## **Drexel University Full-Time Employees 2025 Monthly Medical Contributions**

## MEDICAL

	Point of Service						
	ı	Drexel Pa	ys	Employee Pays			
Coverage level	Medical	Rx	Total Medical & Rx	Medical	Rx	Total Medical & Rx	
Waive Coverage	\$66.67	\$0.00	\$66.67	(\$66.67)	\$0.00	(\$66.67)	
Employee Only	\$493.04	\$107.40	\$600.44	\$83.72	\$46.86	\$130.58	
Employee + Child	\$643.99	\$170.76	\$814.75	\$221.09	\$74.50	\$295.59	
Employee + Children	\$828.39	\$180.76	\$1,009.15	\$325.22	\$78.85	\$404.07	
Employee + Spouse	\$970.34	\$247.09	\$1,217.43	\$327.29	\$107.80	\$435.09	
Family	\$1,281.17	\$317.24	\$1,598.41	\$449.08	\$138.41	\$587.49	

	Personal Choice PPO - Basic Option						
_	Drexel Pays			Employee Pays			
Coverage level	Medical Rx Total Medical & Rx		Medical	Rx	Total Medical & Rx		
Waive Coverage	\$66.67	\$0.00	\$66.67	(\$66.67)	\$0.00	(\$66.67)	
Employee Only	\$681.67	\$107.40	\$789.07	\$244.24	\$46.86	\$291.10	
Employee + Child	\$578.28	\$170.76	\$749.04	\$810.52	\$74.50	\$885.02	
Employee + Children	\$571.93	\$180.76	\$752.69	\$1,280.00	\$78.85	\$1,358.85	
Employee + Spouse	\$816.34	\$247.09	\$1,063.43	\$1,266.89	\$107.80	\$1,374.69	
Family	\$1,154.61	\$317.24	\$1,471.85	\$1,623.10	\$138.41	\$1,761.51	

	Personal Choice PPO - High Option						
	Drexel Pays			Employee Pays			
Coverage level	Medical	dical Rx Total Medical & Rx		Medical	Rx	Total Medical & Rx	
Waive Coverage	\$66.67	\$0.00	\$66.67	(\$66.67)	\$0.00	(\$66.67)	
Employee Only	\$635.23	\$107.40	\$742.63	\$428.33	\$46.86	\$475.19	
Employee + Child	\$482.74	\$170.76	\$653.50	\$1,112.55	\$74.50	\$1,187.05	
Employee + Children	\$511.70	\$180.76	\$692.46	\$1,615.54	\$78.85	\$1,694.39	
Employee + Spouse	\$716.75	\$247.09	\$963.84	\$1,676.22	\$107.80	\$1,784.02	
Family	\$959.26	\$317.24	\$1,276.50	\$2,231.41	\$138.41	\$2,369.82	

	Consumer Directed Health Plan with HSA						
	Drexel Pays			Employee Pays			
Coverage level	Medical & Rx	Rx	Total Medical & Rx	Medical & Rx	Rx	Total Medical & Rx	
Waive Coverage	\$66.67	\$0.00	\$66.67	(\$66.67)	\$0.00	(\$66.67)	
Employee Only	\$523.59	\$0.00	\$523.59	\$46.15	\$0.00	\$46.15	
Employee + Child	\$727.97	\$0.00	\$727.97	\$137.42	\$0.00	\$137.42	
Employee + Children	\$889.09	\$0.00	\$889.09	\$212.38	\$0.00	\$212.38	
Employee + Spouse	\$1,084.61	\$0.00	\$1,084.61	\$203.37	\$0.00	\$203.37	
Family	\$1,421.43	\$0.00	\$1,421.43	\$282.25	\$0.00	\$282.25	

## DENTAL

	Cign	а DHMO	Cigna Base		Cigna Preferred	
Coverage level	Drexel	<b>Employee</b>	Drexel	<b>Employee</b>	Drexel	Employee
Coverage level	Pays	Pays	Pays	Pays	Pays	Pays
Waive Coverage	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Employee Only	\$5.43	\$5.43	\$10.57	\$10.59	\$16.18	\$16.18
Employee + Child	\$13.69	\$13.70	\$31.22	\$31.22	\$52.89	\$52.90
Employee + Children	\$13.69	\$13.70	\$31.22	\$31.22	\$52.89	\$52.90
Employee + Spouse	\$13.69	\$13.70	\$31.22	\$31.22	\$52.89	\$52.90
Family	\$13.69	\$13.70	\$31.22	\$31.22	\$52.89	\$52.90

## VISION

	Davis Vision			
Coverage level	Drexel	<b>Employee</b>		
Waive Coverage	\$0.00	\$0.00		
Employee Only	\$2.16	\$2.17		
Employee + Child	\$4.99	\$4.99		
Employee + Children	\$4.99	\$4.99		
Employee + Spouse	\$4.99	\$4.99		
Family	\$4.99	\$4.99		