

Drexel University Part-Time Employees 2024 BiWeekly Medical Contributions

MEDICAL

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	\$197.85	\$37.39	\$235.24	\$55.67	\$30.42	\$86.09
Employee + Child	\$234.49	\$68.69	\$293.18	\$145.77	\$49.12	\$194.89
Employee + Children	\$292.65	\$62.13	\$354.78	\$214.43	\$51.99	\$266.42
Employee + Spouse	\$354.59	\$84.92	\$439.51	\$215.79	\$71.08	\$286.87
Family	\$464.45	\$109.03	\$573.48	\$296.10	\$91.26	\$387.36

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	\$245.48	\$37.39	\$282.87	\$161.51	\$30.42	\$191.93
Employee + Child	\$76.06	\$58.69	\$134.75	\$534.41	\$49.12	\$583.53
Employee + Children	\$0.00	\$56.87	\$56.87	\$814.03	\$57.25	\$871.28
Employee + Spouse	\$80.40	\$84.92	\$165.32	\$835.31	\$71.08	\$906.39
Family	\$150.79	\$109.03	\$259.82	\$1,070.18	\$91.26	\$1,161.44

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	\$184.61	\$37.39	\$222.00	\$282.89	\$30.42	\$313.31
Employee + Child	\$0.00	\$53.72	\$53.72	\$701.22	\$54.08	\$755.30
Employee + Children	\$0.00	\$56.88	\$56.88	\$935.05	\$57.24	\$992.29
Employee + Spouse	\$0.00	\$77.74	\$77.74	\$1,051.85	\$78.26	\$1,130.11
Family	\$0.00	\$99.81	\$99.81	\$1,402.49	\$100.48	\$1,502.97

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	\$220.01	\$0.00	\$220.01	\$30.42	\$0.00	\$30.42
Employee + Child	\$289.78	\$0.00	\$289.78	\$90.61	\$0.00	\$90.61
Employee + Children	\$344.13	\$0.00	\$344.13	\$140.03	\$0.00	\$140.03
Employee + Spouse	\$432.05	\$0.00	\$432.05	\$134.09	\$0.00	\$134.09
Family	\$562.77	\$0.00	\$562.77	\$186.10	\$0.00	\$186.10

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	\$1.26	\$3.76	\$2.44	\$7.32	\$3.73	\$11.21
Employee + Child	\$3.16	\$9.48	\$7.20	\$21.62	\$12.21	\$36.62
Employee + Children	\$3.16	\$9.48	\$7.20	\$21.62	\$12.21	\$36.62
Employee + Spouse	\$3.16	\$9.48	\$7.20	\$21.62	\$12.21	\$36.62
Family	\$3.16	\$9.48	\$7.20	\$21.62	\$12.21	\$36.62

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