Purdue University
Student Health Insurance Plan
2024-2025 Final Premium Rates
Delta Dental Option 2
Graduate Assistants Dental

	Monthly	
Dental		
Student	\$	14.02
Spouse	\$	13.27
All Children	\$	21.22
Dental Combined		
Student	\$	14.02
Student & Spouse	\$	27.29
Student & Children	\$	35.24