

Voluntary - Premium Cost

College of Charleston
 Student Health Insurance Plan
 2024-2025 Final Premium Rates
 Blue Cross Blue Shield South Carolina
 Voluntary

	Annual		Fall		Spring/Summer		Summer	
	8/1/2024 through 7/31/2025		8/1/2024 through 12/31/2024		1/1/2025 through 7/31/2025		5/1/2025 through 7/31/2025	
Medical Combined								
Student	\$	4,387.00	\$	1,850.79	\$	2,536.21	\$	1,143.30
Student & Spouse	\$	8,774.00	\$	3,701.58	\$	5,072.42	\$	2,286.60
Student & Child	\$	8,774.00	\$	3,701.58	\$	5,072.42	\$	2,286.60
Student, Spouse & Child	\$	13,161.00	\$	5,552.37	\$	7,608.63	\$	3,429.90
Student & Two Children	\$	13,161.00	\$	5,552.37	\$	7,608.63	\$	3,429.90
Student, Spouse & Two Children	\$	17,548.00	\$	7,403.16	\$	10,144.84	\$	4,573.20
Student & Three or more Children	\$	17,548.00	\$	7,403.16	\$	10,144.84	\$	4,573.20
Student, Spouse & Three or more Children	\$	21,935.00	\$	9,253.95	\$	12,681.05	\$	5,716.50