


COBRA Premium Information

PLAN YEAR 2024-2025 | EFFECTIVE SEPTEMBER 1, 2024

MONTHLY OUT-OF-POCKET PREMIUM RATES				
PLAN	 SUBSCRIBER ONLY	 SUBSCRIBER & SPOUSE	 SUBSCRIBER & CHILD(REN)	 SUBSCRIBER & FAMILY
UT SELECT Medical PPO**	\$ 791.02	\$ 1,550.82	\$ 1,416.30	\$ 2,152.37
UT SELECT Dental	\$ 29.09	\$ 55.22	\$ 60.85	\$ 86.54
UT SELECT Dental Plus	\$ 62.63	\$ 118.93	\$ 131.23	\$ 186.97
UT SELECT Dental HMO (DeltaCare USA)	\$ 8.88	\$ 16.89	\$ 18.68	\$ 26.66
Superior Vision	\$ 5.12	\$ 8.06	\$ 8.26	\$ 13.10
Superior Vision Plus	\$ 7.79	\$ 12.22	\$ 13.08	\$ 18.46

**The UT System Tobacco Premium Program (TPP) is not applicable to COBRA coverage.

DISABILITY EXTENSION ONLY - MONTHLY OUT-OF-POCKET PREMIUM RATES				
PLAN	 SUBSCRIBER ONLY	 SUBSCRIBER & SPOUSE	 SUBSCRIBER & CHILD(REN)	 SUBSCRIBER & FAMILY
UT SELECT Medical PPO**	\$ 1,163.27	\$ 2,280.62	\$ 2,082.80	\$ 3,165.26
UT SELECT Dental	\$ 42.78	\$ 81.21	\$ 89.49	\$ 127.26
UT SELECT Dental Plus	\$ 92.10	\$ 174.90	\$ 192.99	\$ 274.95
UT SELECT Dental HMO (DeltaCare USA)	\$ 13.07	\$ 24.84	\$ 27.47	\$ 39.21
Superior Vision	\$ 7.53	\$ 11.85	\$ 12.15	\$ 19.26
Superior Vision Plus	\$ 11.46	\$ 17.97	\$ 19.23	\$ 27.15