Drexel University Full-Time Employees 2014 Bi-Weekly Medical Contributions

| | Western Health Advantage HMO | | | Personal Choice PPO - Basic Option | | | Personal Choice PPO - High Option | | |
|---------------------|---------------------------------|---------|------------|---------------------------------------|---------|------------|--------------------------------------|---------|------------|
| | Employee Pays | | | Employee Pays | | | Employee Pays | | |
| Coverage level | Medical | Rx | Total | Medical | Rx | Total | Medical | Rx | Total |
| Waive Coverage | (\$100.00) | \$0.00 | (\$100.00) | (\$100.00) | \$0.00 | (\$100.00) | (\$100.00) | \$0.00 | (\$100.00) |
| Employee Only | \$26.49 | \$15.81 | \$42.30 | \$73.85 | \$15.81 | \$89.66 | \$130.56 | \$15.81 | \$146.37 |
| Employee + Child | \$71.51 | \$25.13 | \$96.64 | \$247.48 | \$25.13 | \$272.61 | \$340.51 | \$25.13 | \$365.64 |
| Employee + Children | \$106.18 | \$26.60 | \$132.78 | \$391.96 | \$26.60 | \$418.56 | \$495.32 | \$26.60 | \$521.92 |
| Employee + Spouse | \$105.94 | \$36.37 | \$142.31 | \$387.08 | \$36.37 | \$423.45 | \$513.16 | \$36.37 | \$549.53 |
| Family | \$145.67 | \$46.69 | \$192.36 | \$495.90 | \$46.69 | \$542.59 | \$683.28 | \$46.69 | \$729.97 |

Drexel University Full-Time Employees 2014 BiWeekly Dental Contributions

| | CIGNA B | ase Plan | CIGNA Preferred Plan | | |
|---------------------|----------------|------------------|-------------------------|------------------|--|
| Coverage level | Drexel Pays | Employee Pays | Drexel Pays | Employee Pays | |
| Waive Coverage | \$0.00 | \$0.00 | \$0.00 | \$0.00 | |
| Employee Only | \$4.44 | \$4.44 | \$6.59 | \$6.59 | |
| Employee + Child | \$13.13 | \$13.13 | \$21.55 | \$21.54 | |
| Employee + Children | \$13.13 | \$13.13 | \$21.55 | \$21.54 | |
| Employee + Spouse | \$13.13 | \$13.13 | \$21.55 | \$21.54 | |
| Family | \$13.13 | \$13.13 | \$21.55 | \$21.54 | |

Drexel University Full-Time Employees 2014 BiWeekly Vision Contributions

| | Drexel Vision Care | | | |
|---------------------|---------------------------|------------------|--|--|
| Coverage level | Drexel Pays | Employee Pays | | |
| Waive Coverage | \$0.00 | \$0.00 | | |
| Employee Only | \$0.94 | \$0.94 | | |
| Employee + Child | \$2.16 | \$2.16 | | |
| Employee + Children | \$2.16 | \$2.16 | | |
| Employee + Spouse | \$2.16 | \$2.16 | | |
| Family | \$2.16 | \$2.16 | | |