Medical Resident Physician Monthly Insurance Rates

January 2024

		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		
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)	\$212.4		
Medical - Premier	Employee only	\$753.84	\$ (497.44)	\$256.4		
	Employee and Spouse	\$1,784.30	\$ (923.61)	\$860.6		
	Employee and Child(ren)	\$1,409.52	\$ (791.04)	\$618.4		
	Employee, Spouse, and Child(ren)	\$2,460.20	\$ (1,261.90)	\$1,198.3		
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	1		
	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	J		
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. 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				
		out less than 35	0.053			
		out less than 40	0.060			
		out less than 45	0.075			
		out less than 50	0.112	1		
		out less than 55 out less than 60	0.172	•		
		out less than 60 out less than 65	0.321	•		
		out less than 65 out less than 70	0.493	1		
		70 and older	1.553	1		
	(coverage reduced at ages 70, 75)		1.003	1		

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Dependent Life		You pay the full premium. Children are covered at 1/2 of spouse's coverage.					
		Spouse's Coverage					
			\$10,000	\$ 2.85			
			\$15,000	\$ 4.27			
			\$20,000	\$ 5.69			
AD&D		You pay the full premium.					
		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			
Long Term Disabili	ity	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 Range	EE	EE+S	EE+C	EE+S+C		
	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 40-44	3.60	7.10	4.60	8.10		
	40-44 45-49	5.80	<u>11.60</u> 19.30	<u>6.80</u> 10.40	12.60 20.30		
	40-49 50-54	13.70	28.70	10.40	20.30		
	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		
\$20,000 Coverage		Multiply above rates by 2.					