FGP Monthly Insurance Rates

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

July 2024

		Total	UAMS Cost	Your Cost
Medical - Classic	75-100% TIME WORKED			
	Employee only	\$507.40	\$ (507.40)	\$0.00
	Employee and Spouse	\$1,187.38	\$ (1,187.38)	\$0.00
	Employee and Child(ren)	\$950.14	\$ (950.14)	\$0.00
	Employee, Spouse, and Child(ren)	\$1,639.96	\$ (1,639.96)	\$0.00
	50-74% TIME WORKED			
	Employee only	\$507.40	\$ (380.55)	\$126.85
	Employee and Spouse	\$1,187.38	\$ (890.54)	\$296.84
	Employee and Child(ren)	\$950.14	\$ (712.60)	\$237.54
	Employee, Spouse, and Child(ren)	\$1,639.96	\$ (1,229.97)	\$409.99
Medical - Premier	75-100% TIME WORKED			
	Employee only	\$768.92	\$ (507.40)	\$261.52
	Employee and Spouse	\$1,819.98	\$ (1,187.38)	\$632.60
	Employee and Child(ren)	\$1,437.70	\$ (950.14)	\$487.56
	Employee, Spouse, and Child(ren)	\$2,509.42	\$ (1,639.96)	\$869.46
	50-74% TIME WORKED			
	Employee only	\$768.92	\$ (380.55)	\$388.37
	Employee and Spouse	\$1,819.98	\$ (890.53)	\$929.45
	Employee and Child(ren)	\$1,437.70	\$ (712.60)	\$725.10
	Employee, Spouse, and Child(ren)	\$2,509.42	\$ (1,229.97)	\$1,279.45
Medical - Health Savings Plan	75-100% TIME WORKED			
_	Employee only	\$440.32	\$ (440.32)	\$0.00
	Employee and Spouse	\$1,004.40	\$ (1,004.40)	\$0.00
	Employee and Child(ren)	\$826.24	\$ (826.24)	\$0.00
	Employee, Spouse, and Child(ren)	\$1,401.54	\$ (1,401.54)	\$0.00
	50-74% TIME WORKED			
	Employee only	\$440.32	\$ (330.24)	\$110.08
	Employee and Spouse	\$1,004.40	\$ (768.08)	\$236.32
	Employee and Child(ren)	\$826.24	\$ (619.68)	\$206.56
	Employee, Spouse, and Child(ren)	\$1,401.54	\$ (1,051.15)	\$350.39
Dental	75-100% TIME WORKED			
	Employee only	32.00	(32.00)	0
	Employee and Spouse	66.00	(66.00)	0
	Employee and Child(ren)	55.70	(55.70)	0
	Employee, Spouse, and Child(ren)	89.70	(89.70)	0
	50-74% TIME WORKED			
	Employee only	32.00	(24.00)	8.00
	Employee and Spouse	66.00	(49.50)	16.50
	Employee and Child(ren)	55.70	(41.78)	13.92
	Employee, Spouse, and Child(ren)	89.70	(67.28)	22.42

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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:					
	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					
		less than 50	0.112			
		less than 55	0.172			
		less than 60	0.321			
	60 but less than 65 0.493					
	65 but less than 70 0.950					
Dependent Life	70 and older 1.553 You pay the full premium. Children covered at 1/2 spouse's coverage.					
	Spouse's Coverage					
	\$10,000 \$ 2.85					
	\$15,000 \$					
	\$20,000 \$					
ADSD						
AD&D	You pay the full premium. Amount of Employee Coverage	EE only	EE & Family			
	\$25,000		\$ 0.75			
	\$50,000		\$ 1.50			
	\$75,000		\$ 2.25			
	\$100,000		\$ 3.00			
	\$125,000		\$ 3.75			
	\$150,000		\$ 4.50			
	\$175,000	\$ 2.63	\$ 5.25			
	\$200,000	\$ 3.00	\$ 6.00			
	\$225,000	\$ 3.38	\$ 6.75			
	\$250,000		\$ 7.50			
	\$275,000		\$ 8.25			
	\$300,000	\$ 4.50	\$ 9.00			

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FGP Long Term D	isability	No cost to you. Paid by UAMS. You may elect to have the UAMS premium added to 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.				
Optional Short Te	rm 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 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 25-29 30-34 35-39 40-44 45-49 50-54 55-59 60-64 65-69 70-74 75+		1.40 1.90 2.60 3.60 5.80 9.40 13.70 18.80 26.70 38.40 27.35	2.70 3.70 5.00 7.10 11.60 19.30 28.70 39.80 56.70 78.90 53.25 69.05	2.40 2.90 3.60 4.60 6.80 10.40 14.70 19.80 27.70 39.40 28.35 39.15	8.10 4.70 6.00 8.10 12.60 20.30 29.70 40.80 57.70 79.90 54.25 70.05
\$20,000 Coverage		Multiply above rate		33.30	330	. 3.00