Purdue University
Student Health Insurance Plan
2023-2024 Final Premium Rates
Delta Dental Option 2
Graduate Assistants Dental

		Monthly	
Dental	п		
Student	\$	13.29	
Spouse	\$	12.58	
All Children	\$	20.11	
Dental Combined			
Student	\$	13.29	
Student & Spouse	\$	25.87	
Student & Children	\$	33.40	