

## 2017 Medical, Dental and Vision Plan Contributions for Yale Faculty, Managerial & Professionals, and Police Supervisors and Police Command Staff

The following Monthly Costs are examples based on three different full-time equivalent salary levels. To find your exact contributions, please visit the benefits contribution calculator located here: [2017 Benefits Contribution Calculator](#)

| Plan Name  | Full Cost           | Employee Cost<br>(\$75,000 Salary) | Employee Cost<br>(\$90,000 Salary) | Employee Cost<br>(\$110,000 Salary) |
|--|---------------------|------------------------------------|------------------------------------|-------------------------------------|
| <b>Yale Health</b>   |                     |                                    |                                    |                                     |
| Single   | \$580.00            | \$50.00                            | \$90.50                            | \$144.50                            |
| Single + Child(ren)  | \$1,102.00          | \$70.00                            | \$167.50                           | \$297.50                            |
| Single + Spouse  | \$1,218.00          | \$95.00                            | \$239.00                           | \$431.00                            |
| Family   | \$1,740.00          | \$120.00                           | \$316.50                           | \$578.50                            |
| <b>Aetna Smart Care Plan (with Health Savings Account) *</b> |                     |                                    |                                    |                                     |
| Single   | \$600.00            | \$85.00                            | \$119.50                           | \$165.50                            |
| Single + Child(ren)  | \$1,140.00          | \$150.00                           | \$228.00                           | \$332.00                            |
| Single +Spouse   | \$1,260.00          | \$192.00                           | \$288.00                           | \$416.00                            |
| Family   | \$1,800.00          | \$240.00                           | \$375.00                           | \$555.00                            |
| <b>Aetna Choice POS II</b>                                   |                     |                                    |                                    |                                     |
| Single   | \$770.00            | \$177.50                           | \$204.50                           | \$240.50                            |
| Single + Child(ren)  | \$1,463.00          | \$268.00                           | \$355.00                           | \$471.00                            |
| Single + Spouse  | \$1,617.00          | \$335.00                           | \$455.00                           | \$615.00                            |
| Family   | \$2,310.00          | \$410.00                           | \$581.00                           | \$809.00                            |
| <b>Legacy Aetna Choice POS II**</b>                          |                     |                                    |                                    |                                     |
| Single   | \$884.00            | \$265.00                           | \$304.00                           | \$356.00                            |
| Single + Child(ren)  | \$1,680.00          | \$375.50                           | \$504.50                           | \$676.00                            |
| Single + Spouse  | \$1,856.00          | \$505.50                           | \$639.00                           | \$817.00                            |
| Family   | \$2,652.00          | \$598.00                           | \$808.00                           | \$1,088.00                          |
| <b>Delta Dental</b>  |                     |                                    |                                    |                                     |
| Single   | \$53.00             | \$36.50                            | \$41.00                            | \$47.00                             |
| 2-Person   | \$106.00            | \$75.50                            | \$83.00                            | \$93.00                             |
| Family   | \$164.00            | \$119.00                           | \$128.00                           | \$140.00                            |
| <b>Vision Plans</b>  |                     |                                    |                                    |                                     |
|  | <b>BASIC EyeMed</b> | <b>ENHANCED EyeMed</b>             |                                    |                                     |
| Single   | \$4.26              | \$9.26                             |                                    |                                     |
| 2-Person   | \$8.10              | \$20.71                            |                                    |                                     |
| Family   | \$11.88             | \$30.43                            |                                    |                                     |

\* Formerly known as the Aetna Value Plan. Rates do not include the cost of Colonial Life accident coverage. Accident Coverage is paid for by the university\*\*Closed to new enrollment.

**If you are currently enrolled in Aetna Legacy, give Yale Health or the Aetna Value Plan a try. If after a one-year trial (2017), you are not satisfied, you can switch back to Aetna Choice POS II (Legacy) during next year's Annual Benefits Enrollment period.**

## 2017 Medical Tobacco Contributions for Yale Faculty, Managerial & Professionals, and Police Supervisors and Police Command Staff

**Please note: Tobacco users who participate and complete the free Yale Tobacco Cessation program will pay the lower non-Tobacco contribution rates.** The following Monthly Costs are examples based on three different full-time equivalent salary levels. To find your exact contributions, please visit the benefits contribution calculator located here: [2017 Benefits Contribution Calculator](#)

| Plan Name  | Full Cost  | Employee Cost<br>(\$75,000 Salary) | Employee Cost<br>(\$90,000 Salary) | Employee Cost<br>(\$110,000 Salary) |
|--|------------|------------------------------------|------------------------------------|-------------------------------------|
| <b>Yale Health</b>   |            |                                    |                                    |                                     |
| Single   | \$580.00   | \$100.00                           | \$140.50                           | \$194.50                            |
| Single + Child(ren)  | \$1,102.00 | \$120.00                           | \$217.50                           | \$347.50                            |
| Single + Spouse  | \$1,218.00 | \$145.00                           | \$289.00                           | \$481.00                            |
| Family   | \$1,740.00 | \$170.00                           | \$366.50                           | \$628.50                            |
| <b>Aetna Smart Care Plan (with Health Savings Account) *</b> |            |                                    |                                    |                                     |
| Single   | \$600.00   | \$135.00                           | \$169.50                           | \$215.50                            |
| Single + Child(ren)  | \$1,140.00 | \$200.00                           | \$278.00                           | \$382.00                            |
| Single + Spouse  | \$1,260.00 | \$242.00                           | \$338.00                           | \$466.00                            |
| Family   | \$1,800.00 | \$290.00                           | \$425.00                           | \$605.00                            |
| <b>Aetna Choice POS II</b>                                   |            |                                    |                                    |                                     |
| Single   | \$770.00   | \$227.50                           | \$254.50                           | \$290.50                            |
| Single + Child(ren)  | \$1,463.00 | \$318.00                           | \$405.00                           | \$521.00                            |
| Single + Spouse  | \$1,617.00 | \$385.00                           | \$505.00                           | \$665.00                            |
| Family   | \$2,310.00 | \$460.00                           | \$631.00                           | \$859.00                            |
| <b>Legacy Aetna Choice POS II**</b>                          |            |                                    |                                    |                                     |
| Single   | \$884.00   | \$315.00                           | \$354.00                           | \$406.00                            |
| Single + Child(ren)  | \$1,680.00 | \$425.50                           | \$554.50                           | \$726.00                            |
| Single + Spouse  | \$1,856.00 | \$555.50                           | \$689.00                           | \$867.00                            |
| Family   | \$2,652.00 | \$648.00                           | \$858.00                           | \$1,138.00                          |

\* Formerly known as the Aetna Value Plan. Rates do not include the cost of Colonial Life accident coverage. Accident Coverage is paid for by the university

\*\*Closed to new enrollment.

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