



Office of Human Resources

VIRGINIA WESLEYAN UNIVERSITY

Employee Monthly Insurance Rates
January 1, 2024 – December 31, 2024

MEDICAL COVERAGE OPTIONS

<u>Coverage Tier</u>	<u>Plan 4 PPO</u>	<u>Plan 7 HDHP</u>	<u>Plan 9 HMO/POS</u>
<u>Employee Only</u>	\$92	\$78	\$86
<u>Employee & Child</u>	\$226	\$166	\$128
<u>Employee & Spouse</u>	\$398	\$330	\$274
<u>Family</u>	\$468	\$382	\$338

The medical rates include medical, Health Advocate, and an Employee Assistance Plan (EAP)

DENTAL COVERAGE

UNIVIEW VISION COVERAGE

Employee Only	\$5.80	Employee Only	\$7.12
Employee & Child	\$10.20	Employee & Child(ren)	\$11.34
Employee & Spouse	\$12.80	Employee & Spouse	\$11.83
Family	\$21.60	Family	\$18.10