

Monthly COBRA Rates – 2021 Medical Dental and Vision Plans

Medical Plans

Faculty Managers & Professionals Post-Doctoral Associates and Fellows

	Yale Health Plan	Aetna Smart Care	Aetna Choice	Legacy Aetna Choice
Single	\$796.62	\$690.54	\$1,003.68	\$1,259.70
Single + Child(ren)	\$1,513.68	\$1,311.72	\$1,907.40	\$2,393.94
Single + Spouse	\$1,672.80	\$1,450.44	\$2,107.32	\$2,645.88
Family	\$2,389.86	\$2,071.62	\$3,011.04	\$3,779.10

Clerical & Technical Service & Maintenance Security and YPBA

	Yale Health Plan CT/SM/SEC/YPBA	Aetna Smart Care YPBA	Aetna Choice YPBA	Aetna Legacy CT/SM/SEC/YPBA	Aetna Select CT/SM/SEC
Single	\$950.64	\$690.54	\$1,003.68	\$1,792.14	\$1,225.02
Single + Child(ren)	\$1,806.42	\$1,311.72	\$1,907.40	\$3,404.76	\$2,327.64
Single + Spouse	\$1,996.14	\$1,450.44	\$2,107.32	\$3,763.80	\$2,572.44
Family	\$2,851.92	\$2,071.62	\$3,011.04	\$5,376.42	\$3,675.06

Dental Plans

Faculty Managerial & Professional Post-Doctoral Associates and Fellows

	Delta Dental
Single	\$49.98
2-Person	\$99.96
Family	\$155.04

Clerical & Technical Service & Maintenance Security and YPBA

	Delta DAP	CIGNA DMO
Single	\$38.56	\$38.96
2-Person	\$77.11	\$72.47
Family	\$115.67	\$106.90

Vision Plans

	EyeMed BASIC Vision Plan	EyeMed ENHANCED Vision Plan
Single	\$4.35	\$9.45
2-Person	\$8.26	\$21.12
Family	\$12.12	\$31.04

Employee Assistance Program

	FAC/MP/PDA/PDF	CT/SM/SEC/YPBA
Monthly	\$3.57	\$2.15