

Drexel University Part-Time Employees 2022 BiWeekly Medical Contributions

MEDICAL						
Keystone/AmeriHealth Point of Service						
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	\$186.56	\$35.25	\$221.81	\$52.50	\$28.68	\$81.18
Employee + Child	\$221.11	\$55.34	\$276.45	\$137.45	\$46.32	\$183.77
Employee + Children	\$275.95	\$58.58	\$334.53	\$202.20	\$49.02	\$251.22
Employee + Spouse	\$334.36	\$80.07	\$414.43	\$203.48	\$67.03	\$270.51
Family	\$437.95	\$102.81	\$540.76	\$279.21	\$86.05	\$365.26

Personal Choice PPO - Basic Option						
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	\$231.48	\$35.25	\$266.73	\$152.30	\$28.68	\$180.98
Employee + Child	\$71.72	\$55.34	\$127.06	\$503.92	\$46.32	\$550.24
Employee + Children	(\$4.96)	\$58.58	\$53.62	\$772.55	\$49.02	\$821.57
Employee + Spouse	\$75.81	\$80.07	\$155.88	\$787.66	\$67.03	\$854.69
Family	\$142.19	\$102.81	\$245.00	\$1,009.13	\$86.05	\$1,095.18

Personal Choice PPO - High Option						
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	\$174.08	\$35.25	\$209.33	\$266.75	\$28.68	\$295.43
Employee + Child	(\$4.68)	\$55.34	\$50.66	\$665.90	\$46.32	\$712.22
Employee + Children	(\$4.95)	\$58.58	\$53.63	\$886.66	\$49.02	\$935.68
Employee + Spouse	(\$6.77)	\$80.07	\$73.30	\$998.62	\$67.03	\$1,065.65
Family	(\$8.70)	\$102.81	\$94.11	\$1,331.18	\$86.05	\$1,417.23

Consumer Directed Health Plan with HSA						
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	\$207.46	\$0.00	\$207.46	\$28.69	\$0.00	\$28.69
Employee + Child	\$273.24	\$0.00	\$273.24	\$85.44	\$0.00	\$85.44
Employee + Children	\$324.50	\$0.00	\$324.50	\$132.05	\$0.00	\$132.05
Employee + Spouse	\$407.40	\$0.00	\$407.40	\$126.44	\$0.00	\$126.44
Family	\$530.66	\$0.00	\$530.66	\$175.49	\$0.00	\$175.49

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	\$1.20	\$3.61	\$2.29	\$6.88	\$3.50	\$10.52
Employee + Child	\$3.04	\$9.11	\$6.76	\$20.29	\$11.46	\$34.38
Employee + Children	\$3.04	\$9.11	\$6.76	\$20.29	\$11.46	\$34.38
Employee + Spouse	\$3.04	\$9.11	\$6.76	\$20.29	\$11.46	\$34.38
Family	\$3.04	\$9.11	\$6.76	\$20.29	\$11.46	\$34.38

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	\$1.15	\$3.46
Family	\$1.15	\$3.46