

**2020-2021**  
**Villanova University Payroll Deduction**  
**Staff Working Twelve Months / 24 Biweekly Deductions**

Plan	Description	Per Pay with Wellness - Employee & Spouse Participating			Per Pay with Wellness - Employee Only Participating			Per Pay with Wellness - Spouse Only Participating			Per Pay - 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
<b>Consumer Driven Health Plan (CDHP)</b>	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 Full Family	\$191.65 \$267.70	\$502.67 \$660.23	\$694.32 \$927.92	\$191.65 \$267.70	\$502.67 \$660.23	\$694.32 \$927.92	\$191.65 \$267.70	\$502.67 \$660.23	\$694.32 \$927.92	\$191.65 \$267.70	\$502.67 \$660.23	\$694.32 \$927.92
<b>Keystone Flex HMO</b>	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 Full Family	\$202.46 \$273.75	\$585.51 \$779.33	\$787.97 \$1,053.08	\$205.59 \$276.87	\$582.38 \$776.21	\$787.97 \$1,053.08	\$208.71 \$280.00	\$579.26 \$773.08	\$787.97 \$1,053.08	\$211.84 \$283.12	\$576.13 \$769.96	\$787.97 \$1,053.08
<b>Personal Choice PPO</b>	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 Full Family	\$332.54 \$424.42	\$400.59 \$555.37	\$733.13 \$979.79	\$335.67 \$427.54	\$397.46 \$552.25	\$733.13 \$979.79	\$338.79 \$430.67	\$394.34 \$549.12	\$733.13 \$979.79	\$341.92 \$433.79	\$391.21 \$546.00	\$733.13 \$979.79
<b>Delta Dental - USA</b>	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

**2020-2021**  
**Villanova University Payroll Deduction**  
**Staff Working 9-10-11 Months / 18 Biweekly Deductions**

Plan	Description	Per Pay with Wellness - Employee & Spouse Participating			Per Pay with Wellness - Employee Only Participating			Per Pay with Wellness - Spouse Only Participating			Per Pay - 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
<b>Consumer Driven Health Plan (CDHP)</b>	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
<b>Keystone Flex HMO</b>	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
<b>Personal Choice PPO</b>	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
<b>Delta Dental - USA</b>	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

**2020-2021  
Villanova University Payroll Deduction  
Faculty with 9 Monthly Deductions**

Plan	Description	Per Pay with Wellness - Employee & Spouse Participating			Per Pay with Wellness - Employee Only Participating			Per Pay with Wellness - Spouse Only Participating			Per Pay - 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
<b>Consumer Driven Health Plan (CDHP)</b>	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 Full Family	\$511.07 \$713.85	\$1,340.46 \$1,760.61	\$1,851.52 \$2,474.46	\$511.07 \$713.85	\$1,340.46 \$1,760.61	\$1,851.52 \$2,474.46	\$511.07 \$713.85	\$1,340.46 \$1,760.61	\$1,851.52 \$2,474.46	\$511.07 \$713.85	\$1,340.46 \$1,760.61	\$1,851.52 \$2,474.46
<b>Keystone Flex HMO</b>	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 Full Family	\$539.89 \$729.99	\$1,561.35 \$2,078.21	\$2,101.24 \$2,808.20	\$548.23 \$738.32	\$1,553.01 \$2,069.88	\$2,101.24 \$2,808.20	\$556.56 \$746.65	\$1,544.68 \$2,061.55	\$2,101.24 \$2,808.20	\$564.89 \$754.99	\$1,536.35 \$2,053.21	\$2,101.24 \$2,808.20
<b>Personal Choice PPO</b>	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 Full Family	\$886.77 \$1,131.77	\$1,068.24 \$1,481.00	\$1,955.01 \$2,612.77	\$895.11 \$1,140.11	\$1,059.90 \$1,472.66	\$1,955.01 \$2,612.77	\$903.44 \$1,148.44	\$1,051.57 \$1,464.33	\$1,955.01 \$2,612.77	\$911.77 \$1,156.77	\$1,043.24 \$1,456.00	\$1,955.01 \$2,612.77
<b>Delta Dental - USA</b>	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

**2020-2021**  
**Villanova University Payroll Deduction**  
**Faculty with 10 Monthly Deductions**

Plan	Description	Per Pay with Wellness - Employee & Spouse Participating			Per Pay with Wellness - Employee Only Participating			Per Pay with Wellness - Spouse Only Participating			Per Pay- 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
<b>Consumer Driven Health Plan (CDHP)</b>	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 Full Family	\$459.96 \$642.47	\$1,206.41 \$1,584.55	\$1,666.37 \$2,227.02	\$459.96 \$642.47	\$1,206.41 \$1,584.55	\$1,666.37 \$2,227.02	\$459.96 \$642.47	\$1,206.41 \$1,584.55	\$1,666.37 \$2,227.02	\$459.96 \$642.47	\$1,206.41 \$1,584.55	\$1,666.37 \$2,227.02
<b>Keystone Flex HMO</b>	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 Full Family	\$485.90 \$656.99	\$1,405.21 \$1,870.39	\$1,891.12 \$2,527.38	\$493.40 \$664.49	\$1,397.71 \$1,862.89	\$1,891.12 \$2,527.38	\$500.90 \$671.99	\$1,390.21 \$1,855.39	\$1,891.12 \$2,527.38	\$508.40 \$679.49	\$1,382.71 \$1,847.89	\$1,891.12 \$2,527.38
<b>Personal Choice PPO</b>	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 Full Family	\$798.10 \$1,018.60	\$961.41 \$1,332.90	\$1,759.51 \$2,351.49	\$805.60 \$1,026.10	\$953.91 \$1,325.40	\$1,759.51 \$2,351.49	\$813.10 \$1,033.60	\$946.41 \$1,317.90	\$1,759.51 \$2,351.49	\$820.60 \$1,041.10	\$938.91 \$1,310.40	\$1,759.51 \$2,351.49
<b>Delta Dental - USA</b>	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

**2020-2021**  
**Villanova University Payroll Deduction**  
**Faculty with 12 Monthly Deductions**

Plan	Description	Per Pay with Wellness - Employee & Spouse Participating			Per Pay with Wellness - Employee Only Participating			Per Pay with Wellness - Spouse Only Participating			Per Pay- 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
<b>Consumer Driven Health Plan (CDHP)</b>	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 Full Family	\$383.30 \$535.39	\$1,005.34 \$1,320.46	\$1,388.64 \$1,855.85	\$383.30 \$535.39	\$1,005.34 \$1,320.46	\$1,388.64 \$1,855.85	\$383.30 \$535.39	\$1,005.34 \$1,320.46	\$1,388.64 \$1,855.85	\$383.30 \$535.39	\$1,005.34 \$1,320.46	\$1,388.64 \$1,855.85
<b>Keystone Flex HMO</b>	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 Full Family	\$404.92 \$547.49	\$1,171.01 \$1,558.66	\$1,575.93 \$2,106.15	\$411.17 \$553.74	\$1,164.76 \$1,552.41	\$1,575.93 \$2,106.15	\$417.42 \$559.99	\$1,158.51 \$1,546.16	\$1,575.93 \$2,106.15	\$423.67 \$566.24	\$1,152.26 \$1,539.91	\$1,575.93 \$2,106.15
<b>Personal Choice PPO</b>	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 Full Family	\$665.08 \$848.83	\$801.18 \$1,110.75	\$1,466.26 \$1,959.58	\$671.33 \$855.08	\$794.93 \$1,104.50	\$1,466.26 \$1,959.58	\$677.58 \$861.33	\$788.68 \$1,098.25	\$1,466.26 \$1,959.58	\$683.83 \$867.58	\$782.43 \$1,092.00	\$1,466.26 \$1,959.58
<b>Delta Dental - USA</b>	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