Purdue University
Student Health Insurance Plan
2025-2026 Final Premium Rates
Delta Dental Option 1
Graduate Assistants Dental

	Monthly	
Dental		
	Φ.	00.00
Student	\$	22.86
Spouse	\$	22.36
All Children	\$	30.60
Dental Combined		
Student	\$	22.86
Student & Spouse	\$	45.22
Student & Children	\$	53.46