

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

	Fall		Fall		Spring/Summer		Spring/Summer	
	Initial Payment		Monthly Payment		Initial Payment		Monthly Payment	
	8/15/2024 through 12/31/2024		8/15/2024 through 12/31/2024		1/1/2025 through 8/14/2025		1/1/2025 through 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.