UT San Antonio Student Health Insurance Plan 2025-2026 Final Premium Rates Voluntary

	Fall	S	oring/Summer	Summer
	8/1/2025		1/1/2026	6/1/2026
	through		through	through
	12/31/2025		7/31/2026	7/31/2026
Medical (Combined)				
Student	\$ 1,437.00	\$	2,001.00	\$ 573.00
Student & Spouse	\$ 2,874.00	\$	4,002.00	\$ 1,146.00
Student & Children	\$ 3,742.00	\$	5,211.00	\$ 1,492.00
Student, Spouse & Children	\$ 5,179.00	\$	7,212.00	\$ 2,065.00
Dental				
Student	\$ 108.00	\$	149.00	\$ 43.00
Spouse	\$ 108.00	\$	149.00	\$ 43.00