

**January 2020**

**Insurance rates: 75% to 100% time worked**



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

*Rates slightly lower due to 27 paychecks in 2020.*

**Biweekly**

*Please refer to other rate sheet if you work part-time 50-74%*

Medical - Classic	Total	UAMS pays	You pay
Employee only	\$190.44	(\$144.00)	<b>\$46.44</b>
Employee + Spouse	\$432.84	(\$307.32)	<b>\$125.52</b>
Employee + Child(ren)	\$356.29	(\$260.09)	<b>\$96.20</b>
Employee + Spouse + Child(ren)	\$603.24	(\$434.34)	<b>\$168.91</b>

Medical - H S P	Total	UAMS pays	You pay
Employee only	\$175.80	(\$144.00)	<b>\$31.80</b>
Employee + Spouse	\$400.10	(\$307.32)	<b>\$92.78</b>
Employee + Child(ren)	\$329.53	(\$260.09)	<b>\$69.44</b>
Employee + Spouse + Child(ren)	\$558.28	(\$434.34)	<b>\$123.95</b>

Medical - Premier	Total	UAMS pays	You pay
Employee only	\$226.01	(\$144.00)	<b>\$82.01</b>
Employee + Spouse	\$516.14	(\$307.32)	<b>\$208.82</b>
Employee + Child(ren)	\$423.22	(\$260.09)	<b>\$163.12</b>
Employee + Spouse + Child(ren)	\$715.80	(\$434.34)	<b>\$281.46</b>

Dental	Total	UAMS pays	You pay
Employee only	\$14.22	(\$3.56)	<b>\$10.67</b>
Employee + Spouse	\$29.33	(\$7.33)	<b>\$22.00</b>
Employee + Child(ren)	\$24.76	(\$6.19)	<b>\$18.56</b>
Employee + Spouse + Child(ren)	\$39.87	(\$9.97)	<b>\$29.90</b>

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

**Monthly**

*Please refer to other rate sheet if you work part-time 50-74%, are a Medical Resident, or are a Coll of Med Faculty Group Practice member.*

Medical - Classic	Total	UAMS pays	You pay
Employee only	\$428.50	(\$324.00)	<b>\$104.50</b>
Employee + Spouse	\$973.90	(\$691.47)	<b>\$282.43</b>
Employee + Child(ren)	\$801.66	(\$585.21)	<b>\$216.45</b>
Employee + Spouse + Child(ren)	\$1,357.30	(\$977.26)	<b>\$380.04</b>

Medical - H S P	Total	UAMS pays	You pay
Employee only	\$395.56	(\$324.00)	<b>\$71.56</b>
Employee + Spouse	\$900.22	(\$691.47)	<b>\$208.75</b>
Employee + Child(ren)	\$741.44	(\$585.21)	<b>\$156.23</b>
Employee + Spouse + Child(ren)	\$1,256.14	(\$977.26)	<b>\$278.88</b>

Medical - Premier	Total	UAMS pays	You pay
Employee only	\$508.52	(\$324.00)	<b>\$184.52</b>
Employee + Spouse	\$1,161.32	(\$691.47)	<b>\$469.85</b>
Employee + Child(ren)	\$952.24	(\$585.21)	<b>\$367.03</b>
Employee + Spouse + Child(ren)	\$1,610.54	(\$977.26)	<b>\$633.28</b>

Dental	Total	UAMS pays	You pay
Employee only	\$32.00	(\$8.00)	<b>\$24.00</b>
Employee + Spouse	\$66.00	(\$16.50)	<b>\$49.50</b>
Employee + Child(ren)	\$55.70	(\$13.93)	<b>\$41.77</b>
Employee + Spouse + Child(ren)	\$89.70	(\$22.43)	<b>\$67.27</b>

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

**BIWEEKLY RATES****MONTHLY RATES****Dependent Life****Amount of spouse coverage**

(children covered at 1/2 of this amount)

**You pay**

\$10,000	<b>\$1.27</b>
\$15,000	<b>\$1.90</b>
\$20,000	<b>\$2.53</b>

**Amount of spouse coverage**

(children covered at 1/2 of this amount)

**You pay**

\$10,000	<b>\$2.85</b>
\$15,000	<b>\$4.27</b>
\$20,000	<b>\$5.69</b>

**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:

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	0.019
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

**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%

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

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

<b>Your coverage</b>	<b>you only</b>	<b>family</b>
\$25,000	<b>\$0.38</b>	<b>\$0.75</b>
\$50,000	<b>\$0.75</b>	<b>\$1.50</b>
\$75,000	<b>\$1.13</b>	<b>\$2.25</b>
\$100,000	<b>\$1.50</b>	<b>\$3.00</b>
\$125,000	<b>\$1.88</b>	<b>\$3.75</b>
\$150,000	<b>\$2.25</b>	<b>\$4.50</b>
\$175,000	<b>\$2.63</b>	<b>\$5.25</b>
\$200,000	<b>\$3.00</b>	<b>\$6.00</b>
\$225,000	<b>\$3.38</b>	<b>\$6.75</b>
\$250,000	<b>\$3.75</b>	<b>\$7.50</b>
\$275,000	<b>\$4.13</b>	<b>\$8.25</b>
\$300,000	<b>\$4.50</b>	<b>\$9.00</b>

**Critical Illness Plan**Visit our website, [hr.uams.edu/benefits/insurance-plans/critical-illness/](http://hr.uams.edu/benefits/insurance-plans/critical-illness/), for rates.