

2007-2008 Student Insurance Rates

Undergraduate	SHIP		DENTAL	
	Plan	Rate	Plan	Rate
	Single	\$90.00	Single	\$21.00
	Spouse	\$292.00	Spouse	\$44.00
	Child	\$569.00	Child	\$38.00
	Family	\$784.00	Family	\$66.00

Graduate	SHIP		UIGRADCare	
	Plan	Rate	Plan	Rate
	Single	\$90.00	Single	\$228.00
	Spouse	\$292.00	Spouse	\$325.00
	Child	\$569.00	Child	\$517.00
	Family	\$784.00	Family	\$574.00

Employed Graduate	SHIP		UI	Employee
	Plan	Rate	Contribution	Cost
	Single	\$90.00	\$81.00	\$9.00
	Spouse	\$292.00	\$204.40	\$87.60
	Child	\$569.00	\$398.30	\$170.70
	Family	\$784.00	\$548.80	\$235.20

UIGRADCare		UI	Employee
Plan	Rate	Contribution	Cost
Single	\$228.00	\$205.20	\$22.80
Spouse	\$325.00	\$227.50	\$97.50
Child	\$517.00	\$361.90	\$155.10
Family	\$574.00	\$401.80	\$172.20

Dental		UI	Employee
Plan	Rate	Contribution	Cost
Single	\$21.00	\$17.85	\$3.15
Spouse	\$44.00	\$30.80	\$13.20
Child	\$38.00	\$26.60	\$11.40
Family	\$66.00	\$46.20	\$19.80

517
361.9
155.1