Voluntary 4/25/2018



UT Permian Basin Student Health Insurance Plan 2018-2019 Final Premium Rates Blue Cross Blue Shield Installment Premium Cost

	Annual Initial Payment Initial payment due by 10/1/2018	Annual Monthly Payment Monthly payment due on the 15th of each month		Spring/Summer Initial Payment Initial payment due by 1/31/2019	Spring/Summer Monthly Payment Monthly payment due on the 1st of each month
Medical					
Student	\$ 418.00	\$	209.00	\$ 510.00	\$ 209.00
Spouse	\$ 418.00	\$	209.00	\$ 510.00	\$ 209.00
Children	\$ 680.00	\$	334.00	\$ 816.00	\$ 334.00
Dental					
Student	\$ 40.00	\$	20.00	\$ 46.00	\$ 20.00
Spouse	\$ 40.00	\$	20.00	\$ 46.00	\$ 20.00
Medical + Dental					
Student Only	\$ 458.00	\$	229.00	\$ 556.00	\$ 229.00
Spouse Only	\$ 458.00	\$	229.00	\$ 556.00	\$ 229.00