

# 2022 MEDICAL & PRESCRIPTION DRUG PLAN CONTRIBUTIONS

## POINT OF SERVICE PLAN

	FULL-TIME RATES		PART-TIME RATES	
	MONTHLY	BI-WEEKLY	MONTHLY	BI-WEEKLY
<b>WAIVE COVERAGE*</b>	(\$66.67)	(\$30.77)	\$0.00	\$0.00
<b>EMPLOYEE ONLY</b>	\$117.26	\$54.12	\$175.89	\$81.18
<b>EMPLOYEE + CHILD</b>	\$265.45	\$122.52	\$398.17	\$183.77
<b>EMPLOYEE + CHILDREN</b>	\$362.87	\$167.48	\$544.31	\$251.22
<b>EMPLOYEE + SPOUSE/DOMESTIC PARTNER</b>	\$390.73	\$180.34	\$586.10	\$270.51
<b>FAMILY</b>	\$527.59	\$243.51	\$791.40	\$365.26

## PERSONAL CHOICE PPO - BASIC PLAN

	FULL-TIME RATES		PART-TIME RATES	
	MONTHLY	BI-WEEKLY	MONTHLY	BI-WEEKLY
<b>WAIVE COVERAGE*</b>	(\$66.67)	(\$30.77)	\$0.00	\$0.00
<b>EMPLOYEE ONLY</b>	\$261.42	\$120.65	\$392.13	\$180.98
<b>EMPLOYEE + CHILD</b>	\$794.79	\$366.83	\$1,192.19	\$550.24
<b>EMPLOYEE + CHILDREN</b>	\$1,220.31	\$563.22	\$1,780.08	\$821.57
<b>EMPLOYEE + SPOUSE/DOMESTIC PARTNER</b>	\$1,234.54	\$569.79	\$1,851.81	\$854.69
<b>FAMILY</b>	\$1,581.92	\$730.12	\$2,372.89	\$1,095.18

## PERSONAL CHOICE PPO - HIGH PLAN

	FULL-TIME RATES		PART-TIME RATES	
	MONTHLY	BI-WEEKLY	MONTHLY	BI-WEEKLY
<b>WAIVE COVERAGE*</b>	(\$66.67)	(\$30.77)	\$0.00	\$0.00
<b>EMPLOYEE ONLY</b>	\$426.74	\$196.95	\$640.11	\$295.43
<b>EMPLOYEE + CHILD</b>	\$1,066.02	\$492.01	\$1,543.14	\$712.22
<b>EMPLOYEE + CHILDREN</b>	\$1,521.64	\$702.29	\$2,027.30	\$935.68
<b>EMPLOYEE + SPOUSE/DOMESTIC PARTNER</b>	\$1,602.14	\$739.45	\$2,308.89	\$1,065.65
<b>FAMILY</b>	\$2,128.21	\$982.25	\$3,070.67	\$1,417.23

## CDHP WITH HSA

	FULL-TIME RATES		PART-TIME RATES	
	MONTHLY	BI-WEEKLY	MONTHLY	BI-WEEKLY
<b>WAIVE COVERAGE*</b>	(\$66.67)	(\$30.77)	\$0.00	\$0.00
<b>EMPLOYEE ONLY</b>	\$41.44	\$19.13	\$62.15	\$28.69
<b>EMPLOYEE + CHILD</b>	\$123.41	\$56.96	\$185.13	\$85.44
<b>EMPLOYEE + CHILDREN</b>	\$190.73	\$88.03	\$286.10	\$132.05
<b>EMPLOYEE + SPOUSE/DOMESTIC PARTNER</b>	\$182.64	\$84.29	\$273.96	\$126.44
<b>FAMILY</b>	\$253.48	\$116.99	\$380.22	\$175.49

\* Drexel provides a credit for employees who do not elect coverage.