

Drexel University Part-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	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Employee Only	\$181.09	\$34.22	\$215.31	\$50.96	\$27.84	\$78.80
Employee + Child	\$214.63	\$53.72	\$268.35	\$133.42	\$44.96	\$178.38
Employee + Children	\$267.86	\$56.87	\$324.73	\$196.27	\$47.58	\$243.85
Employee + Spouse	\$324.56	\$77.72	\$402.28	\$197.52	\$65.06	\$262.58
Family	\$425.11	\$99.79	\$524.90	\$271.02	\$83.53	\$354.55

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	\$2.27	\$6.80	\$3.36	\$10.09
Employee + Child	\$6.70	\$20.11	\$11.00	\$33.01
Employee + Children	\$6.70	\$20.11	\$11.00	\$33.01
Employee + Spouse	\$6.70	\$20.11	\$11.00	\$33.01
Family	\$6.70	\$20.11	\$11.00	\$33.01

Personal Choice PPO - Basic Option

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	\$224.69	\$34.22	\$258.91	\$147.83	\$27.84	\$175.67
Employee + Child	\$69.61	\$53.72	\$123.33	\$489.15	\$44.96	\$534.11
Employee + Children	-\$4.81	\$56.87	\$52.06	\$749.91	\$47.58	\$797.49
Employee + Spouse	\$73.59	\$77.72	\$151.31	\$764.57	\$65.06	\$829.63
Family	\$138.02	\$99.79	\$237.81	\$979.54	\$83.53	\$1,063.07

VISION

Coverage level	Drexel Vision Care	
	Drexel Pays	Employee Pays
Waive Coverage	\$0.00	\$0.00
Employee Only	\$0.50	\$1.50
Employee + Child	\$1.15	\$3.45
Employee + Children	\$1.15	\$3.45
Employee + Spouse	\$1.15	\$3.45
Family	\$1.15	\$3.45

Personal Choice PPO - High Option

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	\$168.97	\$34.22	\$203.19	\$258.93	\$27.84	\$286.77
Employee + Child	-\$4.55	\$53.72	\$49.17	\$646.38	\$44.96	\$691.34
Employee + Children	-\$4.80	\$56.87	\$52.07	\$860.66	\$47.58	\$908.24
Employee + Spouse	-\$6.57	\$77.72	\$71.15	\$969.34	\$65.06	\$1,034.40
Family	-\$8.44	\$99.79	\$91.35	\$1,292.16	\$83.53	\$1,375.69

High Deductible Health Plan with HSA

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	\$201.38	\$0.00	\$201.38	\$27.84	\$0.00	\$27.84
Employee + Child	\$265.24	\$0.00	\$265.24	\$82.94	\$0.00	\$82.94
Employee + Children	\$314.99	\$0.00	\$314.99	\$128.17	\$0.00	\$128.17
Employee + Spouse	\$395.46	\$0.00	\$395.46	\$122.74	\$0.00	\$122.74
Family	\$515.10	\$0.00	\$515.10	\$170.34	\$0.00	\$170.34