

UT Permian Basin Student Health Insurance Plan 2018-2019 Final Premium Rates Voluntary

	Annual	Fall	S	pring/Summer	Summer
	8/15/2018 through	8/15/2018 through		1/1/2019 through	6/1/2019 through
	8/14/2019	12/31/2018		8/14/2019	8/14/2019
Medical (Combined)					
Student	\$ 2,504.00	\$ 954.00	\$	1,550.00	\$ 514.00
Student & Spouse	\$ 5,008.00	\$ 1,908.00	\$	3,100.00	\$ 1,028.00
Student & Children	\$ 6,514.00	\$ 2,481.00	\$	4,033.00	\$ 1,338.00
Student, Spouse & Children	\$ 9,018.00	\$ 3,435.00	\$	5,583.00	\$ 1,852.00
Dental					
Student	\$ 236.00	\$ 90.00	\$	146.00	\$ 48.00
Spouse	\$ 236.00	\$ 90.00	\$	146.00	\$ 48.00

^{*} Annual premium includes a \$12 AES fee