

July 2019

Insurance rates: 75% to 100% time worked

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



Biweekly

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

Medical - Classic	Total	UAMS pays	You pay
Employee only	\$197.77	(\$149.54)	\$48.23
Employee + Spouse	\$449.49	(\$319.14)	\$130.35
Employee + Child(ren)	\$370.00	(\$270.10)	\$99.90
Employee + Spouse + Child(ren)	\$626.44	(\$451.04)	\$175.40

Medical - H S P	Total	UAMS pays	You pay
Employee only	\$182.57	(\$149.54)	\$33.03
Employee + Spouse	\$415.49	(\$319.14)	\$96.35
Employee + Child(ren)	\$342.21	(\$270.10)	\$72.11
Employee + Spouse + Child(ren)	\$579.75	(\$451.04)	\$128.71

Medical - Premier	Total	UAMS pays	You pay
Employee only	\$234.70	(\$149.54)	\$85.16
Employee + Spouse	\$535.99	(\$319.14)	\$216.85
Employee + Child(ren)	\$439.50	(\$270.10)	\$169.40
Employee + Spouse + Child(ren)	\$743.32	(\$451.04)	\$292.28

Dental	Total	UAMS pays	You pay
Employee only	\$14.77	(\$3.69)	\$11.08
Employee + Spouse	\$30.46	(\$7.62)	\$22.85
Employee + Child(ren)	\$25.71	(\$6.43)	\$19.28
Employee + Spouse + Child(ren)	\$41.40	(\$10.35)	\$31.05

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 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)	\$104.50
Employee + Spouse	\$973.90	(\$691.47)	\$282.43
Employee + Child(ren)	\$801.66	(\$585.21)	\$216.45
Employee + Spouse + Child(ren)	\$1,357.30	(\$977.26)	\$380.04

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

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

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

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

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

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

Your Current Age	BW Rate per \$1,000 of coverage
less than 30	0.019
30 but less than 35	0.027
35 but less than 40	0.031
40 but less than 45	0.039
45 but less than 50	0.058
50 but less than 55	0.089
55 but less than 60	0.167
60 but less than 65	0.256
65 but less than 70	0.492
70 and older	0.795

Your Current Age	MO 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

coverage reduced at ages 70 and 75

Optional Short Term Disability

- Take your annual base salary (up to \$216,000 max) and subtract \$45,000 (which is covered by Basic STD).
- 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

- Take your annual base salary (up to \$500,000 max) and subtract the \$20,000 which is covered by Basic LTD.
- 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%

Your coverage	you only	family
\$25,000	\$0.18	\$0.35
\$50,000	\$0.35	\$0.69
\$75,000	\$0.52	\$1.04
\$100,000	\$0.69	\$1.38
\$125,000	\$0.87	\$1.73
\$150,000	\$1.04	\$2.08
\$175,000	\$1.21	\$2.42
\$200,000	\$1.38	\$2.77
\$225,000	\$1.56	\$3.12
\$250,000	\$1.73	\$3.46
\$275,000	\$1.91	\$3.81
\$300,000	\$2.08	\$4.15

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