2022-2023
Villanova University Payroll Deduction
Staff Working 12 Months / 24 Biweekly Deductions

Plan Name	Level of Coverage	Wellness rate per pay with employee and spouse participating			Wellness rate per pay with only employee participating			Wellness rate with only spouse participating			Per pay rate with no wellness participation		
		Employee Cost	Employer Cost	Total Premium	Employee Cost	Employer Cost	Total Premium	Employee Cost	Employer Cost	Total Premium	Employee Cost	Employer Cost	Total Premium
Consumer Driven Health Plan (CDHP)	Employee Only	$55.67	$290.03	$345.70	$55.67	$290.03	$345.70	$55.67	$290.03	$345.70	$55.67	$290.03	$345.70
	Employee & One Child	$151.28	$429.49	$580.77	$151.28	$429.49	$580.77	$151.28	$429.49	$580.77	$151.28	$429.49	$580.77
	Employee & Two/More Children	$180.92	$503.56	$684.48	$180.92	$503.56	$684.48	$180.92	$503.56	$684.48	$180.92	$503.56	$684.48
	Employee & Spouse	$191.65	$548.14	$739.79	$191.65	$548.14	$739.79	$191.65	$548.14	$739.79	$191.65	$548.14	$739.79
	Full Family	$267.70	$721.00	$988.70	$267.70	$721.00	$988.70	$267.70	$721.00	$988.70	$267.70	$721.00	$988.70
Keystone Flex HMO	Employee Only	$60.32	$332.00	$392.32	$60.32	$332.00	$392.32	$66.57	$325.75	$392.32	$66.57	$325.75	$392.32
	Employee & One Child	$157.03	$502.07	$659.10	$157.03	$502.07	$659.10	$163.28	$495.82	$659.10	$163.28	$495.82	$659.10
	Employee & Two/More Children	$185.01	$591.79	$776.80	$185.01	$591.79	$776.80	$191.26	$585.54	$776.80	$191.26	$585.54	$776.80
	Employee & Spouse	$202.46	$637.11	$839.57	$205.22	$634.35	$839.57	$208.71	$630.86	$839.57	$211.84	$627.73	$839.57
	Full Family	$273.75	$848.29	$1,122.04	$276.87	$845.17	$1,122.04	$280.00	$842.04	$1,122.04	$283.12	$838.92	$1,122.04
Personal Choice PPO	Employee Only	$96.03	$268.99	$365.02	$96.03	$268.99	$365.02	$102.28	$262.74	$365.02	$102.28	$262.74	$365.02
	Employee & One Child	$220.87	$392.36	$613.23	$220.87	$392.36	$613.23	$227.12	$386.11	$613.23	$227.12	$386.11	$613.23
	Employee & Two/More Children	$315.13	$407.61	$722.74	$315.13	$407.61	$722.74	$321.38	$401.36	$722.74	$321.38	$401.36	$722.74
	Employee & Spouse	$332.54	$448.60	$781.14	$335.67	$445.47	$781.14	$338.79	$442.35	$781.14	$341.92	$439.22	$781.14
	Full Family	$424.42	$619.54	$1,043.96	$427.54	$616.42	$1,043.96	$430.67	$613.29	$1,043.96	$433.79	$610.17	$1,043.96
Delta Dental - USA	Single	$2.50	$15.82	$18.32	$2.50	$15.82	$18.32	$2.50	$15.82	$18.32	$2.50	$15.82	$18.32
	Two Persons	$5.00	$26.62	$31.62	$5.00	$26.62	$31.62	$5.00	$26.62	$31.62	$5.00	$26.62	$31.62
	Three or More Persons	$10.00	$39.24	$49.24	$10.00	$39.24	$49.24	$10.00	$39.24	$49.24	$10.00	$39.24	$49.24
Enhanced Vision Plan	Employee Only	$3.05											
	Employee & One Child	$5.44											
	Employee & Two/More Children	$5.44											
	Employee & Spouse	$7.02											
	Full Family	$8.95											

2022-2023
Villanova University Payroll Deduction
Staff Working 9-10-11 Months / 18 Biweekly Deductions

Plan Name	Level of Coverage	Wellness rate per pay with employee and spouse participating			Wellness rate per pay with only employee participating			Wellness rate with only spouse participating			Per pay rate with no wellness participation		
		Employee Cost	Employer Cost	Total Premium	Employee Cost	Employer Cost	Total Premium	Employee Cost	Employer Cost	Total Premium	Employee Cost	Employer Cost	Total Premium
Consumer Driven Health Plan (CDHP)	Employee Only	$74.22	$386.71	$460.93	$74.22	$386.71	$460.93	$74.22	$386.71	$460.93	$74.22	$386.71	$460.93
	Employee & One Child	$201.71	$572.65	$774.36	$201.71	$572.65	$774.36	$201.71	$572.65	$774.36	$201.71	$572.65	$774.36
	Employee & Two/More Children	$241.22	$671.42	$912.64	$241.22	$671.42	$912.64	$241.22	$671.42	$912.64	$241.22	$671.42	$912.64
	Employee & Spouse	$255.53	$730.86	$986.39	$255.53	$730.86	$986.39	$255.53	$730.86	$986.39	$255.53	$730.86	$986.39
	Full Family	$356.93	$961.33	$1,318.26	$356.93	$961.33	$1,318.26	$356.93	$961.33	$1,318.26	$356.93	$961.33	$1,318.26
Keystone Flex HMO	Employee Only	$80.43	$442.66	$523.09	$80.43	$442.66	$523.09	$88.76	$434.33	$523.09	$88.76	$434.33	$523.09
	Employee & One Child	$209.37	$669.43	$878.80	$209.37	$669.43	$878.80	$217.70	$661.10	$878.80	$217.70	$661.10	$878.80
	Employee & Two/More Children	$246.68	$789.05	$1,035.73	$246.68	$789.05	$1,035.73	$255.01	$780.72	$1,035.73	$255.01	$780.72	$1,035.73
	Employee & Spouse	$269.95	$849.48	$1,119.43	$274.11	$845.32	$1,119.43	$278.28	$841.15	$1,119.43	$282.45	$836.98	$1,119.43
	Full Family	$364.99	$1,131.06	$1,496.05	$369.16	$1,126.89	$1,496.05	$373.33	$1,122.72	$1,496.05	$377.49	$1,118.56	$1,496.05
Personal Choice PPO	Employee Only	$128.04	$358.65	$486.69	$128.04	$358.65	$486.69	$136.37	$350.32	$486.69	$136.37	$350.32	$486.69
	Employee & One Child	$294.49	$523.15	$817.64	$294.49	$523.15	$817.64	$302.83	$514.81	$817.64	$302.83	$514.81	$817.64
	Employee & Two/More Children	$420.17	$543.48	$963.65	$420.17	$543.48	$963.65	$428.50	$535.15	$963.65	$428.50	$535.15	$963.65
	Employee & Spouse	$443.39	$598.13	$1,041.52	$447.55	$593.97	$1,041.52	$451.72	$589.80	$1,041.52	$455.89	$585.63	$1,041.52
	Full Family	$565.89	$826.05	$1,391.94	$570.05	$821.89	$1,391.94	$574.22	$817.72	$1,391.94	$578.39	$813.55	$1,391.94
Delta Dental - USA	Single	$3.33	$21.09	$24.43	$3.33	$21.09	$24.43	$3.33	$21.09	$24.43	$3.33	$21.09	$24.43
	Two Persons	$6.67	$35.49	$42.15	$6.67	$35.49	$42.15	$6.67	$35.49	$42.15	$6.67	$35.49	$42.15
	Three or More Persons	$13.33	$52.31	$65.65	$13.33	$52.31	$65.65	$13.33	$52.31	$65.65	$13.33	$52.31	$65.65
Enhanced Vision Plan	Employee Only	$4.07											
	Employee & One Child	$7.25											
	Employee & Two/More Children	$7.25											
	Employee & Spouse	$9.36											
	Full Family	$11.93											

2022-2023
Villanova University Payroll Deduction
Faculty with 9 Monthly Deductions

Plan Name	Level of Coverage	Wellness rate per pay with employee and spouse participating			Wellness rate per pay with only employee participating			Wellness rate with only spouse participating			Per pay rate with no wellness participation		
		Employee Cost	Employer Cost	Total Premium	Employee Cost	Employer Cost	Total Premium	Employee Cost	Employer Cost	Total Premium	Employee Cost	Employer Cost	Total Premium
Consumer Driven Health Plan (CDHP)	Employee Only	$148.44	$773.41	$921.85	$148.44	$773.41	$921.85	$148.44	$773.41	$921.85	$148.44	$773.41	$921.85
	Employee & One Child	$403.41	$1,145.31	$1,548.72	$403.41	$1,145.31	$1,548.72	$403.41	$1,145.31	$1,548.72	$403.41	$1,145.31	$1,548.72
	Employee & Two/More Children	$482.44	$1,342.84	$1,825.28	$482.44	$1,342.84	$1,825.28	$482.44	$1,342.84	$1,825.28	$482.44	$1,342.84	$1,825.28
	Employee & Spouse	$511.07	$1,461.70	$1,972.77	$511.07	$1,461.70	$1,972.77	$511.07	$1,461.70	$1,972.77	$511.07	$1,461.70	$1,972.77
	Full Family	$713.85	$1,922.67	$2,636.52	$713.85	$1,922.67	$2,636.52	$713.85	$1,922.67	$2,636.52	$713.85	$1,922.67	$2,636.52
Keystone Flex HMO	Employee Only	$160.85	$885.34	$1,046.19	$160.85	$885.34	$1,046.19	$177.52	$868.67	$1,046.19	$177.52	$868.67	$1,046.19
	Employee & One Child	$418.73	$1,338.87	$1,757.60	$418.73	$1,338.87	$1,757.60	$435.40	$1,322.20	$1,757.60	$435.40	$1,322.20	$1,757.60
	Employee & Two/More Children	$493.36	$1,578.11	$2,071.47	$493.36	$1,578.11	$2,071.47	$510.03	$1,561.44	$2,071.47	$510.03	$1,561.44	$2,071.47
	Employee & Spouse	$539.89	$1,698.96	$2,238.85	$548.23	$1,690.62	$2,238.85	$556.56	$1,682.29	$2,238.85	$564.89	$1,673.96	$2,238.85
	Full Family	$729.99	$2,262.12	$2,992.11	$738.32	$2,253.79	$2,992.11	$746.65	$2,245.46	$2,992.11	$754.99	$2,237.12	$2,992.11
Personal Choice PPO	Employee Only	$256.08	$717.31	$973.39	$256.08	$717.31	$973.39	$272.75	$700.64	$973.39	$272.75	$700.64	$973.39
	Employee & One Child	$588.99	$1,046.29	$1,635.28	$588.99	$1,046.29	$1,635.28	$605.65	$1,029.63	$1,635.28	$605.65	$1,029.63	$1,635.28
	Employee & Two/More Children	$840.33	$1,086.98	$1,927.31	$840.33	$1,086.98	$1,927.31	$857.00	$1,070.31	$1,927.31	$857.00	$1,070.31	$1,927.31
	Employee & Spouse	$886.77	$1,196.27	$2,083.04	$895.11	$1,187.93	$2,083.04	$903.44	$1,179.60	$2,083.04	$911.77	$1,171.27	$2,083.04
	Full Family	$1,131.77	$1,652.11	$2,783.88	$1,140.11	$1,643.77	$2,783.88	$1,148.44	$1,635.44	$2,783.88	$1,156.77	$1,627.11	$2,783.88
Delta Dental - USA	Single	$6.67	$42.19	$48.85	$6.67	$42.19	$48.85	$6.67	$42.19	$48.85	$6.67	$42.19	$48.85
	Two Persons	$13.33	$70.97	$84.31	$13.33	$70.97	$84.31	$13.33	$70.97	$84.31	$13.33	$70.97	$84.31
	Three or More Persons	$26.67	$104.63	$131.29	$26.67	$104.63	$131.29	$26.67	$104.63	$131.29	$26.67	$104.63	$131.29
Enhanced Vision Plan	Employee Only	$8.13											
	Employee & One Child	$14.51											
	Employee & Two/More Children	$14.51											
	Employee & Spouse	$18.72											
	Full Family	$23.87											

2022-2023
Villanova University Payroll Deduction
Faculty with 10 Monthly Deductions

Plan Name	Level of Coverage	Wellness rate per pay with employee and spouse participating			Wellness rate per pay with only employee participating			Wellness rate with only spouse participating			Per pay rate with no wellness participation		
		Employee Cost	Employer Cost	Total Premium	Employee Cost	Employer Cost	Total Premium	Employee Cost	Employer Cost	Total Premium	Employee Cost	Employer Cost	Total Premium
Consumer Driven Health Plan (CDHP)	Employee Only	$133.60	$645.08	$829.67	$133.60	$645.08	$829.67	$133.60	$645.08	$829.67	$133.60	$645.08	$829.67
	Employee & One Child	$363.07	$945.11	$1,393.85	$363.07	$945.11	$1,393.85	$363.07	$945.11	$1,393.85	$363.07	$945.11	$1,393.85
	Employee & Two/More Children	$434.20	$1,107.59	$1,642.75	$434.20	$1,107.59	$1,642.75	$434.20	$1,107.59	$1,642.75	$434.20	$1,107.59	$1,642.75
	Employee & Spouse	$459.96	$1,206.41	$1,775.50	$459.96	$1,206.41	$1,775.50	$459.96	$1,206.41	$1,775.50	$459.96	$1,206.41	$1,775.50
	Full Family	$642.47	$1,584.55	$2,372.87	$642.47	$1,584.55	$2,372.87	$642.47	$1,584.55	$2,372.87	$642.47	$1,584.55	$2,372.87
Keystone Flex HMO	Employee Only	$144.77	$738.93	$941.57	$144.77	$738.93	$941.57	$159.77	$723.93	$941.57	$159.77	$723.93	$941.57
	Employee & One Child	$376.86	$1,107.76	$1,581.84	$376.86	$1,107.76	$1,581.84	$391.86	$1,092.76	$1,581.84	$391.86	$1,092.76	$1,581.84
	Employee & Two/More Children	$444.02	$1,305.70	$1,864.32	$444.02	$1,305.70	$1,864.32	$459.02	$1,290.70	$1,864.32	$459.02	$1,290.70	$1,864.32
	Employee & Spouse	$485.90	$1,405.21	$2,014.97	$493.40	$1,397.71	$2,014.97	$500.90	$1,390.21	$2,014.97	$508.40	$1,382.71	$2,014.97
	Full Family	$656.99	$1,870.39	$2,692.90	$664.49	$1,862.89	$2,692.90	$671.99	$1,855.39	$2,692.90	$679.49	$1,847.89	$2,692.90
Personal Choice PPO	Employee Only	$230.47	$591.73	$876.05	$230.47	$591.73	$876.05	$245.47	$576.73	$876.05	$245.47	$576.73	$876.05
	Employee & One Child	$530.09	$851.21	$1,471.75	$530.09	$851.21	$1,471.75	$545.09	$836.21	$1,471.75	$545.09	$836.21	$1,471.75
	Employee & Two/More Children	$756.30	$871.66	$1,734.58	$756.30	$871.66	$1,734.58	$771.30	$856.66	$1,734.58	$771.30	$856.66	$1,734.58
	Employee & Spouse	$798.10	$961.41	$1,874.74	$805.60	$953.91	$1,874.74	$813.10	$946.41	$1,874.74	$820.60	$938.91	$1,874.74
	Full Family	$1,018.60	$1,332.90	$2,505.49	$1,026.10	$1,325.40	$2,505.49	$1,033.60	$1,317.90	$2,505.49	$1,041.10	$1,310.40	$2,505.49
Delta Dental - USA	Single	$6.00	$37.97	$43.97	$6.00	$37.97	$43.97	$6.00	$37.97	$43.97	$6.00	$37.97	$43.97
	Two Persons	$12.00	$63.88	$75.88	$12.00	$63.88	$75.88	$12.00	$63.88	$75.88	$12.00	$63.88	$75.88
	Three or More Persons	$24.00	$94.16	$118.16	$24.00	$94.16	$118.16	$24.00	$94.16	$118.16	$24.00	$94.16	$118.16
Enhanced Vision Plan	Employee Only	$7.32											
	Employee & One Child	$13.06											
	Employee & Two/More Children	$13.06											
	Employee & Spouse	$16.85											
	Full Family	$21.48											

2022-2023
Villanova University Payroll Deduction
Faculty with 12 Monthly Deductions

Plan Name	Level of Coverage	Wellness rate per pay with employee and spouse participating			Wellness rate per pay with only employee participating			Wellness rate with only spouse participating			Per pay rate with no wellness participation		
		Employee Cost	Employer Cost	Total Premium	Employee Cost	Employer Cost	Total Premium	Employee Cost	Employer Cost	Total Premium	Employee Cost	Employer Cost	Total Premium
Consumer Driven Health Plan (CDHP)	Employee Only	$111.33	$580.06	$691.39	$111.33	$580.06	$691.39	$111.33	$580.06	$691.39	$111.33	$580.06	$691.39
	Employee & One Child	$302.56	$858.98	$1,161.54	$302.56	$858.98	$1,161.54	$302.56	$858.98	$1,161.54	$302.56	$858.98	$1,161.54
	Employee & Two/More Children	$361.83	$1,007.13	$1,368.96	$361.83	$1,007.13	$1,368.96	$361.83	$1,007.13	$1,368.96	$361.83	$1,007.13	$1,368.96
	Employee & Spouse	$383.30	$1,096.28	$1,479.58	$383.30	$1,096.28	$1,479.58	$383.30	$1,096.28	$1,479.58	$383.30	$1,096.28	$1,479.58
	Full Family	$535.39	$1,442.00	$1,977.39	$535.39	$1,442.00	$1,977.39	$535.39	$1,442.00	$1,977.39	$535.39	$1,442.00	$1,977.39
Keystone Flex HMO	Employee Only	$120.64	$664.00	$784.64	$120.64	$664.00	$784.64	$133.14	$651.50	$784.64	$133.14	$651.50	$784.64
	Employee & One Child	$314.05	$1,004.15	$1,318.20	$314.05	$1,004.15	$1,318.20	$326.55	$991.65	$1,318.20	$326.55	$991.65	$1,318.20
	Employee & Two/More Children	$370.02	$1,183.58	$1,553.60	$370.02	$1,183.58	$1,553.60	$382.52	$1,171.08	$1,553.60	$382.52	$1,171.08	$1,553.60
	Employee & Spouse	$404.92	$1,274.22	$1,679.14	$411.17	$1,267.97	$1,679.14	$417.42	$1,261.72	$1,679.14	$423.67	$1,255.47	$1,679.14
	Full Family	$547.49	$1,696.59	$2,244.08	$553.74	$1,690.34	$2,244.08	$559.99	$1,684.09	$2,244.08	$566.24	$1,677.84	$2,244.08
Personal Choice PPO	Employee Only	$192.06	$537.98	$730.04	$192.06	$537.98	$730.04	$204.56	$525.48	$730.04	$204.56	$525.48	$730.04
	Employee & One Child	$441.74	$784.72	$1,226.46	$441.74	$784.72	$1,226.46	$454.24	$772.22	$1,226.46	$454.24	$772.22	$1,226.46
	Employee & Two/More Children	$630.25	$815.23	$1,445.48	$630.25	$815.23	$1,445.48	$642.75	$802.73	$1,445.48	$642.75	$802.73	$1,445.48
	Employee & Spouse	$665.08	$897.20	$1,562.28	$671.33	$890.95	$1,562.28	$677.58	$884.70	$1,562.28	$683.83	$878.45	$1,562.28
	Full Family	$848.83	$1,239.08	$2,087.91	$855.08	$1,232.83	$2,087.91	$861.33	$1,226.58	$2,087.91	$867.58	$1,220.33	$2,087.91
Delta Dental - USA	Single	$5.00	$31.64	$36.64	$5.00	$31.64	$36.64	$5.00	$31.64	$36.64	$5.00	$31.64	$36.64
	Two Persons	$10.00	$53.23	$63.23	$10.00	$53.23	$63.23	$10.00	$53.23	$63.23	$10.00	$53.23	$63.23
	Three or More Persons	$20.00	$78.47	$98.47	$20.00	$78.47	$98.47	$20.00	$78.47	$98.47	$20.00	$78.47	$98.47
Enhanced Vision Plan	Employee Only	$6.10											
	Employee & One Child	$10.88											
	Employee & Two/More Children	$10.88											
	Employee & Spouse	$14.04											
	Full Family	$17.90											