

## **2021 HEALTHCARE SUBSIDY FORM**

□ New Enrollment □ Change

## SECTION 1: To be completed by Fellow (within 10 days after appointment begins)

State	Last Name		First Name			
Home Phone	Address					
Date of Hire  Health Enrollment Elections (please check one):    Yale Health Plan   Aetna Choice POS II   Aetna Smart Care Plan   Legacy Aetna POS II     Employee   Employee + Child(ren)   Employee + Spouse   Family    SECTION 2: To be completed by Department   Departmental Authorization to Subsidize MEDICAL Coverage for Fellows (select one):  OPTION 1 Yale Health Plan Full Cost*:   SINGLE \$781   DEMPLOYEE + CHILD(REN) \$1484   DEMPLOYEE + SPOUSE \$1640   DFAMILY \$2343    OPTION 2 Legacy Aetna Choice POS II Full Cost*:   SINGLE \$1235   DEMPLOYEE + CHILD(REN) \$2347   DEMPLOYEE + SPOUSE \$2594   DFAMILY \$3705    OPTION 3 Aetna Choice POS II Full Cost*:   SINGLE \$984   DEMPLOYEE + CHILD(REN) \$1870   DEMPLOYEE + SPOUSE \$2066   DFAMILY \$2952    OPTION 4 Aetna Smart Care Plan Full Cost*:   SINGLE \$727   DEMPLOYEE + CHILD(REN) \$1361   DEMPLOYEE + SPOUSE \$1497   DFAMILY \$2131    OPTION 5 OTHER* (Please select if you elect to subsidize Aetna coverage at the Yale Health Rate or another flat amount)   Flat Monthly Amount of \$	City		State		Zip	
Health Enrollment Elections (please check one):    Yale Health Plan	Home Phone		Work Phone			
□ Yale Health Plan □ Aetna Choice POS II □ Aetna Smart Care Plan □ Legacy Aetna POS II □ Employee □ Employee + Child(ren) □ Employee + Spouse □ Family  SECTION 2: To be completed by Department  Departmental Authorization to Subsidize MEDICAL Coverage for Fellows (select one):  OPTION 1 Yale Health Plan Full Cost*: □SINGLE \$781 □ EMPLOYEE + CHILD(REN) \$1484 □ EMPLOYEE + SPOUSE \$1640 □ FAMILY \$2343  OPTION 2 Legacy Aetna Choice POS II Full Cost*: □SINGLE \$1235 □ EMPLOYEE + CHILD(REN) \$2347 □ EMPLOYEE + SPOUSE \$2594 □ FAMILY \$3705  OPTION 3 Aetna Choice POS II Full Cost*: □SINGLE \$984 □ EMPLOYEE + CHILD(REN) \$1870 □ EMPLOYEE + SPOUSE \$2066 □ FAMILY \$2952  OPTION 4 Aetna Smart Care Plan Full Cost*: □SINGLE \$727 □ EMPLOYEE + CHILD(REN) \$1361 □ EMPLOYEE + SPOUSE \$1497 □ FAMILY \$2131  OPTION 5 OTHER* (Please select if you elect to subsidize Aetna coverage at the Yale Health Rate or another flat amount) □Flat Monthly Amount of \$	Department		Date of Hire			
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