Drexel University Part-Time Employees 2026 Monthly 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	$472.60	$89.31	$561.91	$132.99	$72.66	$205.65
Employee + Child	$560.13	$140.18	$700.31	$348.20	$117.34	$465.54
Employee + Children	$699.06	$148.41	$847.47	$512.22	$124.18	$636.40
Employee + Spouse	$847.03	$202.84	$1,049.87	$515.48	$169.80	$685.28
Family	$1,109.45	$260.45	$1,369.90	$707.30	$217.99	$925.29

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	$586.39	$89.31	$675.70	$385.81	$72.66	$458.47
Employee + Child	$181.68	$140.18	$321.86	$1,276.57	$117.34	$1,393.91
Employee + Children	$0.00	$135.84	$135.84	$1,944.52	$136.75	$2,081.27
Employee + Spouse	$192.04	$202.84	$394.88	$1,995.35	$169.80	$2,165.15
Family	$360.20	$260.45	$620.65	$2,556.39	$217.99	$2,774.38

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	$440.99	$89.31	$530.30	$675.75	$72.66	$748.41
Employee + Child	$0.00	$128.33	$128.33	$1,675.04	$129.19	$1,804.23
Employee + Children	$0.00	$135.86	$135.86	$2,233.59	$136.73	$2,370.32
Employee + Spouse	$0.01	$185.69	$185.70	$2,512.61	$186.95	$2,699.56
Family	$0.01	$238.41	$238.42	$3,350.19	$240.03	$3,590.22

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	$525.55	$0.00	$525.55	$72.67	$0.00	$72.67
Employee + Child	$692.19	$0.00	$692.19	$216.46	$0.00	$216.46
Employee + Children	$822.03	$0.00	$822.03	$334.51	$0.00	$334.51
Employee + Spouse	$1,032.06	$0.00	$1,032.06	$320.32	$0.00	$320.32
Family	$1,344.31	$0.00	$1,344.31	$444.55	$0.00	$444.55

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	$2.82	$8.47	$5.50	$16.51	$8.41	$25.24
Employee + Child	$7.12	$21.36	$16.23	$48.71	$27.50	$82.52
Employee + Children	$7.12	$21.36	$16.23	$48.71	$27.50	$82.52
Employee + Spouse	$7.12	$21.36	$16.23	$48.71	$27.50	$82.52
Family	$7.12	$21.36	$16.23	$48.71	$27.50	$82.52

VISION

Coverage level	Davis Vision	
	Drexel Pays	Employee Pays
Waive Coverage	$0.00	$0.00
Employee Only	$1.08	$3.25
Employee + Child	$2.49	$7.49
Employee + Children	$2.49	$7.49
Employee + Spouse	$2.49	$7.49
Family	$2.49	$7.49