

UT Health Houston
 Student Health Insurance Plan
 2026-2027 Final Premium Rates
 Blue Cross Blue Shield
 Dental Post Graduate

	Fall		Spring		Summer	
	9/1/2026 through 12/31/2026		1/1/2027 through 6/30/2027		7/1/2027 through 8/31/2027	
Medical						
Student	\$	1,239.00	\$	1,838.00	\$	630.00
Spouse	\$	1,239.00	\$	1,838.00	\$	630.00
Children	\$	1,987.00	\$	2,949.00	\$	1,010.00
Dental						
Student	\$	91.00	\$	135.00	\$	46.00
Spouse	\$	91.00	\$	135.00	\$	46.00