

Drexel University Full-Time Employees 2020 Weekly Medical Contributions

MEDICAL

Coverage level	Keystone Point of Service					
	Drexel Pays			Employee Pays		
	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	\$122.75	\$23.64	\$146.39	\$4.21	\$10.32	\$14.53
Employee + Child	\$180.46	\$37.59	\$218.05	\$9.96	\$16.40	\$26.36
Employee + Children	\$237.73	\$39.79	\$277.52	\$16.19	\$17.36	\$33.55
Employee + Spouse	\$270.13	\$54.39	\$324.52	\$15.50	\$23.73	\$39.23
Family	\$359.43	\$69.83	\$429.26	\$21.42	\$30.47	\$51.89

Coverage level	Personal Choice PPO - Basic Option					
	Drexel Pays			Employee Pays		
	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	\$189.21	\$23.64	\$212.85	\$14.60	\$10.32	\$24.92
Employee + Child	\$230.42	\$37.59	\$268.01	\$75.28	\$16.40	\$91.68
Employee + Children	\$306.53	\$39.79	\$346.32	\$101.10	\$17.36	\$118.46
Employee + Spouse	\$345.49	\$54.39	\$399.88	\$113.06	\$23.73	\$136.79
Family	\$460.47	\$69.83	\$530.30	\$150.93	\$30.47	\$181.40

Coverage level	Consumer Driven Health Plan					
	Drexel Pays			Employee Pays		
	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	\$115.45	\$0.00	\$115.45	\$9.96	\$0.00	\$9.96
Employee + Child	\$160.83	\$0.00	\$160.83	\$29.65	\$0.00	\$29.65
Employee + Children	\$196.62	\$0.00	\$196.62	\$45.83	\$0.00	\$45.83
Employee + Spouse	\$239.62	\$0.00	\$239.62	\$43.88	\$0.00	\$43.88
Family	\$314.10	\$0.00	\$314.10	\$60.90	\$0.00	\$60.90

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
Employee Only	\$2.46	\$2.46	\$3.65	\$3.65
Employee + Child	\$7.26	\$7.26	\$11.92	\$11.92
Employee + Children	\$7.26	\$7.26	\$11.92	\$11.92
Employee + Spouse	\$7.26	\$7.26	\$11.92	\$11.92
Family	\$7.26	\$7.26	\$11.92	\$11.92

VISION

Coverage level	Drexel Vision Care	
	Drexel Pays	Employee Pays
Waive Coverage	\$0.00	\$0.00
Employee Only	\$1.08	\$0.00
Employee + Child	\$2.50	\$0.00
Employee + Children	\$2.50	\$0.00
Employee + Spouse	\$2.50	\$0.00
Family	\$2.50	\$0.00