is given below.

LEAVING YALE

When you leave the University your YHP coverage will terminate, but when it terminates depends on why, and when, you leave the University. The sections below explain this process in detail.

Graduation

Coverage for graduating students who are enrolled in YHP at the time of University Commencement in May will continue until July 31. Students completing degrees or leaving the University at times other than University Commencement should contact Member Services (203-432-0246) to determine coverage end dates.

Leaves of absence

If you take a leave of absence you are no longer eligible for coverage by YHP Basic or YHP Hospitalization/Specialty Coverage. Coverage terminates the date the leave is granted. In order to secure continuous coverage through YHP, you must request enrollment in YHP Affiliate Coverage and pay the premium prior to the beginning of the term for which the leave is taken. Enrollment in this plan is not automatic. If a leave of absence is granted during the term and you want YHP Affiliate Coverage, you must request enrollment within 30 days of the date the leave is granted. Unless you obtain continuing coverage through YHP, you will be responsible for all charges for medical services, including hospital services, rendered by YHP clinicians or on behalf of YHP. Premiums will not be prorated or refunded.

Student withdrawals

Students who withdraw from the University during the first ten days of the term will be refunded the premium paid for YHP Hospitalization/Specialty Coverage and, if applicable, Prescription Plus. Under these circumstances, you will not be eligible for any YHP coverage, your YHP membership will be terminated retroactively to the beginning of the semester, and you will be billed for any services rendered or claims paid.

Students who purchase YHP Hospitalization/Specialty Coverage and Prescription Plus and who withdraw from the University after the first 10 days of the term will be covered by YHP for 30 days following the date of withdrawal or through the last day of the term, whichever comes first (the last day of fall-term coverage is January 31; the last day of spring-term coverage is July 31). Premiums will not be prorated or refunded. If you are hospitalized on the effective date of withdrawal or during the thirty-day period during which coverage is extended you will be eligible for YHP hospital coverage until discharged from the hospital, subject to the limits of YHP coverage for the illness.

TERMINATION OF DEPENDENT COVERAGE

Dependent coverage may terminate for a variety of reasons: the dependents obtain other coverage, a dependent turns 19, a divorce, a civil union dissolution, or some other event occurs that changes a dependent's eligibility status. Coverage terminates at the end of the month in which the dependent becomes ineligible. Premiums will not be prorated.

Divorce/Civil Union Dissolution

The student is required to notify YHP Member Services in writing within 30 days of the date the divorce/dissolution is final. The ex-spouse/ex-partner may not remain on the student's insurance even if the settlement requires the student to provide the ex-spouse/ex-partner with insurance coverage. YHP membership will terminate effective as of the last day of the month in which the divorce/dissolution is final.

If YHP Member Services is not notified when the divorce/dissolution becomes final, the student will be billed for all services rendered and claims paid by YHP on the ex-spouse's/ex-partner's behalf beginning the first day of the month following the date the divorce/dissolution is final. YHP premiums will not be prorated.

WHEN YHP CAN TERMINATE COVERAGE

YHP may terminate the membership of a student or enrolled dependent and bill the student for all services rendered and claims paid by YHP for the student or dependent under the following conditions:

1. The student or dependent ceases to be eligible.
2. The student fails to pay premiums.
3. Adequate medical care and treatment is jeopardized by the impaired relationship between the student or dependent and a YHP network clinician.
4. The student or dependent persistently and repeatedly refuses to comply with a course of treatment prescribed by a YHP network clinician.
5. The student or dependent permits his or her YHP membership card to be used by another person.
6. The student or dependent makes any false statement or material misrepresentation on the enrollment form submitted when applying for YHP coverage.

When YHP terminates coverage because a student or dependent has become ineligible, the student or dependent may re-enroll within 30 days or at the start of a new term if they again become eligible. Re-enrollment under other circumstances is at the discretion of YHP and the University.

GENERAL POLICIES AND PROCEDURES

COORDINATION OF BENEFITS (COB)

Yale Health Plan coverage is subject to coordination of benefits (COB) provisions. Coordination of benefits is the term applied to a standard process used to determine the order in which benefit plans should pay for covered services when a member is covered by more than one benefit plan. Coordination of benefits works to your advantage by using one benefit plan to cover some of the expenses not fully covered by another plan. For example, if YHP covers a service to an amount less than 100% of the fee for that service and you are entitled to any benefits from a source other than YHP, COB entitles you to receive coverage from that source in addition to the amount YHP covers up to 100% of the expenses.

Coordination of benefits also entitles YHP to receive payment from other benefit plans for some services rendered by YHP. You are required to notify YHP if you have other coverage when you enroll in any of the YHP plans. Failure to disclose other coverage is grounds for termination of your coverage as explained in the section *Termination of Coverage*.

SUBROGATION (THIRD-PARTY LIABILITY)

A member or enrolled dependent may be compensated for an illness or injury for which another party is liable to pay damages. In these cases that party has the primary payment responsibility and YHP has the legal right to be reimbursed for services covered by YHP. If a YHP member brings legal action or otherwise makes a claim against a third party allegedly responsible for his or her condition, that YHP member agrees to:

1. Notify the YHP Billing Department as soon as possible and to keep Billing informed at all times of subsequent developments.
2. Reimburse YHP for its costs and services out of any resulting settlement to the full extent permitted by law.
3. Cooperate in protecting the interests of YHP under this provision and execute and deliver to YHP or its nominees any and all documents (e.g., accident reports) requested by YHP that may be necessary to effectuate and protect its rights.

YHP will provide medical care upon a member's request with the understanding that the member will reimburse YHP in full for any treatment rendered or expense incurred on his or her behalf without deductions of any nature, including attorney's fees, to the full extent permitted by law.

WORKERS' COMPENSATION

In cases of work-related injury or illness, members may be entitled to coverage under workers' compensation, employer's liability insurance, or occupational disease law. If it is determined that you are eligible for coverage through these sources for services provided by YHP, YHP is entitled to be reimbursed for those services. YHP will pay only for that portion of services covered under a YHP plan that is not covered by an approved workers' compensation, employer's liability insurance, or occupational disease law claim. If it is determined that you are not eligible for coverage through these sources for services covered by YHP, YHP will cover those services according to the terms of coverage. Please note, however, that if you receive care that is not covered by YHP for a work-related injury or illness and your claims through workers' compensation, employer's liability insurance, or occupational disease law are denied, YHP will not cover those claims and you will be billed directly.

If you become eligible for coverage under workers' compensation, employer's liability insurance, or occupational disease law, YHP is entitled to:

1. charge the entity obligated under such law(s) for services rendered at YHP
2. charge the member for services covered by YHP to the extent that the member has been paid for the same services under such law(s) or insurance
3. reduce any sum YHP owes the member by the amount that the member has been paid for the services under such law(s) or insurance
4. withdraw payment from a clinician or facility equal to the amount YHP has paid for services rendered to the member

If you are injured on the job or become ill because of your job, report this to your employer as soon as your condition permits. You must also notify the clinician who provides your care that it is a work-related condition. For Yale employees, YHP will provide medical treatment upon a member's request and bill workers' compensation for these services. For non-Yale employees, YHP will provide medical treatment and bill the responsible insurance carrier or employer directly upon receipt of an attending physician's claim form assigning payment directly to YHP. Failure to provide this or any other necessary documents required to effectuate and protect the rights of YHP will result in direct billing to the YHP member.

MISCELLANEOUS PROVISIONS

1. Members are subject to all the rules and regulations of YHP. They must receive care from a YHP network clinician or such care must be arranged by a YHP clinician and approved in advance by the YHP Care Coordination Department.
2. The member and each enrolled dependent agree that any clinician, hospital, referral agency, or agent that has made a diagnosis or provided treatment for an ailment may furnish to YHP all information and records, to the extent permitted by law, relating to said diagnosis or treatment. Members further agree that YHP may send all such information and records to YHP or network clinicians and/or to medical or financial audit firms with whom YHP contracts.
3. The coverage and rights described in this student handbook are personal to the member and enrolled dependents and cannot be assigned or transferred.
4. In the event of a major disaster, epidemic, or circumstances not reasonably within the control of YHP, YHP shall provide services insofar as practical, according to its best judgment, within the limits of its facilities and staff. In this event, YHP shall have no liability for delay or failure to provide or arrange for services on account of such events.
5. Members or applicants for membership shall complete and submit to YHP such enrollment forms, medical review questionnaires, or other forms or statements as YHP may reasonably request. Members or applicants warrant that the information contained therein shall be true, correct, and complete, and all rights to coverage and services hereunder are subject to that condition.
6. YHP may adopt reasonable policies, procedures, rules, and interpretations to promote the orderly and efficient administration of the policies and coverage plans described in this student handbook.
7. The YHP membership card issued to each member is for identification purposes only and does not in and of itself confer any rights to any of the services described in this student handbook.
8. The headings of various sections of this student handbook are inserted merely for the purpose of convenience and do not (expressly or implicitly) limit, define, or extend the specific terms of the section so designated.
9. If it is determined that a student, spouse, civil union partner, or dependent child was ineligible for membership, the student will be billed for all services rendered or claims paid by YHP on their behalf, and premiums paid will not be refunded.

ERISA

Participants and beneficiaries in the Yale Health Plan are entitled to certain rights and protections under the Employee Retirement Income Security Act of 1974 (ERISA), including the right to:

- Examine, without charge, at the plan administrator’s office and at other specified locations, all plan documents, including insurance contracts and copies of documents filed by the plan with the U.S. Department of Labor, such as detailed annual reports and plan descriptions.
- Obtain copies of all plan documents and other plan information upon written request to the plan administrator. The administrator may make a reasonable charge for the copies.
- Receive a summary of the plan’s annual financial report. The plan administrator is required by law to furnish each participant with a copy of the summary annual report if requested.
- If a participant’s claim for coverage is denied in whole or in part, he or she must receive a written explanation of the reason for the denial. The participant has the right to have the plan administrator review and reconsider his or her claim.

In addition to creating rights for YHP participants, ERISA imposes duties upon the people who are responsible for the operation of the plan. These people, called “fiduciaries,” have a duty to act prudently and in the interest of plan participants and beneficiaries. No one, including the employer or any other person, may fire a participant or otherwise discriminate against him or her in any way to prevent the obtaining of a benefit or exercise of rights under ERISA.

Under ERISA there are steps a participant can take to enforce the above rights. For instance, if a participant requests materials from the plan administrator and does not receive them within 30 days, he or she may file a suit in a federal court. The court may then require the plan administrator to provide the materials and pay the participant up to \$100 a day until the materials are received, unless they were not sent because of reasons beyond the control of the administrator. If a claim for coverage is denied or ignored, in whole or in part, a participant or beneficiary may file suit in a state or federal court. If plan fiduciaries misuse the plan’s money, or if a participant is discriminated against for asserting rights, he or she may seek assistance from the U.S. Department of Labor, or may file suit. If the suit is successful, the court may order the person sued to pay the participant’s cost and fees.

If the participant loses and the court finds that the claim was frivolous, the court may order that person to pay these costs and fees. If a participant has any questions about this statement or about his or her rights under ERISA, he or she should contact the nearest Area Office of the U.S. Labor-Management Services Administration, Department of Labor.

The following disclosure information is provided in accordance with the Employee Retirement Income Security Act of 1974 (ERISA).

The name of the plan is:

Yale Health Plan

The name, address, and Zip code of the sponsor of the plan is:

Yale University

P. O. Box 208256

221 Whitney Avenue

New Haven, CT 06520-8256

Employer identification number (EIN):

06-0646973

Plan number:

502

The plan administrator is:

Yale University

P. O. Box 208256

221 Whitney Avenue

New Haven, CT 06520-8256

The name, address, and Zip code of the person designated as agent for service of legal process is:

Yale University

P. O. Box 208256

221 Whitney Avenue

New Haven, CT 06520-8256

The cost of the plan is shared by the plan sponsor and the plan participants. The plan's fiscal year ends on July 31. The preceding pages set forth the eligibility requirements and coverage provided for you under this plan. The plan administrator may change or eliminate coverage under the plan and may terminate the entire plan or any portion of it. Your individual coverage terminates when you leave active service, when you are no longer in an eligible class, or when the plan administrator terminates the plan, whichever occurs first. See the plan administrator to determine what, if any, arrangements may be made to continue your coverage beyond the date you cease to be eligible or terminate your employment.

NOTICE OF PRIVACY PRACTICES (NOPP)

As part of our compliance with federal regulations, as well as our long-standing commitment to patient confidentiality, Yale University Health Services has available for all our patients a Notice of Privacy Practices (NOPP). This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully. If you have any questions, please contact our privacy office in writing or call Member Services at 203-432-0246.

Who has to abide by these privacy practices

Yale University Health Services (YUHS) provides health care to our patients in partnership with other professionals and organizations. The following individuals will abide by the privacy practices in this notice:

- Any health care professional who treats you at YUHS.
- All members of the YUHS work force, including employees, medical staff, trainees, students, and volunteers.

Our pledge to you

We understand that medical information about you is personal and we are committed to protecting that information. Your medical record is created as part of providing you with quality care, as well as for the purpose of meeting legal requirements. This notice applies to all the records of your care generated or maintained by YUHS. We are required by law to:

- Keep medical information about you private;
- Give you this notice of our legal duties and privacy practices with respect to medical information about you; and
- Follow the terms of the privacy practice notice that is currently in effect.

How we may use and disclose your medical information

We may use and disclose medical information about you without your prior authorization for treatment, such as sending medical information about you to a specialist as part of a referral (this includes psychiatric or HIV information if needed for purposes of your diagnosis and treatment); to obtain payment for treatment, such as sending billing information to your insurance company or Medicare (note: only limited psychiatric or HIV information may be disclosed without your authorization for billing purposes); and to support our health care operations (such as comparing patient data to improve treatment methods).

Other examples of such uses and disclosures include: contacting you for appointment reminders, or to inform you about possible treatment options and health-related benefits or services that may be of interest to you.

We may use or disclose medical information about you without your prior authorization for several other reasons. Subject to certain requirements, we may communicate medical information about you, without your prior authorization, for the following: public health purposes; abuse or neglect reporting; health oversight audits or inspections; to fulfill a request from a medical examiner; funeral arrangements and organ donations; workers' compensation claims; emergencies; national security needs and other specialized government functions; and for members of the Armed Forces as required by Military Command authorities. We also disclose medical information when required by law, such as in response to a request from law enforcement in specific circumstances, or in response to valid judicial or administrative orders.

The Inpatient Care Facility (ICF) has procedures which protect patient privacy while allowing for information to be given to those whom the patient designates. Patients are informed of these procedures upon their admission to the ICF.

We may use or disclose information about you without your authorization as part of a "limited data set" which includes limited information (such as your city or a visit date, but not your name or address), but only for certain health care operations, public health and research purposes. The recipient of the information must sign a promise to restrict how the limited data set is used.

Under certain circumstances, we may use and disclose health information about you for research purposes, subject to an approval process. We may also allow potential researchers to review information that may help them prepare for research, so long as the information they review does not leave our facility and they agree to specific privacy protections.

We may disclose medical information about you to a friend or family member whom you designate. We may also disclose medical information to a friend or family member if a practitioner determines it is appropriate under the circumstances, unless you inform us otherwise. We may also disclose information to disaster relief authorities so that your family can be notified of your location and condition.

Other uses of medical information

In any other situation not covered by this notice, we will ask for your written authorization before using or disclosing medical information about you. If you choose to authorize use or disclosure, you can later revoke that authorization by writing to:

Manager of Medical Records / Yale University Health Services / 17 Hillhouse Avenue /
Box 208237 / New Haven, CT 06520-8237

Your rights regarding your medical record

In most cases, you have the right to look at or get a copy of medical information that we use to make decisions about your care. To do so, you must submit a written request to the address below. We may charge a fee for the cost of copying, mailing, or related supplies. If we deny your request to review or obtain a copy, you may submit a written request for a review of that decision to:

Manager of Medical Records / Yale University Health Services / 17 Hillhouse Avenue /
Box 208237 / New Haven, CT 06520-8237

If you believe that information in your record is incorrect or incomplete, you have the right to request that we correct the records. Please send a written request to the address below, providing your reason for requesting the amendment. We may deny your request if the information was not created by us; if it is not part of the medical information maintained by us; or if we determine that your record is accurate; or under certain other circumstances. You may submit a written statement of disagreement with a decision by us not to amend a record to:

Manager of Medical Records / Yale University Health Services / 17 Hillhouse Avenue /
Box 208237 / New Haven, CT 06520-8237

You have the right to know when your medical information has been released

You have the right to request a list of disclosures we have made of your health information. The list will not include: (1) disclosures made for treatment, payment, and health care operations, as previously described; or (2) disclosures made in circumstances where you have given specific and separate authorization or (3) certain other disclosures in accordance with the law.

Please note that this policy is effective as of April 14, 2003. You must indicate the time period for which you request the list of disclosures, which can be up to six years prior to the date of your request. Disclosure lists will be kept for a rolling period of six years. Requests can be made for any time within that six year period and must be submitted in writing to:

Manager of Medical Records / Yale University Health Services / 17 Hillhouse Avenue /
Box 208237 / New Haven, CT 06520-8237

You have the right to request confidential communications

You have the right to request that medical information about you be communicated to you in a confidential manner, such as sending mail to an address other than your home. You may notify us of how you would like us to communicate with you by writing to:

Member Services Department / Yale University Health Services / 17 Hillhouse Avenue /
Box 208237 / New Haven, CT 06520-8237

You have the right to request restrictions on the use of your medical information

You may make a written request to restrict our use or disclosure of medical information about you. You may make the following request: that we not use or disclose information for treatment, payment or health care operations or to persons involved in your care except when (1) specifically authorized by you; (2) when we are required by law to disclose the information; or (3) in an emergency. We will consider your request but we are not legally required to accept it. We will inform you of our decision. All written requests or appeals should be submitted to:

Deputy Privacy Officer / Yale University Health Services / 17 Hillhouse Avenue /
Box 208237 / New Haven, CT 06520-8237

You have the right to request a paper copy of this notice

You may receive a paper copy of this notice upon request even if you have previously agreed to receive this notice electronically.

If we change our policies

If we change our policies, the changes will apply to medical information we already hold, as well as new information generated after the change occurs. Before we make a significant change in our policies, we will post the notice of the new policies in prominent areas and on our web site at www.yale.edu/uhs. You

can receive a copy of the current policy at any time even if you have previously agreed to receive this notice electronically. Copies of the current notice will be available at all times at the facility. The effective date is printed at the end of the notice.

To register a complaint

If you are concerned that your privacy rights may have been violated, or you disagree with a decision we made about access to your records, you may contact our Privacy Office by writing to:

Deputy Privacy Officer / Yale University Health Services / 17 Hillhouse Avenue /
Box 208237 / New Haven, CT 06520-8237

You may send a written complaint to the U.S. Department of Health and Human Services Office of Civil Rights. Our Privacy Office can provide you the address.

You will not experience penalties or retaliation for filing a complaint.

PATIENT RIGHTS & RESPONSIBILITIES

Your rights:

- To receive the best care we can offer for your problem, without regard to national origin, race, age, gender, religious beliefs, sexual orientation, disability or illness.
- To be treated with respect, consideration and dignity. To expect that your personal convictions and beliefs will be taken into account when you seek services and when decisions are made by Yale University Health Services (YUHS) clinicians regarding your care.
- To agree or to refuse any healthcare service and to be informed of medical consequences of services refused. To give informed consent for diagnostic or treatment procedures, as appropriate.
- To know the identity and professional status of your clinical care team and to be able to choose your primary care clinician(s) to the extent possible.
- To have your privacy respected.
- To expect that your medical records will be kept confidential and that access to information about you will be limited to those legitimately involved in your care in accordance with Yale University Health Services' Notice of Privacy Practices.
- To receive information from your clinician concerning your illness, condition, treatment (including possible side effects), and plans for your care. To expect reasonable continuity of care as appropriate and to be informed by your caregivers of available, realistic patient care options when the present course or venue of therapy is no longer appropriate.
- To receive appropriate assessment and management of pain.
- To review your medical record, except when restricted by law, and to have the information explained or interpreted as necessary.

- To be informed of any research aspect of your care and to be able to decline participation without jeopardizing your access to medical care and treatment.
- To be informed of the YUHS resources for resolving disputes, grievances, and conflicts.
- To request an itemized bill and to have charges explained.
- To have an advance directive (such as a living will, healthcare proxy, or durable power of attorney for healthcare) concerning health care decisions. YUHS will honor the advance directive to the extent permitted by law.
- To be informed of and be welcome to ask about the existence of business relationships between YUHS and other health care providers or commercial entities, or other payers that might influence your treatment and care.

Your responsibilities:

- To give us complete information about your health. We need to know about your symptoms, treatments, medicines, medical history and other health or safety concerns. Tell us if you are in pain.
- To tell us if you do not understand your care and treatment. Ask questions when you don't understand the plan of care and what is required of you.
- To be responsible for following the plan of care you and your clinician have agreed upon to help you get well. If you cannot follow the plan, please tell us.
- To be responsible for your health outcomes if you do not follow treatment recommendations and instructions. Recognize the effects of lifestyle on personal health and take reasonable precautions to remain healthy.
- To notify us when you cannot keep your appointment and provide us with updated information such as new addresses and phone numbers so we may contact you as necessary.
- To be considerate of the rights of other patients and YUHS staff.
- To follow YUHS' rules and regulations that relate to patients.
- To provide YUHS with complete insurance information to ensure that your medical bills are paid properly. Please remember that you are financially responsible for payment of any deductibles, coinsurance, fee-for-service visits and non-covered services.
- To provide us with documentation of any advance directives and tell us when you have changed these directives.

Women's Health and Cancer Rights Act of 1998 (WHCRA)

The Women's Health and Cancer Rights Act of 1998 provides benefits for mastectomy-related services including all stages of reconstruction and surgery to achieve symmetry between the breasts, prostheses, and complications resulting from a mastectomy, including lymphedemas. Call the Yale Health Plan Claims Department at 203-432-0250 for more information.

GLOSSARY

acute Describes an illness or injury that has a rapid onset with symptoms that are usually severe and of relatively short duration.

benefit year The benefit year for students runs from August 1 to July 31. All benefits that refer to annual deductibles or yearly maximums are calculated on the basis of this time period.

case management Coordination of care by a clinician(s) or clinically-trained individual(s).

clinician A physician, optometrist, nurse practitioner, nurse midwife, physician assistant, psychotherapist, and other licensed individuals who provide direct patient care.

coordination of benefits (COB) The method used by YHP and all health insurance companies to determine who pays for health care expenses when a person is eligible for coverage by more than one insurance carrier or health plan.

elective admission An inpatient admission that is medically necessary and scheduled in advance for a condition for which the member does not require immediate medical attention.

emergency condition A major acute medical problem or major acute trauma that requires immediate medical attention or a condition that could lead to serious harm or death if care is not received or is delayed. Asekhjk

ERISA Employee Retirement Income Security Act of 1974 (ERISA) is a federal statute (29 U.S.C. §1001 et seq.) whose purpose is to set standards for the operation and administration of private pension plans and for other benefits such as health care. In the areas of its coverage the statute preempts state laws.

excess coverage Coverage under which you are entitled to benefits only after you receive payment from any other applicable contract, agreement, plan, or insurance.

explanation of benefits (EOB) A statement sent by an insurance plan to a plan member that explains which benefits have been paid and which have been denied.

HIPAA Health Insurance Portability and Accountability act that requires the adoption of medical facilities of security and privacy standards to protect personal health information.

hospitalization care Care a patient receives while admitted to a hospital.

inpatient services Clinical services provided after the patient is admitted to a hospital or other facility for treatment.

network A defined group of providers and facilities, linked by contractual arrangements, that provide a broad range of primary and acute care services.

official opening of dorms A date, set by each individual school, indicating the first day that students may move into their dorm rooms.

out-of-area Outside Connecticut.

outpatient services Clinical services provided to a patient who has not been admitted to a hospital or other facility for treatment.

partial hospitalization services A mental health or substance abuse program operated by a hospital that provides clinical services as an alternative or follow-up to inpatient hospital care.

plan The generic term used to describe the coverage options offered to students and their dependents by YHP.

plan area State of Connecticut.

primary care The basic care an individual receives from a physician, physician assistant, certified nurse midwife, or nurse practitioner.

SFAS Student Financial and Administrative Services. SFAS accounts were formerly known as bursar accounts.

specialty care Secondary, specialized care an individual receives, usually by referral from a primary care clinician (e.g., orthopedics, dermatology, oncology, neurology, etc.)

subrogation The seeking of reimbursement for costs and services in case of illness or injury determined to be the legal responsibility of a third party.

target symptom Treatment facilities that target individual symptoms for treatment clinic (e.g., sleep disorder clinics, headache clinics, pain clinics, etc.).

urgent condition The sudden and unexpected onset of an acute medical problem or trauma that requires immediate medical attention.

WHCRA Women's Health and Cancer Rights Act of 1998 (WHCRA) is a federal statute that provides benefits for mastectomy-related services including all stages of reconstruction and surgery to achieve symmetry between the breasts, prostheses, and complications resulting from a mastectomy, including lymphedemas.

YHOL Yale Health Online, a secure web-based communications service tailored for the Yale community.

YHP Yale Health Plan.

YUHS Yale University Health Services.

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