



Office of Human Resources

VIRGINIA WESLEYAN UNIVERSITY

Employee Monthly Insurance Rates
January 1, 2026 – December 31, 2026

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>	\$137	\$88	\$106
<u>Employee & Child</u>	\$276	\$186	\$158
<u>Employee & Spouse</u>	\$453	\$355	\$319
<u>Family</u>	\$528	\$412	\$388

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