

Drexel University Full-Time Employees 2020 Monthly 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	\$66.67	\$0.00	\$66.67	(\$66.67)	\$0.00	(\$66.67)
Employee Only	\$434.10	\$94.56	\$528.66	\$73.70	\$41.26	\$114.96
Employee + Child	\$567.00	\$150.35	\$717.35	\$194.65	\$65.59	\$260.24
Employee + Children	\$729.33	\$159.15	\$888.48	\$286.34	\$69.42	\$355.76
Employee + Spouse	\$854.32	\$217.55	\$1,071.87	\$288.16	\$94.91	\$383.07
Family	\$1,127.98	\$279.32	\$1,407.30	\$395.39	\$121.86	\$517.25

Coverage level	Personal Choice PPO - Basic Option					
	Drexel Pays			Employee Pays		
	Medical	Rx	Total Medical & Rx	Medical	Rx	Total Medical & Rx
Waive Coverage	\$66.67	\$0.00	\$66.67	(\$66.67)	\$0.00	(\$66.67)
Employee Only	\$600.17	\$94.56	\$694.73	\$215.04	\$41.26	\$256.30
Employee + Child	\$509.15	\$150.35	\$659.50	\$713.61	\$65.59	\$779.20
Employee + Children	\$503.55	\$159.15	\$662.70	\$1,126.96	\$69.42	\$1,196.38
Employee + Spouse	\$718.73	\$217.55	\$936.28	\$1,115.43	\$94.91	\$1,210.34
Family	\$1,016.56	\$279.32	\$1,295.88	\$1,429.05	\$121.86	\$1,550.91

Coverage level	Personal Choice PPO - High Option					
	Drexel Pays			Employee Pays		
	Medical	Rx	Total Medical & Rx	Medical	Rx	Total Medical & Rx
Waive Coverage	\$66.67	\$0.00	\$66.67	(\$66.67)	\$0.00	(\$66.67)
Employee Only	\$559.29	\$94.56	\$653.85	\$377.11	\$41.26	\$418.37
Employee + Child	\$425.02	\$150.35	\$575.37	\$979.53	\$65.59	\$1,045.12
Employee + Children	\$450.52	\$159.15	\$609.67	\$1,422.38	\$69.42	\$1,491.80
Employee + Spouse	\$631.05	\$217.55	\$848.60	\$1,475.81	\$94.91	\$1,570.72
Family	\$844.57	\$279.32	\$1,123.89	\$1,964.62	\$121.86	\$2,086.48

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	\$66.67	\$0.00	\$66.67	(\$66.67)	\$0.00	(\$66.67)
Employee Only	\$460.99	\$0.00	\$460.99	\$40.63	\$0.00	\$40.63
Employee + Child	\$640.93	\$0.00	\$640.93	\$120.99	\$0.00	\$120.99
Employee + Children	\$782.79	\$0.00	\$782.79	\$186.99	\$0.00	\$186.99
Employee + Spouse	\$954.93	\$0.00	\$954.93	\$179.06	\$0.00	\$179.06
Family	\$1,251.48	\$0.00	\$1,251.48	\$248.51	\$0.00	\$248.51

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	\$9.82	\$9.82	\$14.58	\$14.58
Employee + Child	\$29.05	\$29.05	\$47.68	\$47.68
Employee + Children	\$29.05	\$29.05	\$47.68	\$47.68
Employee + Spouse	\$29.05	\$29.05	\$47.68	\$47.68
Family	\$29.05	\$29.05	\$47.68	\$47.68

VISION

Coverage level	Drexel Vision Care	
	Drexel Pays	Employee Pays
Waive Coverage	\$0.00	\$0.00
Employee Only	\$2.16	\$2.17
Employee + Child	\$4.99	\$4.99
Employee + Children	\$4.99	\$4.99
Employee + Spouse	\$4.99	\$4.99
Family	\$4.99	\$4.99