**Drexel University Full-Time Employees 2026 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 | $25.00 | $0.00 | $25.00 | ($25.00) | $0.00 | ($25.00) |
| Employee Only | $136.48 | $28.19 | $164.67 | $14.92 | $12.30 | $27.22 |
| Employee + Child | $204.72 | $44.82 | $249.54 | $22.36 | $19.56 | $41.92 |
| Employee + Children | $270.17 | $47.45 | $317.62 | $32.65 | $20.70 | $53.35 |
| Employee + Spouse | $306.54 | $64.86 | $371.40 | $34.09 | $28.30 | $62.39 |
| Family | $408.00 | $83.28 | $491.28 | $46.19 | $36.33 | $82.52 |

### Personal Choice PPO - Basic Option

| Coverage level | Drexel Pays | | | Employee Pays | | |
|---|---|---|---|---|---|---|
| | Medical | Rx | Total Medical & Rx | Medical | Rx | Total Medical & Rx |
| Waive Coverage | $25.00 | $0.00 | $25.00 | ($25.00) | $0.00 | ($25.00) |
| Employee Only | $191.77 | $28.19 | $219.96 | $51.28 | $12.30 | $63.58 |
| Employee + Child | $260.74 | $44.82 | $305.56 | $103.82 | $19.56 | $123.38 |
| Employee + Children | $347.40 | $47.45 | $394.85 | $138.73 | $20.70 | $159.43 |
| Employee + Spouse | $391.06 | $64.86 | $455.92 | $155.79 | $28.30 | $184.09 |
| Family | $521.35 | $83.28 | $604.63 | $207.80 | $36.33 | $244.13 |

### Consumer Directed Health Plan with HSA

| Coverage level | Drexel Pays | | | Employee Pays | | |
|---|---|---|---|---|---|---|
| | Medical | Rx | Total Medical & Rx | Medical | Rx | Total Medical & Rx |
| Waive Coverage | $25.00 | $0.00 | $25.00 | ($25.00) | $0.00 | ($25.00) |
| Employee Only | $137.94 | $0.00 | $137.94 | $11.62 | $0.00 | $11.62 |
| Employee + Child | $192.57 | $0.00 | $192.57 | $34.59 | $0.00 | $34.59 |
| Employee + Children | $235.69 | $0.00 | $235.69 | $53.45 | $0.00 | $53.45 |
| Employee + Spouse | $286.91 | $0.00 | $286.91 | $51.19 | $0.00 | $51.19 |
| Family | $376.18 | $0.00 | $376.18 | $71.04 | $0.00 | $71.04 |

## 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 | $1.41 | $1.41 | $2.75 | $2.75 | $4.21 | $4.21 |
| Employee + Child | $3.56 | $3.56 | $8.12 | $8.12 | $13.75 | $13.75 |
| Employee + Children | $3.56 | $3.56 | $8.12 | $8.12 | $13.75 | $13.75 |
| Employee + Spouse | $3.56 | $3.56 | $8.12 | $8.12 | $13.75 | $13.75 |
| Family | $3.56 | $3.56 | $8.12 | $8.12 | $13.75 | $13.75 |

## VISION

| Coverage level | Davis Vision | |
|---|---|---|
| | Drexel Pays | Employee Pays |
| Waive Coverage | $0.00 | $0.00 |
| Employee Only | $1.08 | $0.00 |
| Employee + Child | $2.50 | $0.00 |
| Employee + Children | $2.50 | $0.00 |
| Employee + Spouse | $2.50 | $0.00 |
| Family | $2.50 | $0.00 |