

## Yale Police Benevolent Association (YPBA) 2015 Weekly Medical, Dental & Vision Contributions

Medical Plans	Weekly Employee Cost
<b>Yale Health</b>	
Single	\$0.00
2-Person (Employee plus spouse or child)	\$0.00
Family	\$0.00
Same-Sex DP/CU*	\$0.00
<b>Aetna Choice POS II (YPBA hired before 09/30/2011)**</b>	
Single	\$28.62
2-Person (Employee plus spouse or child)	\$41.77
Family	\$50.54
Same-Sex DP/CU*	\$13.15

Dental Plans	Weekly Employee Cost (18+ months of service)	Weekly Employee Cost (less than 18 months of service)
<b>Delta Dental</b>		
Single	\$0.00	\$0.00
2-Person (Employee plus spouse or child)	\$4.62	\$9.24
Family	\$9.24	\$18.48
Same-Sex DP/CU*	\$4.62	\$9.24
<b>Cigna DMO*** (closed to new members)</b>		
Single	\$0.00	N/A
2-Person (Employee plus spouse or child)	\$3.34	N/A
Family	\$6.77	N/A
Same-Sex DP/CU*	\$3.34	N/A

Vision Plans	Weekly Employee Cost
<b>Eye Med Basic</b>	
Single	\$0.98
2-Person (Employee plus spouse or child)	\$1.87
Family	\$2.74
Same-Sex DP/CU*	\$0.89
<b>EyeMed Enhanced</b>	
Single	\$1.36
2-Person (Employee plus spouse or child)	\$3.04
Family	\$4.47
Same-Sex DP/CU*	\$1.68

\* These post-tax rates and imputed income apply only to grandfathered same-sex domestic partners (DP) and civil union (CU) partners.

\*\*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.