Yale

# 2022 HEALTHCARE SUBSIDY FORM

□ **New Enrollment** □ **Change**

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

| | | |
|---|---|---|
| Last Name | First Name | |
| Address | | |
| City | State | Zip |
| Home Phone | Work Phone | |
| Department | 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 $820 □EMPLOYEE + CHILD(REN) $1558 □EMPLOYEE + SPOUSE $1722 □FAMILY $2460

**OPTION 2 Legacy Aetna Choice POS II Full Cost*:**

□SINGLE $1278 □EMPLOYEE + CHILD(REN) $2428 □EMPLOYEE + SPOUSE $2684 □FAMILY $3834

**OPTION 3 Aetna Choice POS II Full Cost*:**

□SINGLE $1018 □EMPLOYEE + CHILD(REN) $1934 □EMPLOYEE + SPOUSE $2138 □FAMILY $3054

**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 $ _____

***All rates are subject to increases at the start of the calendar year.**

**REMINDER:**

The election indicated above is to be charged to the grant.
"PDF Sub" element should be scheduled at the element level in Labor Distribution (LD).
If the element level schedule is not assigned it will be charged to the assignment level schedule.
Any premium difference for the medical coverage elected by the Fellow will be charged directly to the Fellows stipend check.

DEPARTMENT**: _____

SUBSIDY START DATE: _____ SUBSIDY END DATE: _____

Authorized by: (print full name)_____Tel #_____

Signature:_____Date: _____

****PLEASE AUTHORIZE AND SUBMIT TO YOUR DEPARTMENT BY THE 15TH OF THE MONTH IN WHICH THE POSTDOCTORAL FELLOW'S APPOINTMENT BEGINS.**