Drexel University Part-Time Employees 2025 BiWeekly Medical Contributions

			MEDI	CAL		
			Point of	Service		
		Drexel Pays			Employee Pay	S
Coverage level	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	\$207.74	\$39.26	\$247.00	\$58.46	\$31.94	\$90.40
Employee + Child	\$246.21	\$61.62	\$307.83	\$153.06	\$51.58	\$204.64
Employee + Children	\$307.28	\$65.23	\$372.51	\$225.15	\$54.59	\$279.74
Employee + Spouse	\$372.32	\$89.16	\$461.48	\$226.58	\$74.64	\$301.22
Family	\$487.68	\$114.48	\$602.16	\$310.90	\$95.82	\$406.72

	Cigna DHMO		Cigna Base		Cigna Preferred	
Coverage level	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

DENTAL

		Per	sonal Choice P	PO - Basic Op	otion					
	Drexel Pays			Employee Pays						
Coverage level	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	\$257.76	\$39.26	\$297.02	\$169.59	\$31.94	\$201.53				
Employee + Child	\$79.86	\$61.62	\$141.48	\$561.13	\$51.58	\$612.71				
Employee + Children	\$0.00	\$59.71	\$59.71	\$854.74	\$60.11	\$914.85				
Employee + Spouse	\$84.42	\$89.16	\$173.58	\$877.08	\$74.64	\$951.72				
Family	\$158.33	\$114.48	\$272.81	\$1,123.69	\$95.82	\$1,219.51				

	Personal Choice PPO - High Option					
		Drexel Pays	Employee Pays			5
Coverage level	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	\$193.84	\$39.26	\$233.10	\$297.03	\$31.94	\$328.97
Employee + Child	\$0.00	\$56.41	\$56.41	\$736.29	\$56.79	\$793.08
Employee + Children	\$0.00	\$59.72	\$59.72	\$981.80	\$60.10	\$1,041.90
Employee + Spouse	\$0.00	\$81.62	\$81.62	\$1,104.44	\$82.18	\$1,186.62
Family	\$0.00	\$104.79	\$104.79	\$1,472.61	\$105.51	\$1,578.12

	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	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
Employee Only	\$231.01	\$0.00	\$231.01	\$31.94	\$0.00	\$31.94	
Employee + Child	\$304.26	\$0.00	\$304.26	\$95.15	\$0.00	\$95.15	
Employee + Children	\$361.33	\$0.00	\$361.33	\$147.04	\$0.00	\$147.04	
Employee + Spouse	\$453.65	\$0.00	\$453.65	\$140.80	\$0.00	\$140.80	
Family	\$590.91	\$0.00	\$590.91	\$195.41	\$0.00	\$195.41	

	Davis Vision			
Coverage level	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		

VISION