

# Surviving Dependent Premium Information

**PLAN YEAR 2026-2027 | EFFECTIVE SEPTEMBER 1, 2026**

MONTHLY OUT-OF-POCKET PREMIUM RATES			
PLAN	 SURVIVING SPOUSE ONLY	 SURVIVING CHILD(REN) ONLY	 SURVIVING SPOUSE & CHILD(REN)
UT SELECT Medical PPO*	\$ 922.85	\$ 749.58	\$ 1,651.90
UT CARE Medicare PPO* <i>(effective through December 31, 2026)**</i>	\$ 403.05	\$ 403.05	\$ 806.10
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)	\$ 8.11	\$ 9.95	\$ 18.00
Superior Vision	\$ 5.02	\$ 5.02	\$ 8.10
Superior Vision Plus	\$ 8.11	\$ 9.95	\$ 18.00

\*Additional monthly charge applies if any covered members are tobacco users. A tobacco user is a person enrolled in the UT SELECT Medical PPO or UT CARE Medicare PPO 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](http://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, 2027. Participants will be notified of any changes in advance.