

Voluntary - Premium Cost

Samford University
 Student Health Insurance Plan
 2024-2025 Final Premium Rates
 BCBSAL
 Voluntary

	Annual		Fall		Spring/Summer		Summer	
	8/21/2024 through 8/20/2025		8/21/2024 through 12/31/2024		1/1/2025 through 8/20/2025		5/5/2025 through 8/20/2025	
Medical								
Student	\$	3,401.80	\$	1,239.56	\$	2,162.24	\$	1,006.56
Spouse	\$	3,401.80	\$	1,239.56	\$	2,162.24	\$	1,006.56
One Child	\$	3,401.80	\$	1,239.56	\$	2,162.24	\$	1,006.56
Two or more Children	\$	6,803.60	\$	2,479.12	\$	4,324.48	\$	2,013.12