

2019-2020 GRADUATE STAFF PREMIUM COSTS AND COVERAGE PERIOD

Coverage Period 08/01/2019 to 07/31/2020	Monthly
Student	\$ 47.67
Student & Spouse	\$ 258.42
Student & Child	\$ 258.42
Student, Spouse & Child	\$ 469.25
Student & Children	\$ 469.25
Student, Spouse & Children	\$ 680.00



Academic
HealthPlansSM

