

2017 Medical, Dental and Vision Plan Contributions for Postdoctoral Associates

The following Monthly Costs are examples based on two 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 (\$45,000 Salary)	Employee Cost (\$90,000 Salary)
Yale Health			
Single	\$580.00	\$30.00	\$30.00
Single + Child(ren)	\$1,102.00	\$45.00	\$45.00
Single + Spouse	\$1,218.00	\$65.00	\$65.00
Family	\$1,740.00	\$85.00	\$85.00
Aetna Smart Care Plan* (w/Health Savings Account)			
Single	\$600.00	\$85.00	\$119.50
Single + Child(ren)	\$1,140.00	\$150.00	\$228.00
Single +Spouse	\$1,260.00	\$192.00	\$288.00
Family	\$1,800.00	\$240.00	\$375.00
Aetna Choice POS II			
Single	\$770.00	\$177.50	\$204.50
Single + Child(ren)	\$1,463.00	\$268.00	\$355.00
Single + Spouse	\$1,617.00	\$335.00	\$455.00
Family	\$2,310.00	\$410.00	\$581.00
LegacyAetnaChoice POS II**			
Single	\$884.00	\$265.00	\$304.00
Single + Child(ren)	\$1,680.00	\$375.50	\$504.50
Single + Spouse	\$1,856.00	\$505.50	\$639.00
Family	\$2,652.00	\$598.00	\$808.00
Delta Dental			
Single	\$53.00	\$36.50	\$41.00
2-Person	\$106.00	\$75.50	\$83.00
Family	\$164.00	\$119.00	\$128.00
Vision Plans			
	BASIC Eye Med	ENHANCED Eye Med	
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 Plan Tobacco User Contributions for Postdoctoral Associates

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 two 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 (\$45,000 Salary)	Employee Cost (\$90,000 Salary)
Yale Health			
Single	\$580.00	\$80.00	\$80.00
Single + Child(ren)	\$1,102.00	\$95.00	\$95.00
Single + Spouse	\$1,218.00	\$115.00	\$115.00
Family	\$1,740.00	\$135.00	\$135.00
Aetna Smart Care Plan* (w/Health Savings Account)			
Single	\$600.00	\$135.00	\$169.50
Single + Child(ren)	\$1,140.00	\$200.00	\$278.00
Single +Spouse	\$1,260.00	\$242.00	\$338.00
Family	\$1,800.00	\$290.00	\$425.00
Aetna Choice POS II			
Single	\$770.00	\$227.50	\$254.50
Single + Child(ren)	\$1,463.00	\$318.00	\$405.00
Single + Spouse	\$1,617.00	\$385.00	\$505.00
Family	\$2,310.00	\$460.00	\$631.00
LegacyAetnaChoice POS II**			
Single	\$884.00	\$315.00	\$354.00
Single + Child(ren)	\$1,680.00	\$425.50	\$554.50
Single + Spouse	\$1,856.00	\$555.50	\$689.00
Family	\$2,652.00	\$648.00	\$858.00

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