## Medical Resident Physician Monthly Insurance Rates

**July 2023** 

	_	Total	UAMS Cost	Your Cost			
Medical - Classic	Employee only	\$497.44	\$ (497.44)	\$0.00			
	Employee and Spouse	\$1,164.10	\$ (924.81)	\$239.29			
	Employee and Child(ren)	\$931.50	\$ (792.24)	\$139.26			
	Employee, Spouse, and Child(ren)	\$1,607.80	\$ (1,263.10)	\$344.70			
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Medical - Health Savings Plan	Employee only	\$431.70	\$ (431.70)	\$0.00			
	Employee and Spouse	\$984.72	\$ (848.95)	\$135.77			
	Employee and Child(ren)	\$810.04	\$ (731.72)	\$78.32			
	Employee, Spouse, and Child(ren)	\$1,374.06	\$ (1,161.57)	\$212.49			
Medical - Premier	Employee only	\$753.84	\$ (497.44)	\$256.40			
	Employee and Spouse	\$1,784.30	\$ (923.61)	\$860.69			
	Employee and Child(ren)	\$1,409.52	\$ (791.04)	\$618.48			
	Employee, Spouse, and Child(ren)	\$2,460.20	\$ (1,261.90)	\$1,198.30			
Dental	Employee only	32.00	(8.00)	24.00			
	Employee and Spouse	66.00	(16.50)	49.50			
	Employee and Child(ren)	55.70	(13.93)	41.77			
	Employee, Spouse, and Child(ren)	89.70	(22.43)	67.27			
Vision	You pay the full premium.						
		Basic	Enhanced				
	Employee only	\$ 4.69	\$ 9.48				
	Employee and Spouse	\$ 9.31	\$ 18.74				
	Employee and Child(ren)	\$ 9.11	\$ 18.37				
	Employee, Spouse and Child(ren)	\$ 13.85	\$ 27.92				
Basic Life	No cost to you. Paid by UAMS.						
Optional Life	You pay the full premium, per following calcul	ation:					
	Take your annual base salary.						
	<ol> <li>Multiply by 1, 2, 3 or 4 (based on your coverage election).</li> </ol>						
	3. Round to higher thousand. \$500,000 is maximum coverage.						
	4. Take off the last 3 zeroes (divide by 1,000).						
	5. Multiply by your Age Rate below = your cost.						
	YOUR CURRENT AGE						
		less than 30	0.037				
	30 bu	t less than 35	0.053				
		t less than 40	0.060				
		t less than 45	0.075				
		t less than 50	0.112				
		t less than 55	0.172				
		t less than 60	0.321				
		t less than 65	0.493				
		t less than 70	0.950				
	(coverage reduced at ages 70, 75)	70 and older	1.553				
	(coverage reduced at ages 10, 10)	, o and older	1.000				

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Dependent Life  AD&D		You pay the full premium. Children are covered a Spouse's of You pay the full premium.		\$ 2.85 \$ 4.27 \$ 5.69		
AD&D		You pay the full premium.	\$10,000 \$15,000	\$ 4.27		
AD&D			\$15,000	\$ 4.27		
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AD&D						
		Amount of Employee Coverage	EE only	EE & Family		
		\$25,000 \$	0.38	\$ 0.75		
		\$50,000 \$	0.75	\$ 1.50		
		\$75,000 \$	1.13	\$ 2.25		
		\$100,000 \$	1.50	\$ 3.00		
		\$125,000 \$	1.88	\$ 3.75		
		\$150,000	2.25	\$ 4.50		
		\$175,000	2.63	\$ 5.25		
		\$200,000 \$	3.00	\$ 6.00		
		\$225,000 \$	3.38	\$ 6.75		
		\$250,000 \$	3.75	\$ 7.50		
		\$275,000 \$	4.13	\$ 8.25		
		\$300,000 \$	4.50	\$ 9.00		
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Long Term Disability		No cost to you. Paid by UAMS.				
Critical Illness		You pay the full premium.				
		EE = Employee only				
		EE+S = Employee plus Spouse				
		EE+C = Employee plus 1 or more Children EE+S+C = Employee plus Spouse plus 1 or more Children				
\$10,000 Coverage Age	e Range	EE	EE+S	EE+C	EE+S+C	
ι	Jnder 25	1.40	2.70	2.40	3.70	
	25-29	1.90	3.70	2.90	4.70	
	30-34	2.60	5.00	3.60	6.00	
	35-39	3.60	7.10	4.60	8.10	
40-44 45-49 50-54 55-59 60-64 65-69	40-44	5.80	11.60	6.80	12.60	
		9.40	19.30	10.40	20.30	
		13.70 18.80	28.70 39.80	14.70 19.80	29.70 40.80	
		26.70	56.70	27.70	57.70	
	38.40	78.90	39.40	79.90		
	70-74	27.35	53.25	28.35	54.25	
	75+	38.15	69.05	39.15	70.05	
\$20,000 Coverage		Multiply above rates by 2.				