

Drexel University Full-Time Employees 2024 Bi-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	\$30.77	\$0.00	\$30.77	(\$30.77)	\$0.00	(\$30.77)
Employee Only	\$216.72	\$47.21	\$263.93	\$36.80	\$20.60	\$57.40
Employee + Child	\$283.07	\$75.06	\$358.13	\$97.18	\$32.75	\$129.93
Employee + Children	\$364.12	\$79.46	\$443.58	\$142.95	\$34.66	\$177.61
Employee + Spouse	\$426.52	\$108.61	\$535.13	\$143.86	\$47.38	\$191.24
Family	\$563.15	\$139.45	\$702.60	\$197.40	\$60.84	\$258.24

Personal Choice PPO - Basic Option						
Coverage level	Drexel Pays			Employee Pays		
	Medical	Rx	Total Medical & Rx	Medical	Rx	Total Medical & Rx
Waive Coverage	\$30.77	\$0.00	\$30.77	(\$30.77)	\$0.00	(\$30.77)
Employee Only	\$299.64	\$47.21	\$346.85	\$107.36	\$20.60	\$127.96
Employee + Child	\$254.19	\$75.06	\$329.25	\$366.27	\$32.75	\$399.02
Employee + Children	\$251.40	\$79.46	\$330.86	\$562.64	\$34.66	\$597.30
Employee + Spouse	\$358.83	\$108.61	\$467.44	\$556.88	\$47.38	\$604.26
Family	\$507.52	\$139.45	\$646.97	\$713.45	\$60.84	\$774.29

Personal Choice PPO - High Option						
Coverage level	Drexel Pays			Employee Pays		
	Medical	Rx	Total Medical & Rx	Medical	Rx	Total Medical & Rx
Waive Coverage	\$30.77	\$0.00	\$30.77	(\$30.77)	\$0.00	(\$30.77)
Employee Only	\$279.22	\$47.21	\$326.43	\$188.27	\$20.60	\$208.87
Employee + Child	\$212.19	\$75.06	\$287.25	\$489.03	\$32.75	\$521.78
Employee + Children	\$224.92	\$79.46	\$304.38	\$710.13	\$34.66	\$744.79
Employee + Spouse	\$315.05	\$108.61	\$423.66	\$736.80	\$47.38	\$784.18
Family	\$421.65	\$139.45	\$561.10	\$980.84	\$60.84	\$1,041.68

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	\$30.77	\$0.00	\$66.67	(\$30.77)	\$0.00	(\$30.77)
Employee Only	\$230.15	\$0.00	\$230.15	\$20.28	\$0.00	\$20.28
Employee + Child	\$319.98	\$0.00	\$319.98	\$60.41	\$0.00	\$60.41
Employee + Children	\$390.81	\$0.00	\$390.81	\$93.36	\$0.00	\$93.36
Employee + Spouse	\$476.75	\$0.00	\$476.75	\$89.39	\$0.00	\$89.39
Family	\$624.80	\$0.00	\$624.80	\$124.07	\$0.00	\$124.07

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	\$2.51	\$2.51	\$4.88	\$4.89	\$7.47	\$7.47
Employee + Child	\$6.32	\$6.32	\$14.41	\$14.41	\$24.41	\$24.42
Employee + Children	\$6.32	\$6.32	\$14.41	\$14.41	\$24.41	\$24.42
Employee + Spouse	\$6.32	\$6.32	\$14.41	\$14.41	\$24.41	\$24.42
Family	\$6.32	\$6.32	\$14.41	\$14.41	\$24.41	\$24.42

VISION		
Coverage level	Davis Vision	
	Drexel	Employee
Waive Coverage	\$0.00	\$0.00
Employee Only	\$1.00	\$1.00
Employee + Child	\$2.30	\$2.30
Employee + Children	\$2.30	\$2.30
Employee + Spouse	\$2.30	\$2.30
Family	\$2.30	\$2.30