

## 2018-2019 GRADUATE STAFF PREMIUM COSTS AND COVERAGE PERIOD

Coverage Period 08/01/2018 to 07/31/2019	Monthly
Student	\$ 45.83
Student & Spouse	\$ 256.61
Student & Child	\$ 256.61
Student, Spouse & Child	\$ 467.39
Student & Children	\$ 467.39
Student, Spouse & Children	\$ 678.17



Academic  
HealthPlans<sup>SM</sup>

