July 2022

Insurance rates: 50% to 74% time worked

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



Biweekly

Please refer to other rate sheet if you work 75% or more.

Monthly

Please refer to other rate sheet if you work 75% or more, are a Medical Resident, or are a COM Faculty Group Practice member.

Medical - Classic	Total	UAMS pays	You pay	Medical - Classic	Total	UAMS pays	You pay
Employee only	\$227.77	(\$133.50)	\$94.27	Employee only	\$493.50	(\$289.25)	\$204.25
Employee+Spouse	\$531.94	(\$276.61)	\$255.33	Employee+Spouse	\$1,152.54	(\$599.33)	\$553.21
Employee+Child(ren)	\$426.13	(\$234.37)	\$191.76	Employee+Child(ren)	\$923.28	(\$507.80)	\$415.48
Employee+Spouse+Child(ren)	\$734.73	(\$396.76)	\$337.98	Employee+Spouse+Child(ren)	\$1,591.92	(\$859.64)	\$732.28
Medical - H S P Employee only Employee+Spouse	Total \$197.73 \$449.99	UAMS pays (\$121.39) (\$269.15)	You pay \$76.34 \$180.84	Medical - H S P Employee only Employee+Spouse	Total \$428.42 \$974.98	UAMS pays (\$263.02) (\$583.15)	You pay \$165.40 \$391.83
Employee+Child(ren)	\$370.62	(\$229.52)	\$141.10	Employee+Child(ren)	\$803.02	(\$497.30)	\$305.72
Employee+Spouse+Child(ren)	\$627.90	(\$381.76)	\$246.14	Employee+Spouse+Child(ren)	\$1,360.46	(\$827.15)	\$533.31
Medical - Premier	Total	UAMS pays		Medical - Premier	Total	UAMS pays	You pay
Employee only	\$344.94	(\$133.50)	\$211.44	Employee only	\$747.38	(\$289.25)	\$458.13
Employee+Spouse	\$815.37	(\$276.61)	\$538.76	Employee+Spouse	\$1,766.64	(\$599.33)	\$1,167.31
Employee+Child(ren)	\$644.10	(\$234.37)	\$409.74	Employee+Child(ren)	\$1,395.56	(\$507.80)	\$887.76
Employee+Spouse+Child(ren) Dental	\$1,124.70 Total	(\$396.76) UAMS pays	\$727.94 You pay	Employee+Spouse+Child(ren) Dental	\$2,436.84 Total	(\$859.64) UAMS pays	\$1,577.20 You pay
Employee only	\$14.77	(\$1.48)	\$13.29	Employee only	\$32.00	(\$3.20)	\$28.80
Employee+Spouse	\$30.46	(\$3.05)	\$27.42	Employee+Spouse	\$66.00	(\$6.60)	\$59.40
Employee+Child(ren)	\$25.71	(\$2.57)	\$23.14	Employee+Child(ren)	\$55.70	(\$5.57)	\$50.13
Employee+Spouse+Child(ren)	\$41.40	(\$4.14)	\$37.26	Employee+Spouse+Child(ren)	\$89.70	(\$8.97)	\$80.73
Vision	Er	nhanced		Vision	Er	nhanced	Basic
Employee only		\$4.38	-	Employee only		\$9.48	\$4.69
Employee+Spouse		\$8.65		Employee+Spouse		\$18.74	\$9.31
Employee+Child(ren)		\$8.48		Employee+Child(ren)		\$18.37	\$9.11
Employee+Spouse+Child(ren)		\$12.89	\$6.39	Employee+Spouse+Child(ren)		\$27.92	\$13.85

BIWEEKLY RATES MONTHLY RATES

Dependent Life						
Amount of spouse coverage	You pay	Amount of spouse coverage	You pay			
(children covered at 1/2 of this amount)		(children covered at 1/2 of this amount)				
\$10,000	\$1.32	\$10,000	\$2.85			
\$15,000	\$1.97	\$15,000	\$4.27			
\$20,000	\$2.63	\$20,000	\$5.69			

Optional Life

- 1. Coverage is 1, 2, 3 or 4 x your annual salary
- 2. Round coverage up to higher thousand (\$500,000 max)
- 3. Take off the last 3 zeroes (divide by 1,000)
- 4. Multiply by your Age Rate:

- 1. Coverage is 1, 2, 3 or 4 x your annual salary
- 2. Round coverage up to higher thousand (\$500,000 max)
- 3. Take off the last 3 zeroes (divide by 1,000)
- 4. Multiply by your Age Rate:

Your Current Age	Rate per \$1,000 of coverage	Your Current Age	Rate per \$1,000 of coverage
less than 30	0.017	less than 30	0.037
30 but less than 35	0.024	30 but less than 35	0.053
35 but less than 40	0.028	35 but less than 40	0.060
40 but less than 45	0.035	40 but less than 45	0.075
45 but less than 50	0.052	45 but less than 50	0.112
50 but less than 55	0.079	50 but less than 55	0.172
55 but less than 60	0.148	55 but less than 60	0.321
60 but less than 65	0.228	60 but less than 65	0.493
65 but less than 70	0.438	65 but less than 70	0.950
70 and older	0.717	70 and older	1.553
coverage reduced at ages 70 and 75		coverage reduced at ages 70 and 75	

Optional Short Term Disability

- 1. Take your annual base salary up to \$216,000 max, then subtract \$45,000 which is covered by Basic STD.
- 2. Multiply that figure by .00528 for your annual cost. Then divide by # of pay periods in the year, 26 biweekly or 12 monthly.

 Max biweekly cost is \$34.73.

 Max monthly cost is \$75.24.

Optional Long Term Disability

- 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 .0043 for your annual cost. Then divide by # of pay periods in the year, 26 biweekly or 12 monthly.

 Max biweekly cost is \$79.38.

 Max monthly cost is \$172.00.

Accidental Death & Dismemberment

If elect family, spouse benefit is 60% of your coverage, child 20%		If elect family, spouse benefit is 60% of your coverage, child 20%			
Your coverage	you only	family	Your coverage	you only	family
\$25,000	\$0.17	\$0.35	\$25,000	\$0.38	\$0.75
\$50,000	\$0.35	\$0.69	\$50,000	\$0.75	\$1.50
\$75,000	\$0.52	\$1.04	\$75,000	\$1.13	\$2.25
\$100,000	\$0.69	\$1.38	\$100,000	\$1.50	\$3.00
\$125,000	\$0.87	\$1.73	\$125,000	\$1.88	\$3.75
\$150,000	\$1.04	\$2.08	\$150,000	\$2.25	\$4.50
\$175,000	\$1.21	\$2.42	\$175,000	\$2.63	\$5.25
\$200,000	\$1.38	\$2.77	\$200,000	\$3.00	\$6.00
\$225,000	\$1.56	\$3.12	\$225,000	\$3.38	\$6.75
\$250,000	\$1.73	\$3.46	\$250,000	\$3.75	\$7.50
\$275,000	\$1.90	\$3.81	\$275,000	\$4.13	\$8.25
\$300,000	\$2.08	\$4.15	\$300,000	\$4.50	\$9.00
Critical Illness Plan					