

**Clerical & Technical, Service & Maintenance and Security
2021 Weekly Employee Contributions**

Medical Plans	Full Monthly Cost	Weekly Employee Cost
Yale Health		
Single	\$932.00	\$0.00
Single + Child(ren)	\$1,771.00	\$0.00
Single + Spouse	\$1,957.00	\$0.00
Family	\$2,796.00	\$0.00

Yale Health Enrollment Fees (Employees hired on or after 1/20/2017):		
	Fee	Period
Employee	None	
Employee + Child(ren)	\$10.00	20 Weeks (1 st year)
Family		
a. Spouse <i>without</i> access to employer healthcare or	\$10.00	30 Weeks (1 st year)
b. Spouse <i>enrolled</i> in healthcare at their employer		
Family		
a. Spouse <i>with access to but not enrolled</i> in healthcare at their employer	\$12.50	50 Weeks (per year)

Medical Plans	Full Monthly Cost	Weekly Employee Cost
Aetna Select*		
Single	\$1,201.00	\$47.08
Single + Child(ren)	\$2,282.00	\$89.54
Single + Spouse	\$2,522.00	\$99.00
Family	\$3,603.00	\$141.46
Legacy Aetna Choice (Closed to new enrollment after 01/20/2013)**		
Single	\$1,757.00	\$69.00
Single + Child(ren)	\$3,338.00	\$115.62
Single + Spouse	\$3,690.00	\$127.85
Family	\$5,271.00	\$182.54

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	\$38.20	\$0.00	N/A
2-Person (Employee plus spouse or child)	\$71.05	\$3.79	N/A
Family	\$104.80	\$7.68	N/A

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

*A three-year exclusion rule applies to those hired after 07/01/2009.

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

*** CIGNA DMO is closed to new participants.