Southern Illinois University Edwardsville Student Health Insurance Plan 2024-2025 Final Premium Rates UHC Pharmacy / DMD / AEGD

| | Monthly for QE | |
|--------------------------|----------------|--------|
| | | |
| | | |
| Medical Combined | | |
| Student | \$ | 215.50 |
| Student & Spouse | \$ | 431.00 |
| Student & Child | \$ | 431.00 |
| Student & Spouse & Child | \$ | 646.50 |

Each Child, 2x Max