



Summer 2016

Dear Yale Student:

We are pleased to announce that this fall the University will once again offer graduate and professional students both a dental plan and a vision plan. Additionally, for your convenience, enrollment and payment for the plans will be completed online.

The dental plan is offered through Delta Dental of New Jersey, America's largest, most experienced dental benefits carrier, offering national coverage and providing quality, cost-effective dental programs and services for participants. The vision plan is offered through EyeMed Vision Care, a leading vision benefits company dedicated to improving the vision of its members through comprehensive vision wellness plans.

**Enrollment is not automatic for either plan. Applications and full payment must be submitted online at <http://gradprofdenteye.yale.edu/> by September 15.** Documents with specific plan information (e.g., covered services) and Frequently Asked Questions (FAQs) for each plan are enclosed with this letter. Below you will find an overview of both plans with enrollment information, charts summarizing the benefits, and the fee structure. Please review the information carefully in order to ensure that you do not miss this important opportunity.

**DENTAL PLAN OVERVIEW**

<b>Delta Dental PPO<sup>SM</sup> plus Premier<sup>®</sup> Program Yale G&amp;P Student Dental Plan</b>		
<b>Benefit Year = October 1 – September 30</b>	<b><u>If a Delta Dental PPO<sup>SM</sup> Dentist is used:</u></b>	<b><u>If a Delta Dental Premier<sup>®</sup> or out-of- network dentist is used:</u></b>
<b>Benefit Year Deductible</b>		
<ul style="list-style-type: none"><li>• Per Person</li></ul> <b>Deductible waived for Preventive &amp; Diagnostic (P&amp;D) services</b>	\$25	\$35

<ul style="list-style-type: none"> <li>Family Aggregate Maximum</li> </ul> <p>Family deductible is accumulated by individual deductibles</p>	\$50	\$70
<b>Preventive &amp; Diagnostic (P&amp;D)</b>		
<ul style="list-style-type: none"> <li>Exams, Cleanings, X-Rays (one set per plan year for adults)</li> </ul>	100%	60%
<ul style="list-style-type: none"> <li>Fluoride Treatment</li> </ul>	100%	60%
<b>Fillings*</b>	80%*	50%*
<b>*NOTE: These benefits are available only to students enrolled in their second year of coverage and beyond.</b>		
<b>Remaining Basic, Crowns, Prosthodontics and Other Services</b>	<p>0%**</p> <p>**For these services, no benefits are payable by the plan, but you may enjoy reduced approved fee levels as permitted by state law. A pre-service estimate is highly recommended before obtaining any of these services in order to understand your payment responsibility.</p>	<p>0%**</p> <p>**For these services, no benefits are payable by the plan, but you may enjoy reduced approved fee levels as permitted by state law. A pre-service estimate is highly recommended before obtaining any of these services in order to understand your payment responsibility.</p>
<b>Plan Year Maximum (Per Person), P&amp;D care does not count toward maximum</b>	\$1000	\$1000

*The benefits outlined above are a summary. Please review the attached information for more specific details about the plan.*

Annual premiums for the dental plan are as follows and are payable by the student **at the time of enrollment**:

	<b>Annual Premium</b>
Single	\$224.04
Student + Spouse OR Student + Child	\$396.48
Family	\$604.80

If you are interested in enrolling in the Delta Dental of New Jersey plan, you must complete the online enrollment application and payment at <http://gradprofdenteye.yale.edu/> for coverage effective October 1, 2016 through September 30, 2017.

**Enrollment is not automatic. Applications and full payment must be submitted online at <http://gradprofdenteye.yale.edu/> by September 15.** The enrollment web site will close for the 2016-2017 academic year at 11:59 P.M. ET on September 15, 2016, the end of the enrollment period.

*Please note:* Before you begin the enrollment process, be sure that you have finalized your decision on the plan(s) in which you wish to enroll and that you have all the information necessary to complete the enrollment forms including your complete address and the names and dates of birth of all dependents that are to be enrolled. You should have a major credit card (Visa, MasterCard, Discover or American Express) with you to pay for the plan(s) in order to complete the enrollment process.

To complete the enrollment process and be enrolled in either or both the Delta Dental of New Jersey and EyeMed plans, you must pay the cost of the plans(s) online at <http://gradprofdenteye.yale.edu/>. After you have paid, the enrollment process will be complete and you will be enrolled effective October 1, 2016. If, for any reason, you do not complete the enrollment process, you will be permitted to re-enter the enrollment web site to complete your enrollment. After you have paid for either or both the Delta Dental of New Jersey and EyeMed plans, your enrollment will be complete and you will not be able to cancel your enrollment in any plan you may have enrolled in nor will you be able to enroll in any plan you may not have enrolled in. In other words, if you completed your enrollment (including your payment) in the Delta Dental plan but did not also enroll in EyeMed, you will not have another opportunity to enroll in EyeMed. Similarly, if you completed your enrollment (including your payment) in the EyeMed plan but did not also enroll in Delta Dental, you will not have another opportunity to enroll in Delta Dental.

## **VISION PLAN OVERVIEW**

<b>EyeMed VISION CARE®</b>		
Yale G&P Student Vision Plan		
	<b>Member Cost In-Network</b>	<b>Out-of Network Reimbursement</b>
<b>Exam Options</b>		
<ul style="list-style-type: none"> <li>Exam w/Dilation as necessary*</li> </ul>	\$25 Copay *Eye exams are available at Yale Health Center and covered at 100% (no copay applies) for students enrolled in Yale Health Hospitalization/Specialty coverage	\$11
<ul style="list-style-type: none"> <li>Standard Contact Lens fit and follow-up</li> </ul>	Up to \$40	N/A
<ul style="list-style-type: none"> <li>Premium Contact Lens fit and follow-up</li> </ul>	10% off retail price	N/A
<b>Frames</b> Any available frame at provider location	\$0 Copay, \$150 allowance; 20% off balance over \$150	Up to \$65
<b>Standard Plastic Lenses</b>		
<ul style="list-style-type: none"> <li>Single Vision</li> </ul>	\$15 Copay	Up to \$25
<ul style="list-style-type: none"> <li>Bifocal</li> </ul>	\$15 Copay	Up to \$40
<b>Contact Lenses</b> Contact Lens allowance includes materials only	EyeMed offers contacts online through <a href="http://contactsdirect.com">contactsdirect.com</a>	
<ul style="list-style-type: none"> <li>Conventional</li> </ul>	\$0 Copay, \$130 allowance; 15% off balance over \$130	Up to \$104
<ul style="list-style-type: none"> <li>Disposables</li> </ul>	\$0 Copay, \$130 allowance, plus balance over \$130	Up to \$104
<b>LASIK and PRK Vision Correction Procedures</b>	15% off retail price OR	N/A

	5% off promotional pricing	
<b>Additional Pairs Benefit</b> Members also receive a 40% discount off a complete pair of eyeglasses purchase and 15% discount off conventional contact lenses once the funded benefit has been used.		
<b>Frequency</b>		
<ul style="list-style-type: none"> <li>• Frequency for Frames</li> <li>• Frequency for Lenses or Contact Lenses</li> <li>• Frequency for Contact Lens Fit Exam</li> </ul>	Once every 12 months	

*The benefits outlined above are a summary. Please review the attached information for more specific details about the plan.*

Annual premiums for the vision plan are as follows and are payable by the student **at the time of enrollment:**

	<b>Annual Premium</b>
Single	\$82.19
Student + Spouse OR Student + Child	\$156.37
Family	\$229.61

If you are interested in enrolling in the EyeMed Vision Care plan, you must complete the online enrollment application and payment at <http://gradprofdenteye.yale.edu/> for coverage effective October 1, 2016 through September 30, 2017.

**Enrollment is not automatic. Applications and full payment must be submitted online at <http://gradprofdenteye.yale.edu/> by September 15.** The enrollment web site will close for the 2016-2017 academic year at 11:59 P.M. ET on September 15, 2016, the end of the enrollment period.

Remember, you must pay the cost of the plan(s) you wish to enroll in online at <http://gradprofdenteye.yale.edu/>. After you have paid, the enrollment process will be complete and you will be enrolled in either or both of the plans effective October 1, 2016. If, for any

reason, you do not complete the enrollment process, you will be permitted to re-enter the enrollment web site to complete your enrollment. After you have paid for either or both the Delta Dental of New Jersey and EyeMed plans, your enrollment will be complete and you will not be able to cancel your enrollment in any plan you may have enrolled in nor will you be able to enroll in any plan you may not have enrolled in.

### **CONTACT INFORMATION**

If you have questions about the dental plan, please contact Delta Dental's customer service team at 1-800-452-9310 or visit their web site at [www.deltadentalnj.com](http://www.deltadentalnj.com).

If you have questions about the vision plan, please contact EyeMed's customer service team at 1-866-299-1358 or visit their web site at [www.eyemedvisioncare.com](http://www.eyemedvisioncare.com).

You may also send questions to [gradprofdenteye@yale.edu](mailto:gradprofdenteye@yale.edu). Representatives from the Graduate and Professional Student Senate (GPSS) and the Graduate Student Assembly (GSA) will track down answers for you and reply via email.

Your colleagues,  
The Graduate Student Assembly  
The Graduate and Professional Student Senate