FGP Monthly Insurance Rates

Eligibility criteria: College of Medicine has awarded Faculty Group Practice status and UAMS appointment is 50% or higher.

January 2024

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	•	Total	UAMS Cost	Your Cost
Medical - Classic	75-100% TIME WORKED			
	Employee only	\$497.44	\$ (497.44)	\$0.00
	Employee and Spouse	\$1,164.10	\$ (1,164.10)	\$0.00
	Employee and Child(ren)	\$931.50	\$ (931.50)	\$0.00
	Employee, Spouse, and Child(ren)	\$1,607.80	\$ (1,607.80)	\$0.00
	50-74% TIME WORKED			
	Employee only	\$497.44	\$ (378.05)	\$119.39
	Employee and Spouse	\$1,164.10	\$ (884.72)	\$279.38
	Employee and Child(ren)	\$931.50	\$ (707.94)	\$223.56
	Employee, Spouse, and Child(ren)	\$1,607.80	\$ (1,221.93)	\$385.87
Medical - Premier	75-100% TIME WORKED			
	Employee only	\$753.84	\$ (497.44)	\$256.40
	Employee and Spouse	\$1,784.30	\$ (1,164.10)	\$620.20
	Employee and Child(ren)	\$1,409.52	\$ (931.50)	\$478.02
	Employee, Spouse, and Child(ren)	\$2,460.20	\$ (1,607.80)	\$852.40
	50-74% TIME WORKED			
	Employee only	\$753.84	\$ (378.05)	\$375.79
	Employee and Spouse	\$1,784.30	\$ (884.72)	\$899.58
	Employee and Child(ren)	\$1,409.52	\$ (707.94)	
	Employee, Spouse, and Child(ren)	\$2,460.20	\$ (1,221.93)	\$1,238.27
Medical - Health Savings Plan	75-100% TIME WORKED			
	Employee only	\$431.70	\$ (431.70)	\$0.00
	Employee and Spouse	\$984.72	\$ (984.72)	\$0.00
	Employee and Child(ren)	\$810.04	\$ (810.04)	\$0.00
	Employee, Spouse, and Child(ren)	\$1,374.06	\$ (1,374.06)	\$0.00
	50-74% TIME WORKED			
	Employee only	\$431.70	,	
	Employee and Spayee	\$984.72	\$ (768.08)	\$216.64
	Employee and Spouse		,	
	Employee and Child(ren)	\$810.04	\$ (631.61)	\$178.43
			\$ (631.61)	\$178.43
Dental	Employee and Child(ren)	\$810.04	\$ (631.61)	\$178.43
Dental	Employee and Child(ren) Employee, Spouse, and Child(ren)	\$810.04	\$ (631.61)	\$178.43 \$302.29
Dental	Employee and Child(ren) Employee, Spouse, and Child(ren) 75-100% TIME WORKED	\$810.04 \$1,374.06	\$ (631.61) \$ (1,071.77)	\$178.43 \$302.29 0
Dental	Employee and Child(ren) Employee, Spouse, and Child(ren) 75-100% TIME WORKED Employee only	\$810.04 \$1,374.06 32.00	\$ (631.61) \$ (1,071.77) (32.00)	\$178.43 \$302.29 0 0
Dental	Employee and Child(ren) Employee, Spouse, and Child(ren) 75-100% TIME WORKED Employee only Employee and Spouse	\$810.04 \$1,374.06 32.00 66.00	\$ (631.61) \$ (1,071.77) (32.00) (66.00)	\$178.43 \$302.29 0 0
Dental	Employee and Child(ren) Employee, Spouse, and Child(ren) 75-100% TIME WORKED Employee only Employee and Spouse Employee and Child(ren)	\$810.04 \$1,374.06 32.00 66.00 55.70	\$ (631.61) \$ (1,071.77) (32.00) (66.00) (55.70)	\$178.43 \$302.29 0 0
Dental	Employee and Child(ren) Employee, Spouse, and Child(ren) 75-100% TIME WORKED Employee only Employee and Spouse Employee and Child(ren) Employee, Spouse, and Child(ren)	\$810.04 \$1,374.06 32.00 66.00 55.70	\$ (631.61) \$ (1,071.77) (32.00) (66.00) (55.70)	\$178.43 \$302.29 0 0 0
Dental	Employee and Child(ren) Employee, Spouse, and Child(ren) 75-100% TIME WORKED Employee only Employee and Spouse Employee and Child(ren) Employee, Spouse, and Child(ren) 50-74% TIME WORKED	\$810.04 \$1,374.06 32.00 66.00 55.70 89.70	\$ (631.61) \$ (1,071.77) (32.00) (66.00) (55.70) (89.70)	\$178.43 \$302.29 0 0 0 0
Dental	Employee and Child(ren) Employee, Spouse, and Child(ren) 75-100% TIME WORKED Employee only Employee and Spouse Employee and Child(ren) Employee, Spouse, and Child(ren) 50-74% TIME WORKED Employee only	\$810.04 \$1,374.06 32.00 66.00 55.70 89.70	\$ (631.61) \$ (1,071.77) (32.00) (66.00) (55.70) (89.70) (24.00)	\$178.43 \$302.29 0 0 0 0 0 8.00 16.50

FGP Monthly Insurance Rates

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 calculation: 1. Take your annual base salary. 2. Multiply by 1, 2, 3 or 4 (based on your coverage election). 3. Round to higher thousand. \$500,000 is maximum coverage. 4. If age 70+, contact Human Resources for age reduction factor. 5. Take off the last 3 zeroes (divide by 1000). 6. Multiply by your Age Rate below = your cost. YOUR CURRENT AGE Less than 30 0.037 30 but less than 35 0.053 35 but less than 40 0.060 40 but less than 45 0.075 45 but less than 50 0.112 50 but less than 55 0.172			
Dependent Life	55 but less than 60			
	Spouse's Coverage			
		\$10,000 \$15,000 \$20,000	\$ 2.85 \$ 4.27 \$ 5.69	
AD&D	You pay the full premium.		"	
	Amount of Employee Coverage	EE only	EE & Family	
	\$25,000 \$50,000		\$ 0.75 \$ 1.50	
	\$50,000 \$75,000		\$ 1.50 \$ 2.25	
	\$100,000		\$ 3.00	
	\$100,000		\$ 3.75	
	\$150,000		\$ 4.50	
	\$175,000		\$ 5.25	
	\$200,000		\$ 6.00	
	\$225,000		\$ 6.75	
	\$250,000		\$ 7.50	
	\$275,000		\$ 8.25	
	\$300,000	\$ 4.50	\$ 9.00	

FGP Monthly Insurance Rates

your taxable income in order to avoid taxation on future LTD benefits. The maximum monthly UAMS premium is \$151.25. Basic Short Term Disability No cost to you. Paid by UAMS for all benefit-eligible employees. Replaces 60% of the first \$45,000 of salary. Replaces 60% of your salary above \$45,000 and up to \$216,000. Take your annual base salary up to \$216,000 and subtract \$45,000. Multiply that figure by .00528 for your annual cost. Then divide by 12. Max monthly cost is \$75.24. Critical Illness You pay the full premium. EE = Employee plus Spouse EE+S = Employee plus 1 or more Children EE+S+C = Employee plus Spouse plus 1 or more Children EE+S+C = Employee plus Spouse plus 1 or more Children EE+S+C = Employee plus 1.00 3.70 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 8.11 40-44 5.80 11.60 6.80 12.60 45-49 9.40 19.30 10.40 20.30 50-54 13.70 28.70 14.70 29.77 55-59 18.80 39.80 19.80 40.80 50-54 13.70 28.70 14.70 29.77 55-59 18.80 39.80 19.80 40.80 66-64 26.70 56.70 27.70 57.70 65-69 38.40 78.90 39.40 79.90 70.74	FGP Long Term D	P Long Term Disability No cost to you. Paid by UAMS. You may elect to have the UAMS premium added to				added to
The maximum monthly UAMS premium is \$151.25.	ľ		· · · · · · · · · · · · · · · · · · ·			
No cost to you. Paid by UAMS for all benefit-eligible employees. Replaces 60% of the first \$45,000 of salary. Poptional Short Term Disability Replaces 60% of your salary above \$45,000 and up to \$216,000. Take your annual base salary up to \$216,000 and subtract \$45,000. Multiply that figure by .00528 for your annual cost. Then divide by 12. Max monthly cost is \$75.24. Critical Illness You pay the full premium. EE = Employee plus Spouse EE+C = Employee plus Spouse EE+C = Employee plus Spouse plus 1 or more Children EE+S+C = Employee plus Spouse plus 1 or more Children EE+S+C = Employee plus Spouse plus 1 or more Children S10,000 Coverage Age Range			· ·			
Replaces 60% of the first \$45,000 of salary.			The maximum monuny dams premium is \$151.25.			
Replaces 60% of your salary above \$45,000 and up to \$216,000. Take your annual base salary up to \$216,000 and subtract \$45,000. Multiply that figure by .00528 for your annual cost. Then divide by 12. Max monthly cost is \$75.24.	Basic Short Term Disability No cost to you. Paid by UAMS for all benefit-eligible employed.			ligible employe	es.	
Take your annual base salary up to \$216,000 and subtract \$45,000. Multiply that figure by .00528 for your annual cost. Then divide by 12. Max monthly cost is \$75.24. 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 EE+S+C = Employee plus Spouse plus 1 or more Children EE+S+C = Employee plus Spouse plus 1 or more Children S10,000 Coverage Age Range Under 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 8.11 40-44 5.80 11.60 6.80 12.60 45-49 9.40 19.30 11.60 6.80 12.60 45-49 9.40 19.30 10.40 20.30 50-54 13.70 28.70 14.70 29.70 55-59 18.80 39.80 19.80 40.88 60-64 26.70 56.70 27.70 57.70 65-69 38.40 78.90 39.40 79.90 70-74 27.35 53.25 28.35 54.25 75+			Replaces 60% of the first \$45,000 of salary.			
Take your annual base salary up to \$216,000 and subtract \$45,000. Multiply that figure by .00528 for your annual cost. Then divide by 12. Max monthly cost is \$75.24. 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 EE+S+C = Employee plus Spouse plus 1 or more Children EE+S+C = Employee plus Spouse plus 1 or more Children S10,000 Coverage Age Range Under 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 8.11 40-44 5.80 11.60 6.80 12.60 45-49 9.40 19.30 11.60 6.80 12.60 45-49 9.40 19.30 10.40 20.30 50-54 13.70 28.70 14.70 29.70 55-59 18.80 39.80 19.80 40.88 60-64 26.70 56.70 27.70 57.70 65-69 38.40 78.90 39.40 79.90 70-74 27.35 53.25 28.35 54.25 75+			1			
Take your annual base salary up to \$216,000 and subtract \$45,000. Multiply that figure by .00528 for your annual cost. Then divide by 12. Max monthly cost is \$75.24. 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 EE+S+C = Employee plus Spouse plus 1 or more Children EE+S+C = Employee plus Spouse plus 1 or more Children S10,000 Coverage Age Range Under 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 8.11 40-44 5.80 11.60 6.80 12.60 45-49 9.40 19.30 11.60 6.80 12.60 45-49 9.40 19.30 10.40 20.30 50-54 13.70 28.70 14.70 29.70 55-59 18.80 39.80 19.80 40.88 60-64 26.70 56.70 27.70 57.70 65-69 38.40 78.90 39.40 79.90 70-74 27.35 53.25 28.35 54.25 75+	Optional Short Ter	rm Disability	Replaces 60% of your salary above \$45,000 and up to \$216,000			
Stopposition Stop						/ that figure
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 S10,000 Coverage Age Range Under 25 1.40 2.70 2.40 3.70 2.5-29 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 5.80 11.60 6.80 12.60 45-49 9.40 19.30 10.40 20.30 50-54 13.70 28.70 14.70 29.70 55-59 18.80 39.80 19.80 40.80 60-64 26.70 56.70 27.70 57.70 65-69 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 70.06	1					-
### EE = Employee only EE+S = Employee plus Spouse			by .00528 for your annual cost. Then divide by 12. Max monthly cost is \$75.24.			
### 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 Range Under 25 1.40 2.70 2.40 3.70 2.5-29 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 5.80 11.60 6.80 12.60 45-49 9.40 19.30 10.40 20.30 50-54 13.70 28.70 14.70 29.77 55-59 18.80 39.80 19.80 40.80 60-64 26.70 56.70 27.70 57.70 65-69 38.40 78.90 39.40 79.90 70-74 27.35 53.25 28.35 54.25 75.4	Critical Illness		You pay the full premium.			
### EE+C = Employee plus 1 or more Children #### Spouse plus 1 or more Children #### Spouse plus 1 or more Children #### Spouse plus 1 or more Children ###################################			EE = Employee only			
\$10,000 Coverage			EE+S = Employee plus Spouse			
\$10,000 Coverage			· · · ·			
\$10,000 Coverage						
Under 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 5.80 11.60 6.80 12.60 45-49 9.40 19.30 10.40 20.30 50-54 13.70 28.70 14.70 29.70 55-59 18.80 39.80 19.80 40.80 60-64 26.70 56.70 27.70 57.70 65-69 38.40 78.90 39.40 79.90 70-74 27.35 53.25 28.35 54.26 75+ 38.15 69.05 39.15 70.06				200 p.ao . o	515 5 1 5 1	
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30-34 2.60 5.00 3.60 6.00 35-39 3.60 7.10 4.60 8.10 40-44 5.80 11.60 6.80 12.60 45-49 9.40 19.30 10.40 20.30 50-54 13.70 28.70 14.70 29.70 55-59 18.80 39.80 19.80 40.80 60-64 26.70 56.70 27.70 57.70 65-69 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		Under 25	1.40	2.70	2.40	3.70
35-39 3.60 7.10 4.60 8.10 40-44 5.80 11.60 6.80 12.60 45-49 9.40 19.30 10.40 20.30 50-54 13.70 28.70 14.70 29.70 55-59 18.80 39.80 19.80 40.80 60-64 26.70 56.70 27.70 57.70 65-69 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						4.70
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70-74 27.35 53.25 28.35 54.25 75+ 38.15 69.05 39.15 70.05						57.70
75+ 38.15 69.05 39.15 70.05		65-69	38.40	78.90	39.40	79.90
		_				54.25
\$20,000 Coverage Multiply above rates by 2.		75+	38.15	69.05	39.15	70.05
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