

Drexel University Part-Time Employees 2026 BiWeekly Medical Contributions

MEDICAL						
Point of Service						
Coverage level	Drexel Pays			Employee Pays		
	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	\$218.12	\$41.22	\$259.34	\$61.38	\$33.54	\$94.92
Employee + Child	\$258.52	\$64.70	\$323.22	\$160.71	\$54.16	\$214.87
Employee + Children	\$322.64	\$68.50	\$391.14	\$236.41	\$57.31	\$293.72
Employee + Spouse	\$390.94	\$93.62	\$484.56	\$237.91	\$78.37	\$316.28
Family	\$512.05	\$120.21	\$632.26	\$326.45	\$100.61	\$427.06

Personal Choice PPO - Basic Option						
Coverage level	Drexel Pays			Employee Pays		
	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	\$270.64	\$41.22	\$311.86	\$178.07	\$33.54	\$211.61
Employee + Child	\$83.85	\$64.70	\$148.55	\$589.19	\$54.16	\$643.35
Employee + Children	\$0.00	\$62.70	\$62.70	\$897.47	\$63.12	\$960.59
Employee + Spouse	\$88.63	\$93.62	\$182.25	\$920.93	\$78.37	\$999.30
Family	\$166.25	\$120.21	\$286.46	\$1,179.87	\$100.61	\$1,280.48

Personal Choice PPO - High Option						
Coverage level	Drexel Pays			Employee Pays		
	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	\$203.53	\$41.22	\$244.75	\$311.88	\$33.54	\$345.42
Employee + Child	\$0.00	\$59.23	\$59.23	\$773.10	\$59.63	\$832.73
Employee + Children	\$0.00	\$62.70	\$62.70	\$1,030.89	\$63.11	\$1,094.00
Employee + Spouse	\$0.00	\$85.70	\$85.70	\$1,159.67	\$86.28	\$1,245.95
Family	\$0.00	\$110.04	\$110.04	\$1,546.24	\$110.78	\$1,657.02

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	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Employee Only	\$242.56	\$0.00	\$242.56	\$33.54	\$0.00	\$33.54
Employee + Child	\$319.47	\$0.00	\$319.47	\$99.90	\$0.00	\$99.90
Employee + Children	\$379.40	\$0.00	\$379.40	\$154.39	\$0.00	\$154.39
Employee + Spouse	\$476.34	\$0.00	\$476.34	\$147.84	\$0.00	\$147.84
Family	\$620.45	\$0.00	\$620.45	\$205.18	\$0.00	\$205.18

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	\$1.30	\$3.91	\$2.54	\$7.62	\$3.88	\$11.65
Employee + Child	\$3.29	\$9.86	\$7.49	\$22.48	\$12.69	\$38.09
Employee + Children	\$3.29	\$9.86	\$7.49	\$22.48	\$12.69	\$38.09
Employee + Spouse	\$3.29	\$9.86	\$7.49	\$22.48	\$12.69	\$38.09
Family	\$3.29	\$9.86	\$7.49	\$22.48	\$12.69	\$38.09

VISION		
Coverage level	Davis Vision	
	Drexel Pays	Employee Pays
Waive Coverage	\$0.00	\$0.00
Employee Only	\$0.50	\$1.50
Employee + Child	\$1.15	\$3.46
Employee + Children	\$1.15	\$3.46
Employee + Spouse	\$1.15	\$3.46
Family	\$1.15	\$3.46