UT Archer Center Program
Student Health Insurance Plan
2025-2026 Final Premium Rates
Voluntary Dental

	А	nnual	Spi	ring/Summer	
	8/:	8/15/2025		1/1/2026	
	tł	through		through	
	8/:	8/14/2026		8/14/2026	
Medical					
Student	\$	257.00	\$	159.00	
Spouse	\$	257.00	\$	159.00	
Each Child	\$	257.00	\$	159.00	