

Insurance Premiums: FGP FT/PT

RATES EFFECTIVE July 1, 2026



Medical – Dental – Vision

Medical	Full-Time			Part-Time		
	Total Premium	UAMS Pays	Employee Pays	Total Premium	UAMS Pays	Employee Pays
Classic						
Employee Only	\$ 533.10	\$ 533.10	\$ -	\$ 533.10	\$ 403.07	\$ 130.03
Employee + Spouse	\$ 1,247.50	\$ 1,247.50	\$ -	\$ 1,247.50	\$ 943.22	\$ 304.28
Employee + Child(ren)	\$ 998.14	\$ 998.14	\$ -	\$ 998.14	\$ 754.69	\$ 243.45
Employee + Family	\$ 1,722.98	\$ 1,722.98	\$ -	\$ 1,722.98	\$ 1,302.74	\$ 420.24
HSP						
Employee Only	\$ 462.66	\$ 462.66	\$ -	\$ 462.66	\$ 349.81	\$ 112.85
Employee + Spouse	\$ 1,055.24	\$ 1,055.24	\$ -	\$ 1,055.24	\$ 797.86	\$ 257.38
Employee + Child(ren)	\$ 868.06	\$ 868.06	\$ -	\$ 868.06	\$ 656.33	\$ 211.73
Employee + Family	\$ 1,472.50	\$ 1,472.50	\$ -	\$ 1,472.50	\$ 1,113.35	\$ 359.15
Premier						
Employee Only	\$ 807.84	\$ 533.10	\$ 274.74	\$ 807.84	\$ 399.80	\$ 408.04
Employee + Spouse	\$ 1,912.12	\$ 1,247.47	\$ 664.65	\$ 1,912.12	\$ 812.65	\$1,099.47
Employee + Child(ren)	\$ 1,510.48	\$ 998.14	\$ 512.34	\$ 1,510.48	\$ 754.69	\$ 755.79
Employee + Family	\$ 2,636.46	\$ 1,515.96	\$ 1,120.50	\$ 2,636.46	\$ 1,120.50	\$1,515.96

Dental	Full-Time			Part-Time		
	Total Premium	UAMS Pays	Employee Pays	Total Premium	UAMS Pays	Employee Pays
Employee Only	\$ 32.64	\$ 32.64	\$ -	\$ 32.64	\$ 23.32	\$ 9.32
Employee + Spouse	\$ 67.32	\$ 67.32	\$ -	\$ 67.32	\$ 49.16	\$ 18.16
Employee + Child(ren)	\$ 56.82	\$ 56.82	\$ -	\$ 56.82	\$ 41.34	\$ 15.48
Employee + Family	\$ 91.50	\$ 91.50	\$ -	\$ 91.50	\$ 67.18	\$ 24.32

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

Life – Disability

	Monthly	
Optional Life		
	Your Current Age	Rate per \$1,000 of coverage
1- Coverage is 1, 2, 3 or 4x your annual salary. 2- Round coverage up to the higher thousand (\$500,000 max). 3- Take off the last 3 zeroes (divide by 1,000) 4- Multiply by your Age Rate. *Coverage reduced at ages 70 & 75.	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
Basic Life		
Coverage is provided automatically at no cost to you equal to your annual salary, up to \$50,000. You cannot opt out of this coverage.		
Dependent Life		
	Amount of Coverage	Monthly
Child(ren) covered at 1/2 of coverage amount	\$ 10,000.00	\$ 2.85
	\$ 15,000.00	\$ 4.27
	\$ 20,000.00	\$ 5.69

Optional Short Term Disability (STD)	
Optional – Supplemental STD: (annual base salary - \$45,000) x (0.00285) = (annual premium) / (number of paychecks a year 26 or 12)	
Optional – Voluntary STD: (annual base salary) x (0.00473) = (annual premium) / (number of paychecks a year 26 or 12)	
Basic Short Term Disability (STD)	
Paid for by UAMS through your Third Anniversary in a benefits eligible position up to \$45,000 of your base annual salary.	

Long Term Disability (LTD)	
Paid for by UAMS. You elect to have the UAMS premiums added to your taxable income or not	

		Monthly	
Accidental Death & dismemberment (AD&D)			
Coverage Amount		Self Only	Family
\$ 25,000.00		\$0.38	\$0.75
\$ 50,000.00		\$0.75	\$1.50
\$ 75,000.00		\$1.13	\$2.25
\$ 100,000.00		\$1.50	\$3.00
\$ 125,000.00		\$1.88	\$3.75
\$ 150,000.00		\$2.25	\$4.50
\$ 175,000.00		\$2.63	\$5.25
\$ 200,000.00		\$3.00	\$6.00
\$ 225,000.00		\$3.38	\$6.75
\$ 250,000.00		\$3.75	\$7.50
\$ 275,000.00		\$4.13	\$8.25
\$ 300,000.00		\$4.50	\$9.00
Family - spouse benefit is 60% of your coverage, child(ren) is 20%			