

Drexel University Part-Time Employees 2020 Bi-Weekly 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	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Employee Only	\$182.90	\$34.56	\$217.46	\$51.47	\$28.12	\$79.59
Employee + Child	\$216.78	\$54.25	\$271.03	\$134.76	\$45.41	\$180.17
Employee + Children	\$270.54	\$57.43	\$327.97	\$198.23	\$48.06	\$246.29
Employee + Spouse	\$327.80	\$78.50	\$406.30	\$199.50	\$65.71	\$265.21
Family	\$429.36	\$100.80	\$530.16	\$273.73	\$84.36	\$358.09

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	\$226.94	\$34.56	\$261.50	\$149.31	\$28.12	\$177.43
Employee + Child	\$70.31	\$54.25	\$124.56	\$494.04	\$45.41	\$539.45
Employee + Children	-\$4.86	\$57.43	\$52.57	\$757.41	\$48.06	\$805.47
Employee + Spouse	\$74.32	\$78.50	\$152.82	\$772.21	\$65.71	\$837.92
Family	\$139.40	\$100.80	\$240.20	\$989.34	\$84.36	\$1,073.70

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	\$170.66	\$34.56	\$205.22	\$261.52	\$28.12	\$289.64
Employee + Child	-\$4.59	\$54.25	\$49.66	\$652.84	\$45.41	\$698.25
Employee + Children	-\$4.86	\$57.43	\$52.57	\$869.27	\$48.06	\$917.33
Employee + Spouse	-\$6.64	\$78.50	\$71.86	\$979.04	\$65.71	\$1,044.75
Family	-\$8.53	\$100.80	\$92.27	\$1,305.08	\$84.36	\$1,389.44

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	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Employee Only	\$203.39	\$0.00	\$203.39	\$28.13	\$0.00	\$28.13
Employee + Child	\$267.89	\$0.00	\$267.89	\$83.77	\$0.00	\$83.77
Employee + Children	\$318.13	\$0.00	\$318.13	\$129.46	\$0.00	\$129.46
Employee + Spouse	\$399.42	\$0.00	\$399.42	\$123.96	\$0.00	\$123.96
Family	\$520.26	\$0.00	\$520.26	\$172.05	\$0.00	\$172.05

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

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