

Insurance Premiums: Medical Residents

RATES EFFECTIVE July 1, 2026



Medical – Dental – Vision

	Monthly		
Medical	Total Premium	UAMS Pays	Employee Pays
Classic			
Employee Only	\$ 533.10	\$ 533.10	\$ -
Employee + Spouse	\$ 1,247.50	\$ 965.37	\$ 282.13
Employee + Child(ren)	\$ 998.14	\$ 832.82	\$ 165.32
Employee + Family	\$ 1722.98	\$ 1307.48	\$ 415.50
HSP			
Employee Only	\$ 462.66	\$ 462.66	\$ -
Employee + Spouse	\$ 1,055.24	\$ 859.24	\$ 196.00
Employee + Child(ren)	\$ 868.06	\$ 743.77	\$ 124.29
Employee + Family	\$ 1,472.50	\$ 1,154.37	\$ 318.13
Premier			
Employee Only	\$ 807.84	\$ 533.10	\$ 274.74
Employee + Spouse	\$ 1,912.12	\$ 965.34	\$ 946.78
Employee + Child(ren)	\$ 1,510.48	\$ 832.82	\$ 677.66
Employee + Family	\$ 2,636.46	\$ 1,100.46	\$ 1,536.00

	Monthly		
Dental	Total Premium	UAMS Pays	Employee Pays
Employee Only	\$ 32.64	\$ 7.32	\$ 25.32
Employee + Spouse	\$ 67.32	\$ 16.16	\$ 51.16
Employee + Child(ren)	\$ 56.82	\$ 13.49	\$ 43.33
Employee + Family	\$ 91.50	\$ 22.33	\$ 69.17

	Monthly	
Vision	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

Basic Long Term Disability (LTD)	
Paid for by UAMS up to \$20,000 of your base annual salary.	

		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%			