

UT COBRA Application FAQs

Q: CAN I DECIDE WHEN MY COBRA COVERAGE BEGINS?

A: Your UT Benefits continue through the last day of the month in which you experience a COBRA qualifying event. In keeping with applicable rules and regulations, COBRA coverage, once elected, is a continuation of your coverage that always begins the first day of the following month with no break in coverage. The first of the following month effective date applies regardless of when you submit your application during the 60-day enrollment window after experiencing a loss of benefits due to a COBRA qualifying event.

Q: WHAT COVERAGE IS AVAILABLE TO CONTINUE THROUGH COBRA?

A: You are eligible to continue the medical, dental, and/or vision coverage you were enrolled in at the time of your qualifying event. See below for information about options to continue other types of coverage. You may choose which type of coverage to continue and which you prefer to end. For coverage you continue, you may reduce the number of people covered on the plan (e.g. move from Subscriber & Family to Subscriber only). However, you may not change plans (e.g. Delta Dental Plus to Delta Dental) or add people when enrolling in COBRA. If you remain enrolled in COBRA coverage, you will have the opportunity to make those kinds of coverage changes during the Annual Enrollment Period in July, to take effect September 1st.

Q: CAN I CONTINUE OR ENROLL IN A UT FLEX ACCOUNT THROUGH COBRA?

A: You may not open a new UT FLEX account or continue a UT FLEX Dependent Daycare Reimbursement Account via COBRA, but you may be eligible to continue an existing UT FLEX Healthcare Reimbursement account (HCRA). Only accounts with remaining balances above a certain threshold are eligible to be continued. To request continuation of a UT FLEX HCRA, please contact your institution to request the separate UT FLEX COBRA application. Once completed, please submit the UT FLEX COBRA application directly to Inspira Health at the address noted on the form.

Q: WHAT IF I HAVE VOLUNTARY LIFE OR LONG-TERM DISABILITY INSURANCE? CAN I CONTINUE THOSE?

A: Yes, though not eligible for COBRA continuation, conversion options exist for these plans. To continue voluntary life insurance or long-term disability through conversion to an individual policy, please contact BCBSTX Life / Disability at (866) 628-2606 within 60 days after your active employee benefits end.

Q: HOW SOON AFTER I SEND IN MY COBRA APPLICATION & PAYMENT WILL MY COVERAGE BE ACTIVE?

A: Applications are processed within approximately 7-10 business days after BOTH the completed application and the full initial premium payment owed have been received. Once processed, your coverage will be retroactive to your COBRA start date. You will receive an Onboarding Letter via US Mail shortly after your application has processed that will include complete details about your monthly premium, payment options, and COBRA eligibility dates.

Q: CAN I PAY MY INITIAL PREMIUM(S) VIA ACH DIRECT DEBIT? IF NOT, WHEN WILL DEBITS BEGIN?

A: ACH debit is not an option for making initial COBRA premium payments. After your initial enrollment, direct debits for premiums will begin the next monthly cycle after your ACH form is fully processed. You will receive a letter via US mail confirming your ACH activation date. You should continue paying premiums until you receive this confirmation.

Q: WILL I RECEIVE MONTHLY STATEMENTS OR BILLS FOR MY COBRA PREMIUM?

A: Printed monthly statements are not provided for COBRA participants. If you provide an email address in Section A of the application, you will receive a monthly email reminder about your COBRA premiums.

Q: MY CHILD IS SIGNING UP FOR COBRA DUE TO AGING OUT OF MY PLAN. CAN THE MONEY CONTINUE TO BE DEDUCTED FROM MY PAYCHECK?

A: No. COBRA premiums cannot be paid via payroll deduction. Payments must be made via ACH Direct Payment or by check.

Q: WILL I RECEIVE NEW INSURANCE ID CARDS?

A: If you were the subscriber on your active coverage, you will continue to use the same insurance cards for COBRA coverage. Former dependents who enroll in COBRA on their own will need new insurance ID cards listing them as the subscriber. These should be issued automatically by Blue Cross Blue Shield, Express Scripts, Superior Vision, and/or Delta Dental but participants who need ID cards can always call the appropriate plan's customer service team to request new cards once the COBRA application has processed.

Q: HOW DOES MEDICARE ELIGIBILITY AFFECT MY ENROLLMENT IN COBRA COVERAGE?

A: You may enroll in or continue COBRA dental and vision coverage regardless of your eligibility for Medicare.

Because of federal coordination rules, it is not cost-effective for most people to be enrolled in COBRA medical coverage after they become eligible for Medicare. The eligibility process for COBRA medical coverage works differently depending on when you become eligible for Medicare in relation to your COBRA start date.

In most cases, if you become eligible for Medicare while you are enrolled in COBRA, your UT SELECT or UT CONNECT Medical COBRA coverage will automatically be terminated. If you are already Medicare-eligible before experiencing a COBRA qualifying event, you will still be eligible to enroll in COBRA medical coverage, but you should carefully consider the benefits and other options before enrolling.

Under coordination rules, UT SELECT Medical benefits through COBRA will generally pay as secondary to Medicare, just as these benefits would work for Medicare-eligible UT Retirees. This means claims processed through COBRA medical coverage only pay secondary benefits (20%) under the assumption that you are enrolled in Medicare and it is paying primary benefits (80%). If you are eligible but not enrolled in Medicare and you choose to enroll in COBRA medical coverage, you will be financially responsible for paying all of the claim costs Medicare would normally pay (80%) in addition to your monthly COBRA premium.

If you have additional questions, please contact Voya COBRA Administration at (833) 232-4673 or hasinfo@voya.com.