

Surviving Dependent Premium Information

PLAN YEAR 2024-2025 | EFFECTIVE SEPTEMBER 1, 2024

MONTHLY OUT-OF-POCKET PREMIUM RATES			
PLAN	 SURVIVING SPOUSE ONLY	 SURVIVING CHILD(REN) ONLY	 SURVIVING SPOUSE & CHILD(REN)
UT SELECT Medical PPO*	\$ 744.90	\$ 613.02	\$ 1,334.66
UT CARE Medicare PPO* (effective through December 31, 2024)**	\$ 343.26	\$ 343.26	\$ 686.53
UT SELECT Dental	\$ 25.62	\$ 31.14	\$ 56.32
UT SELECT Dental Plus	\$ 55.20	\$ 67.26	\$ 121.90
UT SELECT Dental HMO (DeltaCare USA)	\$ 7.85	\$ 9.59	\$ 17.42
Superior Vision	\$ 5.02	\$ 5.02	\$ 8.10
Superior Vision Plus	\$ 7.64	\$ 7.64	\$ 12.82

*Additional monthly charge applies if any covered members are tobacco users. A tobacco user is a person enrolled in the UT SELECT Medical plan, age 16 and above, who has used tobacco products within the past sixty (60) days. You must declare whether you and/or any of your covered dependents use tobacco by submitting a completed TPP Declaration form to your institution HR/Benefits Office. Please visit www.utsystem.edu/offices/employee-benefits/tobacco-premium-program for additional information and to download the form if you need to declare or update your TPP information. You may contact your institution HR/Benefits Office for assistance.

*Rates for the UT CARE Medicare PPO may change effective January 1, 2025. Participants will be notified of any changes in advance.