Drexel University Full-Time Employees 2026 Bi-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	$30.77	$0.00	$30.77	($30.77)	$0.00	($30.77)
Employee Only	$238.94	$52.04	$290.98	$40.56	$22.71	$63.27
Employee + Child	$312.09	$82.75	$394.84	$107.14	$36.11	$143.25
Employee + Children	$401.45	$87.60	$489.05	$157.61	$38.21	$195.82
Employee + Spouse	$470.24	$119.75	$589.99	$158.61	$52.24	$210.85
Family	$620.87	$153.74	$774.61	$217.63	$67.08	$284.71

Personal Choice PPO - Basic Option

Coverage level	Drexel Pays			Employee Pays		
	Medical	Rx	Total Medical & Rx	Medical	Rx	Total Medical & Rx
Waive Coverage	$30.77	$0.00	$30.77	($30.77)	$0.00	($30.77)
Employee Only	$330.35	$52.04	$382.39	$118.36	$22.71	$141.07
Employee + Child	$280.25	$82.75	$363.00	$392.79	$36.11	$428.90
Employee + Children	$277.16	$87.60	$364.76	$620.31	$38.21	$658.52
Employee + Spouse	$395.61	$119.75	$515.36	$613.96	$52.24	$666.20
Family	$559.54	$153.74	$713.28	$786.58	$67.08	$853.66

Personal Choice PPO - High Option

Coverage level	Drexel Pays			Employee Pays		
	Medical	Rx	Total Medical & Rx	Medical	Rx	Total Medical & Rx
Waive Coverage	$30.77	$0.00	$30.77	($30.77)	$0.00	($30.77)
Employee Only	$307.85	$52.04	$359.89	$207.57	$22.71	$230.28
Employee + Child	$233.94	$82.75	$316.69	$539.15	$36.11	$575.26
Employee + Children	$247.98	$87.60	$335.58	$782.91	$38.21	$821.12
Employee + Spouse	$347.35	$119.75	$467.10	$812.32	$52.24	$864.56
Family	$464.87	$153.74	$618.61	$1,081.38	$67.08	$1,148.46

Consumer Directed Health Plan with HSA

Coverage level	Drexel Pays			Employee Pays		
	Medical & Rx	Rx	Total Medical & Rx	Medical & Rx	Rx	Total Medical & Rx
Waive Coverage	$30.77	$0.00	$66.67	($30.77)	$0.00	($30.77)
Employee Only	$253.74	$0.00	$253.74	$22.36	$0.00	$22.36
Employee + Child	$352.78	$0.00	$352.78	$66.60	$0.00	$66.60
Employee + Children	$430.86	$0.00	$430.86	$102.93	$0.00	$102.93
Employee + Spouse	$525.62	$0.00	$525.62	$98.56	$0.00	$98.56
Family	$688.84	$0.00	$688.84	$136.79	$0.00	$136.79

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	$2.60	$2.61	$5.08	$5.08	$7.76	$7.77
Employee + Child	$6.57	$6.57	$14.99	$14.99	$25.39	$25.39
Employee + Children	$6.57	$6.57	$14.99	$14.99	$25.39	$25.39
Employee + Spouse	$6.57	$6.57	$14.99	$14.99	$25.39	$25.39
Family	$6.57	$6.57	$14.99	$14.99	$25.39	$25.39

VISION

Coverage level	Davis Vision	
	Drexel	Employee
Waive Coverage	$0.00	$0.00
Employee Only	$1.00	$1.00
Employee + Child	$2.30	$2.30
Employee + Children	$2.30	$2.30
Employee + Spouse	$2.30	$2.30
Family	$2.30	$2.30