2021-2022
Villanova University Payroll Deduction
Staff Working Twelve 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**	$268.78	$324.45	**$55.67**	$268.78	$324.45	**$55.67**	$268.78	$324.45	**$55.67**	$268.78	$324.45
	Employee & One Child	**$151.28**	$393.79	$545.07	**$151.28**	$393.79	$545.07	**$151.28**	$393.79	$545.07	**$151.28**	$393.79	$545.07
	Employee & Two/More Children	**$180.92**	$461.49	$642.41	**$180.92**	$461.49	$642.41	**$180.92**	$461.49	$642.41	**$180.92**	$461.49	$642.41
	Employee & Spouse	**$191.65**	$502.67	$694.32	**$191.65**	$502.67	$694.32	**$191.65**	$502.67	$694.32	**$191.65**	$502.67	$694.32
	Full Family	**$267.70**	$660.23	$927.92	**$267.70**	$660.23	$927.92	**$267.70**	$660.23	$927.92	**$267.70**	$660.23	$927.92
Keystone Flex HMO	*Employee Only*	**$60.32**	$307.89	$368.21	**$60.32**	$307.89	$368.21	**$66.57**	$301.64	$368.21	**$66.57**	$301.64	$368.21
	Employee & One Child	**$157.03**	$461.56	$618.59	**$157.03**	$461.56	$618.59	**$163.28**	$455.31	$618.59	**$163.28**	$455.31	$618.59
	Employee & Two/More Children	**$185.01**	$544.04	$729.05	**$185.01**	$544.04	$729.05	**$191.26**	$537.79	$729.05	**$191.26**	$537.79	$729.05
	Employee & Spouse	**$202.46**	$585.51	$787.97	**$205.59**	$582.38	$787.97	**$208.71**	$579.26	$787.97	**$211.84**	$576.13	$787.97
	Full Family	**$273.75**	$779.33	$1,053.08	**$276.87**	$776.21	$1,053.08	**$280.00**	$773.08	$1,053.08	**$283.12**	$769.96	$1,053.08
Personal Choice PPO	*Employee Only*	**$96.03**	$246.55	$342.58	**$96.03**	$246.55	$342.58	**$102.28**	$240.30	$342.58	**$102.28**	$240.30	$342.58
	Employee & One Child	**$220.87**	$354.67	$575.54	**$220.87**	$354.67	$575.54	**$227.12**	$348.42	$575.54	**$227.12**	$348.42	$575.54
	Employee & Two/More Children	**$315.13**	$363.19	$678.32	**$315.13**	$363.19	$678.32	**$321.38**	$356.94	$678.32	**$321.38**	$356.94	$678.32
	Employee & Spouse	**$332.54**	$400.59	$733.13	**$335.67**	$397.46	$733.13	**$338.79**	$394.34	$733.13	**$341.92**	$391.21	$733.13
	Full Family	**$424.42**	$555.37	$979.79	**$427.54**	$552.25	$979.79	**$430.67**	$549.12	$979.79	**$433.79**	$546.00	$979.79
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**											

2021-2022
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**	$358.38	$432.60	**$74.22**	$358.38	$432.60	**$74.22**	$358.38	$432.60	**$74.22**	$358.38	$432.60
	Employee & One Child	**$201.71**	$525.06	$726.77	**$201.71**	$525.06	$726.77	**$201.71**	$525.06	$726.77	**$201.71**	$525.06	$726.77
	Employee & Two/More Children	**$241.22**	$615.33	$856.55	**$241.22**	$615.33	$856.55	**$241.22**	$615.33	$856.55	**$241.22**	$615.33	$856.55
	Employee & Spouse	**$255.53**	$670.23	$925.76	**$255.53**	$670.23	$925.76	**$255.53**	$670.23	$925.76	**$255.53**	$670.23	$925.76
	Full Family	**$356.93**	$880.31	$1,237.23	**$356.93**	$880.31	$1,237.23	**$356.93**	$880.31	$1,237.23	**$356.93**	$880.31	$1,237.23
Keystone Flex HMO	*Employee Only*	**$80.43**	$410.52	$490.94	**$80.43**	$410.52	$490.94	**$88.76**	$402.18	$490.94	**$88.76**	$402.18	$490.94
	Employee & One Child	**$209.37**	$615.42	$824.79	**$209.37**	$615.42	$824.79	**$217.70**	$607.09	$824.79	**$217.70**	$607.09	$824.79
	Employee & Two/More Children	**$246.68**	$725.39	$972.07	**$246.68**	$725.39	$972.07	**$255.01**	$717.06	$972.07	**$255.01**	$717.06	$972.07
	Employee & Spouse	**$269.95**	$780.67	$1,050.62	**$274.11**	$776.51	$1,050.62	**$278.28**	$772.34	$1,050.62	**$282.45**	$768.17	$1,050.62
	Full Family	**$364.99**	$1,039.11	$1,404.10	**$369.16**	$1,034.94	$1,404.10	**$373.33**	$1,030.77	$1,404.10	**$377.49**	$1,026.61	$1,404.10
Personal Choice PPO	*Employee Only*	**$128.04**	$328.74	$456.78	**$128.04**	$328.74	$456.78	**$136.37**	$320.40	$456.78	**$136.37**	$320.40	$456.78
	Employee & One Child	**$294.49**	$472.89	$767.39	**$294.49**	$472.89	$767.39	**$302.83**	$464.56	$767.39	**$302.83**	$464.56	$767.39
	Employee & Two/More Children	**$420.17**	$484.25	$904.42	**$420.17**	$484.25	$904.42	**$428.50**	$475.92	$904.42	**$428.50**	$475.92	$904.42
	Employee & Spouse	**$443.39**	$534.12	$977.50	**$447.55**	$529.95	$977.50	**$451.72**	$525.78	$977.50	**$455.89**	$521.62	$977.50
	Full Family	**$565.89**	$740.50	$1,306.38	**$570.05**	$736.33	$1,306.38	**$574.22**	$732.16	$1,306.38	**$578.39**	$728.00	$1,306.38
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**											

2021-2022
Villanova University Payroll Deduction
Faculy 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**	$716.76	$865.20	$148.44	$716.76	$865.20	$148.44	$716.76	$865.20	$148.44	$716.76	$865.20
	Employee & One Child	**$403.41**	$1,050.12	$1,453.53	$403.41	$1,050.12	$1,453.53	$403.41	$1,050.12	$1,453.53	$403.41	$1,050.12	$1,453.53
	Employee & Two/More Children	**$482.44**	$1,230.65	$1,713.09	$482.44	$1,230.65	$1,713.09	$482.44	$1,230.65	$1,713.09	$482.44	$1,230.65	$1,713.09
	Employee & Spouse	**$511.07**	$1,340.46	$1,851.52	$511.07	$1,340.46	$1,851.52	$511.07	$1,340.46	$1,851.52	$511.07	$1,340.46	$1,851.52
	Full Family	**$713.85**	$1,760.61	$2,474.46	$713.85	$1,760.61	$2,474.46	$713.85	$1,760.61	$2,474.46	$713.85	$1,760.61	$2,474.46
Keystone Flex HMO	*Employee Only*	**$160.85**	$821.04	$981.89	$160.85	$821.04	$981.89	$177.52	$804.37	$981.89	$177.52	$804.37	$981.89
	Employee & One Child	**$418.73**	$1,230.84	$1,649.57	$418.73	$1,230.84	$1,649.57	$435.40	$1,214.17	$1,649.57	$435.40	$1,214.17	$1,649.57
	Employee & Two/More Children	**$493.36**	$1,450.78	$1,944.14	$493.36	$1,450.78	$1,944.14	$510.03	$1,434.11	$1,944.14	$510.03	$1,434.11	$1,944.14
	Employee & Spouse	**$539.89**	$1,561.35	$2,101.24	$548.23	$1,553.01	$2,101.24	$556.56	$1,544.68	$2,101.24	$564.89	$1,536.35	$2,101.24
	Full Family	**$729.99**	$2,078.21	$2,808.20	$738.32	$2,069.88	$2,808.20	$746.65	$2,061.55	$2,808.20	$754.99	$2,053.21	$2,808.20
Personal Choice PPO	*Employee Only*	**$256.08**	$657.48	$913.56	$256.08	$657.48	$913.56	$272.75	$640.81	$913.56	$272.75	$640.81	$913.56
	Employee & One Child	**$588.99**	$945.79	$1,534.77	$588.99	$945.79	$1,534.77	$605.65	$929.12	$1,534.77	$605.65	$929.12	$1,534.77
	Employee & Two/More Children	**$840.33**	$968.51	$1,808.84	$840.33	$968.51	$1,808.84	$857.00	$951.84	$1,808.84	$857.00	$951.84	$1,808.84
	Employee & Spouse	**$886.77**	$1,068.24	$1,955.01	$895.11	$1,059.90	$1,955.01	$903.44	$1,051.57	$1,955.01	$911.77	$1,043.24	$1,955.01
	Full Family	**$1,131.77**	$1,481.00	$2,612.77	$1,140.11	$1,472.66	$2,612.77	$1,148.44	$1,464.33	$2,612.77	$1,156.77	$1,456.00	$2,612.77
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**											

2021-2022
Villanova University Payroll Deduction
Faculy 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	$778.68	**$133.60**	$645.08	$778.68	**$133.60**	$645.08	$778.68	**$133.60**	$645.08	$778.68
	Employee & One Child	**$363.07**	$945.11	$1,308.18	**$363.07**	$945.11	$1,308.18	**$363.07**	$945.11	$1,308.18	**$363.07**	$945.11	$1,308.18
	Employee & Two/More Children	**$434.20**	$1,107.59	$1,541.78	**$434.20**	$1,107.59	$1,541.78	**$434.20**	$1,107.59	$1,541.78	**$434.20**	$1,107.59	$1,541.78
	Employee & Spouse	**$459.96**	$1,206.41	$1,666.37	**$459.96**	$1,206.41	$1,666.37	**$459.96**	$1,206.41	$1,666.37	**$459.96**	$1,206.41	$1,666.37
	Full Family	**$642.47**	$1,584.55	$2,227.02	**$642.47**	$1,584.55	$2,227.02	**$642.47**	$1,584.55	$2,227.02	**$642.47**	$1,584.55	$2,227.02
Keystone Flex HMO	*Employee Only*	**$144.77**	$738.93	$883.70	**$144.77**	$738.93	$883.70	**$159.77**	$723.93	$883.70	**$159.77**	$723.93	$883.70
	Employee & One Child	**$376.86**	$1,107.76	$1,484.62	**$376.86**	$1,107.76	$1,484.62	**$391.86**	$1,092.76	$1,484.62	**$391.86**	$1,092.76	$1,484.62
	Employee & Two/More Children	**$444.02**	$1,305.70	$1,749.73	**$444.02**	$1,305.70	$1,749.73	**$459.02**	$1,290.70	$1,749.73	**$459.02**	$1,290.70	$1,749.73
	Employee & Spouse	**$485.90**	$1,405.21	$1,891.12	**$493.40**	$1,397.71	$1,891.12	**$500.90**	$1,390.21	$1,891.12	**$508.40**	$1,382.71	$1,891.12
	Full Family	**$656.99**	$1,870.39	$2,527.38	**$664.49**	$1,862.89	$2,527.38	**$671.99**	$1,855.39	$2,527.38	**$679.49**	$1,847.89	$2,527.38
Personal Choice PPO	*Employee Only*	**$230.47**	$591.73	$822.20	**$230.47**	$591.73	$822.20	**$245.47**	$576.73	$822.20	**$245.47**	$576.73	$822.20
	Employee & One Child	**$530.09**	$851.21	$1,381.30	**$530.09**	$851.21	$1,381.30	**$545.09**	$836.21	$1,381.30	**$545.09**	$836.21	$1,381.30
	Employee & Two/More Children	**$756.30**	$871.66	$1,627.96	**$756.30**	$871.66	$1,627.96	**$771.30**	$856.66	$1,627.96	**$771.30**	$856.66	$1,627.96
	Employee & Spouse	**$798.10**	$961.41	$1,759.51	**$805.60**	$953.91	$1,759.51	**$813.10**	$946.41	$1,759.51	**$820.60**	$938.91	$1,759.51
	Full Family	**$1,018.60**	$1,332.90	$2,351.49	**$1,026.10**	$1,325.40	$2,351.49	**$1,033.60**	$1,317.90	$2,351.49	**$1,041.10**	$1,310.40	$2,351.49
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**											

2021-2022
Villanova University Payroll Deduction
Faculy 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**	$537.57	$648.90	**$111.33**	$537.57	$648.90	**$111.33**	$537.57	$648.90	**$111.33**	$537.57	$648.90
	Employee & One Child	**$302.56**	$787.59	$1,090.15	**$302.56**	$787.59	$1,090.15	**$302.56**	$787.59	$1,090.15	**$302.56**	$787.59	$1,090.15
	Employee & Two/More Children	**$361.83**	$922.99	$1,284.82	**$361.83**	$922.99	$1,284.82	**$361.83**	$922.99	$1,284.82	**$361.83**	$922.99	$1,284.82
	Employee & Spouse	**$383.30**	$1,005.34	$1,388.64	**$383.30**	$1,005.34	$1,388.64	**$383.30**	$1,005.34	$1,388.64	**$383.30**	$1,005.34	$1,388.64
	Full Family	**$535.39**	$1,320.46	$1,855.85	**$535.39**	$1,320.46	$1,855.85	**$535.39**	$1,320.46	$1,855.85	**$535.39**	$1,320.46	$1,855.85
Keystone Flex HMO	*Employee Only*	**$120.64**	$615.78	$736.42	**$120.64**	$615.78	$736.42	**$133.14**	$603.28	$736.42	**$133.14**	$603.28	$736.42
	Employee & One Child	**$314.05**	$923.13	$1,237.18	**$314.05**	$923.13	$1,237.18	**$326.55**	$910.63	$1,237.18	**$326.55**	$910.63	$1,237.18
	Employee & Two/More Children	**$370.02**	$1,088.08	$1,458.10	**$370.02**	$1,088.08	$1,458.10	**$382.52**	$1,075.58	$1,458.10	**$382.52**	$1,075.58	$1,458.10
	Employee & Spouse	**$404.92**	$1,171.01	$1,575.93	**$411.17**	$1,164.76	$1,575.93	**$417.42**	$1,158.51	$1,575.93	**$423.67**	$1,152.26	$1,575.93
	Full Family	**$547.49**	$1,558.66	$2,106.15	**$553.74**	$1,552.41	$2,106.15	**$559.99**	$1,546.16	$2,106.15	**$566.24**	$1,539.91	$2,106.15
Personal Choice PPO	*Employee Only*	**$192.06**	$493.11	$685.17	**$192.06**	$493.11	$685.17	**$204.56**	$480.61	$685.17	**$204.56**	$480.61	$685.17
	Employee & One Child	**$441.74**	$709.34	$1,151.08	**$441.74**	$709.34	$1,151.08	**$454.24**	$696.84	$1,151.08	**$454.24**	$696.84	$1,151.08
	Employee & Two/More Children	**$630.25**	$726.38	$1,356.63	**$630.25**	$726.38	$1,356.63	**$642.75**	$713.88	$1,356.63	**$642.75**	$713.88	$1,356.63
	Employee & Spouse	**$665.08**	$801.18	$1,466.26	**$671.33**	$794.93	$1,466.26	**$677.58**	$788.68	$1,466.26	**$683.83**	$782.43	$1,466.26
	Full Family	**$848.83**	$1,110.75	$1,959.58	**$855.08**	$1,104.50	$1,959.58	**$861.33**	$1,098.25	$1,959.58	**$867.58**	$1,092.00	$1,959.58
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**											