

Illinois Wesleyan University

2026 Monthly Insurance Premiums

Medical Gold Plan (HDHP Plan)	Employee Premium	IWU Contribution	Total
Employee Only	\$78.00	\$1,026.00	\$1,104.00
Employee + Child(ren)	\$554.00	\$1,653.00	\$2,207.00
Employee + Spouse	\$607.00	\$1,380.00	\$1,987.00
Family	\$949.00	\$2,472.00	\$3,421.00

Medical Silver Plan (PPO Plan)	Employee Premium	IWU Contribution	Total
Employee Only	\$83.00	\$1,029.00	\$1,112.00
Employee + Child(ren)	\$502.00	\$1,722.00	\$2,224.00
Employee + Spouse	\$554.00	\$1,447.00	\$2,001.00
Family	\$855.00	\$2,591.00	\$3,446.00

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