2023-2024 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 spous	e participating	Per pay rate with no wellness participation		
	zever or coverage	venness rate per pay with	- comproyee and spous			participating		TVCCSS Tutt	litter only spous		. c. pay race	l l l l l l l l l l l l l l l l l l l	
		Employee Cost	Employer Cost	Total Premium	Employee Cost	Employer Cost	Total Premium	Employee Cost	Employer Cost	Total Premium	Employee Cost	Employer Cost	Total Premiun
Consumer Driven Health Plan (CDHP)	Employee Only	\$57.89	\$318.02	\$375.91	\$57.89	\$318.02	\$375.91	\$57.89	\$318.02	\$375.91	\$57.89	\$318.02	\$375.91
	Employee & One Child	\$157.33	\$474.19	\$631.52	\$157.33	\$474.19	\$631.52	\$157.33	\$474.19	\$631.52	\$157.33	\$474.19	\$631.52
	Employee & Two/More Children	\$188.15	\$556.15	\$744.30	\$188.15	\$556.15	\$744.30	\$188.15	\$556.15	\$744.30	\$188.15	\$556.15	\$744.30
	Employee & Spouse	\$199.32	\$605.12	\$804.44	\$199.32	\$605.12	\$804.44	\$199.32	\$605.12	\$804.44	\$199.32	\$605.12	\$804.44
	Full Family	\$278.41	\$796.69	\$1,075.09	\$278.41	\$796.69	\$1,075.09	\$278.41	\$796.69	\$1,075.09	\$278.41	\$796.69	\$1,075.09
Keystone Flex HMO	Employee Only	\$65.18	\$361.43	\$426.61	\$65.18	\$361.43	\$426.61	\$71.43	\$355.18	\$426.61	\$71.43	\$355.18	\$426.61
	Employee & One Child	\$168.95	\$547.75	\$716.70	\$168.95	\$547.75	\$716.70	\$175.20	\$541.50	\$716.70	\$175.20	\$541.50	\$716.70
	Employee & Two/More Children	\$198.97	\$645.71	\$844.68	\$198.97	\$645.71	\$844.68	\$205.22	\$639.46	\$844.68	\$205.22	\$639.46	\$844.68
	Employee & Spouse	\$217.93	\$695.01	\$912.94	\$221.05	\$691.89	\$912.94	\$224.18	\$688.76	\$912.94	\$227.30	\$685.64	\$912.94
	Full Family	\$294.42	\$925.68	\$1,220.09	\$297.54	\$922.55	\$1,220.09	\$300.67	\$919.43	\$1,220.09	\$303.79	\$916.30	\$1,220.09
Personal Choice PPO	Employee Only	\$103.50	\$293.42	\$396.92	\$103.50	\$293.42	\$396.92	\$109.75	\$287.17	\$396.92	\$109.75	\$287.17	\$396.92
	Employee & One Child	\$237.45	\$429.37	\$666.82	\$237.45	\$429.37	\$666.82	\$243.70	\$423.12	\$666.82	\$243.70	\$423.12	\$666.82
	Employee & Two/More Children	\$338.59	\$447.31	\$785.90	\$338.59	\$447.31	\$785.90	\$344.84	\$441.06	\$785.90	\$344.84	\$441.06	\$785.90
	Employee & Spouse	\$357.50	\$491.90	\$849.40	\$360.63	\$488.78	\$849.40	\$363.75	\$485.65	\$849.40	\$366.88	\$482.53	\$849.40
	Full Family	\$456.08	\$679.10	\$1,135.18	\$459.21	\$675.98	\$1,135.18	\$462.33	\$672.85	\$1,135.18	\$465.46	\$669.73	\$1,135.18
Delta Dental - USA	Single	\$3.75	\$14.57	\$18.32	\$3.75	\$14.57	\$18.32	\$3.75	\$14.57	\$18.32	\$3.75	Employer Cost \$318.02 \$474.19 \$556.15 \$605.12 \$796.69 \$355.18 \$541.50 \$639.46 \$685.64 \$916.30 \$287.17 \$423.12 \$441.06 \$482.53	\$18.32
	Two Persons	\$7.50	\$24.12	\$31.62	\$7.50	\$24.12	\$31.62	\$7.50	\$24.12	\$31.62	\$7.50	\$24.12	\$31.62
	Three or More Persons	\$15.00	\$34.24	\$49.24	\$15.00	\$34.24	\$49.24	\$15.00	\$34.24	\$49.24	\$15.00	\$34.24	\$49.24
Enhanced Vision Plan	Employee Only	\$3.05		1		-						-	
	Employee & One Child	\$5.44											
	Employee & Two/More Children	\$5.44											
	Employee & Spouse	\$7.02											
	Full Family	\$8.95											

2023-2024 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	e with only spous	e 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	\$77.19	\$424.02	\$501.21	\$77.19	\$424.02	\$501.21	\$77.19	\$424.02	\$501.21	\$77.19	\$424.02	\$501.21	
	Employee & One Child	\$209.77	\$632.25	\$842.03	\$209.77	\$632.25	\$842.03	\$209.77	\$632.25	\$842.03	\$209.77	\$632.25	\$842.03	
	Employee & Two/More Children	\$250.87	\$741.53	\$992.39	\$250.87	\$741.53	\$992.39	\$250.87	\$741.53	\$992.39	\$250.87	\$741.53	\$992.39	
	Employee & Spouse	\$265.75	\$806.83	\$1,072.58	\$265.75	\$806.83	\$1,072.58	\$265.75	\$806.83	\$1,072.58	\$265.75	\$806.83	\$1,072.58	
	Full Family	\$371.21	\$1,062.25	\$1,433.45	\$371.21	\$1,062.25	\$1,433.45	\$371.21	\$1,062.25	\$1,433.45	\$371.21	\$1,062.25	\$1,433.45	
Keystone Flex HMO	Employee Only	\$86.91	\$481.90	\$568.81	\$86.91	\$481.90	\$568.81	\$95,24	\$473.57	\$568.81	\$95.24	\$473.57	\$568.81	
neystone riex mino	Employee & One Child	\$225.26	\$730.33	\$955.59	\$225.26	\$730.33	\$955.59	\$233.59	\$722.00	\$955.59	\$233.59	\$722.00	\$955.59	
	Employee & Two/More Children	\$265.29	\$860.95	\$1.126.24	\$265.29	\$860.95	\$1.126.24	\$273.63	\$852.61	\$1.126.24	\$273.63	\$852.61	\$1,126,24	
	Employee & Spouse	\$290.57	\$926.68	\$1,217,25	\$294.73	\$922.51	\$1,217,25	\$298.90	\$918.35	\$1,217,25	\$303.07	\$914.18	\$1,217.25	
	Full Family	\$392.55	\$1,234.23	\$1,626.79	\$396.72	\$1,230.07	\$1,626.79	\$400.89	\$1,225.90	\$1,626.79	\$405.05	\$1,221.73	\$1,626.79	
Personal Choice PPO	Employee Only	\$137.99	\$391.23	\$529.22	\$137.99	\$391.23	\$529.22	\$146.33	\$382.89	\$529.22	\$146.33	\$382.89	\$529.22	
	Employee & One Child	\$316.60	\$572.49	\$889.09	\$316.60	\$572.49	\$889.09	\$324.93	\$564.15	\$889.09	\$324.93	\$564.15	\$889.09	
	Employee & Two/More Children	\$451.45	\$596.41	\$1,047.86	\$451.45	\$596.41	\$1,047.86	\$459.78	\$588.08	\$1,047.86	\$459.78	\$588.08	\$1,047.86	
	Employee & Spouse	\$476.67	\$655.87	\$1,132.53	\$480.83	\$651.70	\$1,132.53	\$485.00	\$647.53	\$1,132.53	\$489.17	\$643.37	\$1,132.53	
	Full Family	\$608.11	\$905.47	\$1,513.57	\$612.27	\$901.30	\$1,513.57	\$616.44	\$897.13	\$1,513.57	\$620.61	\$892.97	\$1,513.57	
Delta Dental - USA	Single	\$5.00	\$19.43	\$24.43	\$5.00	\$21.09	\$24.43	\$5.00	\$21.09	\$24.43	\$5.00	\$21.09	\$24.43	
	Two Persons	\$10.00	\$32.15	\$42.15	\$10.00	\$35.49	\$42.15	\$10.00	\$35.49	\$42.15	\$10.00	\$35.49	\$42.15	
	Three or More Persons	\$20.00	\$45.65	\$65.65	\$20.00	\$52.31	\$65.65	\$20.00	\$52.31	\$65.65	\$20.00	\$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												

2023-2024 Villanova University Payroll Deduction Faculty with 9 Monthly Deductions

Plan Name					Wellness rate	per pay with only	y employee						
	Level of Coverage	Wellness rate per pay with employee and spouse participating			participating			Wellness rate	with only spous	e 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 Premiu
Consumer Driven Health Plan (CDHP)	Employee Only	\$154.37	\$848.04	\$1,002.41	\$154.37	\$848.04	\$1,002.41	\$154.37	\$848.04	\$1,002.41	\$154.37	\$848.04	\$1,002.41
	Employee & One Child	\$419.55	\$1,264.51	\$1,684.05	\$419.55	\$1,264.51	\$1,684.05	\$419.55	\$1,264.51	\$1,684.05	\$419.55	\$1,264.51	\$1,684.05
	Employee & Two/More Children	\$501.73	\$1,483.05	\$1,984.79	\$501.73	\$1,483.05	\$1,984.79	\$501.73	\$1,483.05	\$1,984.79	\$501.73	\$1,483.05	\$1,984.79
	Employee & Spouse	\$531.51	\$1,613.65	\$2,145.16	\$531.51	\$1,613.65	\$2,145.16	\$531.51	\$1,613.65	\$2,145.16	\$531.51	\$1,613.65	\$2,145.16
	Full Family	\$742.41	\$2,124.49	\$2,866.91	\$742.41	\$2,124.49	\$2,866.91	\$742.41	\$2,124.49	\$2,866.91	\$742.41	\$2,124.49	\$2,866.91
Keystone Flex HMO	Employee Only	\$173.81	\$963.80	\$1,137.61	\$173.81	\$963.80	\$1,137.61	\$190.48	\$947.13	\$1,137.61	\$190.48	\$947.13	\$1,137.61
,	Employee & One Child	\$450.52	\$1,460.67	\$1,911.19	\$450.52	\$1,460.67	\$1,911.19	\$467.19	\$1,444.00	\$1,911.19	\$467.19	\$1,444.00	\$1,911.19
	Employee & Two/More Children	\$530.59	\$1,721.89	\$2,252.48	\$530.59	\$1,721.89	\$2,252.48	\$547.25	\$1,705.23	\$2,252.48	\$547.25	\$1,705.23	\$2,252.48
	Employee & Spouse	\$581.13	\$1,853.36	\$2,434.49	\$589.47	\$1,845.03	\$2,434.49	\$597.80	\$1,836.69	\$2,434.49	\$606.13	\$1,828.36	\$2,434.49
	Full Family	\$785.11	\$2,468.47	\$3,253.57	\$793.44	\$2,460.13	\$3,253.57	\$801.77	\$2,451.80	\$3,253.57	\$810.11	\$2,443.47	\$3,253.57
Personal Choice PPO	Employee Only	\$275.99	\$782.45	\$1,058.44	\$275.99	\$782.45	\$1,058.44	\$292.65	\$765.79	\$1,058.44	\$292.65	\$765.79	\$1,058.44
	Employee & One Child	\$633.20	\$1,144.97	\$1,778.17	\$633.20	\$1,144.97	\$1,778.17	\$649.87	\$1,128.31	\$1,778.17	\$649.87	\$1,128.31	\$1,778.17
	Employee & Two/More Children	\$902.89	\$1,192.83	\$2,095.72	\$902.89	\$1,192,83	\$2,095,72	\$919.56	\$1,176,16	\$2,095,72	\$919.56	\$1,176,16	\$2,095,72
	Employee & Spouse	\$953.33	\$1,311.73	\$2,265.07	\$961.67	\$1,303.40	\$2,265.07	\$970.00	\$1,295.07	\$2,265.07	\$978.33	\$1,286.73	\$2,265.07
	Full Family	\$1,216.21	\$1,810.93	\$3,027.15	\$1,224.55	\$1,802.60	\$3,027.15	\$1,232.88	\$1,794.27	\$3,027.15	\$1,241.21	\$1,785.93	\$3,027.15
Delta Dental - USA	Single	\$10.00	\$38.85	\$48.85	\$10.00	\$38.85	\$48.85	\$10.00	\$38.85	\$48.85	\$10.00	\$38.85	\$0.00 \$48.85
	Two Persons	\$20.00	\$64.31	\$84.31	\$20.00	\$64.31	\$84.31	\$20.00	\$64.31	\$84.31	\$20.00	\$64.31	\$84.31
	Three or More Persons	\$40.00	\$91.29	\$131.29	\$40.00	\$91.29	\$131.29	\$40.00	\$91.29	\$131.29	\$40.00	\$91.29	\$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											

2023-2024 Villanova University Payroll Deduction Faculty with 10 Monthly Deductions

Plan Name					Wellness rate	per pay with only							
	Level of Coverage	Wellness rate per pay with employee and spouse participating			participating			Wellness rate	with only spous	e 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 Premiur
Consumer Driven Health Plan (CDHP)	Employee Only	\$138.94	\$763.24	\$902.17	\$138.94	\$763.24	\$902.17	\$138.94	\$763.24	\$902.17	\$138.94	 	\$902.17
	Employee & One Child	\$377.59	\$1,138.06	\$1,515.65	\$377.59	\$1.138.06	\$1.515.65	\$377.59	\$1.138.06	\$1.515.65	\$377.59		\$1,515.65
	Employee & Two/More Children	\$451.56	\$1,334.75	\$1,786.31	\$451.56	\$1,334.75	\$1,786.31	\$451.56	\$1,334.75	\$1,786.31	\$451.56		\$1,786.31
	Employee & Spouse	\$478.36	\$1,452.29	\$1,930.64	\$478.36	\$1,452.29	\$1,930.64	\$478.36	\$1,452.29	\$1,930.64	\$478.36	\$1,452.29	\$1,930.64
	Full Family	\$668.17	\$1,912.04	\$2,580.22	\$668.17	\$1,912.04	\$2,580.22	\$668.17	\$1,912.04	\$2,580.22	\$668.17	\$1,912.04	\$2,580.22
Kevstone Flex HMO	Employee Only	\$156.43	\$867.42	\$1,023.85	\$156.43	\$867.42	\$1.023.85	\$171.43	\$852.42	\$1.023.85	\$171.43	\$852.42	\$1.023.85
Keystone Flex HMO	Employee & One Child	\$405.47	\$1,314.60	\$1,720.07	\$405.47	\$1,314,60	\$1,720.07	\$420.47	\$1,299,60	\$1,720.07	\$420.47	\$1,299,60	\$1,720.07
	Employee & Two/More Children	\$477.53	\$1,549,70	\$2.027.23	\$477.53	\$1,549,70	\$2,027,23	\$492.53	\$1,534,70	\$2,027,23	\$492.53	\$1,534,70	\$2,027,23
	Employee & Spouse	\$523.02	\$1,668,02	\$2,191,04	\$530.52	\$1,660,52	\$2,191,04	\$538.02	\$1,653.02	\$2,191.04	\$545.52	\$1,645,52	\$2,191,04
	Full Family	\$706.60	\$2,221.62	\$2,928.22	\$714.10	\$2,214.12	\$2,928.22	\$721.60	\$2,206.62	\$2,928.22	\$729.10	\$2,199.12	\$2,928.22
Personal Choice PPO	Employee Only	\$248.39	\$704.21	\$952.60	\$248.39	\$704.21	\$952.60	\$263.39	\$689.21	\$952.60	\$263.39	\$689.21	\$952.60
	Employee & One Child	\$569.88	\$1,030.48	\$1,600.36	\$569.88	\$1,030.48	\$1,600.36	\$584.88	\$1,015.48	\$1,600.36	\$584.88	\$1.015.48	\$1,600.36
	Employee & Two/More Children	\$812.60	\$1,073.54	\$1,886.15	\$812.60	\$1,073.54	\$1,886.15	\$827.60	\$1,058.54	\$1,886.15	\$827.60	\$1,058.54	\$1,886.15
	Employee & Spouse	\$858.00	\$1,180.56	\$2,038.56	\$865.50	\$1,173.06	\$2,038.56	\$873.00	\$1,165.56	\$2,038.56	\$880.50	\$1,158.06	\$2,038.56
	Full Family	\$1,094.59	\$1,629.84	\$2,724.43	\$1,102.09	\$1,622.34	\$2,724.43	\$1,109.59	\$1,614.84	\$2,724.43	\$1,117.09	\$1,607.34	\$2,724.43
Delta Dental - USA	Single	\$9.00	\$34.97	\$43.97	\$9.00	\$34.97	\$43.97	\$9.00	\$34.97	\$43.97	\$9.00	Employer Cost \$763.24 \$1,138.06 \$1,334.75 \$1,452.29 \$1,912.04 \$852.42 \$1,299.60 \$1,534.70 \$1,645.52 \$2,199.12 \$689.21 \$1,015.48 \$1,058.54 \$1,158.06	\$43.97
	Two Persons	\$18.00	\$57.88	\$75.88	\$18.00	\$57.88	\$75.88	\$18.00	\$57.88	\$75.88	\$18.00	\$57.88	\$75.88
	Three or More Persons	\$36.00	\$82.16	\$118.16	\$36.00	\$82.16	\$118.16	\$36.00	\$82.16	\$118.16	\$36.00	\$82.16	\$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											

2023-2024 Villanova University Payroll Deduction Faculty with 12 Monthly Deductions

					Wellness rate	per pay with only	y employee						
Plan Name	Level of Coverage	Wellness rate per pay with employee and spouse participating			participating			Wellness rate	with only spouse	e 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 Premiu
Consumer Driven Health Plan (CDHP)	Employee Only	\$115.78	\$636.03	\$751.81	\$115.78	\$636.03	\$751.81	\$115.78	\$636.03	\$751.81	\$115.78	\$636.03	\$751.81
	Employee & One Child	\$314.66	\$948.38	\$1,263.04	\$314.66	\$948.38	\$1,263.04	\$314.66	\$948.38	\$1,263.04	\$314.66	\$948.38	\$1,263.04
	Employee & Two/More Children	\$376.30	\$1,112.29	\$1,488.59	\$376.30	\$1,112.29	\$1,488.59	\$376.30	\$1,112.29	\$1,488.59	\$376.30	\$1,112.29	\$1,488.59
	Employee & Spouse	\$398.63	\$1,210.24	\$1,608.87	\$398.63	\$1,210.24	\$1,608.87	\$398.63	\$1,210.24	\$1,608.87	\$398.63	\$1,210.24	\$1,608.87
	Full Family	\$556.81	\$1,593.37	\$2,150.18	\$556.81	\$1,593.37	\$2,150.18	\$556.81	\$1,593.37	\$2,150.18	\$556.81	\$1,593.37	\$2,150.18
Keystone Flex HMO	Employee Only	\$130.36	\$722.85	\$853.21	\$130.36	\$722.85	\$853.21	\$142.86	\$710.35	\$853.21	\$142.86	\$710.35	\$853.21
	Employee & One Child	\$337.89	\$1,095.50	\$1,433.39	\$337.89	\$1,095.50	\$1,433.39	\$350.39	\$1,083.00	\$1,433.39	\$350.39	\$1,083.00	\$1,433.39
	Employee & Two/More Children	\$397.94	\$1,291.42	\$1,689.36	\$397.94	\$1,291.42	\$1,689.36	\$410.44	\$1,278.92	\$1,689.36	\$410.44	\$1,278.92	\$1,689.36
	Employee & Spouse	\$435.85	\$1,390.02	\$1,825.87	\$442.10	\$1,383.77	\$1,825.87	\$448.35	\$1,377.52	\$1,825.87	\$454.60	\$1,371.27	\$1,825.87
	Full Family	\$588.83	\$1,851.35	\$2,440.18	\$595.08	\$1,845.10	\$2,440.18	\$601.33	\$1,838.85	\$2,440.18	\$607.58	\$1,832.60	\$2,440.18
Personal Choice PPO	Employee Only	\$206.99	\$586.84	\$793.83	\$206.99	\$586.84	\$793.83	\$219.49	\$574.34	\$793.83	\$219.49	\$574.34	\$793.83
	Employee & One Child	\$474.90	\$858.73	\$1,333.63	\$474.90	\$858.73	\$1,333.63	\$487.40	\$846.23	\$1,333.63	\$487.40	\$846.23	\$1,333.63
	Employee & Two/More Children	\$677.17	\$894.62	\$1,571.79	\$677.17	\$894.62	\$1,571.79	\$689.67	\$882.12	\$1,571.79	\$689.67	\$882.12	\$1,571.79
	Employee & Spouse	\$715.00	\$983.80	\$1,698,80	\$721.25	\$977.55	\$1,698,80	\$727.50	\$971.30	\$1,698,80	\$733.75	\$965.05	\$1,698,80
	Full Family	\$912.16	\$1,358.20	\$2,270.36	\$918.41	\$1,351.95	\$2,270.36	\$924.66	\$1,345.70	\$2,270.36	\$930.91	\$1,339.45	\$2,270.36
Delta Dental - USA	Single	\$7.50	\$29.14	\$36.64	\$7.50	\$29.14	\$36.64	\$7.50	\$29.14	\$36.64	\$7.50	\$29.14	\$36.64
	Two Persons	\$15.00	\$48.23	\$63.23	\$15.00	\$48.23	\$63.23	\$15.00	\$48.23	\$63.23	\$15.00	\$48.23	\$63.23
	Three or More Persons	\$30.00	\$68.47	\$98.47	\$30.00	\$68.47	\$98.47	\$30.00	\$68.47	\$98.47	\$30.00	\$68.47	\$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											