

2024 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 [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				
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
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 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 [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

*Rates do not include the cost of Aetna accident coverage. Accident Coverage is paid for by the university.

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