

July 2024

Insurance rates: Pharmacy Residents



Medical - Classic	Total	UAMS pays	You pay
Employee only	\$507.40	(\$507.40)	\$0.00
Employee+Spouse	\$1,187.38	(\$819.29)	\$368.09
Employee+Child(ren)	\$950.14	(\$684.10)	\$266.04
Employee+Spouse+Child(ren)	\$1,639.96	(\$1,164.37)	\$475.59

Medical - H S P	Total	UAMS pays	You pay
Employee only	\$440.32	(\$440.32)	\$0.00
Employee+Spouse	\$1,004.40	(\$776.06)	\$228.34
Employee+Child(ren)	\$826.24	(\$655.35)	\$170.89
Employee+Spouse+Child(ren)	\$1,401.54	(\$1,096.48)	\$305.06

Medical - Premier	Total	UAMS pays	You pay
Employee only	\$768.92	(\$507.40)	\$261.52
Employee+Spouse	\$1,819.98	(\$819.29)	\$1,000.69
Employee+Child(ren)	\$1,437.70	(\$684.10)	\$753.60
Employee+Spouse+Child(ren)	\$2,509.42	(\$1,164.37)	\$1,345.05

Dental	Total	UAMS pays	You pay
Employee only	\$32.00	(\$8.00)	\$24.00
Employee+Spouse	\$66.00	(\$16.50)	\$49.50
Employee+Child(ren)	\$55.70	(\$13.93)	\$41.77
Employee+Spouse+Child(ren)	\$89.70	(\$22.43)	\$67.27

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

Dependent Life

Amount of spouse coverage

You pay

(children covered at 1/2 of this amount)

\$10,000	\$2.85
\$15,000	\$4.27
\$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:

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 monthly cost is \$75.24.

Optional Long Term Disability

- Take your annual base salary up to \$500,000 max, then 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 monthly cost is \$172.00.

Accidental Death & Dismemberment

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

Your coverage	Employee 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