Trinity University
Student Health Insurance Plan
2024-2025 Final Premium Rates
Wellfleet

	Annual	Fall*	Spring*	S	pring/Summer
	8/1/2024	8/1/2024	1/1/2025		1/1/2025
	through	through	through		through
	7/31/2025	12/31/2024	5/31/2025		7/31/2025
Medical					
Student	\$ 2,363.00	\$ 991.00	\$ 977.00	\$	1,372.00
Spouse	\$ 2,363.00	\$ 991.00	\$ 977.00	\$	1,372.00
Child, 2x Max	\$ 2,363.00	\$ 991.00	\$ 977.00	\$	1,372.00

<sup>\*</sup> Graduating students are the only students allowed to purchase Fall coverage.

<sup>\*</sup> Graduating students are the only students allowed to purchase Spring coverage.