

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

Keystone Point of Service						
Medical Coverage Level	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	\$184.74	\$34.91	\$219.65	\$51.98	\$28.40	\$80.38
Employee + Child	\$218.96	\$54.80	\$273.76	\$136.09	\$45.86	\$181.95
Employee + Children	\$273.27	\$58.01	\$331.28	\$200.19	\$48.54	\$248.73
Employee + Spouse/Domestic Partner	\$331.10	\$79.29	\$410.39	\$201.47	\$66.36	\$267.83
Family	\$433.68	\$101.81	\$535.49	\$276.44	\$85.20	\$361.64

Personal Choice PPO - Basic Option						
Medical Coverage Level	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	\$229.22	\$34.91	\$264.13	\$150.79	\$28.40	\$179.19
Employee + Child	\$71.06	\$54.80	\$125.86	\$498.93	\$45.86	\$544.79
Employee + Children	(\$4.84)	\$58.01	\$53.17	\$764.90	\$48.54	\$813.44
Employee + Spouse/Domestic Partner	\$75.14	\$79.29	\$154.43	\$779.86	\$66.36	\$846.22
Family	\$140.90	\$101.81	\$242.71	\$999.13	\$85.20	\$1,084.33

Personal Choice PPO - High Option						
Medical Coverage Level	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	\$172.40	\$34.91	\$207.31	\$264.11	\$28.40	\$292.51
Employee + Child	(\$4.57)	\$54.80	\$50.23	\$659.31	\$45.86	\$705.17
Employee + Children	(\$4.82)	\$58.01	\$53.19	\$877.88	\$48.54	\$926.42
Employee + Spouse/Domestic Partner	(\$6.61)	\$79.29	\$72.68	\$988.73	\$66.36	\$1,055.09
Family	(\$8.48)	\$101.81	\$93.33	\$1,318.00	\$85.20	\$1,403.20

Consumer Directed Health Plan with HSA						
Medical Coverage Level	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	\$205.43	\$0.00	\$205.43	\$28.40	\$0.00	\$28.40
Employee + Child	\$270.57	\$0.00	\$270.57	\$84.60	\$0.00	\$84.60
Employee + Children	\$321.33	\$0.00	\$321.33	\$130.74	\$0.00	\$130.74
Employee + Spouse/Domestic Partner	\$403.42	\$0.00	\$403.42	\$125.19	\$0.00	\$125.19
Family	\$525.48	\$0.00	\$525.48	\$173.75	\$0.00	\$173.75

Dental Coverage Level	Cigna DHMO		Cigna Base		Cigna Preferred	
	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	\$1.21	\$3.61	\$2.02	\$6.80	\$3.39	\$10.09
Employee + Child	\$3.05	\$9.10	\$5.90	\$20.11	\$11.06	\$33.01
Employee + Children	\$3.05	\$9.10	\$5.90	\$20.11	\$11.06	\$33.01
Employee + Spouse/Domestic Partner	\$3.05	\$9.10	\$5.90	\$20.11	\$11.06	\$33.01
Family	\$3.05	\$9.10	\$5.90	\$20.11	\$11.06	\$33.01

Vision Coverage Level	Davis Vision	
	Drexel Pays	Employee Pays
Waive Coverage	\$0.00	\$0.00
Employee Only	\$0.50	\$1.50
Employee + Child	\$1.15	\$3.46
Employee + Children	\$1.15	\$3.46
Employee + Spouse/Domestic Partner	\$1.15	\$3.46
Family	\$1.15	\$3.46