Drexel University Full-Time Employees 2019 Weekly Medical Contributions

MEDICAL

	Keystone Point of Service					
	Drexel Pays			Employee Pays		
Coverage level	Medical	Rx	Total Medical & Rx	Medical	Rx	Total Medical & Rx
Waive Coverage	\$19.23	\$0.00	\$19.23	(\$19.23)	\$0.00	(\$19.23)
Employee Only	\$114.08	\$21.60	\$135.68	\$1.94	\$9.43	\$11.37
Employee + Child	\$166.90	\$34.35	\$201.25	\$7.13	\$14.99	\$22.12
Employee + Children	\$219.78	\$36.36	\$256.14	\$12.29	\$15.86	\$28.15
Employee + Spouse	\$249.81	\$49.71	\$299.52	\$11.23	\$21.69	\$32.92
Family	\$332.37	\$63.82	\$396.19	\$15.69	\$27.84	\$43.53

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	Personal Choice PPO - Basic Option					
	Drexel Pays			Employee Pays		
Coverage level	Medical	Rx	Total Medical & Rx	Medical	Rx	Total Medical & Rx
Waive Coverage	\$19.23	\$0.00	\$19.23	(\$19.23)	\$0.00	(\$19.23)
Employee Only	\$179.52	\$21.60	\$201.12	\$6.74	\$9.43	\$16.17
Employee + Child	\$213.00	\$34.35	\$247.35	\$66.38	\$14.99	\$81.37
Employee + Children	\$283.27	\$36.36	\$319.63	\$89.28	\$15.86	\$105.14
Employee + Spouse	\$319.36	\$49.71	\$369.07	\$99.72	\$21.69	\$121.41
Family	\$425.62	\$63.82	\$489.44	\$133.16	\$27.84	\$161.00

	Personal Choice High Deductible Health Plan					
	Drexel Pays			Employee Pays		
Coverage level	Medical	Rx	Total Medical & Rx	Medical	Rx	Total Medical & Rx
Waive Coverage	\$19.23	\$0.00	\$19.23	(\$19.23)	\$0.00	(\$19.23)
Employee Only	\$105.42	\$0.00	\$105.42	\$9.19	\$0.00	\$9.19
Employee + Child	\$146.72	\$0.00	\$146.72	\$27.37	\$0.00	\$27.37
Employee + Children	\$179.28	\$0.00	\$179.28	\$42.30	\$0.00	\$42.30
Employee + Spouse	\$218.59	\$0.00	\$218.59	\$40.51	\$0.00	\$40.51
Family	\$286.50	\$0.00	\$286.50	\$56.22	\$0.00	\$56.22

DENTAL

	CIGNA E	Base Plan	CIGNA Preferred Plan		
Coverage level	Drexel	Employee	Drexel	Employee	
5 5 1 5 1 5 1 5 1 5 1 5 1 5 1 5 1 5 1 5	Pays	Pays	Pays	Pays	
Waive Coverage	\$0.00	\$0.00	\$0.00	\$0.00	
Employee Only	\$2.27	\$2.27	\$3.36	\$3.36	
Employee + Child	\$6.70	\$6.70	\$11.00	\$11.00	
Employee + Children	\$6.70	\$6.70	\$11.00	\$11.00	
Employee + Spouse	\$6.70	\$6.70	\$11.00	\$11.00	
Family	\$6.70	\$6.70	\$11.00	\$11.00	

VISION

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