

Drexel University Part-Time Employees 2024 Monthly 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	\$428.67	\$81.01	\$509.67	\$120.62	\$65.91	\$186.53
Employee + Child	\$508.05	\$127.15	\$635.21	\$315.83	\$106.43	\$422.26
Employee + Children	\$634.07	\$134.61	\$768.68	\$464.60	\$112.64	\$577.24
Employee + Spouse	\$768.28	\$183.98	\$952.27	\$467.55	\$154.01	\$621.56
Family	\$1,006.30	\$236.23	\$1,242.53	\$641.55	\$197.73	\$839.27

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	\$531.88	\$81.01	\$612.88	\$349.94	\$65.91	\$415.85
Employee + Child	\$164.79	\$127.15	\$291.94	\$1,157.89	\$106.43	\$1,264.31
Employee + Children	\$0.00	\$123.22	\$123.22	\$1,763.74	\$124.04	\$1,887.78
Employee + Spouse	\$174.19	\$183.98	\$358.18	\$1,809.84	\$154.01	\$1,963.85
Family	\$326.72	\$236.23	\$562.95	\$2,318.72	\$197.73	\$2,516.45

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	\$399.99	\$81.01	\$481.00	\$612.92	\$65.91	\$678.83
Employee + Child	\$0.00	\$116.40	\$116.40	\$1,519.31	\$117.18	\$1,636.50
Employee + Children	\$0.00	\$123.23	\$123.23	\$2,025.94	\$124.02	\$2,149.96
Employee + Spouse	\$0.00	\$168.43	\$168.43	\$2,279.02	\$169.57	\$2,448.58
Family	\$0.00	\$216.25	\$216.25	\$3,038.73	\$217.71	\$3,256.44

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	\$476.69	\$0.00	\$476.69	\$65.91	\$0.00	\$65.91
Employee + Child	\$627.85	\$0.00	\$627.85	\$196.33	\$0.00	\$196.33
Employee + Children	\$745.61	\$0.00	\$745.61	\$303.41	\$0.00	\$303.41
Employee + Spouse	\$936.11	\$0.00	\$936.11	\$290.54	\$0.00	\$290.54
Family	\$1,219.33	\$0.00	\$1,219.33	\$403.22	\$0.00	\$403.22

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	\$2.72	\$8.14	\$5.29	\$15.87	\$8.08	\$24.28
Employee + Child	\$6.85	\$20.54	\$15.60	\$46.84	\$26.45	\$79.34
Employee + Children	\$6.85	\$20.54	\$15.60	\$46.84	\$26.45	\$79.34
Employee + Spouse	\$6.85	\$20.54	\$15.60	\$46.84	\$26.45	\$79.34
Family	\$6.85	\$20.54	\$15.60	\$46.84	\$26.45	\$79.34

VISION		
Coverage level	Davis Vision	
	Drexel Pays	Employee Pays
Waive Coverage	\$0.00	\$0.00
Employee Only	\$1.08	\$3.25
Employee + Child	\$2.49	\$7.49
Employee + Children	\$2.49	\$7.49
Employee + Spouse	\$2.49	\$7.49
Family	\$2.49	\$7.49