

University of Kentucky  
 Student Health Insurance Plan  
 2024-2025 Final Premium Rates  
 Continuation

Voluntary - Unfunded Domestic, OPT and Blue Grass

	Fall Continuation 1		Fall Continuation 2		Spring / Summer Continuation	
	8/15/2024 through 9/14/2024		8/15/2024 through 8/31/2024		1/1/2025 through 1/31/2025	
<b>Medical</b>						
Student	\$	274.00	\$	153.00	\$	274.00
Spouse	\$	274.00	\$	153.00	\$	274.00
Child	\$	274.00	\$	153.00	\$	274.00
Children	\$	548.00	\$	306.00	\$	548.00

Funded Graduate students and Internationals

	Fall Continuation 1		Fall Continuation 2		Spring / Summer Continuation	
	8/15/2024 through 9/14/2024		8/15/2024 through 8/31/2024		1/1/2025 through 1/31/2025	
<b>Medical</b>						
Student	\$	261.00	\$	146.00	\$	261.00
Spouse	\$	274.00	\$	153.00	\$	274.00
Child	\$	274.00	\$	153.00	\$	274.00
Children	\$	548.00	\$	306.00	\$	548.00