Drexel University Full-Time Employees 2014 Monthly Medical Contributions

MEDICAL DENTAL

	Keystone Point of Service						
	Drexel Pays			Employee Pays			
Coverage level	Medical	Rx	Total Medical & Rx	Medical	Rx	Total Medical & Rx	
Waive Coverage	\$100.00	\$0.00	\$100.00	(\$100.00)	\$0.00	(\$100.00)	
Employee Only	\$405.31	\$89.08	\$494.39	\$57.39	\$34.26	\$91.65	
Employee + Child	\$539.10	\$141.64	\$680.74	\$154.94	\$54.45	\$209.39	
Employee + Children	\$695.34	\$149.94	\$845.28	\$230.05	\$57.63	\$287.68	
Employee + Spouse	\$811.52	\$204.96	\$1,016.48	\$229.54	\$78.79	\$308.33	
Family	\$1,072.47	\$263.15	\$1,335.62	\$315.62	\$101.16	\$416.78	

	CIGNA E	Base Plan	CIGNA Preferred Plan			
Coverage level	Drexel Pays	Employee Pays	Drexel Pays	Employee Pays		
Waive Coverage	\$0.00	\$0.00	\$0.00	\$0.00		
Employee Only	\$9.62	\$9.61	\$14.28	\$14.27		
Employee + Child	\$28.44	\$28.44	\$46.69	\$46.68		
Employee + Children	\$28.44	\$28.44	\$46.69	\$46.68		
Employee + Spouse	\$28.44	\$28.44	\$46.69	\$46.68		
Family	\$28.44	\$28.44	\$46.69	\$46.68		

VISION

	Personal Choice PPO - Basic Option						
	Drexel Pays			Employee Pays			
			Total			Total	
Coverage level	Medical	Rx	Medical &	Medical	Rx	Medical &	
			Rx			Rx	
Waive Coverage	\$100.00	\$0.00	\$100.00	(\$100.00)	\$0.00	(\$100.00)	
Employee Only	\$582.59	\$89.08	\$671.67	\$160.02	\$34.26	\$194.28	
Employee + Child	\$577.71	\$141.64	\$719.35	\$536.20	\$54.45	\$590.65	
Employee + Children	\$635.97	\$149.94	\$785.91	\$849.25	\$57.63	\$906.88	
Employee + Spouse	\$832.21	\$204.96	\$1,037.17	\$838.66	\$78.79	\$917.45	
Family	\$1,153.38	\$263.15	\$1,416.53	\$1,074.45	\$101.16	\$1,175.61	

	Drexel Vision Care				
Coverage level	Drexel Pays	Employee Pays			
Waive Coverage	\$0.00	\$0.00			
Employee Only	\$2.04	\$2.03			
Employee + Child	\$4.69	\$4.69			
Employee + Children	\$4.69	\$4.69			
Employee + Spouse	\$4.69	\$4.69			
Family	\$4.69	\$4.69			

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	Personal Choice PPO - High Option						
	[Drexel Pays		Employee Pays			
			Total			Total	
Coverage level	Medical	Rx	Medical &	Medical	Rx	Medical &	
			Rx			Rx	
Waive Coverage	\$100.00	\$0.00	\$100.00	(\$100.00)	\$0.00	(\$100.00)	
Employee Only	\$570.08	\$89.08	\$659.16	\$282.89	\$34.26	\$317.15	
Employee + Child	\$541.67	\$141.64	\$683.31	\$737.78	\$54.45	\$792.23	
Employee + Children	\$632.74	\$149.94	\$782.68	\$1,073.19	\$57.63	\$1,130.82	
Employee + Spouse	\$807.33	\$204.96	\$1,012.29	\$1,111.85	\$78.79	\$1,190.64	
Family	\$1,078.47	\$263.15	\$1,341.62	\$1,480.43	\$101.16	\$1,581.59	