

Drexel University Part-Time Employees 2018 Monthly 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	\$388.48	\$73.41	\$461.88	\$109.32	\$59.73	\$169.05
Employee + Child	\$460.43	\$115.23	\$575.66	\$286.22	\$96.45	\$382.67
Employee + Children	\$574.62	\$121.99	\$696.61	\$421.04	\$102.08	\$523.12
Employee + Spouse	\$696.26	\$166.74	\$863.00	\$423.72	\$139.57	\$563.28
Family	\$911.97	\$214.07	\$1,126.04	\$581.40	\$179.19	\$760.59

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	\$482.01	\$73.41	\$555.42	\$317.13	\$59.73	\$376.87
Employee + Child	\$149.34	\$115.23	\$264.57	\$1,049.33	\$96.45	\$1,145.78
Employee + Children	\$0.00	\$121.99	\$121.99	\$1,608.71	\$102.08	\$1,710.79
Employee + Spouse	\$157.86	\$166.74	\$324.60	\$1,640.16	\$139.57	\$1,779.73
Family	\$296.09	\$214.07	\$510.16	\$2,101.33	\$179.19	\$2,280.53

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	\$362.49	\$73.41	\$435.90	\$555.46	\$59.73	\$615.20
Employee + Child	\$0.00	\$115.23	\$115.23	\$1,386.62	\$96.45	\$1,483.07
Employee + Children	\$0.00	\$121.99	\$121.99	\$1,846.31	\$102.08	\$1,948.39
Employee + Spouse	\$0.00	\$166.74	\$166.74	\$2,079.45	\$139.57	\$2,219.02
Family	\$0.00	\$214.07	\$214.07	\$2,771.95	\$179.19	\$2,951.14

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	\$432.00	\$0.00	\$432.00	\$59.73	\$0.00	\$59.73
Employee + Child	\$568.98	\$0.00	\$568.98	\$177.92	\$0.00	\$177.92
Employee + Children	\$675.71	\$0.00	\$675.71	\$274.96	\$0.00	\$274.96
Employee + Spouse	\$848.35	\$0.00	\$848.35	\$263.30	\$0.00	\$263.30
Family	\$1,105.01	\$0.00	\$1,105.01	\$365.42	\$0.00	\$365.42

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	\$4.79	\$14.37	\$7.11	\$21.34
Employee + Child	\$14.14	\$42.44	\$23.26	\$69.78
Employee + Children	\$14.14	\$42.44	\$23.26	\$69.78
Employee + Spouse	\$14.14	\$42.44	\$23.26	\$69.78
Family	\$14.14	\$42.44	\$23.26	\$69.78

VISION

Coverage level	Drexel Vision Care	
	Drexel Pays	Employee Pays
Waive Coverage	\$0.00	\$0.00
Employee Only	\$1.02	\$3.05
Employee + Child	\$2.34	\$7.04
Employee + Children	\$2.34	\$7.04
Employee + Spouse	\$2.34	\$7.04
Family	\$2.34	\$7.04