

Drexel University Full-Time Employees 2021 Bi-Weekly Health Plans Contributions

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	\$202.36	\$44.08	\$246.44	\$34.35	\$19.23	\$53.58
Employee + Child	\$264.32	\$70.09	\$334.41	\$90.73	\$30.57	\$121.30
Employee + Children	\$340.00	\$74.19	\$414.19	\$133.46	\$32.36	\$165.82
Employee + Spouse/Domestic Partner	\$398.26	\$101.42	\$499.68	\$134.31	\$44.24	\$178.55
Family	\$525.83	\$130.21	\$656.04	\$184.29	\$56.80	\$241.09

Medical Coverage Level	High Deductible 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	\$66.67	(\$30.77)	\$0.00	(\$66.67)
Employee Only	\$214.90	\$0.00	\$214.90	\$18.94	\$0.00	\$18.94
Employee + Child	\$298.78	\$0.00	\$298.78	\$56.40	\$0.00	\$56.40
Employee + Children	\$364.91	\$0.00	\$364.91	\$87.16	\$0.00	\$87.16
Employee + Spouse/Domestic Partner	\$445.15	\$0.00	\$445.15	\$83.46	\$0.00	\$83.46
Family	\$583.39	\$0.00	\$583.39	\$115.83	\$0.00	\$115.83

Medical 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	\$279.78	\$44.08	\$323.86	\$100.23	\$19.23	\$119.46
Employee + Child	\$237.37	\$70.09	\$307.46	\$332.62	\$30.57	\$363.19
Employee + Children	\$234.78	\$74.19	\$308.97	\$525.29	\$32.36	\$557.65
Employee + Spouse/Domestic Partner	\$335.09	\$101.42	\$436.51	\$519.91	\$44.24	\$564.15
Family	\$473.94	\$130.21	\$604.15	\$666.09	\$56.80	\$722.89

Medical 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	\$260.73	\$44.08	\$304.81	\$175.78	\$19.23	\$195.01
Employee + Child	\$198.17	\$70.09	\$268.26	\$456.56	\$30.57	\$487.13
Employee + Children	\$210.08	\$74.19	\$284.27	\$662.99	\$32.36	\$695.35
Employee + Spouse/Domestic Partner	\$294.24	\$101.42	\$395.66	\$687.89	\$44.24	\$732.13
Family	\$393.79	\$130.21	\$524.00	\$915.73	\$56.80	\$972.53

Dental Coverage Level	CIGNA Dental		CIGNA Dental		CIGNA Dental	
	Drexel Pays	Employee Pays	Drexel Pays	Employee Pays	Drexel Pays	Employee Pays
Waive Coverage	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Employee Only	\$2.41	\$2.41	\$4.29	\$4.53	\$6.75	\$6.73
Employee + Child	\$6.07	\$6.08	\$12.60	\$13.41	\$22.07	\$22.01
Employee + Children	\$6.07	\$6.08	\$12.60	\$13.41	\$22.07	\$22.01
Employee + Spouse/Domestic Partner	\$6.07	\$6.08	\$12.60	\$13.41	\$22.07	\$22.01
Family	\$6.07	\$6.08	\$12.60	\$13.41	\$22.07	\$22.01

Vision Coverage Level	Davis 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/Domestic Partner	\$2.30	\$2.30
Family	\$2.30	\$2.30

