University of Arkansas Student Health Insurance Plan 2024-2025 Final Premium Rates UHC Voluntary

	Fall	S	Spring/Summer	Spring	Summer
	8/1/2024		1/1/2025	1/1/2025	5/16/2025
	through		through	through	through
	12/31/2024		7/31/2025	5/15/2025	7/31/2025
Medical Combined					
Student	\$ 1,671.00	\$	2,317.00	\$ 1,475.00	\$ 842.00
Student & Spouse	\$ 3,342.00	\$	4,634.00	\$ 2,950.00	\$ 1,684.00
Student & Child	\$ 3,342.00	\$	4,634.00	\$ 2,950.00	\$ 1,684.00
Student & Children	\$ 5,013.00	\$	6,951.00	\$ 4,425.00	\$ 2,526.00
Student & Spouse & Child	\$ 5,013.00	\$	6,951.00	\$ 4,425.00	\$ 2,526.00
Student & Spouse & Children	\$ 6,684.00	\$	9,268.00	\$ 5,900.00	\$ 3,368.00