

Villanova University
Medical and Rx Projected Budget Rates
Staff Working 12 Months / 24 Biweekly Deductions

			Plan Year 2026-27		
Plan	Wellness	Coverage Tier	Total Premium	Employer 24 Bi-Weekly Deductions	Employee 24 Bi-Weekly Deductions
Consumer Driven Health Plan (CDHP)	Wellness: Employee & Spouse Participating	Employee Only	\$457.17	\$382.40	\$74.76
		Emp + Spouse*	\$978.34	\$720.93	\$257.41
		Emp + Child	\$768.04	\$564.86	\$203.19
		Emp + Child(ren)	\$905.20	\$662.21	\$242.99
		Emp + Family*	\$1,307.51	\$947.96	\$359.55
	Wellness: Employee Only Participating	Employee Only	\$457.17	\$382.40	\$74.76
		Emp + Spouse*	\$978.34	\$720.93	\$257.41
		Emp + Child	\$768.04	\$564.86	\$203.19
		Emp + Child(ren)	\$905.20	\$662.21	\$242.99
		Emp + Family*	\$1,307.51	\$947.96	\$359.55
	Wellness: Spouse Only Participating	Employee Only	\$457.17	\$382.40	\$74.76
		Emp + Spouse*	\$978.34	\$720.93	\$257.41
		Emp + Child	\$768.04	\$564.86	\$203.19
		Emp + Child(ren)	\$905.20	\$662.21	\$242.99
		Emp + Family*	\$1,307.51	\$947.96	\$359.55
	Wellness: No Wellness Participation	Employee Only	\$457.17	\$382.40	\$74.76
		Emp + Spouse*	\$978.34	\$720.93	\$257.41
		Emp + Child	\$768.04	\$564.86	\$203.19
		Emp + Child(ren)	\$905.20	\$662.21	\$242.99
		Emp + Family*	\$1,307.51	\$947.96	\$359.55
Keystone Flex HMO	Wellness: Employee & Spouse Participating	Employee Only	\$513.15	\$428.25	\$84.90
		Emp + Spouse*	\$1,098.14	\$814.27	\$283.87
		Emp + Child	\$862.08	\$642.02	\$220.07
		Emp + Child(ren)	\$1,016.03	\$756.86	\$259.18
		Emp + Family*	\$1,467.60	\$1,084.10	\$383.50
	Wellness: Employee Only Participating	Employee Only	\$513.15	\$428.25	\$84.90
		Emp + Spouse*	\$1,098.14	\$811.15	\$286.99
		Emp + Child	\$862.08	\$642.02	\$220.07
		Emp + Child(ren)	\$1,016.03	\$756.86	\$259.18
		Emp + Family*	\$1,467.60	\$1,080.97	\$386.63
	Wellness: Spouse Only Participating	Employee Only	\$513.15	\$422.00	\$91.15
		Emp + Spouse*	\$1,098.14	\$808.02	\$290.12
		Emp + Child	\$862.08	\$635.77	\$226.32
		Emp + Child(ren)	\$1,016.03	\$750.61	\$265.43
		Emp + Family*	\$1,467.60	\$1,077.85	\$389.75
	Wellness: No Wellness Participation	Employee Only	\$513.15	\$422.00	\$91.15
		Emp + Spouse*	\$1,098.14	\$804.90	\$293.24
		Emp + Child	\$862.08	\$635.77	\$226.32
		Emp + Child(ren)	\$1,016.03	\$750.61	\$265.43
		Emp + Family*	\$1,467.60	\$1,074.72	\$392.88
Personal Choice PPO	Wellness: Employee & Spouse Participating	Employee Only	\$500.00	\$364.61	\$135.39
		Emp + Spouse*	\$1,070.00	\$602.33	\$467.67
		Emp + Child	\$839.99	\$529.37	\$310.62
		Emp + Child(ren)	\$990.00	\$547.07	\$442.92
		Emp + Family*	\$1,430.00	\$833.37	\$596.62
	Wellness: Employee Only Participating	Employee Only	\$500.00	\$364.61	\$135.39
		Emp + Spouse*	\$1,070.00	\$599.21	\$470.79
		Emp + Child	\$839.99	\$529.37	\$310.62
		Emp + Child(ren)	\$990.00	\$547.07	\$442.92
		Emp + Family*	\$1,430.00	\$830.25	\$599.75
	Wellness: Spouse Only Participating	Employee Only	\$500.00	\$358.36	\$141.64
		Emp + Spouse*	\$1,070.00	\$596.08	\$473.92
		Emp + Child	\$839.99	\$523.12	\$316.87
		Emp + Child(ren)	\$990.00	\$540.82	\$449.17
		Emp + Family*	\$1,430.00	\$827.12	\$602.87
	Wellness: No Wellness Participation	Employee Only	\$500.00	\$358.36	\$141.64
		Emp + Spouse*	\$1,070.00	\$592.96	\$477.04
		Emp + Child	\$839.99	\$523.12	\$316.87
		Emp + Child(ren)	\$990.00	\$540.82	\$449.17
		Emp + Family*	\$1,430.00	\$824.00	\$606.00

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

Villanova University

Medical and Rx Projected Budget Rates

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

			Plan Year 2026-27		
Plan	Wellness	Coverage Tier	Total Premium	Employer 18 Bi-Weekly Deductions	Employee 18 Bi-Weekly Deductions
Consumer Driven Health Plan (CDHP)	Wellness: Employee & Spouse Participating	Employee Only	\$609.56	\$509.87	\$99.68
		Emp + Spouse*	\$1,304.45	\$961.24	\$343.21
		Emp + Child	\$1,024.06	\$753.14	\$270.91
		Emp + Child(ren)	\$1,206.93	\$882.95	\$323.98
		Emp + Family*	\$1,743.34	\$1,263.95	\$479.40
	Wellness: Employee Only Participating	Employee Only	\$609.56	\$509.87	\$99.68
		Emp + Spouse*	\$1,304.45	\$961.24	\$343.21
		Emp + Child	\$1,024.06	\$753.14	\$270.91
		Emp + Child(ren)	\$1,206.93	\$882.95	\$323.98
		Emp + Family*	\$1,743.34	\$1,263.95	\$479.40
	Wellness: Spouse Only Participating	Employee Only	\$609.56	\$509.87	\$99.68
		Emp + Spouse*	\$1,304.45	\$961.24	\$343.21
		Emp + Child	\$1,024.06	\$753.14	\$270.91
		Emp + Child(ren)	\$1,206.93	\$882.95	\$323.98
		Emp + Family*	\$1,743.34	\$1,263.95	\$479.40
	Wellness: No Wellness Participation	Employee Only	\$609.56	\$509.87	\$99.68
		Emp + Spouse*	\$1,304.45	\$961.24	\$343.21
		Emp + Child	\$1,024.06	\$753.14	\$270.91
		Emp + Child(ren)	\$1,206.93	\$882.95	\$323.98
		Emp + Family*	\$1,743.34	\$1,263.95	\$479.40
Keystone Flex HMO	Wellness: Employee & Spouse Participating	Employee Only	\$684.20	\$570.99	\$113.20
		Emp + Spouse*	\$1,464.18	\$1,085.69	\$378.49
		Emp + Child	\$1,149.44	\$856.02	\$293.42
		Emp + Child(ren)	\$1,354.71	\$1,009.14	\$345.57
		Emp + Family*	\$1,956.80	\$1,445.47	\$511.34
	Wellness: Employee Only Participating	Employee Only	\$684.20	\$570.99	\$113.20
		Emp + Spouse*	\$1,464.18	\$1,081.53	\$382.66
		Emp + Child	\$1,149.44	\$856.02	\$293.42
		Emp + Child(ren)	\$1,354.71	\$1,009.14	\$345.57
		Emp + Family*	\$1,956.80	\$1,441.30	\$515.50
	Wellness: Spouse Only Participating	Employee Only	\$684.20	\$562.66	\$121.54
		Emp + Spouse*	\$1,464.18	\$1,077.36	\$386.82
		Emp + Child	\$1,149.44	\$847.69	\$301.76
		Emp + Child(ren)	\$1,354.71	\$1,000.81	\$353.90
		Emp + Family*	\$1,956.80	\$1,437.13	\$519.67
	Wellness: No Wellness Participation	Employee Only	\$684.20	\$562.66	\$121.54
		Emp + Spouse*	\$1,464.18	\$1,073.19	\$390.99
		Emp + Child	\$1,149.44	\$847.69	\$301.76
		Emp + Child(ren)	\$1,354.71	\$1,000.81	\$353.90
		Emp + Family*	\$1,956.80	\$1,432.97	\$523.84
Personal Choice PPO	Wellness: Employee & Spouse Participating	Employee Only	\$666.66	\$486.15	\$180.52
		Emp + Spouse*	\$1,426.67	\$803.11	\$623.56
		Emp + Child	\$1,119.99	\$705.83	\$414.16
		Emp + Child(ren)	\$1,320.00	\$729.43	\$590.56
		Emp + Family*	\$1,906.66	\$1,111.16	\$795.50
	Wellness: Employee Only Participating	Employee Only	\$666.66	\$486.15	\$180.52
		Emp + Spouse*	\$1,426.67	\$798.95	\$627.72
		Emp + Child	\$1,119.99	\$705.83	\$414.16
		Emp + Child(ren)	\$1,320.00	\$729.43	\$590.56
		Emp + Family*	\$1,906.66	\$1,107.00	\$799.67
	Wellness: Spouse Only Participating	Employee Only	\$666.66	\$477.81	\$188.85
		Emp + Spouse*	\$1,426.67	\$794.78	\$631.89
		Emp + Child	\$1,119.99	\$697.49	\$422.50
		Emp + Child(ren)	\$1,320.00	\$721.10	\$598.90
		Emp + Family*	\$1,906.66	\$1,102.83	\$803.83
	Wellness: No Wellness Participation	Employee Only	\$666.66	\$477.81	\$188.85
		Emp + Spouse*	\$1,426.67	\$790.61	\$636.06
		Emp + Child	\$1,119.99	\$697.49	\$422.50
		Emp + Child(ren)	\$1,320.00	\$721.10	\$598.90
		Emp + Family*	\$1,906.66	\$1,098.66	\$808.00

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

Villanova University
Medical and Rx Projected Budget Rates
Faculty with 9 Monthly Deductions

			Plan Year 2026-27		
Plan	Wellness	Coverage Tier	Total Premium	Employer 9 Monthly Deductions	Employee 9 Monthly Deductions
Consumer Driven Health Plan (CDHP)	Wellness: Employee & Spouse Participating	Employee Only	\$1,219.11	\$1,019.74	\$199.37
		Emp + Spouse*	\$2,608.91	\$1,922.49	\$686.42
		Emp + Child	\$2,048.11	\$1,506.29	\$541.83
		Emp + Child(ren)	\$2,413.86	\$1,765.90	\$647.97
		Emp + Family*	\$3,486.69	\$2,527.89	\$958.80
	Wellness: Employee Only Participating	Employee Only	\$1,219.11	\$1,019.74	\$199.37
		Emp + Spouse*	\$2,608.91	\$1,922.49	\$686.42
		Emp + Child	\$2,048.11	\$1,506.29	\$541.83
		Emp + Child(ren)	\$2,413.86	\$1,765.90	\$647.97
		Emp + Family*	\$3,486.69	\$2,527.89	\$958.80
	Wellness: Spouse Only Participating	Employee Only	\$1,219.11	\$1,019.74	\$199.37
		Emp + Spouse*	\$2,608.91	\$1,922.49	\$686.42
		Emp + Child	\$2,048.11	\$1,506.29	\$541.83
		Emp + Child(ren)	\$2,413.86	\$1,765.90	\$647.97
		Emp + Family*	\$3,486.69	\$2,527.89	\$958.80
	Wellness: No Wellness Participation	Employee Only	\$1,219.11	\$1,019.74	\$199.37
		Emp + Spouse*	\$2,608.91	\$1,922.49	\$686.42
		Emp + Child	\$2,048.11	\$1,506.29	\$541.83
		Emp + Child(ren)	\$2,413.86	\$1,765.90	\$647.97
		Emp + Family*	\$3,486.69	\$2,527.89	\$958.80
Keystone Flex HMO	Wellness: Employee & Spouse Participating	Employee Only	\$1,368.40	\$1,141.99	\$226.41
		Emp + Spouse*	\$2,928.37	\$2,171.39	\$756.98
		Emp + Child	\$2,298.88	\$1,712.04	\$586.84
		Emp + Child(ren)	\$2,709.42	\$2,018.28	\$691.14
		Emp + Family*	\$3,913.60	\$2,890.93	\$1,022.67
	Wellness: Employee Only Participating	Employee Only	\$1,368.40	\$1,141.99	\$226.41
		Emp + Spouse*	\$2,928.37	\$2,163.05	\$765.31
		Emp + Child	\$2,298.88	\$1,712.04	\$586.84
		Emp + Child(ren)	\$2,709.42	\$2,018.28	\$691.14
		Emp + Family*	\$3,913.60	\$2,882.60	\$1,031.01
	Wellness: Spouse Only Participating	Employee Only	\$1,368.40	\$1,125.32	\$243.07
		Emp + Spouse*	\$2,928.37	\$2,154.72	\$773.65
		Emp + Child	\$2,298.88	\$1,695.37	\$603.51
		Emp + Child(ren)	\$2,709.42	\$2,001.62	\$707.80
		Emp + Family*	\$3,913.60	\$2,874.26	\$1,039.34
	Wellness: No Wellness Participation	Employee Only	\$1,368.40	\$1,125.32	\$243.07
		Emp + Spouse*	\$2,928.37	\$2,146.39	\$781.98
		Emp + Child	\$2,298.88	\$1,695.37	\$603.51
		Emp + Child(ren)	\$2,709.42	\$2,001.62	\$707.80
		Emp + Family*	\$3,913.60	\$2,865.93	\$1,047.67
Personal Choice PPO	Wellness: Employee & Spouse Participating	Employee Only	\$1,333.33	\$972.30	\$361.03
		Emp + Spouse*	\$2,853.33	\$1,606.22	\$1,247.11
		Emp + Child	\$2,239.98	\$1,411.65	\$828.33
		Emp + Child(ren)	\$2,639.99	\$1,458.87	\$1,181.13
		Emp + Family*	\$3,813.33	\$2,222.33	\$1,591.00
	Wellness: Employee Only Participating	Employee Only	\$1,333.33	\$972.30	\$361.03
		Emp + Spouse*	\$2,853.33	\$1,597.89	\$1,255.44
		Emp + Child	\$2,239.98	\$1,411.65	\$828.33
		Emp + Child(ren)	\$2,639.99	\$1,458.87	\$1,181.13
		Emp + Family*	\$3,813.33	\$2,214.00	\$1,599.33
	Wellness: Spouse Only Participating	Employee Only	\$1,333.33	\$955.63	\$377.70
		Emp + Spouse*	\$2,853.33	\$1,589.56	\$1,263.78
		Emp + Child	\$2,239.98	\$1,394.98	\$844.99
		Emp + Child(ren)	\$2,639.99	\$1,442.20	\$1,197.79
		Emp + Family*	\$3,813.33	\$2,205.66	\$1,607.67
	Wellness: No Wellness Participation	Employee Only	\$1,333.33	\$955.63	\$377.70
		Emp + Spouse*	\$2,853.33	\$1,581.22	\$1,272.11
		Emp + Child	\$2,239.98	\$1,394.98	\$844.99
		Emp + Child(ren)	\$2,639.99	\$1,442.20	\$1,197.79
		Emp + Family*	\$3,813.33	\$2,197.33	\$1,616.00

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

Villanova University
Medical and Rx Projected Budget Rates
Faculty with 10 Monthly Deductions

			Plan Year 2026-27		
Plan	Wellness	Coverage Tier	Total Premium	Employer 10 Monthly Deductions	Employee 10 Monthly Deductions
Consumer Driven Health Plan (CDHP)	Wellness: Employee & Spouse Participating	Employee Only	\$1,097.20	\$917.77	\$179.43
		Emp + Spouse*	\$2,348.02	\$1,730.24	\$617.78
		Emp + Child	\$1,843.30	\$1,355.66	\$487.64
		Emp + Child(ren)	\$2,172.48	\$1,589.31	\$583.17
		Emp + Family*	\$3,138.02	\$2,275.10	\$862.92
	Wellness: Employee Only Participating	Employee Only	\$1,097.20	\$917.77	\$179.43
		Emp + Spouse*	\$2,348.02	\$1,730.24	\$617.78
		Emp + Child	\$1,843.30	\$1,355.66	\$487.64
		Emp + Child(ren)	\$2,172.48	\$1,589.31	\$583.17
		Emp + Family*	\$3,138.02	\$2,275.10	\$862.92
	Wellness: Spouse Only Participating	Employee Only	\$1,097.20	\$917.77	\$179.43
		Emp + Spouse*	\$2,348.02	\$1,730.24	\$617.78
		Emp + Child	\$1,843.30	\$1,355.66	\$487.64
		Emp + Child(ren)	\$2,172.48	\$1,589.31	\$583.17
		Emp + Family*	\$3,138.02	\$2,275.10	\$862.92
	Wellness: No Wellness Participation	Employee Only	\$1,097.20	\$917.77	\$179.43
		Emp + Spouse*	\$2,348.02	\$1,730.24	\$617.78
		Emp + Child	\$1,843.30	\$1,355.66	\$487.64
		Emp + Child(ren)	\$2,172.48	\$1,589.31	\$583.17
		Emp + Family*	\$3,138.02	\$2,275.10	\$862.92
Keystone Flex HMO	Wellness: Employee & Spouse Participating	Employee Only	\$1,231.56	\$1,027.79	\$203.77
		Emp + Spouse*	\$2,635.53	\$1,954.25	\$681.28
		Emp + Child	\$2,069.00	\$1,540.84	\$528.16
		Emp + Child(ren)	\$2,438.48	\$1,816.45	\$622.02
		Emp + Family*	\$3,522.24	\$2,601.84	\$920.41
	Wellness: Employee Only Participating	Employee Only	\$1,231.56	\$1,027.79	\$203.77
		Emp + Spouse*	\$2,635.53	\$1,946.75	\$688.78
		Emp + Child	\$2,069.00	\$1,540.84	\$528.16
		Emp + Child(ren)	\$2,438.48	\$1,816.45	\$622.02
		Emp + Family*	\$3,522.24	\$2,594.34	\$927.91
	Wellness: Spouse Only Participating	Employee Only	\$1,231.56	\$1,012.79	\$218.77
		Emp + Spouse*	\$2,635.53	\$1,939.25	\$696.28
		Emp + Child	\$2,069.00	\$1,525.84	\$543.16
		Emp + Child(ren)	\$2,438.48	\$1,801.45	\$637.02
		Emp + Family*	\$3,522.24	\$2,586.84	\$935.41
	Wellness: No Wellness Participation	Employee Only	\$1,231.56	\$1,012.79	\$218.77
		Emp + Spouse*	\$2,635.53	\$1,931.75	\$703.78
		Emp + Child	\$2,069.00	\$1,525.84	\$543.16
		Emp + Child(ren)	\$2,438.48	\$1,801.45	\$637.02
		Emp + Family*	\$3,522.24	\$2,579.34	\$942.91
Personal Choice PPO	Wellness: Employee & Spouse Participating	Employee Only	\$1,200.00	\$875.07	\$324.93
		Emp + Spouse*	\$2,568.00	\$1,445.60	\$1,122.40
		Emp + Child	\$2,015.98	\$1,270.49	\$745.49
		Emp + Child(ren)	\$2,375.99	\$1,312.98	\$1,063.01
		Emp + Family*	\$3,432.00	\$2,000.10	\$1,431.90
	Wellness: Employee Only Participating	Employee Only	\$1,200.00	\$875.07	\$324.93
		Emp + Spouse*	\$2,568.00	\$1,438.10	\$1,129.90
		Emp + Child	\$2,015.98	\$1,270.49	\$745.49
		Emp + Child(ren)	\$2,375.99	\$1,312.98	\$1,063.01
		Emp + Family*	\$3,432.00	\$1,992.60	\$1,439.40
	Wellness: Spouse Only Participating	Employee Only	\$1,200.00	\$860.07	\$339.93
		Emp + Spouse*	\$2,568.00	\$1,430.60	\$1,137.40
		Emp + Child	\$2,015.98	\$1,255.49	\$760.49
		Emp + Child(ren)	\$2,375.99	\$1,297.98	\$1,078.01
		Emp + Family*	\$3,432.00	\$1,985.10	\$1,446.90
	Wellness: No Wellness Participation	Employee Only	\$1,200.00	\$860.07	\$339.93
		Emp + Spouse*	\$2,568.00	\$1,423.10	\$1,144.90
		Emp + Child	\$2,015.98	\$1,255.49	\$760.49
		Emp + Child(ren)	\$2,375.99	\$1,297.98	\$1,078.01
		Emp + Family*	\$3,432.00	\$1,977.60	\$1,454.40

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Medical and Rx Projected Budget Rates
Faculty with 12 Monthly Deductions

			Plan Year 2026-27		
Plan	Wellness	Coverage Tier	Total Premium	Employer 12 Monthly Deductions	Employee 12 Monthly Deductions
Consumer Driven Health Plan (CDHP)	Wellness: Employee & Spouse Participating	Employee Only	\$914.33	\$764.81	\$149.53
		Emp + Spouse*	\$1,956.68	\$1,441.87	\$514.81
		Emp + Child	\$1,536.09	\$1,129.72	\$406.37
		Emp + Child(ren)	\$1,810.40	\$1,324.42	\$485.98
		Emp + Family*	\$2,615.02	\$1,895.92	\$719.10
	Wellness: Employee Only Participating	Employee Only	\$914.33	\$764.81	\$149.53
		Emp + Spouse*	\$1,956.68	\$1,441.87	\$514.81
		Emp + Child	\$1,536.09	\$1,129.72	\$406.37
		Emp + Child(ren)	\$1,810.40	\$1,324.42	\$485.98
		Emp + Family*	\$2,615.02	\$1,895.92	\$719.10
	Wellness: Spouse Only Participating	Employee Only	\$914.33	\$764.81	\$149.53
		Emp + Spouse*	\$1,956.68	\$1,441.87	\$514.81
		Emp + Child	\$1,536.09	\$1,129.72	\$406.37
		Emp + Child(ren)	\$1,810.40	\$1,324.42	\$485.98
		Emp + Family*	\$2,615.02	\$1,895.92	\$719.10
	Wellness: No Wellness Participation	Employee Only	\$914.33	\$764.81	\$149.53
		Emp + Spouse*	\$1,956.68	\$1,441.87	\$514.81
		Emp + Child	\$1,536.09	\$1,129.72	\$406.37
		Emp + Child(ren)	\$1,810.40	\$1,324.42	\$485.98
		Emp + Family*	\$2,615.02	\$1,895.92	\$719.10
Keystone Flex HMO	Wellness: Employee & Spouse Participating	Employee Only	\$1,026.30	\$856.49	\$169.81
		Emp + Spouse*	\$2,196.28	\$1,628.54	\$567.73
		Emp + Child	\$1,724.16	\$1,284.03	\$440.13
		Emp + Child(ren)	\$2,032.07	\$1,513.71	\$518.35
		Emp + Family*	\$2,935.20	\$2,168.20	\$767.00
	Wellness: Employee Only Participating	Employee Only	\$1,026.30	\$856.49	\$169.81
		Emp + Spouse*	\$2,196.28	\$1,622.29	\$573.98
		Emp + Child	\$1,724.16	\$1,284.03	\$440.13
		Emp + Child(ren)	\$2,032.07	\$1,513.71	\$518.35
		Emp + Family*	\$2,935.20	\$2,161.95	\$773.25
	Wellness: Spouse Only Participating	Employee Only	\$1,026.30	\$843.99	\$182.31
		Emp + Spouse*	\$2,196.28	\$1,616.04	\$580.23
		Emp + Child	\$1,724.16	\$1,271.53	\$452.63
		Emp + Child(ren)	\$2,032.07	\$1,501.21	\$530.85
		Emp + Family*	\$2,935.20	\$2,155.70	\$779.50
	Wellness: No Wellness Participation	Employee Only	\$1,026.30	\$843.99	\$182.31
		Emp + Spouse*	\$2,196.28	\$1,609.79	\$586.48
		Emp + Child	\$1,724.16	\$1,271.53	\$452.63
		Emp + Child(ren)	\$2,032.07	\$1,501.21	\$530.85
		Emp + Family*	\$2,935.20	\$2,149.45	\$785.75
Personal Choice PPO	Wellness: Employee & Spouse Participating	Employee Only	\$1,000.00	\$729.22	\$270.78
		Emp + Spouse*	\$2,140.00	\$1,204.67	\$935.33
		Emp + Child	\$1,679.98	\$1,058.74	\$621.24
		Emp + Child(ren)	\$1,979.99	\$1,094.15	\$885.85
		Emp + Family*	\$2,860.00	\$1,666.75	\$1,193.25
	Wellness: Employee Only Participating	Employee Only	\$1,000.00	\$729.22	\$270.78
		Emp + Spouse*	\$2,140.00	\$1,198.42	\$941.58
		Emp + Child	\$1,679.98	\$1,058.74	\$621.24
		Emp + Child(ren)	\$1,979.99	\$1,094.15	\$885.85
		Emp + Family*	\$2,860.00	\$1,660.50	\$1,199.50
	Wellness: Spouse Only Participating	Employee Only	\$1,000.00	\$716.72	\$283.28
		Emp + Spouse*	\$2,140.00	\$1,192.17	\$947.83
		Emp + Child	\$1,679.98	\$1,046.24	\$633.74
		Emp + Child(ren)	\$1,979.99	\$1,081.65	\$898.35
		Emp + Family*	\$2,860.00	\$1,654.25	\$1,205.75
	Wellness: No Wellness Participation	Employee Only	\$1,000.00	\$716.72	\$283.28
		Emp + Spouse*	\$2,140.00	\$1,185.92	\$954.08
		Emp + Child	\$1,679.98	\$1,046.24	\$633.74
		Emp + Child(ren)	\$1,979.99	\$1,081.65	\$898.35
		Emp + Family*	\$2,860.00	\$1,648.00	\$1,212.00

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

Villanova University

Dental Projected Budget Rates

Dental Rates by Deduction Class

			Plan Year 2026-27		
Plan	Deduction Class	Coverage Tier	Total Premium	Employer Deductions	Employee Deductions
Delta Dental - USA			24 Bi-Weekly Deductions		
	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
			18 Bi-Weekly Deductions		
	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
			9 Monthly Deductions		
	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
			10 Monthly Deductions		
	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
			12 Monthly Deductions		
	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

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Voluntary Vision Rates

Vision Rates by Deduction Class

			Plan Year 2026-27
Plan	Deduction Class	Coverage Tier	Employee Deductions
Enhanced Vision Plan - Davis Vision			24 Bi-Weekly Deductions
	Staff Working 12 Months / 24 Biweekly Deductions	Employee Only	\$3.07
		Emp + Spouse	\$7.07
		Emp + Child	\$5.48
		Emp + Child(ren)	\$5.48
		Emp + Family	\$9.01
			18 Bi-Weekly Deductions
	Staff Working 9-10-11 Months / 18 Biweekly Deductions	Employee Only	\$4.09
		Emp + Spouse	\$9.42
		Emp + Child	\$7.30
		Emp + Child(ren)	\$7.30
		Emp + Family	\$12.01
			9 Monthly Deductions
	Faculty with 9 Monthly Deductions	Employee Only	\$8.19
		Emp + Spouse	\$18.84
		Emp + Child	\$14.60
		Emp + Child(ren)	\$14.60
		Emp + Family	\$24.03
			10 Monthly Deductions
	Faculty with 10 Monthly Deductions	Employee Only	\$7.37
		Emp + Spouse	\$16.96
		Emp + Child	\$13.14
		Emp + Child(ren)	\$13.14
		Emp + Family	\$21.62
			12 Monthly Deductions
	Faculty with 12 Monthly Deductions	Employee Only	\$6.14
		Emp + Spouse	\$14.13
		Emp + Child	\$10.95
		Emp + Child(ren)	\$10.95
		Emp + Family	\$18.02