

7/1/2021 – 12/31/2021 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 [2021 Benefits Contribution Calculator](#).

Plan Name	Full Cost	Employee Cost (\$75,000 Salary)	Employee Cost (\$90,000 Salary)	Employee Cost (\$110,000 Salary)
Yale Health				
Single	\$781.00	\$115.50	\$150.00	\$196.00
Single + Child(ren)	\$1,484.00	\$177.00	\$261.00	\$373.00
Single + Spouse	\$1,640.00	\$279.00	\$414.00	\$594.00
Family	\$2,343.00	\$331.50	\$519.00	\$769.00
Aetna Smart Care (with Health Savings Account) *				
Single	\$727.00	\$91.00	\$124.00	\$168.00
Single + Child(ren)	\$1,361.00	\$150.00	\$228.00	\$332.00
Single + Spouse	\$1,497.00	\$198.00	\$315.00	\$471.00
Family	\$2,131.00	\$240.00	\$387.00	\$583.00
Aetna Choice				
Single	\$984.00	\$251.00	\$275.00	\$307.00
Single + Child(ren)	\$1,870.00	\$380.50	\$475.00	\$601.00
Single + Spouse	\$2,066.00	\$506.50	\$625.00	\$783.00
Family	\$2,952.00	\$611.00	\$791.00	\$1,031.00
Legacy Aetna Choice**				
Single	\$1,235.00	\$417.00	\$471.00	\$543.00
Single + Child(ren)	\$2,347.00	\$627.00	\$801.00	\$1,033.00
Single + Spouse	\$2,594.00	\$817.00	\$997.00	\$1,237.00
Family	\$3,705.00	\$980.00	\$1,271.00	\$1,659.00
Delta Dental				
Single	\$49.00	\$36.50	\$41.00	\$47.00
2-Person	\$98.00	\$75.50	\$83.00	\$93.00
Family	\$152.00	\$119.00	\$128.00	\$140.00
Vision Plans	BASIC EyeMed	ENHANCED EyeMed		
Single	\$4.26	\$9.26		
2-Person	\$8.10	\$20.71		
Family	\$11.88	\$30.43		

*Rates do not include the cost of Aetna accident coverage. Accident Coverage is paid for by the university

**Closed to new enrollment.

If you are currently enrolled in Legacy Aetna Choice, give Yale Health or the Aetna Smart Care a try. If after a one-year trial (2021), you are not satisfied, you can switch back to Legacy Aetna Choice during next year's Annual Benefits Enrollment period.

**7/1/2021 – 12/31/2021 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 [2021 Benefits Contribution Calculator](#).

Plan Name	Full Cost	Employee Cost (\$75,000 Salary)	Employee Cost (\$90,000 Salary)	Employee Cost (\$110,000 Salary)
Yale Health				
Single	\$781.00	\$165.50	\$200.00	\$246.00
Single + Child(ren)	\$1,484.00	\$227.00	\$311.00	\$413.00
Single + Spouse	\$1,640.00	\$329.00	\$464.00	\$644.00
Family	\$2,343.00	\$381.50	\$569.00	\$819.00
Aetna Smart Care (with Health Savings Account) *				
Single	\$727.00	\$141.00	\$174.00	\$218.00
Single + Child(ren)	\$1,361.00	\$200.00	\$278.00	\$382.00
Single +Spouse	\$1,497.00	\$248.00	\$365.00	\$521.00
Family	\$2,131.00	\$290.00	\$437.00	\$633.00
Aetna Choice				
Single	\$984.00	\$301.00	\$325.00	\$357.00
Single + Child(ren)	\$1,870.00	\$430.50	\$525.00	\$651.00
Single + Spouse	\$2,066.00	\$556.50	\$675.00	\$833.00
Family	\$2,952.00	\$661.00	\$841.00	\$1,081.00
Legacy Aetna Choice**				
Single	\$1,235.00	\$467.00	\$521.00	\$593.00
Single + Child(ren)	\$2,347.00	\$677.00	\$851.00	\$1,083.00
Single + Spouse	\$2,594.00	\$867.00	\$1,047.00	\$1,287.00
Family	\$3,705.00	\$1,030.00	\$1,321.00	\$1,709.00

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