

**Yale Police Benevolent Association (YPBA)
2017 Weekly Medical, Dental & Vision Contributions**

Medical Plans	Weekly Employee Cost
Yale Health	
Single	\$0.00
2-Person (Employee plus spouse or child)	\$0.00
Family	\$0.00
Aetna Choice POS II (YPBA hired before 09/30/2011)*	
Single	\$32.92
2-Person (Employee plus spouse or child)	\$48.14
Family	\$58.11

Dental Plans	Weekly Employee Cost (18+ months of service)	Weekly Employee Cost (less than 18 months of service)
Delta Dental		
Single	\$0.00	\$0.00
2-Person (Employee plus spouse or child)	\$4.77	\$9.54
Family	\$9.54	\$19.08
Cigna DMO** (closed to new members)		
Single	\$0.00	N/A
2-Person (Employee plus spouse or child)	\$3.66	N/A
Family	\$7.41	N/A

Vision Plans	Weekly Employee Cost
Eye Med Basic	
Single	\$0.98
2-Person (Employee plus spouse or child)	\$1.87
Family	\$2.74
EyeMed Enhanced	
Single	\$2.14
2-Person (Employee plus spouse or child)	\$4.78
Family	\$7.02

*A three-year exclusion rule applies to those hired after 10/1/2011. Aetna Choice POS II is a “grandfathered health plan” under the Patient Protection and Affordable Care Act (the Affordable Care Act).

** CIGNA DMO is closed to new enrollment.