

Illinois Wesleyan University

2025 Monthly Insurance Premiums

Medical Gold Plan (HDHP Plan)	Employee Premium	IWU Contribution	Total
Employee Only	\$71.00	\$841.00	\$912.00
Employee + Child(ren)	\$504.00	\$1,138.00	\$1,642.00
Employee + Spouse	\$552.00	\$1,272.00	\$1,824.00
Family	\$863.00	\$1,965.00	\$2,828.00

Medical Silver Plan (PPO Plan)	Employee Premium	IWU Contribution	Total
Employee Only	\$75.00	\$844.00	\$919.00
Employee + Child(ren)	\$456.00	\$1,198.00	\$1,654.00
Employee + Spouse	\$504.00	\$1,334.00	\$1,838.00
Family	\$777.00	\$2,072.00	\$2,849.00

Dental Plan	Employee Premium	IWU Contribution	Total
Employee Only	\$10.00	\$31.00	\$41.00
Employee & Child(ren)	\$26.00	\$71.00	\$97.00
Employee & Spouse	\$26.00	\$71.00	\$97.00
Employee & Family	\$28.00	\$73.00	\$101.00

Vision Plan	Employee Premium
Employee Only	\$7.52
Employee & Child(ren)	\$15.06
Employee & Spouse	\$14.30
Employee & Family	\$22.14