

2024 Medical, Dental, and Vision Plan Contributions for Cedarhurst Teachers

The following Monthly Costs are examples based on three different full-time equivalent salary levels. To find your exact contributions, please visit the [2024 Benefits Contribution Calculator](#)

Plan Name	Full Cost	Employee Cost (\$75,000 Salary)	Employee Cost (\$90,000 Salary)	Employee Cost (\$110,000 Salary)
Yale Health				
Single	\$969.00	\$129.50	\$167.00	\$217.00
Single + Child(ren)	\$1,841.00	\$197.00	\$290.00	\$414.00
Single + Spouse	\$2,035.00	\$321.00	\$471.00	\$671.00
Family	\$2,907.00	\$383.00	\$590.00	\$866.00
Aetna Smart Care (with Health Savings Account) *				
Single	\$886.00	\$110.00	\$146.00	\$194.00
Single + Child(ren)	\$1,655.00	\$185.50	\$271.00	\$385.00
Single + Spouse	\$1,818.00	\$228.00	\$357.00	\$529.00
Family	\$2,587.00	\$279.00	\$441.00	\$657.00
Aetna Choice				
Single	\$1,242.00	\$275.00	\$302.00	\$338.00
Single + Child(ren)	\$2,360.00	\$415.50	\$522.00	\$664.00
Single + Spouse	\$2,608.00	\$580.50	\$714.00	\$892.00
Family	\$3,726.00	\$694.50	\$897.00	\$1,167.00
Legacy Aetna Choice**				
Single	\$1,559.00	\$442.50	\$504.00	\$586.00
Single + Child(ren)	\$2,962.00	\$651.00	\$849.00	\$1,113.00
Single + Spouse	\$3,274.00	\$873.50	\$1,079.00	\$1,353.00
Family	\$4,677.00	\$1,045.00	\$1,372.00	\$1,808.00
Delta Dental	Full Monthly Cost	Weekly Employee Cost (18+ months of service)		Weekly Employee Cost (less than 18 months of service)
Single	\$37.80	\$0.00		\$0.00
2-Person	\$75.60	\$4.36		\$8.72
Family	\$113.40	\$8.72		\$17.45
Vision Plans	BASIC EyeMed	ENHANCED EyeMed		
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 (2024), you are not satisfied, you can switch back to Legacy Aetna Choice during next year's Annual Benefits Enrollment period.

2024 Medical Tobacco Contributions for Cedarhurst Teachers

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 [2024 Benefits Contribution Calculator](#)

Plan Name	Full Cost	Employee Cost (\$75,000 Salary)	Employee Cost (\$90,000 Salary)	Employee Cost (\$110,000 Salary)
Yale Health				
Single	\$969.00	\$179.50	\$217.00	\$267.00
Single + Child(ren)	\$1,841.00	\$247.00	\$340.00	\$464.00
Single + Spouse	\$2,035.00	\$371.00	\$521.00	\$721.00
Family	\$2,907.00	\$433.00	\$640.00	\$916.00
Aetna Smart Care (with Health Savings Account) *				
Single	\$886.00	\$160.00	\$196.00	\$244.00
Single + Child(ren)	\$1,655.00	\$235.50	\$321.00	\$435.00
Single + Spouse	\$1,818.00	\$278.00	\$407.00	\$579.00
Family	\$2,587.00	\$329.00	\$491.00	\$707.00
Aetna Choice				
Single	\$1,242.00	\$325.00	\$352.00	\$388.00
Single + Child(ren)	\$2,360.00	\$465.50	\$572.00	\$714.00
Single + Spouse	\$2,608.00	\$630.50	\$764.00	\$942.00
Family	\$3,726.00	\$744.50	\$947.00	\$1,217.00
Legacy Aetna Choice**				
Single	\$1,559.00	\$492.50	\$554.00	\$636.00
Single + Child(ren)	\$2,962.00	\$701.00	\$899.00	\$1,163.00
Single + Spouse	\$3,274.00	\$923.50	\$1,129.00	\$1,403.00
Family	\$4,677.00	\$1,095.00	\$1,422.00	\$1,858.00

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