

UT Permian Basin Student Health Insurance Plan 2019-2020 Final Premium Rates Blue Cross Blue Shield Installment Premium Cost

| | | Annual tial Payment | | Annual onthly Payment | Spring/Summer Initial Payment | | Spring/Summer Monthly Payment |
|------------------|-----------------|------------------------|-----------------|--------------------------|----------------------------------|----|---|
| | Initial payment | | Monthly payment | | Initial payment | | Monthly payment |
| | due by | | due on the | | due by | | due on the |
| | | 9/14/2019 | 1 | L5th of each month | 2/9/2020 | | 15th of each month (starting in February) |
| Medical | | | | | | | |
| Student | \$ | 465.00 | \$ | 232.50 | \$ 576.50 | \$ | 232.50 |
| Spouse | \$ | 465.00 | \$ | 232.50 | \$ 576.50 | \$ | 232.50 |
| Children | \$ | 746.00 | \$ | 373.00 | \$ 917.00 | \$ | 373.00 |
| Dental | | | | | | | |
| Student | \$ | 42.00 | \$ | 21.00 | \$ 46.00 | \$ | 21.00 |
| Spouse | \$ | 42.00 | \$ | 21.00 | \$ 46.00 | \$ | 21.00 |
| Medical + Dental | | | | _ | _ | | _ |
| Student Only | \$ | 507.00 | \$ | 253.50 | \$ 622.50 | \$ | 253.50 |
| Spouse Only | \$ | 507.00 | \$ | 253.50 | \$ 622.50 | \$ | 253.50 |