



University of Illinois Springfield
 Student Health Insurance Plan
 2017-2018 Final Premium Rates
 International and Domestic

	Fall		Spring		Summer	
	8/16/2017 through 1/9/2018		1/10/2018 through 5/31/2018		6/1/2018 through 8/15/2018	
Medical						
Student	\$	516.00	\$	516.00	\$	286.00
Spouse	\$	516.00	\$	516.00	\$	286.00
Child, 2x max	\$	516.00	\$	516.00	\$	286.00
Dental						
Student	\$	75.00	\$	75.00	\$	40.00
Spouse	\$	75.00	\$	75.00	\$	40.00

* Annual medical premium includes a \$12 AES fee and a \$90 University Administrative fee