

**Clerical & Technical, Service & Maintenance and Security
2024 Weekly Employee Contributions**

Medical Plans	Full Monthly Cost	Weekly Employee Cost
Yale Health		
Single	\$1,137.00	\$7.00
Single + Child(ren)	\$2,160.00	\$11.00
Single + Spouse	\$2,388.00	\$15.00
Family	\$3,411.00	\$19.00

Aetna Select*			
Single	\$1,406.00	\$55.16	
Single + Child(ren)	\$2,671.00	\$104.79	
Single + Spouse	\$2,953.00	\$115.85	
Family	\$4,218.00	\$165.48	
Legacy Aetna Choice (Closed to new enrollment after 01/20/2013)**			
Single	\$2,057.00	\$80.70	
Single + Child(ren)	\$3,908.00	\$135.28	
Single + Spouse	\$4,320.00	\$149.54	
Family	\$6,171.00	\$213.61	
Salary Band Employee Weekly Cost***			
	\$75,000	\$90,000	\$110,000
Aetna Smart Care*			
Single	\$886.00	\$25.38	\$33.69
Single + Child(ren)	\$1,655.00	\$42.81	\$62.54
Single + Spouse	\$1,818.00	\$52.62	\$82.38
Family	\$2,587.00	\$64.38	\$101.77

Dental Plans	Full Monthly Cost	Weekly Employee Cost (18+ months of service)	Weekly Employee Cost (less than 18 months of service)
Delta Dental			
Single	\$37.80	\$0.00	\$0.00
2-Person (Employee plus spouse or child)	\$75.60	\$4.36	\$8.72
Family	\$113.40	\$8.72	\$17.44
Cigna DMO****			
Single	\$40.11	\$0.00	N/A
2-Person (Employee plus spouse or child)	\$74.60	\$3.98	N/A
Family	\$110.03	\$8.07	N/A

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

*A three-year exclusion rule applies for new hires.

**Legacy Aetna Choice previously named Aetna Choice POS II.

*** Enrollment in Aetna SmartCare plans are available under terms and conditions applicable to Managerial and Professional employees. To find exact contributions for Aetna Smart Care Plan, please visit the [2024 Benefits Contribution Calculator](#)

**** CIGNA DMO is closed to new participants.