

Drexel University Full-Time Employees 2020 Bi-Weekly Medical Rate Sheet

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	\$200.35	\$43.64	\$243.99	\$34.02	\$19.04	\$53.06
Employee + Child	\$261.69	\$69.39	\$331.08	\$89.84	\$30.27	\$120.11
Employee + Children	\$336.61	\$73.45	\$410.06	\$132.16	\$32.04	\$164.20
Employee + Spouse	\$394.30	\$100.41	\$494.71	\$133.00	\$43.80	\$176.80
Family	\$520.61	\$128.92	\$649.53	\$182.49	\$56.24	\$238.73

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	\$277.00	\$43.64	\$320.64	\$99.25	\$19.04	\$118.29
Employee + Child	\$234.99	\$69.39	\$304.38	\$329.36	\$30.27	\$359.63
Employee + Children	\$232.41	\$73.45	\$305.86	\$520.14	\$32.04	\$552.18
Employee + Spouse	\$331.72	\$100.41	\$432.13	\$514.81	\$43.80	\$558.61
Family	\$469.18	\$128.92	\$598.10	\$659.56	\$56.24	\$715.80

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	\$258.13	\$43.64	\$301.77	\$174.05	\$19.04	\$193.09
Employee + Child	\$196.16	\$69.39	\$265.55	\$452.09	\$30.27	\$482.36
Employee + Children	\$207.93	\$73.45	\$281.38	\$656.48	\$32.04	\$688.52
Employee + Spouse	\$291.25	\$100.41	\$391.66	\$681.14	\$43.80	\$724.94
Family	\$389.80	\$128.92	\$518.72	\$906.75	\$56.24	\$962.99

Coverage level	Consumer Directed 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	\$212.76	\$0.00	\$212.76	\$18.75	\$0.00	\$18.75
Employee + Child	\$295.81	\$0.00	\$295.81	\$55.84	\$0.00	\$55.84
Employee + Children	\$361.29	\$0.00	\$361.29	\$86.30	\$0.00	\$86.30
Employee + Spouse	\$440.74	\$0.00	\$440.74	\$82.64	\$0.00	\$82.64
Family	\$577.61	\$0.00	\$577.61	\$114.70	\$0.00	\$114.70

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	\$4.53	\$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	\$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