

Drexel University Full-Time Employees 2024 Weekly Medical Contributions

MEDICAL						
Point of Service						
Coverage level	Drexel Pays			Employee Pays		
	Medical	Rx	Total Medical & Rx	Medical	Rx	Total Medical & Rx
Waive Coverage	\$25.00	\$0.00	\$25.00	(\$25.00)	\$0.00	(\$25.00)
Employee Only	\$125.14	\$25.57	\$150.71	\$12.18	\$11.16	\$23.34
Employee + Child	\$187.77	\$40.66	\$228.43	\$18.20	\$17.74	\$35.94
Employee + Children	\$247.70	\$43.04	\$290.74	\$26.97	\$18.77	\$45.74
Employee + Spouse	\$281.14	\$58.83	\$339.97	\$27.82	\$25.67	\$53.49
Family	\$374.17	\$75.54	\$449.71	\$37.79	\$32.95	\$70.74

Personal Choice PPO - Basic Option						
Coverage level	Drexel Pays			Employee Pays		
	Medical	Rx	Total Medical & Rx	Medical	Rx	Total Medical & Rx
Waive Coverage	\$25.00	\$0.00	\$25.00	(\$25.00)	\$0.00	(\$25.00)
Employee Only	\$177.10	\$25.57	\$202.67	\$43.35	\$11.16	\$54.51
Employee + Child	\$242.63	\$40.66	\$283.29	\$88.04	\$17.74	\$105.78
Employee + Children	\$323.02	\$43.04	\$366.06	\$117.91	\$18.77	\$136.68
Employee + Spouse	\$363.85	\$58.83	\$422.68	\$132.16	\$25.67	\$157.83
Family	\$485.01	\$75.54	\$560.55	\$176.35	\$32.95	\$209.30

Consumer Directed Health Plan with HSA						
Coverage level	Drexel Pays			Employee Pays		
	Medical	Rx	Total Medical & Rx	Medical	Rx	Total Medical & Rx
Waive Coverage	\$25.00	\$0.00	\$25.00	(\$25.00)	\$0.00	(\$25.00)
Employee Only	\$125.69	\$0.00	\$125.69	\$9.96	\$0.00	\$9.96
Employee + Child	\$176.39	\$0.00	\$176.39	\$29.65	\$0.00	\$29.65
Employee + Children	\$216.42	\$0.00	\$216.42	\$45.83	\$0.00	\$45.83
Employee + Spouse	\$262.78	\$0.00	\$262.78	\$43.88	\$0.00	\$43.88
Family	\$344.74	\$0.00	\$344.74	\$60.90	\$0.00	\$60.90

DENTAL						
Coverage level	Cigna DHMO		Cigna Base		Cigna Preferred	
	Drexel Pays	Employee Pays	Drexel Pays	Employee Pays	Drexel Pays	Employee Pays
Waive Coverage	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Employee Only	\$1.36	\$1.36	\$2.64	\$2.65	\$4.05	\$4.05
Employee + Child	\$3.42	\$3.43	\$7.81	\$7.81	\$13.22	\$13.23
Employee + Children	\$3.42	\$3.43	\$7.81	\$7.81	\$13.22	\$13.23
Employee + Spouse	\$3.42	\$3.43	\$7.81	\$7.81	\$13.22	\$13.23
Family	\$3.42	\$3.43	\$7.81	\$7.81	\$13.22	\$13.23

VISION		
Coverage level	Davis Vision	
	Drexel Pays	Employee Pays
Waive Coverage	\$0.00	\$0.00
Employee Only	\$1.08	\$0.00
Employee + Child	\$2.50	\$0.00
Employee + Children	\$2.50	\$0.00
Employee + Spouse	\$2.50	\$0.00
Family	\$2.50	\$0.00