

January 2024

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
Employee only	\$229.59	(\$130.32)	\$99.27
Employee+Spouse	\$537.28	(\$268.42)	\$268.86
Employee+Child(ren)	\$429.92	(\$228.00)	\$201.92
Employee+Spouse+Child(ren)	\$742.06	(\$386.17)	\$355.89

Medical - Classic	Total	UAMS pays	You pay
Employee only	\$497.44	(\$282.36)	\$215.08
Employee+Spouse	\$1,164.10	(\$581.57)	\$582.53
Employee+Child(ren)	\$931.50	(\$494.00)	\$437.50
Employee+Spouse+Child(ren)	\$1,607.80	(\$836.71)	\$771.09

Medical - H S P	Total	UAMS pays	You pay
Employee only	\$199.25	(\$122.15)	\$77.10
Employee+Spouse	\$454.49	(\$271.83)	\$182.65
Employee+Child(ren)	\$373.86	(\$231.35)	\$142.51
Employee+Spouse+Child(ren)	\$634.18	(\$385.58)	\$248.60

Medical - H S P	Total	UAMS pays	You pay
Employee only	\$431.70	(\$264.65)	\$167.05
Employee+Spouse	\$984.72	(\$588.97)	\$395.75
Employee+Child(ren)	\$810.04	(\$501.26)	\$308.78
Employee+Spouse+Child(ren)	\$1,374.06	(\$835.42)	\$538.64

Medical - Premier	Total	UAMS pays	You pay
Employee only	\$347.93	(\$130.32)	\$217.61
Employee+Spouse	\$823.52	(\$268.42)	\$555.11
Employee+Child(ren)	\$650.55	(\$228.00)	\$422.55
Employee+Spouse+Child(ren)	\$1,135.48	(\$386.17)	\$749.30

Medical - Premier	Total	UAMS pays	You pay
Employee only	\$753.84	(\$282.36)	\$471.48
Employee+Spouse	\$1,784.30	(\$581.57)	\$1,202.73
Employee+Child(ren)	\$1,409.52	(\$494.00)	\$915.52
Employee+Spouse+Child(ren)	\$2,460.20	(\$836.71)	\$1,623.49

Dental	Total	UAMS pays	You pay
Employee only	\$14.77	(\$1.48)	\$13.29
Employee+Spouse	\$30.46	(\$3.05)	\$27.42
Employee+Child(ren)	\$25.71	(\$2.57)	\$23.14
Employee+Spouse+Child(ren)	\$41.40	(\$4.14)	\$37.26

Dental	Total	UAMS pays	You pay
Employee only	\$32.00	(\$3.20)	\$28.80
Employee+Spouse	\$66.00	(\$6.60)	\$59.40
Employee+Child(ren)	\$55.70	(\$5.57)	\$50.13
Employee+Spouse+Child(ren)	\$89.70	(\$8.97)	\$80.73

Vision	Enhanced	Basic
Employee only	\$4.38	\$2.16
Employee+Spouse	\$8.65	\$4.30
Employee+Child(ren)	\$8.48	\$4.20
Employee+Spouse+Child(ren)	\$12.89	\$6.39

Vision	Enhanced	Basic
Employee only	\$9.48	\$4.69
Employee+Spouse	\$18.74	\$9.31
Employee+Child(ren)	\$18.37	\$9.11
Employee+Spouse+Child(ren)	\$27.92	\$13.85

BIWEEKLY RATES

MONTHLY RATES

Dependent Life

Amount of spouse coverage (children covered at 1/2 of this amount)	You pay	Amount of spouse coverage (children covered at 1/2 of this amount)	You pay
\$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

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

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

Your Current Age	Rate per \$1,000 of coverage
less than 30	0.017
30 but less than 35	0.024
35 but less than 40	0.028
40 but less than 45	0.035
45 but less than 50	0.052
50 but less than 55	0.079
55 but less than 60	0.148
60 but less than 65	0.228
65 but less than 70	0.438
70 and older	0.717

coverage reduced at ages 70 and 75

Your Current Age	Rate per \$1,000 of coverage
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
55 but less than 60	0.321
60 but less than 65	0.493
65 but less than 70	0.950
70 and older	1.553

coverage reduced at ages 70 and 75

Optional Short Term Disability

- Take your annual base salary up to \$216,000 max, then subtract \$45,000 which is covered by Basic STD.
- 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

- Take your annual base salary, up to \$500,000 max, and subtract \$20,000 which is covered by Basic LTD.
- 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%

Your coverage	you only	family
\$25,000	\$0.17	\$0.35
\$50,000	\$0.35	\$0.69
\$75,000	\$0.52	\$1.04
\$100,000	\$0.69	\$1.38
\$125,000	\$0.87	\$1.73
\$150,000	\$1.04	\$2.08
\$175,000	\$1.21	\$2.42
\$200,000	\$1.38	\$2.77
\$225,000	\$1.56	\$3.12
\$250,000	\$1.73	\$3.46
\$275,000	\$1.90	\$3.81
\$300,000	\$2.08	\$4.15

If elect family, spouse benefit is 60% of your coverage, child 20%

Your coverage	you only	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

Critical Illness Plan

Visit our website, <https://hr.uams.edu/benefits/insurance-rates-summaries/>, for Critical Illness rates.