

Drexel University Full-Time Employees 2027 Monthly Contributions

Medical/Rx		
Coverage level	Point of Service	
	Drexel Pays	Employee Pays
	Total Medical & Rx	Total Medical & Rx
Waive Coverage	\$66.67	(\$66.67)
Employee Only	\$740.85	\$143.97
Employee + Child	\$1,023.64	\$325.89
Employee + Children	\$1,245.39	\$445.48
Employee + Spouse	\$1,523.68	\$479.68
Family	\$1,995.24	\$647.70

Personal Choice PPO - Basic Option		
Coverage level	Drexel Pays	Employee Pays
	Total Medical & Rx	Total Medical & Rx
	Total Medical & Rx	Total Medical & Rx
Waive Coverage	\$66.67	(\$66.67)
Employee Only	\$948.94	\$320.93
Employee + Child	\$951.39	\$975.73
Employee + Children	\$962.87	\$1,498.13
Employee + Spouse	\$1,354.15	\$1,515.60
Family	\$1,856.05	\$1,942.07

Personal Choice PPO - High Option		
Coverage level	Drexel Pays	Employee Pays
	Total Medical & Rx	Total Medical & Rx
	Total Medical & Rx	Total Medical & Rx
Waive Coverage	\$66.67	(\$66.67)
Employee Only	\$897.78	\$523.90
Employee + Child	\$846.11	\$1,308.71
Employee + Children	\$896.56	\$1,868.06
Employee + Spouse	\$1,244.46	\$1,966.88
Family	\$1,640.82	\$2,612.72

Consumer Directed Health Plan with HSA		
Coverage level	Drexel Pays	Employee Pays
	Total Medical & Rx	Total Medical & Rx
	Total Medical & Rx	Total Medical & Rx
Waive Coverage	\$66.67	(\$66.67)
Employee Only	\$577.45	\$50.87
Employee + Child	\$802.87	\$151.50
Employee + Children	\$980.58	\$234.16
Employee + Spouse	\$1,196.21	\$224.22
Family	\$1,567.68	\$311.19

DENTAL						
Coverage level	Cigna DHMO		Cigna Base		Cigna Preferred	
	Drexel Pays	Employee Pays	Drexel Pays	Employee Pays	Drexel Pays	Employee Pays
	Total Medical & Rx	Total Medical & Rx	Total Medical & Rx	Total Medical & Rx	Total Medical & Rx	Total Medical & Rx
Waive Coverage	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Employee Only	\$5.92	\$5.93	\$11.55	\$11.56	\$17.66	\$17.67
Employee + Child	\$14.95	\$14.95	\$34.09	\$34.10	\$57.76	\$57.76
Employee + Children	\$14.95	\$14.95	\$34.09	\$34.10	\$57.76	\$57.76
Employee + Spouse	\$14.95	\$14.95	\$34.09	\$34.10	\$57.76	\$57.76
Family	\$14.95	\$14.95	\$34.09	\$34.10	\$57.76	\$57.76

VISION		
Coverage level	Davis Vision	
	Drexel	Employee
	Total Medical & Rx	Total Medical & Rx
Waive Coverage	\$0.00	\$0.00
Employee Only	\$2.16	\$2.17
Employee + Child	\$4.99	\$4.99
Employee + Children	\$4.99	\$4.99
Employee + Spouse	\$4.99	\$4.99
Family	\$4.99	\$4.99