

Illinois Wesleyan University

2024 Monthly Insurance Premiums

Medical Platinum Plan	Employee Premium	IWU Contribution	Total
Employee Only	\$167.00	\$734.00	\$901.00
Employee + Child(ren)	\$573.00	\$1,049.00	\$1,622.00
Employee + Spouse	\$640.00	\$1,162.00	\$1,802.00
Family	\$997.00	\$1,796.00	\$2,793.00

Medical Gold Plan	Employee Premium	IWU Contribution	Total
Employee Only	\$67.00	\$763.00	\$830.00
Employee + Child(ren)	\$475.00	\$1,019.00	\$1,494.00
Employee + Spouse	\$521.00	\$1,138.00	\$1,659.00
Family	\$814.00	\$1,758.00	\$2,572.00

Medical Silver Plan	Employee Premium	IWU Contribution	Total
Employee Only	\$71.00	\$772.00	\$843.00
Employee + Child(ren)	\$430.00	\$1,089.00	\$1,519.00
Employee + Spouse	\$475.00	\$1,213.00	\$1,688.00
Family	\$733.00	\$1,883.00	\$2,616.00

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