

# Insurance Premiums: 50% to 74%

Applies to part-time benefits-eligible employees working at least 50-74%

**RATES EFFECTIVE July 1, 2026**



## Medical – Dental – Vision

Medical	Bi-Weekly			Monthly		
	Total Premium	UAMS Pays	Employee Pays	Total Premium	UAMS Pays	Employee Pays
<b>Classic</b>						
Employee Only	\$ 246.04	\$ 123.62	\$ 122.42	\$ 533.10	\$ 267.85	\$ 265.25
Employee + Spouse	\$ 575.77	\$ 255.58	\$ 320.19	\$ 1,247.50	\$ 553.75	\$ 693.75
Employee + Child(ren)	\$ 460.68	\$ 217.98	\$ 242.70	\$ 998.14	\$ 472.29	\$ 525.85
Employee + Family	\$ 795.22	\$ 384.03	\$ 411.19	\$ 1,722.98	\$ 832.07	\$ 890.91
<b>HSP</b>						
Employee Only	\$ 213.53	\$ 115.62	\$ 97.91	\$ 462.66	\$ 250.51	\$ 212.15
Employee + Spouse	\$ 487.03	\$ 249.45	\$ 237.58	\$ 1,055.24	\$ 540.49	\$ 514.75
Employee + Child(ren)	\$ 400.64	\$ 213.02	\$ 187.62	\$ 868.06	\$ 461.55	\$ 406.51
Employee + Family	\$ 679.62	\$ 348.10	\$ 331.52	\$ 1,472.50	\$ 754.21	\$ 718.29
<b>Premier</b>						
Employee Only	\$ 372.85	\$ 87.62	\$ 285.23	\$ 807.84	\$ 189.84	\$ 618.00
Employee + Spouse	\$ 882.51	\$ 154.44	\$ 728.07	\$ 1,912.12	\$ 334.62	\$1,577.50
Employee + Child(ren)	\$ 697.14	\$ 191.71	\$ 505.43	\$ 1,510.48	\$ 415.38	\$1,095.10
Employee + Family	\$ 1,216.83	\$ 249.45	\$ 967.38	\$ 2,636.46	\$ 540.47	\$2,095.99

Dental	Bi-Weekly			Monthly		
	Total Premium	UAMS Pays	Employee Pays	Total Premium	UAMS Pays	Employee Pays
<b>Employee Only</b>						
Employee Only	\$ 15.06	\$ 1.16	\$ 13.90	\$ 32.64	\$ 2.52	\$ 30.12
Employee + Spouse	\$ 31.07	\$ 2.89	\$ 28.18	\$ 67.32	\$ 6.26	\$ 61.06
Employee + Child(ren)	\$ 26.23	\$ 2.37	\$ 23.86	\$ 56.82	\$ 5.13	\$ 51.69
Employee + Family	\$ 42.23	\$ 4.09	\$ 38.14	\$ 91.50	\$ 8.87	\$ 82.63

Vision	Bi-Weekly		Monthly	
	Enhanced	Basic	Enhanced	Basic
Employee Only	\$ 4.38	\$ 2.16	\$ 9.48	\$ 4.69
Employee + Spouse	\$ 8.65	\$ 4.30	\$ 18.74	\$ 9.31
Employee + Child(ren)	\$ 8.48	\$ 4.20	\$ 18.37	\$ 9.11
Employee + Family	\$ 12.89	\$ 6.39	\$ 27.92	\$ 13.85

# Life – Disability

		Bi-Weekly	Monthly
<b>Optional Life</b>			
	<b>Your Current Age</b>	<b>Rate per \$1,000 of coverage</b>	
1- Coverage is 1, 2, 3 or 4x your annual salary. 2- Round coverage up to the higher thousand (\$500,000 max). 3- Take off the last 3 zeroes (divide by 1,000) 4- Multiply by your Age Rate. *Coverage reduced at ages 70 & 75.	<b>Less than 30</b>	\$ 0.017	\$ 0.037
	<b>30 but less than 35</b>	\$ 0.024	\$ 0.053
	<b>35 but less than 40</b>	\$ 0.028	\$ 0.060
	<b>40 but less than 45</b>	\$ 0.035	\$ 0.075
	<b>45 but less than 50</b>	\$ 0.052	\$ 0.112
	<b>50 but less than 55</b>	\$ 0.079	\$ 0.172
	<b>55 but less than 60</b>	\$ 0.148	\$ 0.321
	<b>60 but less than 65</b>	\$ 0.228	\$ 0.493
	<b>65 but less than 70</b>	\$ 0.438	\$ 0.950
	<b>70 and older</b>	\$ 0.717	\$ 1.553
<b>Basic Life</b>			
Coverage is provided automatically at no cost to you equal to your annual salary, up to \$50,000. You cannot opt out of this coverage.			
<b>Dependent Life</b>			
	<b>Amount of Coverage</b>	<b>Bi-Weekly</b>	<b>Monthly</b>
Child(ren) covered at 1/2 of coverage amount	\$ 10,000.00	\$ 1.32	\$ 2.85
	\$ 15,000.00	\$ 1.97	\$ 4.27
	\$ 20,000.00	\$ 2.63	\$ 5.69

<b>Optional Short Term Disability (STD)</b>	
Optional – Supplemental STD: (annual base salary - \$45,000) x (0.00285) = (annual premium) / (number of paychecks a year 26 or 12)	
Optional – Voluntary STD: (annual base salary) x (0.00473) = (annual premium) / (number of paychecks a year 26 or 12)	
<b>Basic Short Term Disability (STD)</b>	
Paid for by UAMS through your Third Anniversary in a benefits eligible position up to \$45,000 of your base annual salary.	

<b>Optional Long Term Disability (LTD)</b>	
1. Take your annual base salary, up to \$500,000 max, and subtract \$20,000 which is covered by Basic LTD.	
2. Multiply that figure by .00546 for your annual cost. Then divide by number of pay periods in the year (12 or 26)	
Max cost for Bi-weekly is \$100.80	Max cost for Monthly is \$218.40
<b>Basic Long Term Disability (LTD)</b>	
Paid for by UAMS up to \$20,000 of your base annual salary.	

		<b>Bi-Weekly</b>		<b>Monthly</b>	
<b>Accidental Death &amp; Dismemberment (AD&amp;D)</b>					
<b>Coverage Amount</b>		<b>Self Only</b>	<b>Family</b>	<b>Self Only</b>	<b>Family</b>
\$	25,000.00	\$0.17	\$0.35	\$0.38	\$0.75
\$	50,000.00	\$0.35	\$0.69	\$0.75	\$1.50
\$	75,000.00	\$0.52	\$1.04	\$1.13	\$2.25
\$	100,000.00	\$0.69	\$1.38	\$1.50	\$3.00
\$	125,000.00	\$0.87	\$1.73	\$1.88	\$3.75
\$	150,000.00	\$1.04	\$2.08	\$2.25	\$4.50
\$	175,000.00	\$1.21	\$2.42	\$2.63	\$5.25
\$	200,000.00	\$1.38	\$2.77	\$3.00	\$6.00
\$	225,000.00	\$1.56	\$3.12	\$3.38	\$6.75
\$	250,000.00	\$1.73	\$3.46	\$3.75	\$7.50
\$	275,000.00	\$1.90	\$3.81	\$4.13	\$8.25
\$	300,000.00	\$2.08	\$4.15	\$4.50	\$9.00
Family - spouse benefit is 60% of your coverage, child(ren) is 20%					