





COBRA Premium Information

PLAN YEAR 2019-2020 | EFFECTIVE SEPTEMBER 1, 2019

(Changes from prior plan year rates notated below current rates)

MONTHLY OUT-OF-POCKET PREMIUM RATES				
PLAN	 SUBSCRIBER ONLY	 SUBSCRIBER & SPOUSE	 SUBSCRIBER & CHILD(REN)	 SUBSCRIBER & FAMILY
UT SELECT Medical PPO**	\$ 636.47 increase	\$ 1,248.09 increase	\$ 1,139.80 increase	\$ 1,732.31 increase
UT CONNECT Medical ACO** (DFW area only)	\$ 636.47 increase	\$ 1,220.51 increase	\$ 1,110.95 increase	\$ 1,677.99 increase
UT SELECT Dental	\$ 29.08 no change	\$ 55.21 no change	\$ 60.85 no change	\$ 86.53 no change
UT SELECT Dental Plus	\$ 62.62 increase	\$ 118.92 increase	\$ 131.22 increase	\$ 186.96 increase
UT SELECT Dental HMO (DeltaCare USA)	\$ 8.98 no change	\$ 17.06 no change	\$ 18.86 no change	\$ 26.93 no change
Superior Vision	\$ 6.02 no change	\$ 9.49 no change	\$ 9.71 no change	\$ 15.40 no change
Superior Vision Plus	\$ 9.18 no change	\$ 14.36 no change	\$ 15.38 no change	\$ 21.73 no change

**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**	\$ 935.99 increase	\$ 1,835.43 increase	\$ 1,676.18 increase	\$ 2,547.51 increase
UT CONNECT Medical ACO** (DFW area only)	\$ 935.99 increase	\$ 1,794.87 increase	\$ 1,633.76 increase	\$ 2,467.64 increase
UT SELECT Dental	\$ 42.77 no change	\$ 81.20 no change	\$ 89.49 no change	\$ 127.25 no change
UT SELECT Dental Plus	\$ 92.09 increase	\$ 174.89 increase	\$ 192.98 increase	\$ 274.94 increase
UT SELECT Dental HMO (DeltaCare USA)	\$ 13.20 no change	\$ 25.10 no change	\$ 27.74 no change	\$ 39.60 no change
Superior Vision	\$ 8.85 no change	\$ 13.95 no change	\$ 14.28 no change	\$ 22.65 no change
Superior Vision Plus	\$ 13.50 no change	\$ 21.12 no change	\$ 22.62 no change	\$ 31.95 no change