

**Clerical & Technical, Service & Maintenance and Security
2017 Weekly Employee Contributions**

Medical Plans	Full Monthly Cost	Weekly Employee Cost
Yale Health		
Single	\$739.00	\$0.00
2-Person (Employee plus spouse or child)	\$1,626.00	\$0.00
Family	\$2,217.00	\$0.00

Yale Health Enrollment Fees (Employees hired after 1/22/2017):		
	Fee	Period
Employee	None	
Employee + Child(ren)	\$10.00	20 Weeks (1 st year)
Family		
a. Spouse <i>without</i> access to employer healthcare or	\$10.00	30 Weeks (1 st year)
b. Spouse <i>enrolled</i> in healthcare at their employer		
Family		
a. Spouse <i>with access to but not enrolled</i> in healthcare at their employer	\$12.50	50 Weeks (per year)

Medical Plans	Full Monthly Cost	Weekly Employee Cost
Aetna Select*		
Single	\$835.00	\$27.00
2-Person (Employee plus spouse or child)	\$1,837.00	\$59.31
Family	\$2,505.00	\$81.00
Aetna Choice POS II (Closed to new enrollment after 01/20/2013)		
Single	\$1,222.00	\$39.46
Single + Child(ren)	\$2,688.00	\$74.54
Family	\$3,666.00	\$101.54

Dental Plans	Full Monthly Cost	Weekly Employee Cost (18+ months of service)	Weekly Employee Cost (less than 18 months of service)
Delta Dental			
Single	\$41.34	\$0.00	\$0.00
2-Person (Employee plus spouse or child)	\$82.68	\$4.77	\$9.54
Family	\$124.02	\$9.54	\$19.08
Cigna DMO**			
Single	\$36.85	\$0.00	N/A
2-Person (Employee plus spouse or child)	\$68.54	\$3.66	N/A
Family	\$101.10	\$7.41	N/A

Vision Plans	Eye Med Basic	Eye Med Enhanced
Single	\$0.98	\$2.14
2-Person	\$1.87	\$4.78
Family	\$2.74	\$7.02

*A three-year exclusion rule applies to those hired after 07/01/2009.

** CIGNA DMO is closed to new participants.