

# Drexel University Full-Time Employees 2018 BiWeekly Medical Contributions

## MEDICAL

Keystone 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	\$196.40	\$42.78	\$239.19	\$33.35	\$18.67	\$52.01
Employee + Child	\$256.54	\$68.03	\$324.57	\$88.07	\$29.68	\$117.75
Employee + Children	\$329.99	\$72.01	\$402.00	\$129.55	\$31.41	\$160.96
Employee + Spouse	\$386.53	\$98.43	\$484.96	\$130.38	\$42.94	\$173.32
Family	\$510.36	\$126.38	\$636.74	\$178.89	\$55.14	\$234.03

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	\$271.55	\$42.78	\$314.33	\$97.29	\$18.67	\$115.96
Employee + Child	\$230.36	\$68.03	\$298.39	\$322.87	\$29.68	\$352.55
Employee + Children	\$227.83	\$72.01	\$299.84	\$509.89	\$31.41	\$541.30
Employee + Spouse	\$325.19	\$98.43	\$423.62	\$504.67	\$42.94	\$547.61
Family	\$459.94	\$126.38	\$586.31	\$646.56	\$55.14	\$701.70

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	\$253.05	\$42.78	\$295.83	\$170.62	\$18.67	\$189.29
Employee + Child	\$192.30	\$68.03	\$260.33	\$443.18	\$29.68	\$472.86
Employee + Children	\$203.83	\$72.01	\$275.84	\$643.55	\$31.41	\$674.96
Employee + Spouse	\$285.52	\$98.43	\$383.95	\$667.72	\$42.94	\$710.66
Family	\$382.13	\$126.38	\$508.51	\$888.88	\$55.14	\$944.02

High Deductible 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	\$30.77	(\$30.77)	\$0.00	(\$30.77)
Employee Only	\$208.57	\$0.00	\$208.57	\$18.38	\$0.00	\$18.38
Employee + Child	\$289.98	\$0.00	\$289.98	\$54.74	\$0.00	\$54.74
Employee + Children	\$354.17	\$0.00	\$354.17	\$84.60	\$0.00	\$84.60
Employee + Spouse	\$432.06	\$0.00	\$432.06	\$81.01	\$0.00	\$81.01
Family	\$566.22	\$0.00	\$566.22	\$112.44	\$0.00	\$112.44

## DENTAL

Coverage level	CIGNA Base Plan		CIGNA Preferred Plan	
	Drexel Pays	Employee Pays	Drexel Pays	Employee Pays
Waive Coverage	\$0.00	\$0.00	\$0.00	\$0.00
Employee Only	\$4.42	\$4.42	\$6.56	\$6.57
Employee + Child	\$13.06	\$13.06	\$21.47	\$21.47
Employee + Children	\$13.06	\$13.06	\$21.47	\$21.47
Employee + Spouse	\$13.06	\$13.06	\$21.47	\$21.47
Family	\$13.06	\$13.06	\$21.47	\$21.47

## VISION

Coverage level	Drexel Vision Care	
	Drexel Pays	Employee Pays
Waive Coverage	\$0.00	\$0.00
Employee Only	\$0.94	\$0.94
Employee + Child	\$2.16	\$2.16
Employee + Children	\$2.16	\$2.16
Employee + Spouse	\$2.16	\$2.16
Family	\$2.16	\$2.16