COBRA Premium Information

PLAN YEAR 2025-2026 | EFFECTIVE SEPTEMBER 1, 2025

MONTHLY OUT-OF-POCKET PREMIUM RATES				
PLAN	SUBSCRIBER ONLY	SUBSCRIBER & SPOUSE	SUBSCRIBER & CHILD(REN)	SUBSCRIBER & FAMILY
UT SELECT Medical PPO**	$ 854.69	$ 1,675.28	$ 1,529.99	$ 2,324.96
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)	$ 8.88	$ 16.89	$ 18.68	$ 26.66
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**	$ 1,256.90	$ 2,463.65	$ 2,249.99	$ 3,419.06
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)	$ 13.07	$ 24.84	$ 27.47	$ 39.21
Superior Vision	$ 7.53	$ 11.85	$ 12.15	$ 19.26
Superior Vision Plus	$ 11.46	$ 17.97	$ 19.23	$ 27.15