

Please carefully review the details below to ensure you will have the information you need to have a successful Annual Enrollment.

Our records indicate that you are currently enrolled as a COBRA participant in at least one of the medical, dental, or vision plans offered by The University of Texas System (UT System) under the provisions of the Consolidated Omnibus Budget and Reconciliation Act of 1985 (COBRA).

If your COBRA continuation period will end on or before August 31, 2015 due to reaching the maximum months allowed under federal law, please disregard this letter.

1 WHAT IS HAPPENING?	2 WHAT CHANGES CAN I MAKE?
Annual Enrollment for benefits in the new plan year that begins September 1, 2015.	You are eligible to make the following enrollment changes: <ol style="list-style-type: none"> 1. Enroll in or add eligible dependents to the medical, dental and/or vision plans; 2. Change dental and/or vision plans based on options available in your area; 3. Drop medical, dental and/or vision coverage for yourself or another enrolled family member.
3 WHEN IS IT HAPPENING?	4 WHEN IS THE DEADLINE?
July 15 – July 31, 2015.	In order for your request to become effective September 1, 2015, you must complete and forward the COBRA Election Change form to UT Benefits Billing (UTBB), postmarked no later than July 31, 2015 . Please contact UTBB if you have any questions.
5 HOW DO I MAKE MY ELECTIONS?	6 WHAT HAPPENS IF I DON'T TAKE ANY ACTION?
If you want to make a change in your current coverage, please contact the UT Benefits Billing (UTBB) to request a COBRA Election Change Form for the coverage(s) that you wish to change.	If you do not take any action, your current COBRA coverage will automatically continue for Plan Year 2015-2016, with new medical, dental, and/or vision premium rates effective September 1, 2015.
7 HOW MUCH WILL MY COBRA INSURANCE COST?	8 WHO DO I CALL WITH QUESTIONS ABOUT ANNUAL ENROLLMENT?
A chart listing the monthly out-of-pocket COBRA premiums for each plan beginning September 1, 2015, is on the reverse side of this notice. Please be sure to review carefully as there have been some premium changes.	Please contact UTBB at 844-579-8683 or by email at UTCobra@utsystem.edu .
9 WHERE CAN I LEARN MORE ABOUT THE PLANS?	
You can learn more about the plans on the UTBB web site: bit.ly/UTBenefitsBilling .	

ATTENTION: NEW COBRA ADMINISTRATOR EFFECTIVE SEPTEMBER 1, 2015

Currently each plan with which you participate has its own COBRA administrative office. Your individual payments should continue to be submitted to each of these COBRA offices through August 2015.

Beginning with September 2015 coverage, UT Benefits Billing (UTBB), a department within the UT System Office of Employee Benefits (OEB), will serve as the administrator for the medical, dental and vision COBRA plans.

Be sure to look for a communication with additional information directly from UTBB in early August 2015.





COBRA Premium Information

PLAN YEAR 2015-2016 | EFFECTIVE SEPTEMBER 1, 2015

(Changes from prior plan year rates shown in parentheses)

MONTHLY OUT-OF-POCKET PREMIUM RATES				
PLAN	 SUBSCRIBER ONLY	 SUBSCRIBER & SPOUSE	 SUBSCRIBER & CHILD(REN)	 SUBSCRIBER & FAMILY
UT SELECT Medical**	\$ 575.19 (\$ 40.35 increase)	\$ 1,127.32 (\$ 78.86 increase)	\$ 1,029.56 (\$ 72.05 increase)	\$ 1,564.44 (\$ 109.37 increase)
UT SELECT Dental	\$ 33.05 no change	\$ 62.74 no change	\$ 69.16 no change	\$ 98.33 no change
UT SELECT Dental Plus	\$ 56.97 no change	\$ 108.18 no change	\$ 119.37 no change	\$ 170.07 no change
UT SELECT Dental HMO (DeltaCare USA)	\$ 9.07 no change	\$ 17.24 no change	\$ 19.05 no change	\$ 27.20 no change
Superior Vision	\$ 6.02 (\$ 1.12 decrease)	\$ 9.49 (\$ 1.73 decrease)	\$ 9.71 (\$ 1.75 decrease)	\$ 15.40 (\$ 2.80 decrease)
Superior Vision Plus	\$ 9.18 (\$ 2.04 decrease)	\$ 14.36 (\$ 3.16 decrease)	\$ 15.38 (\$ 3.39 decrease)	\$ 21.73 (\$ 4.79 decrease)

**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**	\$ 845.87 (\$ 59.34 increase)	\$ 1,657.83 (\$ 115.98 increase)	\$ 1,514.06 (\$ 105.95 increase)	\$ 2,300.64 (\$ 160.83 increase)
UT SELECT Dental	\$ 48.60 no change	\$ 92.27 no change	\$ 101.70 no change	\$ 144.60 no change
UT SELECT Dental Plus	\$ 83.78 no change	\$ 159.09 no change	\$ 175.55 no change	\$ 250.11 no change
UT SELECT Dental HMO (DeltaCare USA)	\$ 13.34 no change	\$ 25.35 no change	\$ 28.02 no change	\$ 40.01 no change
Superior Vision	\$ 8.85 (\$ 1.65 decrease)	\$ 13.95 (\$ 2.55 decrease)	\$ 14.28 (\$ 2.58 decrease)	\$ 22.65 (\$ 4.11 decrease)
Superior Vision Plus	\$ 13.50 (\$ 3.00 decrease)	\$ 21.12 (\$ 4.65 decrease)	\$ 22.62 (\$ 4.98 decrease)	\$ 31.95 (\$ 7.05 decrease)