

COBRA Premium Information

PLAN YEAR 2020-2021 | EFFECTIVE SEPTEMBER 1, 2020

MONTHLY OUT-OF-POCKET PREMIUM RATES				
PLAN	 SUBSCRIBER ONLY	 SUBSCRIBER & SPOUSE	 SUBSCRIBER & CHILD(REN)	 SUBSCRIBER & FAMILY
UT SELECT Medical PPO**	\$ 636.48	\$ 1,248.09	\$ 1,139.81	\$ 1,732.31
UT CONNECT Medical ACO** (DFW area only)	\$ 636.48	\$ 1,220.51	\$ 1,110.96	\$ 1,677.98
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)	\$ 8.98	\$ 17.07	\$ 18.87	\$ 26.93
Superior Vision	\$ 6.02	\$ 9.49	\$ 9.71	\$ 15.40
Superior Vision Plus	\$ 9.18	\$ 14.36	\$ 15.38	\$ 21.73

**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**	\$ 936.00	\$ 1,835.43	\$ 1,676.19	\$ 2,547.51
UT CONNECT Medical ACO** (DFW area only)	\$ 936.00	\$ 1,794.87	\$ 1,633.77	\$ 2,467.62
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)	\$ 13.20	\$ 25.11	\$ 27.75	\$ 39.60
Superior Vision	\$ 8.85	\$ 13.95	\$ 14.28	\$ 22.65
Superior Vision Plus	\$ 13.50	\$ 21.12	\$ 22.62	\$ 31.95