

## Monthly COBRA Rates – 2024 Medical Dental and Vision Plans

### Medical Plans

#### Faculty Managers & Professionals Post-Doctoral Associates and Fellows

	Yale Health Plan	Aetna Smart Care	Aetna Choice	Legacy Aetna Choice
Single	\$988.38	\$845.72	\$1,266.84	\$1,590.18
Single + Child(ren)	\$1,877.82	\$1,606.31	\$2,407.20	\$3,021.24
Single + Spouse	\$2,075.70	\$1,768.82	\$2,660.16	\$3,339.48
Family	\$2,965.14	\$2,528.88	\$3,800.52	\$4,770.54

#### Clerical & Technical Service & Maintenance Security and YPBA

	Yale Health Plan CT/SM/SEC/YPBA	Aetna Smart Care CT/SM/SEC/YPBA	Aetna Choice YPBA	Aetna Legacy CT/SM/SEC/YPBA	Aetna Select CT/SM/SEC
Single	\$1,159.74	\$845.72	\$1,266.84	\$2,098.14	\$1,434.12
Single + Child(ren)	\$2,203.20	\$1,606.31	\$2,407.20	\$3,986.16	\$2,724.42
Single + Spouse	\$2,435.76	\$1,768.82	\$2,660.16	\$4,406.40	\$3,012.06
Family	\$3,479.22	\$2,528.88	\$3,800.52	\$6,294.42	\$4,302.36

### Dental Plans

#### Faculty Managerial & Professional Post-Doctoral Associates and Fellows

	Delta Dental
Single	\$49.98
2-Person	\$99.96
Family	\$155.04

#### Clerical & Technical Service & Maintenance Security and YPBA

	Delta DAP	CIGNA DMO
Single	\$38.56	\$40.91
2-Person	\$77.11	\$76.09
Family	\$115.67	\$112.23

### Vision Plans

	EyeMed BASIC Vision Plan	EyeMed ENHANCED Vision Plan
Single	\$4.35	\$9.45
2-Person	\$8.26	\$21.12
Family	\$12.12	\$31.04

### Employee Assistance Program

	FAC/MP/PDA/PDF	CT/SM/SEC/YPBA
Monthly	\$1.56	\$1.56