UT Permian Basin Student Health Insurance Plan 2025-2026 Final Premium Rates Voluntary

		Fall	S	pring/Summer	Summer
		8/15/2025		1/1/2026	6/1/2026
		through		through	through
		12/31/2025		8/14/2026	8/14/2026
Medical (Combined)					
Student	\$	1,306.00	\$	2,132.00	\$ 704.00
Student & Spouse	\$	2,612.00	\$	4,264.00	\$ 1,408.00
Student & Children	\$	3,400.00	\$	5,553.00	\$ 1,835.00
Student, Spouse & Children	\$	4,706.00	\$	7,685.00	\$ 2,539.00
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Dental					
Student	\$	98.00	\$	159.00	\$ 53.00
Spouse	\$	98.00	\$	159.00	\$ 53.00