Purdue University
Student Health Insurance Plan
2024-2025 Final Premium Rates
Delta Dental Option 1
Graduate Assistants Dental

	M	Monthly	
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Dental			
Student	\$	22.86	
Spouse	\$	22.36	
All Children	\$	30.60	
Dental Combined			
Student	\$	22.86	
Student & Spouse	\$	45.22	
Student & Children	\$	53.46	