

Insurance Premiums: 75% to 100%

Applies to full-time employees and benefits-eligible employees working at least 75%

RATES EFFECTIVE July 1, 2026



Medical – Dental – Vision

Medical	Bi-Weekly			Monthly		
	Total Premium	UAMS Pays	Employee Pays	Total Premium	UAMS Pays	Employee Pays
Classic						
Employee Only	\$ 246.04	\$ 174.03	\$ 72.01	\$ 533.10	\$ 377.07	\$ 156.03
Employee + Spouse	\$ 575.77	\$ 373.54	\$ 202.23	\$ 1,247.50	\$ 809.34	\$ 438.16
Employee + Child(ren)	\$ 460.68	\$ 312.36	\$ 148.32	\$ 998.14	\$ 676.79	\$ 321.35
Employee + Family	\$ 795.22	\$ 531.44	\$ 263.78	\$ 1,722.98	\$ 1,151.45	\$ 571.53
HSP						
Employee Only	\$ 213.53	\$ 156.24	\$ 57.29	\$ 462.66	\$ 338.53	\$ 124.13
Employee + Spouse	\$ 487.04	\$ 344.49	\$ 142.55	\$ 1,055.24	\$ 746.39	\$ 308.85
Employee + Child(ren)	\$ 400.64	\$ 291.20	\$ 109.44	\$ 868.06	\$ 630.93	\$ 237.13
Employee + Family	\$ 679.62	\$ 480.71	\$ 198.91	\$ 1,472.50	\$ 1,041.53	\$ 430.97
Premier						
Employee Only	\$ 372.85	\$ 162.19	\$ 210.66	\$ 807.84	\$ 351.41	\$ 456.43
Employee + Spouse	\$ 882.52	\$ 339.77	\$ 542.75	\$ 1,912.12	\$ 736.17	\$ 1,175.95
Employee + Child(ren)	\$ 697.14	\$ 282.34	\$ 414.80	\$ 1,510.48	\$ 611.74	\$ 898.74
Employee + Family	\$ 1,216.83	\$ 480.65	\$ 736.18	\$ 2,636.46	\$ 1,041.40	\$ 1,595.06

Dental	Bi-Weekly			Monthly		
	Total Premium	UAMS Pays	Employee Pays	Total Premium	UAMS Pays	Employee Pays
Employee Only						
Employee Only	\$ 15.07	\$ 3.38	\$ 11.69	\$ 32.64	\$ 7.32	\$ 25.32
Employee + Spouse	\$ 31.07	\$ 7.46	\$ 23.61	\$ 67.32	\$ 16.16	\$ 51.16
Employee + Child(ren)	\$ 26.22	\$ 6.23	\$ 19.99	\$ 56.82	\$ 13.49	\$ 43.33
Employee + Family	\$ 42.23	\$ 10.31	\$ 31.92	\$ 91.50	\$ 22.33	\$ 69.17

Vision	Bi-Weekly		Monthly	
	Enhanced	Basic	Enhanced	Basic
Employee Only	\$ 4.38	\$ 2.16	\$ 9.48	\$ 4.69
Employee + Spouse	\$ 8.65	\$ 4.30	\$ 18.74	\$ 9.31
Employee + Child(ren)	\$ 8.48	\$ 4.20	\$ 18.37	\$ 9.11
Employee + Family	\$ 12.89	\$ 6.39	\$ 27.92	\$ 13.85

Life – Disability

		Bi-Weekly	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	\$ 0.017	\$ 0.037
	30 but less than 35	\$ 0.024	\$ 0.053
	35 but less than 40	\$ 0.028	\$ 0.060
	40 but less than 45	\$ 0.035	\$ 0.075
	45 but less than 50	\$ 0.052	\$ 0.112
	50 but less than 55	\$ 0.079	\$ 0.172
	55 but less than 60	\$ 0.148	\$ 0.321
	60 but less than 65	\$ 0.228	\$ 0.493
	65 but less than 70	\$ 0.438	\$ 0.950
	70 and older	\$ 0.717	\$ 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	Bi-Weekly	Monthly
Child(ren) covered at 1/2 of coverage amount	\$ 10,000.00	\$ 1.32	\$ 2.85
	\$ 15,000.00	\$ 1.97	\$ 4.27
	\$ 20,000.00	\$ 2.63	\$ 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.	

Optional Long Term Disability (LTD)	
1. Take your annual base salary, up to \$500,000 max, and subtract \$20,000 which is covered by Basic LTD.	
2. Multiply that figure by .00546 for your annual cost. Then divide by number of pay periods in the year (12 or 26)	
Max cost for Bi-weekly is \$100.80	Max cost for Monthly is \$218.40
Basic Long Term Disability (LTD)	
Paid for by UAMS up to \$20,000 of your base annual salary.	

		Bi-Weekly		Monthly	
Accidental Death & Dismemberment (AD&D)					
Coverage Amount		Self Only	Family	Self Only	Family
\$	25,000.00	\$0.17	\$0.35	\$0.38	\$0.75
\$	50,000.00	\$0.35	\$0.69	\$0.75	\$1.50
\$	75,000.00	\$0.52	\$1.04	\$1.13	\$2.25
\$	100,000.00	\$0.69	\$1.38	\$1.50	\$3.00
\$	125,000.00	\$0.87	\$1.73	\$1.88	\$3.75
\$	150,000.00	\$1.04	\$2.08	\$2.25	\$4.50
\$	175,000.00	\$1.21	\$2.42	\$2.63	\$5.25
\$	200,000.00	\$1.38	\$2.77	\$3.00	\$6.00
\$	225,000.00	\$1.56	\$3.12	\$3.38	\$6.75
\$	250,000.00	\$1.73	\$3.46	\$3.75	\$7.50
\$	275,000.00	\$1.90	\$3.81	\$4.13	\$8.25
\$	300,000.00	\$2.08	\$4.15	\$4.50	\$9.00
Family - spouse benefit is 60% of your coverage, child(ren) is 20%					