

**Yale Police Benevolent Association (YPBA)
2021 Weekly Medical, Dental & Vision Contributions**

Medical Plans	Full Monthly Cost	Weekly Employee Cost		
Yale Health				
Single	\$932.00		\$0.00	
Single + Child(ren)	\$1,771.00		\$16.35	
Single + Spouse	\$1,957.00		\$18.06	
Family	\$2,796.00		\$25.81	
Legacy Aetna Choice*				
Single	\$1,757.00		\$56.76	
Single + Child(ren)	\$3,338.00		\$84.73	
Single + Spouse	\$3,690.00		\$93.67	
Family	\$5,271.00		\$133.80	
		Salary Band Employee Weekly Cost		
		\$75,000	\$90,000	\$110,000
Aetna Smart Care				
Single	\$727.00	\$21.00	\$28.62	\$38.77
Single + Child(ren)	\$1,361.00	\$34.62	\$52.62	\$76.62
Single + Spouse	\$1,497.00	\$44.42	\$69.69	\$103.38
Family	\$2,131.00	\$55.27	\$86.77	\$128.77
Aetna Choice				
Single	\$984.00	\$54.46	\$60.00	\$67.38
Single + Child(ren)	\$1,870.00	\$81.12	\$102.92	\$132.00
Single + Spouse	\$2,066.00	\$108.35	\$135.69	\$172.15
Family	\$2,952.00	\$129.69	\$171.23	\$226.62

Dental Plans	Weekly Employee Cost (18+ months of service)	Weekly Employee Cost (Less than 18 months of service)
Delta Dental		
Single	\$0.00	\$0.00
2-Person (Employee plus spouse or child)	\$4.36	\$8.72
Family	\$8.72	\$17.44
Cigna DMO** (closed to new members)		
Single	\$0.00	N/A
2-Person (Employee plus spouse or child)	\$3.79	N/A
Family	\$7.68	N/A

Vision Plans	Weekly Employee Cost
Eye Med Basic	
Single	\$0.98
2-Person (Employee plus spouse or child)	\$1.87
Family	\$2.74
EyeMed Enhanced	
Single	\$2.14
2-Person (Employee plus spouse or child)	\$4.78
Family	\$7.02

*A three-year exclusion rule applies to those hired after 10/1/2011.

**CIGNA DMO is closed to new enrollment.

Note: Enrollment in the Aetna Choice and Aetna SmartCare plans are available under terms and conditions applicable to Managerial and Professional employees. To find exact contributions for Aetna Choice and Aetna Smart Care Plans, please visit the [2021 Benefits Contribution Calculator](#).