



COBRA Premium Information

PLAN YEAR 2026-2027 | EFFECTIVE SEPTEMBER 1, 2026

MONTHLY OUT-OF-POCKET PREMIUM RATES				
PLAN	 SUBSCRIBER ONLY	 SUBSCRIBER & SPOUSE	 SUBSCRIBER & CHILD(REN)	 SUBSCRIBER & FAMILY
UT SELECT Medical PPO**	\$ 912.49	\$ 1,853.80	\$ 1,677.06	\$ 2,597.43
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)	\$ 9.19	\$ 17.48	\$ 19.32	\$ 27.59
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**	\$ 1,341.90	\$ 2,726.18	\$ 2,466.27	\$ 3,819.75
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)	\$ 13.52	\$ 25.71	\$ 28.41	\$ 40.58
Superior Vision	\$ 7.53	\$ 11.85	\$ 12.15	\$ 19.26
Superior Vision Plus	\$ 11.46	\$ 17.97	\$ 19.23	\$ 27.15