

Drexel University Part-Time Employees 2018 BiWeekly Medical Contributions

MEDICAL

Coverage level	Keystone Point of Service					
	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	\$179.30	\$33.88	\$213.18	\$50.46	\$27.57	\$78.03
Employee + Child	\$212.51	\$53.18	\$265.69	\$132.10	\$44.52	\$176.62
Employee + Children	\$265.21	\$56.30	\$321.51	\$194.33	\$47.11	\$241.44
Employee + Spouse	\$321.35	\$76.96	\$398.31	\$195.56	\$64.42	\$259.98
Family	\$420.91	\$98.80	\$519.71	\$268.34	\$82.70	\$351.04

Coverage level	Personal Choice PPO - Basic Option					
	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	\$222.47	\$33.88	\$256.35	\$146.37	\$27.57	\$173.94
Employee + Child	\$68.93	\$53.18	\$122.11	\$484.31	\$44.52	\$528.82
Employee + Children	-	\$56.30	\$56.30	\$742.48	\$47.11	\$789.59
Employee + Spouse	\$72.86	\$76.96	\$149.81	\$757.00	\$64.42	\$821.41
Family	\$136.66	\$98.81	\$235.47	\$969.84	\$82.70	\$1,052.54

Coverage level	Personal Choice PPO - High Option					
	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	\$167.30	\$33.88	\$201.18	\$256.37	\$27.57	\$283.94
Employee + Child	-	\$53.18	\$53.18	\$639.98	\$44.52	\$684.50
Employee + Children	-	\$56.30	\$56.30	\$852.14	\$47.11	\$899.26
Employee + Spouse	-	\$76.96	\$76.96	\$959.75	\$64.42	\$1,024.16
Family	-	\$98.81	\$98.81	\$1,279.36	\$82.70	\$1,362.06

Coverage level	High Deductible Health Plan with HSA					
	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	\$199.38	\$0.00	\$199.38	\$27.57	\$0.00	\$27.57
Employee + Child	\$262.61	\$0.00	\$262.61	\$82.12	\$0.00	\$82.12
Employee + Children	\$311.87	\$0.00	\$311.86	\$126.90	\$0.00	\$126.90
Employee + Spouse	\$391.55	\$0.00	\$391.55	\$121.52	\$0.00	\$121.52
Family	\$510.00	\$0.00	\$510.00	\$168.66	\$0.00	\$168.66

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	\$2.21	\$6.63	\$3.28	\$9.85
Employee + Child	\$6.53	\$19.59	\$10.74	\$32.21
Employee + Children	\$6.53	\$19.59	\$10.74	\$32.21
Employee + Spouse	\$6.53	\$19.59	\$10.74	\$32.21
Family	\$6.53	\$19.59	\$10.74	\$32.21

VISION

Coverage level	Drexel Vision Care	
	Drexel Pays	Employee Pays
Waive Coverage	\$0.00	\$0.00
Employee Only	\$0.47	\$1.41
Employee + Child	\$1.08	\$3.25
Employee + Children	\$1.08	\$3.25
Employee + Spouse	\$1.08	\$3.25
Family	\$1.08	\$3.25