

UT Arlington Student Health Insurance Plan 2018-2019 Final Premium Rates Domestic Voluntary

	Annual	Fall	Sp	oring/Summer	Summer
	8/15/2018	8/15/2018		1/1/2019	5/15/2019
	through	through		through	through
	8/14/2019	12/31/2018		8/14/2019	8/14/2019
Medical (Combined)					
Student	\$ 2,504.00	\$ 954.00	\$	1,550.00	\$ 631.00
Student & Spouse	\$ 5,008.00	\$ 1,908.00	\$	3,100.00	\$ 1,262.00
Student & Children	\$ 6,514.00	\$ 2,481.00	\$	4,033.00	\$ 1,642.00
Student, Spouse & Children	\$ 9,018.00	\$ 3,435.00	\$	5,583.00	\$ 2,273.00
Dental					
Student	\$ 236.00	\$ 90.00	\$	146.00	\$ 59.00
Spouse	\$ 236.00	\$ 90.00	\$	146.00	\$ 59.00

**4/11/2018** Page 1

<sup>\*</sup> Annual premium includes a \$12 AES fee