

UNIVERSITY OF ARKANSAS - MONTHLY INSURANCE PREMIUMS

Jul 2017

	12 Month Premiums			9 Month Premiums**		
Medical Coverage	Salaries below \$28,000	75%-100% Appt	50%-74% Appt	Salaries below \$28,000	75%-100% Appt	50%-74% Appt
	Employee Only	\$68.05	\$116.24	Employee Only	\$90.73	\$154.98
	Employee & Spouse	\$153.15	\$261.55	Employee & Spouse	\$204.20	\$348.74
	Employee & Child(ren)	\$120.12	\$205.15	Employee & Child(ren)	\$160.16	\$273.53
	Emp., Sp. & Child(ren)	\$205.30	\$350.65	Emp., Sp. & Child(ren)	\$273.73	\$467.53
Classic Plan	Salaries \$28,000-\$38,999	75%-100% Appt	50%-74% Appt	Salaries \$28,000-\$38,999	75%-100% Appt	50%-74% Appt
	Employee Only	\$68.05	\$116.24	Employee Only	\$90.73	\$154.98
	Employee & Spouse	\$163.11	\$278.56	Employee & Spouse	\$217.47	\$371.41
	Employee & Child(ren)	\$127.93	\$218.48	Employee & Child(ren)	\$170.57	\$291.31
	Emp., Sp. & Child(ren)	\$218.66	\$373.45	Emp., Sp. & Child(ren)	\$291.54	\$497.93
	Salaries \$39,000-\$54,999	75%-100% Appt	50%-74% Appt	Salaries \$39,000-\$54,999	75%-100% Appt	50%-74% Appt
	Employee Only	\$74.86	\$127.86	Employee Only	\$99.81	\$170.48
	Employee & Spouse	\$172.29	\$294.24	Employee & Spouse	\$229.72	\$392.33
	Employee & Child(ren)	\$135.14	\$230.79	Employee & Child(ren)	\$180.18	\$307.72
	Emp., Spouse & Child(ren)	\$230.97	\$394.49	Emp., Sp. & Child(ren)	\$307.96	\$525.98
<i>Note: Employees who are less than 100% appointed will be in the salary tier equal to their 100% appointed salary.</i>	Salaries \$55,000-\$99,999	75%-100% Appt	50%-74% Appt	Salaries \$55,000-\$99,999	75%-100% Appt	50%-74% Appt
	Employee Only	\$80.98	\$138.32	Employee Only	\$107.97	\$184.43
	Employee & Spouse	\$182.24	\$311.25	Employee & Spouse	\$242.99	\$415.00
	Employee & Child(ren)	\$142.94	\$244.12	Employee & Child(ren)	\$190.59	\$325.50
	Emp., Spouse & Child(ren)	\$244.32	\$417.27	Emp., Sp. & Child(ren)	\$325.76	\$556.36
	Salaries \$100,000-\$149,999	75%-100% Appt	50%-74% Appt	Salaries \$100,000-\$149,999	75%-100% Appt	50%-74% Appt
	Employee Only	\$82.34	\$140.65	Employee Only	\$109.78	\$187.53
	Employee & Spouse	\$196.02	\$334.79	Employee & Spouse	\$261.36	\$446.39
	Employee & Child(ren)	\$153.76	\$262.59	Employee & Child(ren)	\$205.01	\$350.12
	Emp., Sp. & Child(ren)	\$262.80	\$448.84	Emp., Sp. & Child(ren)	\$350.40	\$598.45
	Salaries Above \$150,000	75%-100% Appt	50%-74% Appt	Salaries Above \$150,000	75%-100% Appt	50%-74% Appt
	Employee Only	\$83.70	\$142.97	Employee Only	\$111.60	\$190.63
	Employee & Spouse	\$206.75	\$353.10	Employee & Spouse	\$275.67	\$470.80
	Employee & Child(ren)	\$162.16	\$276.95	Employee & Child(ren)	\$216.22	\$369.26
	Emp., Spouse & Child(ren)	\$277.17	\$473.38	Emp., Sp. & Child(ren)	\$369.55	\$631.18
Medical Coverage	Salaries below \$28,000	75%-100% Appt	50%-74% Appt	Salaries below \$28,000	75%-100% Appt	50%-74% Appt
	Employee Only	\$106.28	\$159.42	Employee Only	\$141.71	\$212.56
	Employee & Spouse	\$238.59	\$357.87	Employee & Spouse	\$318.13	\$477.16
	Employee & Child(ren)	\$187.14	\$280.70	Employee & Child(ren)	\$249.52	\$374.26
	Emp., Spouse & Child(ren)	\$320.24	\$480.36	Emp., Sp. & Child(ren)	\$426.99	\$640.48
POS Plan	Salaries \$28,000-\$38,999	75%-100% Appt	50%-74% Appt	Salaries \$28,000-\$38,999	75%-100% Appt	50%-74% Appt
	Employee Only	\$106.28	\$159.42	Employee Only	\$141.71	\$212.56
	Employee & Spouse	\$254.10	\$381.13	Employee & Spouse	\$338.80	\$508.17
	Employee & Child(ren)	\$199.30	\$298.94	Employee & Child(ren)	\$265.74	\$398.59
	Emp., Sp. & Child(ren)	\$341.06	\$511.58	Emp., Sp. & Child(ren)	\$454.75	\$682.11
	Salaries \$39,000-\$54,999	75%-100% Appt	50%-74% Appt	Salaries \$39,000-\$54,999	75%-100% Appt	50%-74% Appt
	Employee Only	\$116.91	\$175.36	Employee Only	\$155.89	\$233.81
	Employee & Spouse	\$268.43	\$402.60	Employee & Spouse	\$357.91	\$536.80
	Employee & Child(ren)	\$210.53	\$315.79	Employee & Child(ren)	\$280.71	\$421.05
	Emp., Sp. & Child(ren)	\$360.28	\$540.40	Emp., Spouse & Child(ren)	\$480.37	\$720.53
<i>Note: Employees who are less than 100% appointed will be in the salary tier equal to their 100% appointed salary.</i>	Salaries \$55,000-\$99,999	75%-100% Appt	50%-74% Appt	Salaries \$55,000-\$99,999	75%-100% Appt	50%-74% Appt
	Employee Only	\$126.48	\$189.71	Employee Only	\$168.64	\$252.94
	Employee & Spouse	\$283.92	\$425.86	Employee & Spouse	\$378.57	\$567.81
	Employee & Child(ren)	\$222.70	\$334.02	Employee & Child(ren)	\$296.93	\$445.37
	Emp., Sp. & Child(ren)	\$381.09	\$571.62	Emp., Sp. & Child(ren)	\$508.12	\$762.16
	Salaries \$100,000-\$149,999	75%-100% Appt	50%-74% Appt	Salaries \$100,000-\$149,999	75%-100% Appt	50%-74% Appt
	Employee Only	\$128.61	\$192.89	Employee Only	\$171.48	\$257.19
	Employee & Spouse	\$305.40	\$458.07	Employee & Spouse	\$407.20	\$610.76
	Employee & Child(ren)	\$239.54	\$359.29	Employee & Child(ren)	\$319.39	\$479.06
	Emp. Sp. & Child(ren)	\$409.92	\$614.86	Emp. Sp. & Child(ren)	\$546.56	\$819.81
	Salaries Above \$150,000	75%-100% Appt	50%-74% App	Salaries Above \$150,000	75%-100% Appt	50%-74% App
	Employee Only	\$130.73	\$196.09	Employee Only	\$174.31	\$261.45
	Employee & Spouse	\$322.10	\$483.12	Employee & Spouse	\$429.47	\$644.16
	Employee & Child(ren)	\$252.64	\$378.94	Employee & Child(ren)	\$336.85	\$505.26
	Emp. Sp. & Child(ren)	\$432.34	\$648.49	Emp. Sp. & Child(ren)	\$576.45	\$864.65

****9-Month Premiums.** Faculty on a 9-month appointment and staff members paying benefits over 9 months pay an additional premium September through May to prepay for the following June, July, and August. These 9-month premiums are calculated assuming that the premiums will begin in September and will remain unchanged for a 12 month period (through the following August). Faculty/staff paying with 9-month premiums enrolling in coverage or making changes to their premiums October or later will have to pay an extra premium through the following May to assure that sufficient premiums will be collected to pre-pay for the following summer.

UNIVERSITY OF ARKANSAS - MONTHLY INSURANCE PREMIUMS

Jul 2017

	12 Month Premiums				9 Month Premiums**															
Dental Coverage FAY, AUX, CJI, ARAS	Coverage		75-100% Appt		50-74% Appt		Coverage		75-100% Appt		50-74% Appt									
	Employee Only		\$16.00		\$21.44		Employee Only		\$21.33		\$28.59									
	Employee & Spouse		\$33.00		\$44.22		Employee & Spouse		\$44.00		\$58.96									
	Employee & Child(ren)		\$27.85		\$37.32		Employee & Child(ren)		\$37.13		\$49.76									
	Emp., Sp & Child(ren)		\$44.85		\$60.10		Emp., Sp & Child(ren)		\$59.80		\$80.13									
Dental Coverage Division of Agriculture	Coverage		75-100% Appt		50-74% Appt		Coverage		75-100% Appt		50-74% Appt									
	Employee Only		\$15.53		\$20.82		Employee Only		\$20.71		\$27.76									
	Employee & Spouse		\$32.04		\$42.93		Employee & Spouse		\$42.72		\$57.25									
	Employee & Child(ren)		\$27.04		\$36.23		Employee & Child(ren)		\$36.05		\$48.31									
	Emp., Sp & Child(ren)		\$43.54		\$58.35		Emp., Sp & Child(ren)		\$58.05		\$77.80									
Vision Insurance	Coverage		Basic		Enhanced		Coverage		Basic		Enhanced									
	Employee Only		\$5.76		\$11.62		Employee Only		\$7.68		\$15.49									
	Employee & Spouse		\$11.43		\$22.97		Employee & Spouse		\$15.24		\$30.63									
	Employee & Child(ren)		\$11.19		\$22.52		Employee & Child(ren)		\$14.92		\$30.03									
	Emp., Sp & Child(ren)		\$17.01		\$34.22		Emp., Sp & Child(ren)		\$22.68		\$45.63									
Life Insurance	Basic Life mandatory & 100% employer paid.																			
	Optional Life	Your current age:		45 but < 50		\$0.120		Your current age:		45 but < 50		\$0.160								
		Less than 25		\$0.040		\$0.184		Less than 25		\$0.053		\$0.245								
		25 but < 30		\$0.040		\$0.344		25 but < 29		\$0.053		\$0.459								
		30 but < 35		\$0.056		\$0.528		30 but < 35		\$0.075		\$0.704								
		35 but < 40		\$0.064		\$1.016		35 but < 40		\$0.085		\$1.355								
		40 but < 45		\$0.080		\$1.640		40 but < 45		\$0.107		\$2.187								
	To calculate your monthly premium:																			
	1. Multiply your annual salary by 1, 2, 3, or 4 (based on your coverage election). Round to next \$1,000.																			
	2. Divide by \$1,000																			
3. Multiply by Age Rate above.																				
Dependent Life Insurance	Employees can cover spouse for \$10,000, \$15,000 or \$20,000.		Coverage		\$10,000		\$2.71		Employees can cover spouse for \$10,000, \$15,000 or \$20,000.		Coverage		\$10,000		\$3.61					
	Eligible dependent children are covered at 50% of spouse's coverage.		\$15,000		\$4.07		Eligible dependent children are covered at 50% of spouse's coverage.		\$15,000		\$5.43		Eligible dependent children are covered at 50% of spouse's coverage.		\$20,000		\$7.23			
			\$20,000		\$5.42				\$20,000		\$7.23									
	Basic Short Term Disability mandatory & 100% employer paid.																			
	Division of Agriculture does not participate.	Optional STD Classified Staff		Covers salary over \$45,000 up to a maximum covered of \$216,000.		Calculate your monthly premium:				Optional STD Classified Staff		Covers salary over \$45,000 up to a maximum covered of \$216,000..								
		1. Divide annual salary by 12						1. Divide annual salary by 9												
		2. Divide by 100						2. Divide by 100												
		3. Multiply by \$.23						3. Multiply by \$.23												
		3. Multiply by \$.79						3. Multiply by \$.79												
Non-Classified Faculty/staff		Covers salary from \$0.00 up to a maximum covered salary of \$216,000.				Calculate your monthly premium:				Non-Classified Faculty/Staff		Covers salary from \$0.00 up to a maximum covered salary of \$216,000.								
						1. Divide annual salary by 12										1. Divide annual salary by 9				
						2. Divide by 100										2. Divide by 100				
						3. Multiply by \$.79										3. Multiply by \$.79				
						3. Multiply by \$.47										3. Multiply by \$.47				
Long Term Disability	Basic Long Term Disability mandatory & 100% employer paid.																			
	Optional LTD Coverage		Enroll only if salary is over \$20,000. Maximum salary to be used in calculation is \$100,000.				Calculate your monthly premium:				Optional LTD Coverage		Enroll only if salary is over \$20,000. Maximum salary to be used in calculation is \$100,000.							
							1. Divide annual salary by 12										1. Divide annual salary by 9			
							2. Subtract 1,666.67										2. Subtract 2,222.22			
							3. Divide by 100										3. Divide by 100			
		4. Multiply by \$.47							4. Multiply by \$.47											
AD&D Insurance	Coverage		Single		Family		Spouse covered for 60% of coverage amount and eligible dependent children for 20% of family coverage amount. Coverage in excess of \$150,000 will be limited to the lesser of \$300,000 or 15 times employee's salary (rounded up to next \$25,000).					Coverage		Single		Family				
	\$25,000		\$0.38		\$0.75							\$25,000		\$0.51		\$1.00				
	\$50,000		\$0.75		\$1.50							\$50,000		\$1.00		\$2.00				
	\$75,000		\$1.13		\$2.25							\$75,000		\$1.51		\$3.00				
	\$100,000		\$1.50		\$3.00							\$100,000		\$2.00		\$4.00				
	\$125,000		\$1.88		\$3.75							\$125,000		\$2.51		\$5.00				
	\$150,000		\$2.25		\$4.50							\$150,000		\$3.00		\$6.00				
	\$175,000		\$2.63		\$5.25							\$175,000		\$3.51		\$7.00				
	\$200,000		\$3.00		\$6.00							\$200,000		\$4.00		\$8.00				
	\$225,000		\$3.38		\$6.75							\$225,000		\$4.51		\$9.00				
	\$250,000		\$3.75		\$7.50							\$250,000		\$5.00		\$10.00				
	\$275,000		\$4.13		\$8.25							\$275,000		\$5.51		\$11.00				
	\$300,000		\$4.50		\$9.00							\$300,000		\$6.00		\$12.00				
Voluntary Products	1. Group Rated Auto/Home Insurance: Rates quoted year round by Liberty Mutual, 1-800-524-9400, www.libertymutual.com/lm/arkemp/ .																			
	2. Long Term Care Insurance: Rates quoted within 60 days of hire by CNA, 1-877-777-9072, www.ltcbenefits.dcom (password: UALTC).																			
	3. Critical Illness Insurance: Rates quoted within 60 days of hire by MetLife, 1-800-438-6388, www.metlife.com/mybenefits (enter UAS as employer). Note, new employees must call to enroll.																			

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