

**Villanova University**

2024-2025 Payroll Deductions

Staff Working 12 Months / 24 Biweekly Deductions

			Plan Year 2024-25		
Plan	Wellness	Coverage Tier	Total Premium	Employer Cost	Employee Cost
Consumer Driven Health Plan (CDHP)	Wellness: Employee & Spouse Participating	Employee Only	\$390.90	\$333.01	\$57.89
		Emp + Spouse	\$836.53	\$637.22	\$199.32
		Emp + Child	\$656.71	\$499.38	\$157.33
		Emp + Child(ren)	\$773.99	\$585.84	\$188.15
		Emp + Family	\$1,117.98	\$839.58	\$278.41
	Wellness: Employee Only Participating	Employee Only	\$390.90	\$333.01	\$57.89
		Emp + Spouse	\$836.53	\$637.22	\$199.32
		Emp + Child	\$656.71	\$499.38	\$157.33
		Emp + Child(ren)	\$773.99	\$585.84	\$188.15
		Emp + Family	\$1,117.98	\$839.58	\$278.41
	Wellness: Spouse Only Participating	Employee Only	\$390.90	\$333.01	\$57.89
		Emp + Spouse	\$836.53	\$637.22	\$199.32
Emp + Child		\$656.71	\$499.38	\$157.33	
Emp + Child(ren)		\$773.99	\$585.84	\$188.15	
Emp + Family		\$1,117.98	\$839.58	\$278.41	
Wellness: No Wellness Participation	Employee Only	\$390.90	\$333.01	\$57.89	
	Emp + Spouse	\$836.53	\$637.22	\$199.32	
	Emp + Child	\$656.71	\$499.38	\$157.33	
	Emp + Child(ren)	\$773.99	\$585.84	\$188.15	
	Emp + Family	\$1,117.98	\$839.58	\$278.41	
Keystone Flex HMO	Wellness: Employee & Spouse Participating	Employee Only	\$420.65	\$355.47	\$65.18
		Emp + Spouse	\$900.19	\$682.26	\$217.93
		Emp + Child	\$706.69	\$537.74	\$168.95
		Emp + Child(ren)	\$832.89	\$633.92	\$198.97
		Emp + Family	\$1,203.06	\$908.64	\$294.42
	Wellness: Employee Only Participating	Employee Only	\$420.65	\$355.47	\$65.18
		Emp + Spouse	\$900.19	\$679.14	\$221.05
		Emp + Child	\$706.69	\$537.74	\$168.95
		Emp + Child(ren)	\$832.89	\$633.92	\$198.97
		Emp + Family	\$1,203.06	\$905.52	\$297.54
	Wellness: Spouse Only Participating	Employee Only	\$420.65	\$349.22	\$71.43
		Emp + Spouse	\$900.19	\$676.01	\$224.18
Emp + Child		\$706.69	\$531.49	\$175.20	
Emp + Child(ren)		\$832.89	\$627.67	\$205.22	
Emp + Family		\$1,203.06	\$902.39	\$300.67	
Wellness: No Wellness Participation	Employee Only	\$420.65	\$349.22	\$71.43	
	Emp + Spouse	\$900.19	\$672.89	\$227.30	
	Emp + Child	\$706.69	\$531.49	\$175.20	
	Emp + Child(ren)	\$832.89	\$627.67	\$205.22	
	Emp + Family	\$1,203.06	\$899.27	\$303.79	
Personal Choice PPO	Wellness: Employee & Spouse Participating	Employee Only	\$405.01	\$301.52	\$103.50
		Emp + Spouse	\$866.73	\$509.23	\$357.50
		Emp + Child	\$680.42	\$442.97	\$237.45
		Emp + Child(ren)	\$801.93	\$463.35	\$338.59
		Emp + Family	\$1,158.34	\$702.26	\$456.08
	Wellness: Employee Only Participating	Employee Only	\$405.01	\$301.52	\$103.50
		Emp + Spouse	\$866.73	\$506.11	\$360.63
		Emp + Child	\$680.42	\$442.97	\$237.45
		Emp + Child(ren)	\$801.93	\$463.35	\$338.59
		Emp + Family	\$1,158.34	\$699.14	\$459.21
	Wellness: Spouse Only Participating	Employee Only	\$405.01	\$295.27	\$109.75
		Emp + Spouse	\$866.73	\$502.98	\$363.75
Emp + Child		\$680.42	\$436.72	\$243.70	
Emp + Child(ren)		\$801.93	\$457.10	\$344.84	
Emp + Family		\$1,158.34	\$696.01	\$462.33	
Wellness: No Wellness Participation	Employee Only	\$405.01	\$295.27	\$109.75	
	Emp + Spouse	\$866.73	\$499.86	\$366.88	
	Emp + Child	\$680.42	\$436.72	\$243.70	
	Emp + Child(ren)	\$801.93	\$457.10	\$344.84	
	Emp + Family	\$1,158.34	\$692.89	\$465.46	

**Villanova University**

2024-2025 Payroll Deductions

Staff Working 9-10-11 Months / 18 Biweekly Deductions

			Plan Year 2024-25		
Plan	Wellness	Coverage Tier	Total Premium	Employer Cost	Employee Cost
Consumer Driven Health Plan (CDHP)	Wellness: Employee & Spouse Participating	Employee Only	\$521.20	\$444.02	\$77.19
		Emp + Spouse	\$1,115.38	\$849.62	\$265.75
		Emp + Child	\$875.62	\$665.84	\$209.77
		Emp + Child(ren)	\$1,031.99	\$781.12	\$250.87
		Emp + Family	\$1,490.64	\$1,119.44	\$371.21
	Wellness: Employee Only Participating	Employee Only	\$521.20	\$444.02	\$77.19
		Emp + Spouse	\$1,115.38	\$849.62	\$265.75
		Emp + Child	\$875.62	\$665.84	\$209.77
		Emp + Child(ren)	\$1,031.99	\$781.12	\$250.87
		Emp + Family	\$1,490.64	\$1,119.44	\$371.21
	Wellness: Spouse Only Participating	Employee Only	\$521.20	\$444.02	\$77.19
		Emp + Spouse	\$1,115.38	\$849.62	\$265.75
Emp + Child		\$875.62	\$665.84	\$209.77	
Emp + Child(ren)		\$1,031.99	\$781.12	\$250.87	
Emp + Family		\$1,490.64	\$1,119.44	\$371.21	
Wellness: No Wellness Participation	Employee Only	\$521.20	\$444.02	\$77.19	
	Emp + Spouse	\$1,115.38	\$849.62	\$265.75	
	Emp + Child	\$875.62	\$665.84	\$209.77	
	Emp + Child(ren)	\$1,031.99	\$781.12	\$250.87	
	Emp + Family	\$1,490.64	\$1,119.44	\$371.21	
Keystone Flex HMO	Wellness: Employee & Spouse Participating	Employee Only	\$560.86	\$473.96	\$86.91
		Emp + Spouse	\$1,200.25	\$909.69	\$290.57
		Emp + Child	\$942.25	\$716.99	\$225.26
		Emp + Child(ren)	\$1,110.52	\$845.22	\$265.29
		Emp + Family	\$1,604.08	\$1,211.52	\$392.55
	Wellness: Employee Only Participating	Employee Only	\$560.86	\$473.96	\$86.91
		Emp + Spouse	\$1,200.25	\$905.52	\$294.73
		Emp + Child	\$942.25	\$716.99	\$225.26
		Emp + Child(ren)	\$1,110.52	\$845.22	\$265.29
		Emp + Family	\$1,604.08	\$1,207.36	\$396.72
	Wellness: Spouse Only Participating	Employee Only	\$560.86	\$465.62	\$95.24
		Emp + Spouse	\$1,200.25	\$901.35	\$298.90
Emp + Child		\$942.25	\$708.66	\$233.59	
Emp + Child(ren)		\$1,110.52	\$836.89	\$273.63	
Emp + Family		\$1,604.08	\$1,203.19	\$400.89	
Wellness: No Wellness Participation	Employee Only	\$560.86	\$465.62	\$95.24	
	Emp + Spouse	\$1,200.25	\$897.19	\$303.07	
	Emp + Child	\$942.25	\$708.66	\$233.59	
	Emp + Child(ren)	\$1,110.52	\$836.89	\$273.63	
	Emp + Family	\$1,604.08	\$1,199.02	\$405.05	
Personal Choice PPO	Wellness: Employee & Spouse Participating	Employee Only	\$540.02	\$402.03	\$137.99
		Emp + Spouse	\$1,155.64	\$678.98	\$476.67
		Emp + Child	\$907.23	\$590.63	\$316.60
		Emp + Child(ren)	\$1,069.24	\$617.80	\$451.45
		Emp + Family	\$1,544.46	\$936.35	\$608.11
	Wellness: Employee Only Participating	Employee Only	\$540.02	\$402.03	\$137.99
		Emp + Spouse	\$1,155.64	\$674.81	\$480.83
		Emp + Child	\$907.23	\$590.63	\$316.60
		Emp + Child(ren)	\$1,069.24	\$617.80	\$451.45
		Emp + Family	\$1,544.46	\$932.19	\$612.27
	Wellness: Spouse Only Participating	Employee Only	\$540.02	\$393.69	\$146.33
		Emp + Spouse	\$1,155.64	\$670.64	\$485.00
Emp + Child		\$907.23	\$582.30	\$324.93	
Emp + Child(ren)		\$1,069.24	\$609.46	\$459.78	
Emp + Family		\$1,544.46	\$928.02	\$616.44	
Wellness: No Wellness Participation	Employee Only	\$540.02	\$393.69	\$146.33	
	Emp + Spouse	\$1,155.64	\$666.48	\$489.17	
	Emp + Child	\$907.23	\$582.30	\$324.93	
	Emp + Child(ren)	\$1,069.24	\$609.46	\$459.78	
	Emp + Family	\$1,544.46	\$923.85	\$620.61	

**Villanova University**

2024-2025 Payroll Deductions

Faculty with 9 Monthly Deductions

			Plan Year 2024-25		
Plan	Wellness	Coverage Tier	Total Premium	Employer Cost	Employee Cost
Consumer Driven Health Plan (CDHP)	Wellness: Employee & Spouse Participating	Employee Only	\$1,042.41	\$888.03	\$154.37
		Emp + Spouse	\$2,230.75	\$1,699.25	\$531.51
		Emp + Child	\$1,751.23	\$1,331.69	\$419.55
		Emp + Child(ren)	\$2,063.97	\$1,562.24	\$501.73
		Emp + Family	\$2,981.29	\$2,238.87	\$742.41
	Wellness: Employee Only Participating	Employee Only	\$1,042.41	\$888.03	\$154.37
		Emp + Spouse	\$2,230.75	\$1,699.25	\$531.51
		Emp + Child	\$1,751.23	\$1,331.69	\$419.55
		Emp + Child(ren)	\$2,063.97	\$1,562.24	\$501.73
		Emp + Family	\$2,981.29	\$2,238.87	\$742.41
	Wellness: Spouse Only Participating	Employee Only	\$1,042.41	\$888.03	\$154.37
		Emp + Spouse	\$2,230.75	\$1,699.25	\$531.51
		Emp + Child	\$1,751.23	\$1,331.69	\$419.55
		Emp + Child(ren)	\$2,063.97	\$1,562.24	\$501.73
		Emp + Family	\$2,981.29	\$2,238.87	\$742.41
	Wellness: No Wellness Participation	Employee Only	\$1,042.41	\$888.03	\$154.37
Emp + Spouse		\$2,230.75	\$1,699.25	\$531.51	
Emp + Child		\$1,751.23	\$1,331.69	\$419.55	
Emp + Child(ren)		\$2,063.97	\$1,562.24	\$501.73	
Emp + Family		\$2,981.29	\$2,238.87	\$742.41	
Keystone Flex HMO	Wellness: Employee & Spouse Participating	Employee Only	\$1,121.73	\$947.92	\$173.81
		Emp + Spouse	\$2,400.50	\$1,819.37	\$581.13
		Emp + Child	\$1,884.50	\$1,433.98	\$450.52
		Emp + Child(ren)	\$2,221.03	\$1,690.45	\$530.59
		Emp + Family	\$3,208.15	\$2,423.05	\$785.11
	Wellness: Employee Only Participating	Employee Only	\$1,121.73	\$947.92	\$173.81
		Emp + Spouse	\$2,400.50	\$1,811.04	\$589.47
		Emp + Child	\$1,884.50	\$1,433.98	\$450.52
		Emp + Child(ren)	\$2,221.03	\$1,690.45	\$530.59
		Emp + Family	\$3,208.15	\$2,414.71	\$793.44
	Wellness: Spouse Only Participating	Employee Only	\$1,121.73	\$931.25	\$190.48
		Emp + Spouse	\$2,400.50	\$1,802.70	\$597.80
		Emp + Child	\$1,884.50	\$1,417.31	\$467.19
		Emp + Child(ren)	\$2,221.03	\$1,673.78	\$547.25
		Emp + Family	\$3,208.15	\$2,406.38	\$801.77
	Wellness: No Wellness Participation	Employee Only	\$1,121.73	\$931.25	\$190.48
Emp + Spouse		\$2,400.50	\$1,794.37	\$606.13	
Emp + Child		\$1,884.50	\$1,417.31	\$467.19	
Emp + Child(ren)		\$2,221.03	\$1,673.78	\$547.25	
Emp + Family		\$3,208.15	\$2,398.05	\$810.11	
Personal Choice PPO	Wellness: Employee & Spouse Participating	Employee Only	\$1,080.04	\$804.05	\$275.99
		Emp + Spouse	\$2,311.29	\$1,357.95	\$953.33
		Emp + Child	\$1,814.46	\$1,181.26	\$633.20
		Emp + Child(ren)	\$2,138.48	\$1,235.59	\$902.89
		Emp + Family	\$3,088.92	\$1,872.70	\$1,216.21
	Wellness: Employee Only Participating	Employee Only	\$1,080.04	\$804.05	\$275.99
		Emp + Spouse	\$2,311.29	\$1,349.62	\$961.67
		Emp + Child	\$1,814.46	\$1,181.26	\$633.20
		Emp + Child(ren)	\$2,138.48	\$1,235.59	\$902.89
		Emp + Family	\$3,088.92	\$1,864.37	\$1,224.55
	Wellness: Spouse Only Participating	Employee Only	\$1,080.04	\$787.38	\$292.65
		Emp + Spouse	\$2,311.29	\$1,341.29	\$970.00
		Emp + Child	\$1,814.46	\$1,164.59	\$649.87
		Emp + Child(ren)	\$2,138.48	\$1,218.92	\$919.56
		Emp + Family	\$3,088.92	\$1,856.04	\$1,232.88
	Wellness: No Wellness Participation	Employee Only	\$1,080.04	\$787.38	\$292.65
Emp + Spouse		\$2,311.29	\$1,332.95	\$978.33	
Emp + Child		\$1,814.46	\$1,164.59	\$649.87	
Emp + Child(ren)		\$2,138.48	\$1,218.92	\$919.56	
Emp + Family		\$3,088.92	\$1,847.70	\$1,241.21	

**Villanova University**

2024-2025 Payroll Deductions

Faculty with 10 Monthly Deductions

			Plan Year 2024-25		
Plan	Wellness	Coverage Tier	Total Premium	Employer Cost	Employee Cost
Consumer Driven Health Plan (CDHP)	Wellness: Employee & Spouse Participating	Employee Only	\$938.16	\$799.23	\$138.94
		Emp + Spouse	\$2,007.68	\$1,529.32	\$478.36
		Emp + Child	\$1,576.11	\$1,198.52	\$377.59
		Emp + Child(ren)	\$1,857.57	\$1,406.01	\$451.56
		Emp + Family	\$2,683.16	\$2,014.99	\$668.17
	Wellness: Employee Only Participating	Employee Only	\$938.16	\$799.23	\$138.94
		Emp + Spouse	\$2,007.68	\$1,529.32	\$478.36
		Emp + Child	\$1,576.11	\$1,198.52	\$377.59
		Emp + Child(ren)	\$1,857.57	\$1,406.01	\$451.56
		Emp + Family	\$2,683.16	\$2,014.99	\$668.17
	Wellness: Spouse Only Participating	Employee Only	\$938.16	\$799.23	\$138.94
		Emp + Spouse	\$2,007.68	\$1,529.32	\$478.36
Emp + Child		\$1,576.11	\$1,198.52	\$377.59	
Emp + Child(ren)		\$1,857.57	\$1,406.01	\$451.56	
Emp + Family		\$2,683.16	\$2,014.99	\$668.17	
Wellness: No Wellness Participation	Employee Only	\$938.16	\$799.23	\$138.94	
	Emp + Spouse	\$2,007.68	\$1,529.32	\$478.36	
	Emp + Child	\$1,576.11	\$1,198.52	\$377.59	
	Emp + Child(ren)	\$1,857.57	\$1,406.01	\$451.56	
	Emp + Family	\$2,683.16	\$2,014.99	\$668.17	
Keystone Flex HMO	Wellness: Employee & Spouse Participating	Employee Only	\$1,009.56	\$853.12	\$156.43
		Emp + Spouse	\$2,160.45	\$1,637.43	\$523.02
		Emp + Child	\$1,696.05	\$1,290.58	\$405.47
		Emp + Child(ren)	\$1,998.93	\$1,521.40	\$477.53
		Emp + Family	\$2,887.34	\$2,180.74	\$706.60
	Wellness: Employee Only Participating	Employee Only	\$1,009.56	\$853.12	\$156.43
		Emp + Spouse	\$2,160.45	\$1,629.93	\$530.52
		Emp + Child	\$1,696.05	\$1,290.58	\$405.47
		Emp + Child(ren)	\$1,998.93	\$1,521.40	\$477.53
		Emp + Family	\$2,887.34	\$2,173.24	\$714.10
	Wellness: Spouse Only Participating	Employee Only	\$1,009.56	\$838.12	\$171.43
		Emp + Spouse	\$2,160.45	\$1,622.43	\$538.02
Emp + Child		\$1,696.05	\$1,275.58	\$420.47	
Emp + Child(ren)		\$1,998.93	\$1,506.40	\$492.53	
Emp + Family		\$2,887.34	\$2,165.74	\$721.60	
Wellness: No Wellness Participation	Employee Only	\$1,009.56	\$838.12	\$171.43	
	Emp + Spouse	\$2,160.45	\$1,614.93	\$545.52	
	Emp + Child	\$1,696.05	\$1,275.58	\$420.47	
	Emp + Child(ren)	\$1,998.93	\$1,506.40	\$492.53	
	Emp + Family	\$2,887.34	\$2,158.24	\$729.10	
Personal Choice PPO	Wellness: Employee & Spouse Participating	Employee Only	\$972.03	\$723.65	\$248.39
		Emp + Spouse	\$2,080.16	\$1,222.16	\$858.00
		Emp + Child	\$1,633.01	\$1,063.13	\$569.88
		Emp + Child(ren)	\$1,924.64	\$1,112.03	\$812.60
		Emp + Family	\$2,780.03	\$1,685.43	\$1,094.59
	Wellness: Employee Only Participating	Employee Only	\$972.03	\$723.65	\$248.39
		Emp + Spouse	\$2,080.16	\$1,214.66	\$865.50
		Emp + Child	\$1,633.01	\$1,063.13	\$569.88
		Emp + Child(ren)	\$1,924.64	\$1,112.03	\$812.60
		Emp + Family	\$2,780.03	\$1,677.93	\$1,102.09
	Wellness: Spouse Only Participating	Employee Only	\$972.03	\$708.65	\$263.39
		Emp + Spouse	\$2,080.16	\$1,207.16	\$873.00
Emp + Child		\$1,633.01	\$1,048.13	\$584.88	
Emp + Child(ren)		\$1,924.64	\$1,097.03	\$827.60	
Emp + Family		\$2,780.03	\$1,670.43	\$1,109.59	
Wellness: No Wellness Participation	Employee Only	\$972.03	\$708.65	\$263.39	
	Emp + Spouse	\$2,080.16	\$1,199.66	\$880.50	
	Emp + Child	\$1,633.01	\$1,048.13	\$584.88	
	Emp + Child(ren)	\$1,924.64	\$1,097.03	\$827.60	
	Emp + Family	\$2,780.03	\$1,662.93	\$1,117.09	

**Villanova University**

2024-2025 Payroll Deductions

Faculty with 12 Monthly Deductions

			Plan Year 2024-25		
Plan	Wellness	Coverage Tier	Total Premium	Employer Cost	Employee Cost
Consumer Driven Health Plan (CDHP)	Wellness: Employee & Spouse Participating	Employee Only	\$781.80	\$666.02	\$115.78
		Emp + Spouse	\$1,673.06	\$1,274.43	\$398.63
		Emp + Child	\$1,313.43	\$998.77	\$314.66
		Emp + Child(ren)	\$1,547.98	\$1,171.68	\$376.30
		Emp + Family	\$2,235.97	\$1,679.16	\$556.81
	Wellness: Employee Only Participating	Employee Only	\$781.80	\$666.02	\$115.78
		Emp + Spouse	\$1,673.06	\$1,274.43	\$398.63
		Emp + Child	\$1,313.43	\$998.77	\$314.66
		Emp + Child(ren)	\$1,547.98	\$1,171.68	\$376.30
		Emp + Family	\$2,235.97	\$1,679.16	\$556.81
	Wellness: Spouse Only Participating	Employee Only	\$781.80	\$666.02	\$115.78
		Emp + Spouse	\$1,673.06	\$1,274.43	\$398.63
Emp + Child		\$1,313.43	\$998.77	\$314.66	
Emp + Child(ren)		\$1,547.98	\$1,171.68	\$376.30	
Emp + Family		\$2,235.97	\$1,679.16	\$556.81	
Wellness: No Wellness Participation	Employee Only	\$781.80	\$666.02	\$115.78	
	Emp + Spouse	\$1,673.06	\$1,274.43	\$398.63	
	Emp + Child	\$1,313.43	\$998.77	\$314.66	
	Emp + Child(ren)	\$1,547.98	\$1,171.68	\$376.30	
	Emp + Family	\$2,235.97	\$1,679.16	\$556.81	
Keystone Flex HMO	Wellness: Employee & Spouse Participating	Employee Only	\$841.30	\$710.94	\$130.36
		Emp + Spouse	\$1,800.38	\$1,364.53	\$435.85
		Emp + Child	\$1,413.37	\$1,075.48	\$337.89
		Emp + Child(ren)	\$1,665.77	\$1,267.83	\$397.94
		Emp + Family	\$2,406.11	\$1,817.28	\$588.83
	Wellness: Employee Only Participating	Employee Only	\$841.30	\$710.94	\$130.36
		Emp + Spouse	\$1,800.38	\$1,358.28	\$442.10
		Emp + Child	\$1,413.37	\$1,075.48	\$337.89
		Emp + Child(ren)	\$1,665.77	\$1,267.83	\$397.94
		Emp + Family	\$2,406.11	\$1,811.03	\$595.08
	Wellness: Spouse Only Participating	Employee Only	\$841.30	\$698.44	\$142.86
		Emp + Spouse	\$1,800.38	\$1,352.03	\$448.35
Emp + Child		\$1,413.37	\$1,062.98	\$350.39	
Emp + Child(ren)		\$1,665.77	\$1,255.33	\$410.44	
Emp + Family		\$2,406.11	\$1,804.78	\$601.33	
Wellness: No Wellness Participation	Employee Only	\$841.30	\$698.44	\$142.86	
	Emp + Spouse	\$1,800.38	\$1,345.78	\$454.60	
	Emp + Child	\$1,413.37	\$1,062.98	\$350.39	
	Emp + Child(ren)	\$1,665.77	\$1,255.33	\$410.44	
	Emp + Family	\$2,406.11	\$1,798.53	\$607.58	
Personal Choice PPO	Wellness: Employee & Spouse Participating	Employee Only	\$810.03	\$603.04	\$206.99
		Emp + Spouse	\$1,733.47	\$1,018.47	\$715.00
		Emp + Child	\$1,360.84	\$885.94	\$474.90
		Emp + Child(ren)	\$1,603.86	\$926.69	\$677.17
		Emp + Family	\$2,316.69	\$1,404.53	\$912.16
	Wellness: Employee Only Participating	Employee Only	\$810.03	\$603.04	\$206.99
		Emp + Spouse	\$1,733.47	\$1,012.22	\$721.25
		Emp + Child	\$1,360.84	\$885.94	\$474.90
		Emp + Child(ren)	\$1,603.86	\$926.69	\$677.17
		Emp + Family	\$2,316.69	\$1,398.28	\$918.41
	Wellness: Spouse Only Participating	Employee Only	\$810.03	\$590.54	\$219.49
		Emp + Spouse	\$1,733.47	\$1,005.97	\$727.50
Emp + Child		\$1,360.84	\$873.44	\$487.40	
Emp + Child(ren)		\$1,603.86	\$914.19	\$689.67	
Emp + Family		\$2,316.69	\$1,392.03	\$924.66	
Wellness: No Wellness Participation	Employee Only	\$810.03	\$590.54	\$219.49	
	Emp + Spouse	\$1,733.47	\$999.72	\$733.75	
	Emp + Child	\$1,360.84	\$873.44	\$487.40	
	Emp + Child(ren)	\$1,603.86	\$914.19	\$689.67	
	Emp + Family	\$2,316.69	\$1,385.78	\$930.91	

# Villanova University

## Dental Rates 2024-2025

			Plan Year 2024-25		
Plan	Deduction Class	Coverage Tier	Total Premium	Employer Cost	Employee Cost
Delta Dental - USA	Staff Working 12 Months / 24 Biweekly Deductions	Employee Only	\$18.32	\$14.57	\$3.75
		Emp + 1	\$31.62	\$24.12	\$7.50
		Emp + 2 or More	\$49.24	\$34.24	\$15.00
	Staff Working 9-10-11 Months / 18 Biweekly Deductions	Employee Only	\$24.43	\$19.43	\$5.00
		Emp + 1	\$42.15	\$32.15	\$10.00
		Emp + 2 or More	\$65.65	\$45.65	\$20.00
	Faculty with 9 Monthly Deductions	Employee Only	\$48.85	\$38.85	\$10.00
		Emp + 1	\$84.31	\$64.31	\$20.00
		Emp + 2 or More	\$131.29	\$91.29	\$40.00
	Faculty with 10 Monthly Deductions	Employee Only	\$43.97	\$34.97	\$9.00
		Emp + 1	\$75.88	\$57.88	\$18.00
		Emp + 2 or More	\$118.16	\$82.16	\$36.00
	Faculty with 12 Monthly Deductions	Employee Only	\$36.64	\$29.14	\$7.50
		Emp + 1	\$63.23	\$48.23	\$15.00
		Emp + 2 or More	\$98.47	\$68.47	\$30.00

# Villanova University

## 2024-2025 Vision Rates

Plan	Deduction Class	Coverage Tier	Employee Cost
Enhanced Vision Plan- Davis Vision	Staff Working 12 Months / 24 Biweekly Deductions	Employee Only	\$3.05
		Emp + Child	\$5.44
		Employee & Two/More Children	\$5.44
		Employee + Spouse	\$7.02
		Family	\$8.95
	Staff Working 9-10-11 Months / 18 Biweekly Deductions	Employee Only	\$4.07
		Emp + Child	\$7.25
		Employee & Two/More Children	\$7.25
		Employee + Spouse	\$9.36
	Faculty with 9 Monthly Deductions	Family	\$11.93
		Employee Only	\$8.13
		Emp + Child	\$14.51
		Employee & Two/More Children	\$14.51
		Employee + Spouse	\$18.72
	Faculty with 10 Monthly Deductions	Family	\$23.87
		Employee Only	\$7.32
		Emp + Child	\$13.06
		Employee & Two/More Children	\$13.06
		Employee + Spouse	\$16.85
	Faculty with 12 Monthly Deductions	Family	\$21.48
Employee Only		\$6.10	
Emp + Child		\$10.88	
Employee & Two/More Children		\$10.88	
Employee + Spouse		\$14.04	
	Family	\$17.90	