Medical Resident Physician Monthly Insurance Rates

July 2024

		Total	UAMS Cost	Your Cost			
Medical - Classic	Employee only	\$507.40	\$ (507.40)	\$0.00			
	Employee and Spouse	\$1,187.38	\$ (941.30)	\$246.08			
	Employee and Child(ren)	\$950.14	\$ (806.11)	\$144.03			
	Employee, Spouse, and Child(ren)	\$1,639.96	\$ (1,286.38)	\$353.58			
Medical - Health Savings Plan	Employee only	\$440.32	\$ (440.32)	\$0.00			
	Employee and Spouse	\$1,004.40	\$ (868.63)	\$135.77			
	Employee and Child(ren)	\$826.24	\$ (747.92)	\$78.32			
	Employee, Spouse, and Child(ren)	\$1,401.54	\$ (1,189.05)	\$212.49			
Medical - Premier	Employee only	\$768.92	,	\$261.52			
	Employee and Spouse	\$1,819.98	,	\$878.68			
	Employee and Child(ren)	\$1,437.70	,				
	Employee, Spouse, and Child(ren)	\$2,509.42	\$ (1,286.38)	\$1,223.04			
Dental	Employee only	32.00	(8.00)	24.00			
Dentai	Employee and Spouse	66.00	(8.50)				
	Employee and Child(ren)	55.70	(13.93)				
	Employee and Child(ren) Employee, Spouse, and Child(ren)	89.70	(22.43)				
	Employee, opouse, and official	03.70	(22.40)	01.21			
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 calcul	ation:					
·	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	0.037				
	30 bu	ut less than 35	0.053				
	35 bu	ut less than 40	0.060				
	40 bu	ut less than 45	0.075				
	45 bu	ut less than 50	0.112				
	50 bu	ut less than 55	0.172				
	55 bu	ut less than 60	0.321				
	60 bu	ut less than 65	0.493				
		ut less than 70	0.950				
	(coverage reduced at ages 70, 75)	70 and older	1.553				

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Dependent Life		You pay the full premium. Children are covered at	1/2 of sp	ouse's coverage	e.	
'		Spouse's Co		5		
			\$10,000	\$ 2.85		
			\$15,000	\$ 4.27		
			\$20,000	\$ 5.69		
AD&D		You pay the full premium.				
			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 \$ \$150,000 \$	1.88	\$ 3.75 \$ 4.50		
		\$175,000 \$	2.25	\$ 4.50 \$ 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 Disability	,	No cost to you. Paid by UAMS.				
Long Term Disability		The cost to you. I aid by GAING.				
Critical Illness		You pay the full premium.				
Offical lilless		EE = Employee only				
		EE+S = Employee plus Spouse				
		EE+C = Employee plus 3 pouse 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	
	I Inder 25	1.40		2.40	3.70	
	Under 25		2.70			
	25-29	1.90	3.70	2.90	4.70	
	25-29 30-34	1.90 2.60	3.70 5.00	2.90 3.60	4.70 6.00	
	25-29 30-34 35-39	1.90 2.60 3.60	3.70 5.00 7.10	2.90 3.60 4.60	4.70 6.00 8.10	
	25-29 30-34 35-39 40-44	1.90 2.60 3.60 5.80	3.70 5.00 7.10 11.60	2.90 3.60 4.60 6.80	4.70 6.00 8.10 12.60	
	25-29 30-34 35-39 40-44 45-49	1.90 2.60 3.60 5.80 9.40	3.70 5.00 7.10 11.60 19.30	2.90 3.60 4.60 6.80 10.40	4.70 6.00 8.10 12.60 20.30	
	25-29 30-34 35-39 40-44 45-49 50-54	1.90 2.60 3.60 5.80 9.40 13.70	3.70 5.00 7.10 11.60 19.30 28.70	2.90 3.60 4.60 6.80 10.40 14.70	4.70 6.00 8.10 12.60 20.30 29.70	
	25-29 30-34 35-39 40-44 45-49 50-54 55-59	1.90 2.60 3.60 5.80 9.40 13.70	3.70 5.00 7.10 11.60 19.30 28.70 39.80	2.90 3.60 4.60 6.80 10.40 14.70 19.80	4.70 6.00 8.10 12.60 20.30 29.70 40.80	
	25-29 30-34 35-39 40-44 45-49 50-54 55-59 60-64	1.90 2.60 3.60 5.80 9.40 13.70 18.80 26.70	3.70 5.00 7.10 11.60 19.30 28.70 39.80 56.70	2.90 3.60 4.60 6.80 10.40 14.70 19.80 27.70	4.70 6.00 8.10 12.60 20.30 29.70 40.80 57.70	
	25-29 30-34 35-39 40-44 45-49 50-54 55-59 60-64 65-69	1.90 2.60 3.60 5.80 9.40 13.70 18.80 26.70	3.70 5.00 7.10 11.60 19.30 28.70 39.80 56.70 78.90	2.90 3.60 4.60 6.80 10.40 14.70 19.80 27.70 39.40	4.70 6.00 8.10 12.60 20.30 29.70 40.80 57.70 79.90	
	25-29 30-34 35-39 40-44 45-49 50-54 55-59 60-64 65-69 70-74	1.90 2.60 3.60 5.80 9.40 13.70 18.80 26.70 38.40 27.35	3.70 5.00 7.10 11.60 19.30 28.70 39.80 56.70 78.90 53.25	2.90 3.60 4.60 6.80 10.40 14.70 19.80 27.70 39.40 28.35	4.70 6.00 8.10 12.60 20.30 29.70 40.80 57.70 79.90 54.25	
	25-29 30-34 35-39 40-44 45-49 50-54 55-59 60-64 65-69	1.90 2.60 3.60 5.80 9.40 13.70 18.80 26.70	3.70 5.00 7.10 11.60 19.30 28.70 39.80 56.70 78.90	2.90 3.60 4.60 6.80 10.40 14.70 19.80 27.70 39.40	4.70 6.00 8.10 12.60 20.30 29.70 40.80 57.70 79.90	
\$20,000 Coverage	25-29 30-34 35-39 40-44 45-49 50-54 55-59 60-64 65-69 70-74	1.90 2.60 3.60 5.80 9.40 13.70 18.80 26.70 38.40 27.35	3.70 5.00 7.10 11.60 19.30 28.70 39.80 56.70 78.90 53.25	2.90 3.60 4.60 6.80 10.40 14.70 19.80 27.70 39.40 28.35	4.70 6.00 8.10 12.60 20.30 29.70 40.80 57.70 79.90 54.25	