

Voluntary - Installment PC

UT San Antonio Student Health Insurance Plan
 2024-2025 Final Premium Rates - Blue Cross Blue Shield
 Voluntary

	Fall		Fall		Spring/Summer		Spring/Summer	
	Initial Payment		Monthly Payment		Initial Payment		Monthly Payment	
	8/1/2024 through 12/31/2024		8/1/2024 through 12/31/2024		1/1/2025 through 7/31/2025		1/1/2025 through 7/31/2025	
Medical								
Student	\$	863.00	\$	287.00	\$	566.00	\$	287.00
Spouse	\$	863.00	\$	287.00	\$	566.00	\$	287.00
Children	\$	1,385.00	\$	460.00	\$	910.00	\$	460.00
Medical (Combined)								
Student	\$	863.00	\$	287.00	\$	566.00	\$	287.00
Student & Spouse	\$	1,726.00	\$	574.00	\$	1,132.00	\$	574.00
Student & Children	\$	2,248.00	\$	747.00	\$	1,476.00	\$	747.00
Student, Spouse & Children	\$	3,111.00	\$	1,034.00	\$	2,042.00	\$	1,034.00
Dental								
Student	\$	64.00	\$	22.00	\$	39.00	\$	22.00
Spouse	\$	64.00	\$	22.00	\$	39.00	\$	22.00
Children		-		-		-		-
Medical + Dental								
Student Only	\$	927.00	\$	309.00	\$	605.00	\$	309.00
Spouse Only	\$	927.00	\$	309.00	\$	605.00	\$	309.00
Children Only	\$	1,385.00	\$	460.00	\$	910.00	\$	460.00
Student & Spouse	\$	1,854.00	\$	618.00	\$	1,210.00	\$	618.00
Student & Children	\$	2,312.00	\$	769.00	\$	1,515.00	\$	769.00
Student & Spouse & Children	\$	3,239.00	\$	1,078.00	\$	2,120.00	\$	1,078.00

Please Note: Open enrollments for the Installment Plan option ends 08/31/2024 for Fall and 01/31/2025 for Spring.

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