Illinois Wesleyan University

2027 Monthly Insurance Premiums

Medical Gold Plan (HDHP Plan)	Employee Premium	IWU Contribution	Total
Employee Only	$72.00	$1,154.00	$1,226.00
Employee + Child(ren)	$512.00	$1,675.00	$2,187.00
Employee + Spouse	$561.00	$1,891.00	$2,452.00
Family	$878.00	$2,939.00	$3,817.00

Medical Silver Plan (PPO Plan)	Employee Premium	IWU Contribution	Total
Employee Only	$95.00	$1,233.04	$1,328.04
Employee + Child(ren)	$577.00	$1,814.00	$2,391.00
Employee + Spouse	$637.00	$2,019.00	$2,656.00
Family	$983.00	$3,140.00	$4,123.00

Dental Plan	Employee Premium	IWU Contribution	Total
Employee Only	$12.00	$33.00	$45.00
Employee & Child(ren)	$29.00	$71.00	$100.00
Employee & Spouse	$29.00	$71.00	$100.00
Employee & Family	$33.00	$78.00	$111.00

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