



UW Hospitals & Clinics
2025 DeltaVision Premiums
Effective January 1, 2025

Coverage Type	Monthly Premium	Per Pay Period Premium*
Single	\$5.72	\$2.86
Employee + Spouse	\$11.42	\$5.71
Employee + Child(ren)	\$12.88	\$6.44
Family	\$20.58	\$10.29

* Deductions will be taken biweekly from A and B payrolls. Employees will not have a deduction on their 6/6/2025 and 12/5/2025 paycheck.

DISCLAIMER: Every effort has been made to ensure that this information is correct and current. However, the terms and conditions of UWHC's benefit programs are established by state and federal laws and regulations and the relevant contracts. These sources of authority have control over the information to the extent there are any differences or conflicts. If discrepancies are noted, plan documents will prevail.