

Villanova University

Plan Year 2026-27 Budget Rates / Contributions / COBRA Rates

Non Wellness Employee Monthly Contribution Rates

Plan Year 2026-27					
Plan	Coverage Tier	Total Premium	Employer Monthly Contributions	Employee Monthly Contributions	COBRA Rates
Medical and Rx Rates					
Consumer Driven Health Plan (CDHP)	Employee Only	\$914.33	\$764.81	\$149.53	\$932.62
	Emp + Spouse*	\$1,956.68	\$1,441.87	\$514.81	\$1,995.81
	Emp + Child	\$1,536.09	\$1,129.72	\$406.37	\$1,566.81
	Emp + Child(ren)	\$1,810.40	\$1,324.42	\$485.98	\$1,846.61
	Emp + Family*	\$2,615.02	\$1,895.92	\$719.10	\$2,667.32
Keystone Flex (HMO)	Employee Only	\$1,026.30	\$843.99	\$182.31	\$1,046.82
	Emp + Spouse*	\$2,196.28	\$1,609.79	\$586.48	\$2,240.20
	Emp + Child	\$1,724.16	\$1,271.53	\$452.63	\$1,758.65
	Emp + Child(ren)	\$2,032.07	\$1,501.21	\$530.85	\$2,072.71
	Emp + Family*	\$2,935.20	\$2,149.45	\$785.75	\$2,993.91
Personal Choice (PPO)	Employee Only	\$1,000.00	\$716.72	\$283.28	\$1,020.00
	Emp + Spouse*	\$2,140.00	\$1,185.92	\$954.08	\$2,182.80
	Emp + Child	\$1,679.98	\$1,046.24	\$633.74	\$1,713.58
	Emp + Child(ren)	\$1,979.99	\$1,081.65	\$898.35	\$2,019.59
	Emp + Family*	\$2,860.00	\$1,648.00	\$1,212.00	\$2,917.20
Dental Rates					
Delta Dental - USA	Employee Only	\$36.64	\$29.14	\$7.50	\$37.37
	Emp + 1	\$63.23	\$48.23	\$15.00	\$64.49
	Emp + 2 or More	\$98.47	\$68.47	\$30.00	\$100.44
Vision Rates					
Enhanced Vision Plan - Davis Vision	Employee Only	\$6.14	\$0.00	\$6.14	\$6.26
	Emp + Spouse	\$14.13	\$0.00	\$14.13	\$14.41
	Emp + Child	\$10.95	\$0.00	\$10.95	\$11.17
	Emp + Child(ren)	\$10.95	\$0.00	\$10.95	\$11.17
	Emp + Family	\$18.02	\$0.00	\$18.02	\$18.38

*A spousal surcharge of \$100 per month will apply if your spouse is eligible for health coverage through their own employer.