

Wesleyan University 2023 Monthly Insurance Premiums

Plan and Tier	Employee Contribution	Wesleyan Contribution	Total Premium
Open Access Plus High Deductible Health Plan (HSA)			
Single	\$186.17	\$705.19	\$891.36
Employee Plus Child(ren)	\$354.36	\$1,339.23	\$1,693.59
Employee Plus Spouse/Domestic Partner	\$449.45	\$1,689.81	\$2,139.27
Family, Including Spouse/Domestic Partner	\$559.29	\$2,114.80	\$2,674.08
Open Access Plus–In Network Only (HMO)			
Single	\$249.25	\$683.51	\$932.76
Employee Plus Child(ren)	\$474.71	\$1,297.54	\$1,772.25
Employee Plus Spouse/Domestic Partner	\$601.75	\$1,636.89	\$2,238.63
Family, Including Spouse/Domestic Partner	\$748.78	\$2,049.51	\$2,798.29
Open Access Plus (POS)			
Single	\$294.57	\$656.53	\$951.10
Employee Plus Child(ren)	\$560.51	\$1,246.57	\$1,807.08
Employee Plus Spouse/Domestic Partner	\$710.33	\$1,572.30	\$2,282.63
Family, Including Spouse/Domestic Partner	\$883.94	\$1,969.34	\$2,853.29
Delta Dental-Core Plan			
Single	\$14.73	\$28.58	\$43.31
Employee Plus Child(ren)	\$27.98	\$54.31	\$82.29
Employee Plus Spouse/Domestic Partner	\$35.34	\$68.60	\$103.94
Family, Including Spouse/Domestic Partner	\$44.21	\$85.82	\$130.03
Delta Dental-Buy-Up Plan			
Single	\$20.33	\$30.49	\$50.82
Employee Plus Child(ren)	\$38.62	\$57.93	\$96.55
Employee Plus Spouse/Domestic Partner	\$48.78	\$73.18	\$121.96
Family, Including Spouse/Domestic Partner	\$61.03	\$91.55	\$152.58
Voluntary Vision Plan-EyeMed			
Single	\$4.71	\$0	\$4.71
Employee Plus Child(ren)	\$9.42	\$0	\$9.42
Employee Plus Spouse/Domestic Partner	\$8.95	\$0	\$8.95
Family, Including Spouse/Domestic Partner	\$13.85	\$0	\$13.85