

July 2019

Insurance rates: 50% to 74% time worked

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



Biweekly

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

Medical - Classic	Total	UAMS pays	You pay
Employee only	\$197.77	(\$119.85)	\$77.92
Employee + Spouse	\$449.49	(\$251.71)	\$197.78
Employee + Child(ren)	\$370.00	(\$214.60)	\$155.40
Employee + Spouse + Child(ren)	\$626.45	(\$357.07)	\$269.37

Medical - H S P	Total	UAMS pays	You pay
Employee only	\$182.57	(\$119.85)	\$62.72
Employee + Spouse	\$415.48	(\$251.71)	\$163.77
Employee + Child(ren)	\$342.21	(\$214.60)	\$127.61
Employee + Spouse + Child(ren)	\$579.75	(\$357.07)	\$222.68

Medical - Premier	Total	UAMS pays	You pay
Employee only	\$234.70	(\$119.85)	\$114.85
Employee + Spouse	\$535.99	(\$251.71)	\$284.28
Employee + Child(ren)	\$439.50	(\$214.60)	\$224.90
Employee + Spouse + Child(ren)	\$743.33	(\$357.07)	\$386.25

Dental	Total	UAMS pays	You pay
Employee only	\$14.77	(\$1.48)	\$13.29
Employee + Spouse	\$30.46	(\$3.05)	\$27.42
Employee + Child(ren)	\$25.71	(\$2.57)	\$23.14
Employee + Spouse + Child(ren)	\$41.40	(\$4.14)	\$37.26

Vision	Enhanced	Basic
Employee only	\$5.36	\$2.66
Employee + Spouse	\$10.60	\$5.28
Employee + Child(ren)	\$10.39	\$5.16
Employee + Spouse + Child(ren)	\$15.79	\$7.85

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	\$1.32
\$15,000	\$1.97
\$20,000	\$2.63

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:

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
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Your Current Age	Rate per \$1,000 of coverage
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less than 30	0.019
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less than 30	0.042
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30 but less than 35	0.027
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30 but less than 35	0.059
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35 but less than 40	0.031
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35 but less than 40	0.067
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40 but less than 45	0.039
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40 but less than 45	0.084
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45 but less than 50	0.058
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45 but less than 50	0.126
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50 but less than 55	0.089
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50 but less than 55	0.193
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55 but less than 60	0.167
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55 but less than 60	0.361
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60 but less than 65	0.256
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60 but less than 65	0.554
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65 but less than 70	0.492
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65 but less than 70	1.067
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70 and older	0.795
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70 and older	1.722
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coverage reduced at ages 70 and 75

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 .00802 for your annual cost. Then divide by # of pay periods in the year, 26 biweekly or 12 monthly.
Max biweekly cost is \$52.75 Max monthly cost is \$114.29

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 .00512 for your annual cost. Then divide by # of pay periods in the year, 26 biweekly or 12 monthly.
Max biweekly cost is \$94.52 Max monthly cost is \$204.80

Accidental Death & Dismemberment

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

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

Your coverage	you only	family
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Your coverage	you only	family
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\$25,000	\$0.18	\$0.35
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\$25,000	\$0.38	\$0.75
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\$50,000	\$0.35	\$0.69
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\$50,000	\$0.75	\$1.50
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\$75,000	\$0.52	\$1.04
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\$75,000	\$1.13	\$2.25
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\$100,000	\$0.69	\$1.38
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\$100,000	\$1.50	\$3.00
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\$125,000	\$0.87	\$1.73
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\$125,000	\$1.88	\$3.75
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\$150,000	\$1.04	\$2.08
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\$150,000	\$2.25	\$4.50
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\$175,000	\$1.21	\$2.42
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\$175,000	\$2.63	\$5.25
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\$200,000	\$1.38	\$2.77
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\$200,000	\$3.00	\$6.00
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\$225,000	\$1.56	\$3.12
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\$225,000	\$3.38	\$6.75
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\$250,000	\$1.73	\$3.46
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\$250,000	\$3.75	\$7.50
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\$275,000	\$1.91	\$3.81
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\$275,000	\$4.13	\$8.25
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\$300,000	\$2.08	\$4.15
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\$300,000	\$4.50	\$9.00
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