

Drexel University Full-Time Employees 2019 Bi-Weekly 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	\$30.77	\$0.00	\$30.77	(\$30.77)	\$0.00	(\$30.77)
Employee Only	\$198.37	\$43.21	\$241.58	\$33.68	\$18.85	\$52.53
Employee + Child	\$259.10	\$68.70	\$327.80	\$88.95	\$29.98	\$118.93
Employee + Children	\$333.29	\$72.73	\$406.02	\$130.85	\$31.72	\$162.57
Employee + Spouse	\$390.40	\$99.42	\$489.82	\$131.68	\$43.37	\$175.05
Family	\$515.46	\$127.64	\$643.10	\$180.68	\$55.68	\$236.36

Coverage level	Personal Choice PPO - Basic Option					
	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	\$274.26	\$43.21	\$317.47	\$98.27	\$18.85	\$117.12
Employee + Child	\$232.66	\$68.70	\$301.36	\$326.10	\$29.98	\$356.08
Employee + Children	\$230.10	\$72.73	\$302.83	\$514.99	\$31.72	\$546.71
Employee + Spouse	\$328.44	\$99.42	\$427.86	\$509.71	\$43.37	\$553.08
Family	\$464.53	\$127.64	\$592.17	\$653.03	\$55.68	\$708.71

Coverage level	Personal Choice PPO - High Option					
	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	\$255.58	\$43.21	\$298.79	\$172.33	\$18.85	\$191.18
Employee + Child	\$194.22	\$68.70	\$262.92	\$447.61	\$29.98	\$477.59
Employee + Children	\$205.87	\$72.73	\$278.60	\$649.98	\$31.72	\$681.70
Employee + Spouse	\$288.37	\$99.42	\$387.79	\$674.40	\$43.37	\$717.77
Family	\$385.94	\$127.64	\$513.58	\$897.77	\$55.68	\$953.45

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	\$30.77	\$0.00	\$30.77	(\$30.77)	\$0.00	(\$30.77)
Employee Only	\$210.66	\$0.00	\$210.66	\$18.56	\$0.00	\$18.56
Employee + Child	\$292.89	\$0.00	\$292.89	\$55.29	\$0.00	\$55.29
Employee + Children	\$357.71	\$0.00	\$357.71	\$85.45	\$0.00	\$85.45
Employee + Spouse	\$436.38	\$0.00	\$436.38	\$81.82	\$0.00	\$81.82
Family	\$571.88	\$0.00	\$571.88	\$113.56	\$0.00	\$113.56

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
Employee Only	\$4.53	\$4.53	\$6.73	\$6.73
Employee + Child	\$13.41	\$13.41	\$22.01	\$22.01
Employee + Children	\$13.41	\$13.41	\$22.01	\$22.01
Employee + Spouse	\$13.41	\$13.41	\$22.01	\$22.01
Family	\$13.41	\$13.41	\$22.01	\$22.01

VISION

Coverage level	Drexel Vision Care	
	Drexel Pays	Employee Pays
	Waive Coverage	\$0.00
Employee Only	\$1.00	\$1.00
Employee + Child	\$2.30	\$2.30
Employee + Children	\$2.30	\$2.30
Employee + Spouse	\$2.30	\$2.30
Family	\$2.30	\$2.30