

UT Arlington
 Student Health Insurance Plan
 2026-2027 Final Premium Rates
 Blue Cross Blue Shield
 Domestic Voluntary

	Fall Initial Payment	Fall Monthly Payment	Spring/Summer Initial Payment	Spring/Summer Monthly Payment
	8/15/2026 through 12/31/2026	8/15/2026 through 12/31/2026	1/1/2027 through 8/14/2027	1/1/2027 through 8/14/2027
Medical				
Student	\$ 794.00	\$ 309.00	\$ 757.00	\$ 309.00
Spouse	\$ 794.00	\$ 309.00	\$ 757.00	\$ 309.00
Children	\$ 1,272.00	\$ 496.00	\$ 1,213.00	\$ 496.00
Medical (Combined)				
Student	\$ 794.00	\$ 309.00	\$ 757.00	\$ 309.00
Student & Spouse	\$ 1,588.00	\$ 618.00	\$ 1,514.00	\$ 618.00
Student & Children	\$ 2,066.00	\$ 805.00	\$ 1,970.00	\$ 805.00
Student, Spouse & Children	\$ 2,860.00	\$ 1,114.00	\$ 2,727.00	\$ 1,114.00
Dental				
Student	\$ 58.00	\$ 23.00	\$ 53.00	\$ 23.00
Spouse	\$ 58.00	\$ 23.00	\$ 53.00	\$ 23.00
Children	\$ -	\$ -	\$ -	\$ -
Medical + Dental				
Student Only	\$ 852.00	\$ 332.00	\$ 810.00	\$ 332.00
Spouse Only	\$ 852.00	\$ 332.00	\$ 810.00	\$ 332.00
Children Only	\$ 1,272.00	\$ 496.00	\$ 1,213.00	\$ 496.00
Student & Spouse	\$ 1,704.00	\$ 664.00	\$ 1,620.00	\$ 664.00
Student & Children	\$ 2,124.00	\$ 828.00	\$ 2,023.00	\$ 828.00
Student & Spouse & Children	\$ 2,976.00	\$ 1,160.00	\$ 2,833.00	\$ 1,160.00

Please Note: Open enrollments for the Installment Plan option ends 09/15/2026 for Fall and 02/09/2027 for Spring/Summer.

Please Note: There is an additional \$12 processing fee per installment payment.