

UT Permian Basin
 Student Health Insurance Plan
 2026-2027 Final Premium Rates
 Blue Cross Blue Shield
 Voluntary

	Fall		Fall		Spring/Summer		Spring/Summer	
	Initial Payment		Monthly Payment		Initial Payment		Monthly Payment	
	8/15/2026		8/15/2026		1/1/2027		1/1/2027	
	through		through		through		through	
	12/31/2026		12/31/2026		8/14/2027		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 09/16/2026 for Fall and 02/09/2027 for Spring/Summer.

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