

Drexel University Full-Time Employees 2023 Weekly Medical Contributions

MEDICAL						
Point of Service						
Coverage level	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	\$120.27	\$24.35	\$144.62	\$10.51	\$10.63	\$21.14
Employee + Child	\$179.51	\$38.72	\$218.23	\$16.65	\$16.89	\$33.54
Employee + Children	\$236.78	\$40.99	\$277.77	\$24.81	\$17.88	\$42.69
Employee + Spouse	\$268.77	\$56.03	\$324.80	\$25.48	\$24.44	\$49.92
Family	\$357.70	\$71.94	\$429.64	\$34.65	\$31.38	\$66.03

Personal Choice PPO - Basic Option						
Coverage level	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	\$173.48	\$24.35	\$197.83	\$36.48	\$10.63	\$47.11
Employee + Child	\$229.56	\$38.72	\$268.28	\$85.36	\$16.89	\$102.25
Employee + Children	\$305.69	\$40.99	\$346.68	\$114.25	\$17.88	\$132.13
Employee + Spouse	\$344.27	\$56.03	\$400.30	\$128.12	\$24.44	\$152.56
Family	\$458.93	\$71.94	\$530.87	\$170.94	\$31.38	\$202.32

Consumer Directed Health Plan with HSA						
Coverage level	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	\$119.23	\$0.00	\$119.23	\$9.96	\$0.00	\$9.96
Employee + Child	\$166.58	\$0.00	\$166.58	\$29.65	\$0.00	\$29.65
Employee + Children	\$203.94	\$0.00	\$203.94	\$45.83	\$0.00	\$45.83
Employee + Spouse	\$248.18	\$0.00	\$248.18	\$43.88	\$0.00	\$43.88
Family	\$325.42	\$0.00	\$325.42	\$60.90	\$0.00	\$60.90

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	\$1.31	\$1.31	\$2.55	\$2.54	\$3.89	\$3.89
Employee + Child	\$3.29	\$3.29	\$7.51	\$7.51	\$12.72	\$12.72
Employee + Children	\$3.29	\$3.29	\$7.51	\$7.51	\$12.72	\$12.72
Employee + Spouse	\$3.29	\$3.29	\$7.51	\$7.51	\$12.72	\$12.72
Family	\$3.29	\$3.29	\$7.51	\$7.51	\$12.72	\$12.72

VISION		
Coverage level	Davis Vision	
	Drexel Pays	Employee Pays
Waive Coverage	\$0.00	\$0.00
Employee Only	\$1.08	\$0.00
Employee + Child	\$2.50	\$0.00
Employee + Children	\$2.50	\$0.00
Employee + Spouse	\$2.50	\$0.00
Family	\$2.50	\$0.00