





COBRA Premium Information

PLAN YEAR 2018-2019 | EFFECTIVE SEPTEMBER 1, 2018

(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**	\$ 605.96 no change	\$ 1,188.46 no change	\$ 1,085.32 no change	\$ 1,649.62 no change
UT CONNECT Medical ACO** (DFW area only)	\$ 605.96	\$ 1,162.20	\$ 1,057.85	\$ 1,597.89
UT SELECT Dental	\$ 29.08 decrease	\$ 55.21 decrease	\$ 60.85 decrease	\$ 86.53 decrease
UT SELECT Dental Plus	\$ 60.21 no change	\$ 114.35 no change	\$ 126.17 no change	\$ 179.76 no change
UT SELECT Dental HMO (DeltaCare USA)	\$ 8.98 decrease	\$ 17.06 decrease	\$ 18.86 decrease	\$ 26.93 decrease
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**	\$ 891.12 no change	\$ 1,747.74 no change	\$ 1,596.06 no change	\$ 2,425.91 no change
UT CONNECT Medical ACO** (DFW area only)	\$ 891.12	\$ 1,709.12	\$ 1,555.67	\$ 2,349.84
UT SELECT Dental	\$ 42.77 decrease	\$ 81.20 decrease	\$ 89.49 decrease	\$ 127.25 decrease
UT SELECT Dental Plus	\$ 88.55 no change	\$ 168.17 no change	\$ 185.55 no change	\$ 264.36 no change
UT SELECT Dental HMO (DeltaCare USA)	\$ 13.20 decrease	\$ 25.10 decrease	\$ 27.74 decrease	\$ 39.60 decrease
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