

Drexel University Full-Time Employees 2021 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	\$25.00	\$0.00	\$25.00	(\$25.00)	\$0.00	(\$25.00)
Employee Only	\$121.91	\$23.87	\$145.78	\$6.31	\$10.42	\$16.73
Employee + Child	\$180.13	\$37.96	\$218.09	\$12.19	\$16.56	\$28.75
Employee + Children	\$237.39	\$40.19	\$277.58	\$19.07	\$17.53	\$36.60
Employee + Spouse/Domestic Partner	\$269.65	\$54.94	\$324.59	\$18.83	\$23.96	\$42.79
Family	\$358.82	\$70.53	\$429.35	\$25.83	\$30.77	\$56.60

Medical Coverage Level	Personal Choice PPO - Basic Option					
	Drexel Pays			Employee Pays		
	Medical	Rx	Total Medical & Rx	Medical	Rx	Total Medical & Rx
Waive Coverage	\$25.00	\$0.00	\$25.00	(\$25.00)	\$0.00	(\$25.00)
Employee Only	\$183.95	\$23.87	\$207.82	\$21.89	\$10.42	\$32.31
Employee + Child	\$230.11	\$37.96	\$268.07	\$78.64	\$16.56	\$95.20
Employee + Children	\$306.21	\$40.19	\$346.40	\$105.49	\$17.53	\$123.02
Employee + Spouse/Domestic Partner	\$345.05	\$54.94	\$399.99	\$118.08	\$23.96	\$142.04
Family	\$459.91	\$70.53	\$530.44	\$157.61	\$30.77	\$188.38

Medical Coverage Level	Consumer Directed Health Plan with HSA					
	Drexel Pays			Employee Pays		
	Medical	Rx	Total Medical & Rx	Medical	Rx	Total Medical & Rx
Waive Coverage	\$25.00	\$0.00	\$25.00	(\$25.00)	\$0.00	(\$25.00)
Employee Only	\$116.70	\$0.00	\$116.70	\$9.96	\$0.00	\$9.96
Employee + Child	\$162.73	\$0.00	\$162.73	\$29.65	\$0.00	\$29.65
Employee + Children	\$199.04	\$0.00	\$199.04	\$45.83	\$0.00	\$45.83
Employee + Spouse/Domestic Partner	\$242.45	\$0.00	\$242.45	\$43.88	\$0.00	\$43.88
Family	\$317.85	\$0.00	\$317.85	\$60.90	\$0.00	\$60.90

Dental Coverage Level	Cigna DHMO		Cigna Base		Cigna Preferred	
	Drexel Pays	Employee Pays	Drexel Pays	Employee Pays	Drexel Plans	Employee Pays
	Waive Coverage	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Employee Only	\$1.31	\$1.31	\$2.39	\$2.39	\$3.65	\$3.65
Employee + Child	\$3.29	\$3.29	\$7.05	\$7.05	\$11.94	\$11.94
Employee + Children	\$3.29	\$3.29	\$7.05	\$7.05	\$11.94	\$11.94
Employee + Spouse/Domestic Partner	\$3.29	\$3.29	\$7.05	\$7.05	\$11.94	\$11.94
Family	\$3.29	\$3.29	\$7.05	\$7.05	\$11.94	\$11.94

Vision Coverage Level	Davis Vision	
	Drexel Pays	Employee Pays
	Waive Coverage	\$0.00
Employee Only	\$1.08	\$0.00
Employee + Child	\$2.50	\$0.00
Employee + Children	\$2.50	\$0.00
Employee + Spouse/Domestic Partner	\$2.50	\$0.00
Family	\$2.50	\$0.00