

UT Permian Basin
 Student Health Insurance Plan
 2024-2025 Final Premium Rates
 Blue Cross Blue Shield
 Voluntary Installment Plan

	Fall Initial Payment	Fall Monthly Payment	Spring/Summer Initial Payment	Spring/Summer Monthly Payment
	8/15/2024	8/15/2024	1/1/2025	1/1/2025
	through	through	through	through
	12/31/2024	12/31/2024	8/14/2025	8/14/2025
Medical				
Student	\$ 732.00	\$ 287.00	\$ 699.00	\$ 287.00
Spouse	\$ 732.00	\$ 287.00	\$ 699.00	\$ 287.00
Children	\$ 1,174.00	\$ 460.00	\$ 1,129.00	\$ 460.00
Medical (Combined)				
Student	\$ 732.00	\$ 287.00	\$ 699.00	\$ 287.00
Student & Spouse	\$ 1,464.00	\$ 574.00	\$ 1,398.00	\$ 574.00
Student & Children	\$ 1,906.00	\$ 747.00	\$ 1,828.00	\$ 747.00
Student, Spouse & Children	\$ 2,638.00	\$ 1,034.00	\$ 2,527.00	\$ 1,034.00
Dental				
Student	\$ 52.00	\$ 22.00	\$ 47.00	\$ 22.00
Spouse	\$ 52.00	\$ 22.00	\$ 47.00	\$ 22.00
Children	-	-	-	-
Medical + Dental				
Student Only	\$ 784.00	\$ 309.00	\$ 746.00	\$ 309.00
Spouse Only	\$ 784.00	\$ 309.00	\$ 746.00	\$ 309.00
Children Only	\$ 1,174.00	\$ 460.00	\$ 1,129.00	\$ 460.00
Student & Spouse	\$ 1,568.00	\$ 618.00	\$ 1,492.00	\$ 618.00
Student & Children	\$ 1,958.00	\$ 769.00	\$ 1,875.00	\$ 769.00
Student & Spouse & Children	\$ 2,742.00	\$ 1,078.00	\$ 2,621.00	\$ 1,078.00

Please Note: Open enrollments for the Installment Plan option ends 09/16/2024 for Fall and 02/09/2025 for Spring/Summer.

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