

2024 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: [2024 Benefits Contribution Calculator](#)

Plan Name	Full Cost	Employee Cost (\$45,000 Salary)	Employee Cost (\$90,000 Salary)
Yale Health			
Single	\$969.00	\$67.50	\$67.50
Single + Child(ren)	\$1,841.00	\$96.00	\$96.00
Single + Spouse	\$2,035.00	\$157.00	\$157.00
Family	\$2,907.00	\$189.50	\$189.50
Aetna Smart Care*			
Single	\$886.00	\$110.00	\$146.00
Single + Child(ren)	\$1,655.00	\$185.50	\$271.00
Single +Spouse	\$1,818.00	\$228.00	\$357.00
Family	\$2,587.00	\$279.00	\$441.00
Aetna Choice			
Single	\$1,242.00	\$275.00	\$302.00
Single + Child(ren)	\$2,360.00	\$415.50	\$522.00
Single + Spouse	\$2,608.00	\$580.50	\$714.00
Family	\$3,726.00	\$694.50	\$897.00
Legacy Aetna Choice**			
Single	\$1,559.00	\$442.50	\$504.00
Single + Child(ren)	\$2,962.00	\$651.00	\$849.00
Single + Spouse	\$3,274.00	\$873.50	\$1,079.00
Family	\$4,677.00	\$1,045.00	\$1,372.00
Delta Dental			
Single	\$49.00	\$36.50	\$41.00
2-Person	\$98.00	\$75.50	\$83.00
Family	\$152.00	\$119.00	\$128.00
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 Aetna Legacy, 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 POS II during next year's Annual Benefits Enrollment period.

2024 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: [2024 Benefits Contribution Calculator](#)

Plan Name	Full Cost	Employee Cost (\$45,000 Salary)	Employee Cost (\$90,000 Salary)
Yale Health			
Single	\$969.00	\$117.50	\$117.50
Single + Child(ren)	\$1,841.00	\$146.00	\$146.00
Single + Spouse	\$2,035.00	\$207.00	\$207.00
Family	\$2,907.00	\$239.50	\$239.50
Aetna Smart Care*			
Single	\$886.00	\$160.00	\$196.00
Single + Child(ren)	\$1,655.00	\$235.50	\$321.00
Single + Spouse	\$1,818.00	\$278.00	\$407.00
Family	\$2,587.00	\$329.00	\$491.00
Aetna Choice			
Single	\$1,242.00	\$325.00	\$352.00
Single + Child(ren)	\$2,360.00	\$465.50	\$572.00
Single + Spouse	\$2,608.00	\$630.50	\$764.00
Family	\$3,726.00	\$744.50	\$947.00
Legacy Aetna Choice**			
Single	\$1,559.00	\$492.50	\$554.00
Single + Child(ren)	\$2,962.00	\$701.00	\$851.00
Single + Spouse	\$3,274.00	\$923.50	\$1,129.00
Family	\$4,677.00	\$1,095.00	\$1,422.00

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