

## 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)
<b>Yale Health</b>				
Single	\$781.00	\$111.00	\$144.00	\$188.00
Single + Child(ren)	\$1,484.00	\$168.00	\$249.00	\$357.00
Single + Spouse	\$1,640.00	\$260.00	\$389.00	\$561.00
Family	\$2,343.00	\$309.00	\$489.00	\$729.00
<b>Aetna Smart Care (with Health Savings Account) *</b>				
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	\$192.50	\$302.00	\$448.00
Family	\$2,131.00	\$239.50	\$376.00	\$558.00
<b>Aetna Choice</b>				
Single	\$984.00	\$236.00	\$260.00	\$292.00
Single + Child(ren)	\$1,870.00	\$351.50	\$446.00	\$572.00
Single + Spouse	\$2,066.00	\$469.50	\$588.00	\$746.00
Family	\$2,952.00	\$562.00	\$742.00	\$982.00
<b>Legacy Aetna Choice**</b>				
Single	\$1,235.00	\$372.50	\$428.00	\$502.00
Single + Child(ren)	\$2,347.00	\$546.50	\$722.00	\$956.00
Single + Spouse	\$2,594.00	\$720.50	\$902.00	\$1,144.00
Family	\$3,705.00	\$856.00	\$1,147.00	\$1,535.00
<b>Delta Dental</b>				
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
<b>Vision Plans</b>	<b>BASIC EyeMed</b>	<b>ENHANCED EyeMed</b>		
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.**

## 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)
<b>Yale Health</b>				
Single	\$781.00	\$161.00	\$194.00	\$238.00
Single + Child(ren)	\$1,484.00	\$218.00	\$299.00	\$407.00
Single + Spouse	\$1,640.00	\$310.00	\$439.00	\$611.00
Family	\$2,343.00	\$359.00	\$539.00	\$799.00
<b>Aetna Smart Care (with Health Savings Account) *</b>				
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	\$242.50	\$352.00	\$498.00
Family	\$2,131.00	\$289.50	\$426.00	\$608.00
<b>Aetna Choice</b>				
Single	\$984.00	\$286.00	\$310.00	\$342.00
Single + Child(ren)	\$1,870.00	\$401.50	\$496.00	\$622.00
Single + Spouse	\$2,066.00	\$519.50	\$638.00	\$796.00
Family	\$2,952.00	\$612.00	\$792.00	\$1,032.00
<b>Legacy Aetna Choice**</b>				
Single	\$1,235.00	\$422.50	\$478.00	\$552.00
Single + Child(ren)	\$2,347.00	\$596.50	\$772.00	\$1,006.00
Single + Spouse	\$2,594.00	\$770.50	\$952.00	\$1,194.00
Family	\$3,705.00	\$906.00	\$1,197.00	\$1,585.00

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