

January 2020

Insurance rates: 50% to 74% time worked

Applies to part-time, benefits-eligible employees working 50-74%

Rates revised due to leap year and 27 paychecks in 2020.



Biweekly

Please refer to other rate sheet if you work 75% or more.

Medical - Classic	Total	UAMS pays	You pay
Employee only	\$190.44	(\$115.41)	\$75.04
Employee + Spouse	\$432.84	(\$242.39)	\$190.45
Employee + Child(ren)	\$356.29	(\$206.65)	\$149.64
Employee + Spouse + Child(ren)	\$603.24	(\$343.85)	\$259.40

Medical - H S P	Total	UAMS pays	You pay
Employee only	\$175.80	(\$115.41)	\$60.40
Employee + Spouse	\$400.10	(\$242.39)	\$157.71
Employee + Child(ren)	\$329.53	(\$206.65)	\$122.88
Employee + Spouse + Child(ren)	\$558.28	(\$343.85)	\$214.44

Medical - Premier	Total	UAMS pays	You pay
Employee only	\$226.01	(\$115.41)	\$110.60
Employee + Spouse	\$516.14	(\$242.39)	\$273.75
Employee + Child(ren)	\$423.22	(\$206.65)	\$216.57
Employee + Spouse + Child(ren)	\$715.80	(\$343.85)	\$371.95

Dental	Total	UAMS pays	You pay
Employee only	\$14.22	(\$1.42)	\$12.80
Employee + Spouse	\$29.33	(\$2.93)	\$26.40
Employee + Child(ren)	\$24.76	(\$2.48)	\$22.28
Employee + Spouse + Child(ren)	\$39.87	(\$3.99)	\$35.88

Vision	Enhanced	Basic
Employee only	\$5.16	\$2.56
Employee + Spouse	\$10.21	\$5.08
Employee + Child(ren)	\$10.01	\$4.97
Employee + Spouse + Child(ren)	\$15.21	\$7.56

Monthly

Please refer to other rate sheet if you work 75% or more, are a Medical Resident, or are a COM Faculty Group Practice member.

Medical - Classic	Total	UAMS pays	You pay
Employee only	\$428.50	(\$259.67)	\$168.83
Employee + Spouse	\$973.90	(\$545.38)	\$428.52
Employee + Child(ren)	\$801.66	(\$464.96)	\$336.70
Employee + Spouse + Child(ren)	\$1,357.30	(\$773.66)	\$583.64

Medical - H S P	Total	UAMS pays	You pay
Employee only	\$395.56	(\$259.67)	\$135.89
Employee + Spouse	\$900.22	(\$545.38)	\$354.84
Employee + Child(ren)	\$741.44	(\$464.96)	\$276.48
Employee + Spouse + Child(ren)	\$1,256.14	(\$773.66)	\$482.48

Medical - Premier	Total	UAMS pays	You pay
Employee only	\$508.52	(\$259.67)	\$248.85
Employee + Spouse	\$1,161.32	(\$545.38)	\$615.94
Employee + Child(ren)	\$952.24	(\$464.96)	\$487.28
Employee + Spouse + Child(ren)	\$1,610.54	(\$773.66)	\$836.88

Dental	Total	UAMS pays	You pay
Employee only	\$32.00	(\$3.20)	\$28.80
Employee + Spouse	\$66.00	(\$6.60)	\$59.40
Employee + Child(ren)	\$55.70	(\$5.57)	\$50.13
Employee + Spouse + Child(ren)	\$89.70	(\$8.97)	\$80.73

Vision	Enhanced	Basic
Employee only	\$11.62	\$5.76
Employee + Spouse	\$22.97	\$11.43
Employee + Child(ren)	\$22.52	\$11.19
Employee + Spouse + Child(ren)	\$34.22	\$17.01

BIWEEKLY RATES

MONTHLY RATES

Dependent Life

Amount of spouse coverage
(children covered at 1/2 of this amount)

You pay

\$10,000	\$1.27
\$15,000	\$1.90
\$20,000	\$2.53

Amount of spouse coverage
(children covered at 1/2 of this amount)

You pay

\$10,000	\$2.85
\$15,000	\$4.27
\$20,000	\$5.69

Optional Life

1. Coverage is 1, 2, 3 or 4 x your annual salary
2. Round coverage up to nearest \$1000 (\$500,000 max)
3. Take off the last 3 zeroes (divide by 1,000)
4. Multiply by your Age Rate:

Your Current Age **Rate per \$1,000 of coverage**

less than 30	0.019
30 but less than 35	0.026
35 but less than 40	0.030
40 but less than 45	0.037
45 but less than 50	0.056
50 but less than 55	0.086
55 but less than 60	0.160
60 but less than 65	0.246
65 but less than 70	0.474
70 and older	0.765

coverage reduced at ages 70 and 75

1. Coverage is 1, 2, 3 or 4 x your annual salary
2. Round coverage up to higher thousand (\$500,000 max)
3. Take off the last 3 zeroes (divide by 1,000)
4. Multiply by your Age Rate:

Your Current Age **Rate per \$1,000 of coverage**

less than 30	0.042
30 but less than 35	0.059
35 but less than 40	0.067
40 but less than 45	0.084
45 but less than 50	0.126
50 but less than 55	0.193
55 but less than 60	0.361
60 but less than 65	0.554
65 but less than 70	1.067
70 and older	1.722

coverage reduced at ages 70 and 75

Optional Short Term Disability

1. Take your annual base salary (up to \$216,000 max) and subtract \$45,000 which is covered by Basic STD.
2. Multiply that figure by .0055 for your annual cost. Then divide by # of pay days in the year, 27 biweekly or 12 monthly.
Max biweekly cost is \$34.84 Max monthly cost is \$78.38

Optional Long Term Disability

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 .0043 for your annual cost. Then divide by # of pay days in the year, 27 biweekly or 12 monthly.
Max biweekly cost is \$76.44 Max monthly cost is \$172.00

Accidental Death & Dismemberment

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

Your coverage	you only	family
\$25,000	\$0.17	\$0.33
\$50,000	\$0.33	\$0.67
\$75,000	\$0.50	\$1.00
\$100,000	\$0.67	\$1.33
\$125,000	\$0.83	\$1.67
\$150,000	\$1.00	\$2.00
\$175,000	\$1.17	\$2.33
\$200,000	\$1.33	\$2.67
\$225,000	\$1.50	\$3.00
\$250,000	\$1.67	\$3.33
\$275,000	\$1.83	\$3.67
\$300,000	\$2.00	\$4.00

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

Your coverage	you 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

Critical Illness Plan

Visit our website, hr.uams.edu/benefits/insurance-plans/critical-illness/, for rates.