

Q: Can I decide when my COBRA coverage begins?

A: Your previous benefits end on the last day of the month in which you were covered, and COBRA always begins the 1st day of the following month. This holds regardless of when in your 60-day timeframe you submit your application.

Q: What coverages am I eligible to choose for COBRA?

A: You are eligible to choose any of the coverages you most recently held. You may drop entire coverages (dental, vision, and/or medical) and lower coverage levels (the number of people covered on the plan; e.g. subscriber & family to subscriber only). However, you may not change plans (e.g. Delta Dental Plus to Delta Dental) or add people when enrolling in COBRA. You have the opportunity to make coverage changes during the Annual Enrollment Period in July, to take effect September 1st.

Q: Can I sign up for a Flex account on COBRA if I wasn't enrolled previously?

A: You may only sign up for a COBRA Flex account if you were the plan subscriber and had a flex account at the time your active employee benefits ended. Those enrolling in COBRA Flex coverage will work directly with Maestro Health on your Flex continuation. Payments and applications for Flex coverage are sent to Maestro Health.

Q: Am I automatically enrolled in COBRA once I send in my application and make a payment?

A: We begin processing applications once we have both complete application and full payment to date. It takes approximately 7-10 business days to process on average. Your coverage will be retroactive to your COBRA start date once processed.

Q: Will I receive monthly statements or bills for my COBRA premium?

A: No. We do not send out monthly statements or bills. Please do not wait for a statement to make payments, as none will be sent out. If you include an email address in Section A of your application, you will receive a general monthly email reminder sent out to COBRA participants.

Q: My child is signing up for COBRA due to aging out of my plan. Can the money continue to be deducted from my paycheck?

A: No. COBRA payments are separate from active employee insurance payroll deductions. Payments need to be made specifically to UT COBRA via check or ACH Direct Payment to be credited towards the account.

Q: Will I receive new insurance cards?

A: If you were the subscriber on your previous account, you will continue to use the same insurance cards. Previous dependents now on their own insurance plan will need new insurance cards. They should call Blue Cross Blue Shield, Express Scripts, Superior Vision, and/or Delta Dental to request new insurance cards once their application has processed.

Q: How will I know when my application is processed?

A: You will receive an Onboarding Letter via US Mail shortly after your application has processed. This will include details about your monthly premium, payment options, and COBRA eligibility dates.

Q: Can I pay my initial COBRA premium(s) via ACH direct debit? If not, when will debits begin?

A: ACH debit is not available for initial premium payments. Subsequent payments using ACH are dependent on when the form is received, as debits are run once per month. You will receive a letter confirming your ACH activation date via postal mail and should continue making premium payments until your date is confirmed.

Q: What happens if I am already eligible for Medicare prior to signing up for COBRA coverage?

A: If you are Medicare-eligible, benefits under your UT SELECT Medical COBRA coverage will be paid as if you are enrolled in Medicare, just as they are for Retirees who are Medicare-eligible. This means claims processed through your UT SELECT Medical COBRA coverage will pay secondary benefits under the assumption that you are enrolled in Medicare and it is paying primary benefits. If you have not enrolled in Medicare, you will be responsible for paying the full cost of what Medicare would normally pay out of your own pocket.

Q: What happens if I become eligible for Medicare while enrolled in COBRA coverage?

A: In most cases, your UT SELECT Medical COBRA coverage will be terminated when you become Medicare-eligible. Because your COBRA coverage would pay secondary to Medicare, it would not be cost-effective for most people to retain COBRA medical coverage once they become eligible for Medicare. If you are enrolled in dental or vision COBRA coverage, these will not be affected by your Medicare-eligibility.

If you have additional questions regarding your account, you may contact UT Benefits Billing for COBRA at:

(844) 579-8683 or utcobra@utsystem.edu