

Western Kentucky University
 Student Health Insurance Plan
 2024-2025 Final Premium Rates
 Wellfleet
 Domestic / Funded Graduates (Fall and Spring / Summer only)

(For new funded Grad students only)

	Fall			Spring/Summer			Summer		
	8/1/2024 through 12/31/2024			1/1/2025 through 7/31/2025			5/4/2025 through 7/31/2025		
Medical									
Student	\$	1,002.00		\$	1,391.00		\$	583.00	
Spouse	\$	1,002.00		\$	1,391.00		\$	583.00	
Child, 2x Max	\$	1,002.00		\$	1,391.00		\$	583.00	