Drexel University Part-Time Employees 2014 BiWeekly Medical Contributions

MEDICAL DENTAL

	Keystone Point of Service					
	Drexel Pays Employee Pays				ıys	
Coverage level	Medical	Rx	Total Medical & Rx	Medical	Rx	Total Medical & Rx
Waive Coverage	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Employee Only	\$173.82	\$33.21	\$207.03	\$39.73	\$23.72	\$63.45
Employee + Child	\$213.06	\$52.81	\$265.87	\$107.27	\$37.70	\$144.97
Employee + Children	\$267.84	\$55.91	\$323.75	\$159.27	\$39.90	\$199.17
Employee + Spouse	\$321.58	\$76.41	\$397.99	\$158.91	\$54.55	\$213.46
Family	\$422.15	\$98.11	\$520.26	\$218.51	\$70.04	\$288.55

	Personal Choice PPO - Basic Option					
	Drexel Pays Employee Pays				ıys	
Coverage level	Medical	Dv	Total	Medical	D.	Total
Coverage level	Medical	Rx	Medical & Rx	Medical	Rx	Medical & Rx
Waive Coverage	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Employee Only	\$231.96	\$33.21	\$265.17	\$110.78	\$23.72	\$134.50
Employee + Child	\$142.90	\$52.81	\$195.71	\$371.22	\$37.70	\$408.92
Employee + Children	\$97.54	\$55.91	\$153.45	\$587.94	\$39.90	\$627.84
Employee + Spouse	\$190.56	\$76.41	\$266.97	\$580.61	\$54.55	\$635.16
Family	\$284.38	\$98.11	\$382.49	\$743.85	\$70.04	\$813.89

	Personal Choice PPO - High Option					
	Drexel Pays Employee Pays				ıys	
			Total			Total
Coverage level	Medical	Rx	Medical &	Medical	Rx	Medical &
			Rx			Rx
Waive Coverage	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Employee Only	\$197.83	\$33.21	\$231.04	\$195.84	\$23.72	\$219.56
Employee + Child	\$79.75	\$52.81	\$132.56	\$510.77	\$37.70	\$548.47
Employee + Children	\$44.38	\$55.91	\$100.29	\$742.98	\$39.90	\$782.88
Employee + Spouse	\$116.03	\$76.41	\$192.44	\$769.74	\$54.55	\$824.29
Family	\$156.11	\$98.11	\$254.22	\$1,024.92	\$70.04	\$1,094.96

	CIGNA E	Base Plan	Dion		
Coverage level	Drexel Pays	Employee Pays	Drexel Pays	Employe e Pays	
Waive Coverage	\$0.00	\$0.00	\$0.00	\$0.00	
Employee Only	\$2.22	\$6.65	\$3.30	\$9.88	
Employee + Child	\$6.56	\$19.69	\$10.78	\$32.32	
Employee + Children	\$6.56	\$19.69	\$10.78	\$32.32	
Employee + Spouse	\$6.56	\$19.69	\$10.78	\$32.32	
Family	\$6.56	\$19.69	\$10.78	\$32.32	

VISION

	Drexel Vision Care			
Coverage level	Drexel Pays	Employee Pays		
Waive Coverage	\$0.00	\$0.00		
Employee Only	\$0.47	\$1.41		
Employee + Child	\$1.08	\$3.25		
Employee + Children	\$1.08	\$3.25		
Employee + Spouse	\$1.08	\$3.25		
Family	\$1.08	\$3.25		