

## 2023 Medical, Dental and Vision Plan Contributions for Postdoctoral Associates

The following Monthly Costs are examples based on two different full-time equivalent salary levels. To find your exact contributions, please visit the benefits contribution calculator located here: [2023 Benefits Contribution Calculator](#)

Plan Name	Full Cost	Employee Cost (\$45,000 Salary)	Employee Cost (\$90,000 Salary)
<b>Yale Health</b>			
Single	\$885.00	\$60.50	\$60.50
Single + Child(ren)	\$1,682.00	\$85.00	\$85.00
Single + Spouse	\$1,859.00	\$139.00	\$139.00
Family	\$2,655.00	\$167.50	\$167.50
<b>Aetna Smart Care*</b>			
Single	\$778.00	\$102.50	\$137.00
Single + Child(ren)	\$1,458.00	\$174.00	\$255.00
Single +Spouse	\$1,604.00	\$215.50	\$337.00
Family	\$2,284.00	\$262.00	\$415.00
<b>Aetna Choice</b>			
Single	\$1,139.00	\$259.50	\$285.00
Single + Child(ren)	\$2,164.00	\$391.50	\$492.00
Single + Spouse	\$2,392.00	\$547.00	\$673.00
Family	\$3,417.00	\$655.50	\$846.00
<b>Legacy Aetna Choice**</b>			
Single	\$1,430.00	\$415.50	\$474.00
Single + Child(ren)	\$2,717.00	\$615.00	\$801.00
Single + Spouse	\$3,003.00	\$824.50	\$1,018.00
Family	\$4,290.00	\$984.00	\$1,293.00
<b>Delta Dental</b>			
Single	\$49.00	\$36.50	\$41.00
2-Person	\$98.00	\$75.50	\$83.00
Family	\$152.00	\$119.00	\$128.00
<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 Aetna Legacy, give Yale Health or the Aetna Smart Care a try. If after a one-year trial (2023), you are not satisfied, you can switch back to Legacy Aetna Choice POS II during next year's Annual Benefits Enrollment period.**

## 2023 Medical Plan Tobacco User Contributions for Postdoctoral Associates

**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 two different full-time equivalent salary levels. To find your exact contributions, please visit the benefits contribution calculator located here: [2023 Benefits Contribution Calculator](#)

Plan Name	Full Cost	Employee Cost (\$45,000 Salary)	Employee Cost (\$90,000 Salary)
<b>Yale Health</b>			
Single	\$885.00	\$110.50	\$110.50
Single + Child(ren)	\$1,682.00	\$135.00	\$135.00
Single + Spouse	\$1,859.00	\$189.00	\$189.00
Family	\$2,655.00	\$217.50	\$217.50
<b>Aetna Smart Care*</b>			
Single	\$778.00	\$152.50	\$187.00
Single + Child(ren)	\$1,458.00	\$224.00	\$305.00
Single +Spouse	\$1,604.00	\$265.50	\$387.00
Family	\$2,284.00	\$312.00	\$465.00
<b>Aetna Choice</b>			
Single	\$1,139.00	\$309.50	\$335.00
Single + Child(ren)	\$2,164.00	\$441.50	\$542.00
Single + Spouse	\$2,392.00	\$597.00	\$723.00
Family	\$3,417.00	\$705.50	\$896.00
<b>Legacy Aetna Choice**</b>			
Single	\$1,430.00	\$464.50	\$524.00
Single + Child(ren)	\$2,717.00	\$665.00	\$851.00
Single + Spouse	\$3,003.00	\$874.50	\$1,068.00
Family	\$4,290.00	\$1,034.00	\$1,343.00

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\*\*Closed to new enrollment.

**If you are currently enrolled in Aetna Legacy, give Yale Health or the Aetna Smart Care a try. If after a one-year trial (2023), you are not satisfied, you can switch back to Legacy Aetna Choice POS II during next year's Annual Benefits Enrollment period.**