

UT Health Houston
 Student Health Insurance Plan
 2024-2025 Final Premium Rates
 Blue Cross Blue Shield
 4th Year Continuing and Dental Preceptors

	Annual	First Semi Annual	Second Semi Annual
	7/1/2024 through 6/30/2025	7/1/2024 through 12/31/2024	1/1/2025 through 6/30/2025
Medical			
Student	\$ 3,438.00	\$ 1,719.00	\$ 1,719.00
Spouse	\$ 3,438.00	\$ 1,719.00	\$ 1,719.00
Children	\$ 5,515.00	\$ 2,757.50	\$ 2,757.50
Dental			
Student	\$ 257.00	\$ 128.50	\$ 128.50
Spouse	\$ 257.00	\$ 128.50	\$ 128.50