



University of Illinois Springfield
 Student Health Insurance Plan
 2018-2019 Final Premium Rates
 International and Domestic

	Fall		Spring		Summer	
	8/16/2018 through 1/9/2019		1/10/2019 through 5/31/2019		6/1/2019 through 8/15/2019	
Medical						
Student	\$	536.00	\$	536.00	\$	296.00
Spouse	\$	536.00	\$	536.00	\$	296.00
Child, 2x max	\$	536.00	\$	536.00	\$	296.00
Dental						
Student	\$	76.00	\$	76.00	\$	41.00
Spouse	\$	76.00	\$	76.00	\$	41.00

* Annual medical premium includes a \$12 AES fee and a \$90 University Administrative fee