

Drexel University Full-Time Employees 2025 Weekly Medical Contributions

MEDICAL

Coverage level	Point of Service					
	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	\$130.70	\$26.85	\$157.55	\$13.49	\$11.72	\$25.21
Employee + Child	\$196.08	\$42.69	\$238.77	\$20.19	\$18.63	\$38.82
Employee + Children	\$258.71	\$45.19	\$303.90	\$29.69	\$19.71	\$49.40
Employee + Spouse	\$293.59	\$61.77	\$355.36	\$30.82	\$26.95	\$57.77
Family	\$390.75	\$79.31	\$470.06	\$41.81	\$34.60	\$76.41

Personal Choice PPO - Basic Option

Coverage level	Personal Choice PPO - Basic Option					
	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	\$184.33	\$26.85	\$211.18	\$47.15	\$11.72	\$58.87
Employee + Child	\$251.58	\$42.69	\$294.27	\$95.62	\$18.63	\$114.25
Employee + Children	\$335.07	\$45.19	\$380.26	\$127.91	\$19.71	\$147.62
Employee + Spouse	\$377.31	\$61.77	\$439.08	\$143.50	\$26.95	\$170.45
Family	\$502.99	\$79.31	\$582.30	\$191.44	\$34.60	\$226.04

Consumer Directed Health Plan with HSA

Coverage level	Consumer Directed Health Plan with HSA					
	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	\$131.68	\$0.00	\$131.68	\$10.76	\$0.00	\$10.76
Employee + Child	\$184.32	\$0.00	\$184.32	\$32.03	\$0.00	\$32.03
Employee + Children	\$225.88	\$0.00	\$225.88	\$49.49	\$0.00	\$49.49
Employee + Spouse	\$274.61	\$0.00	\$274.61	\$47.39	\$0.00	\$47.39
Family	\$360.14	\$0.00	\$360.14	\$65.78	\$0.00	\$65.78

DENTAL

Coverage level	DENTAL					
	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	\$1.36	\$1.36	\$2.64	\$2.65	\$4.05	\$4.05
Employee + Child	\$3.42	\$3.43	\$7.81	\$7.81	\$13.22	\$13.23
Employee + Children	\$3.42	\$3.43	\$7.81	\$7.81	\$13.22	\$13.23
Employee + Spouse	\$3.42	\$3.43	\$7.81	\$7.81	\$13.22	\$13.23
Family	\$3.42	\$3.43	\$7.81	\$7.81	\$13.22	\$13.23

VISION

Coverage level	VISION	
	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