

Drexel University Part-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	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Employee Only	\$396.29	\$74.89	\$471.18	\$111.51	\$60.93	\$172.44
Employee + Child	\$469.68	\$117.55	\$587.23	\$291.97	\$98.39	\$390.36
Employee + Children	\$586.17	\$124.44	\$710.61	\$429.50	\$104.13	\$533.63
Employee + Spouse	\$710.24	\$170.08	\$880.32	\$432.24	\$142.38	\$574.62
Family	\$930.28	\$218.39	\$1,148.67	\$593.09	\$182.79	\$775.88

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	\$491.70	\$74.89	\$566.59	\$323.51	\$60.93	\$384.44
Employee + Child	\$152.34	\$117.55	\$269.89	\$1,070.42	\$98.39	\$1,168.81
Employee + Children	-\$10.54	\$124.44	\$113.90	\$1,641.05	\$104.13	\$1,745.18
Employee + Spouse	\$161.03	\$170.08	\$331.11	\$1,673.13	\$142.38	\$1,815.51
Family	\$302.04	\$218.39	\$520.43	\$2,143.57	\$182.79	\$2,326.36

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	\$369.77	\$74.89	\$444.66	\$566.63	\$60.93	\$627.56
Employee + Child	-\$9.94	\$117.55	\$107.61	\$1,414.49	\$98.39	\$1,512.88
Employee + Children	-\$10.52	\$124.44	\$113.92	\$1,883.42	\$104.13	\$1,987.55
Employee + Spouse	-\$14.39	\$170.08	\$155.69	\$2,121.25	\$142.38	\$2,263.63
Family	-\$18.48	\$218.39	\$199.91	\$2,827.67	\$182.79	\$3,010.46

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	\$440.68	\$0.00	\$440.68	\$60.94	\$0.00	\$60.94
Employee + Child	\$580.42	\$0.00	\$580.42	\$181.50	\$0.00	\$181.50
Employee + Children	\$689.29	\$0.00	\$689.29	\$280.49	\$0.00	\$280.49
Employee + Spouse	\$865.40	\$0.00	\$865.40	\$268.59	\$0.00	\$268.59
Family	\$1,127.22	\$0.00	\$1,127.22	\$372.77	\$0.00	\$372.77

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	\$4.91	\$14.73	\$7.29	\$21.87
Employee + Child	\$14.52	\$43.58	\$23.84	\$71.52
Employee + Children	\$14.52	\$43.58	\$23.84	\$71.52
Employee + Spouse	\$14.52	\$43.58	\$23.84	\$71.52
Family	\$14.52	\$43.58	\$23.84	\$71.52

VISION

Coverage level	Drexel Vision Care	
	Drexel Pays	Employee Pays
Waive Coverage	\$0.00	\$0.00
Employee Only	\$1.08	\$3.25
Employee + Child	\$2.49	\$7.49
Employee + Children	\$2.49	\$7.49
Employee + Spouse	\$2.49	\$7.49
Family	\$2.49	\$7.49