UNIVERSITY OF ARKANSAS – SEMI-MONTHLY INSURANCE PREMIUM COMPARISON July 2024

Salary Tiers Health Savings Plan Classic Plan **Premier Plan** Salaries below \$39,000 12-Month 9-Month 12-Month 9-Month 12-Month 9-Month **Employee Only** \$28.73 \$40.56 \$40.58 \$57.29 \$171.33 241.88 **Employee & Spouse** \$72.16 \$101.87 \$161.30 \$227.72 \$477.60 674.26 Employee & Child(ren) \$55.20 \$77.93 \$115.57 \$163.16 \$359.35 507.32 Family \$90.91 128.34 \$207.11 \$292.39 \$641.84 906.13 Salaries \$39,000-\$54,999 12-Month 9-Month 12-Month 9-Month 12-Month 9-Month **Employee Only** \$32.28 \$45.57 \$44.54 \$62.88 \$175.30 247.48 75%-100% Appointed 690.28 **Employee & Spouse** \$83.51 \$117.90 \$172.65 \$243.74 \$488.95 Employee & Child(ren) \$66.56 \$93.97 \$126.94 \$179.21 \$370.72 523.37 \$150.48 \$222.79 \$314.53 \$657.52 928.26 \$106.59 Family Salaries \$55,000-\$99,999 12-Month 9-Month 12-Month 9-Month 12-Month 9-Month \$35.48 \$50.09 \$48.09 \$67.89 \$178.85 252.49 **Employee Only Employee & Spouse** \$94.86 \$133.92 \$184.01 \$259.78 \$500.31 706.32 \$77.93 \$110.02 \$138.31 \$195.26 \$382.09 539.42 Employee & Child(ren) Family \$130.12 \$183.70 \$246.32 \$347.75 \$681.05 961.48 Salaries above \$100,000 9-Month 12-Month 9-Month 12-Month 9-Month 12-Month **Employee Only** \$48.90 \$69.04 \$177.60 250.73 \$36.20 \$51.11 715.34 \$106.22 \$149.96 \$195.36 \$275.80 \$506.70 **Employee & Spouse** Employee & Child(ren) \$87.03 \$122.87 \$147.41 \$208.11 \$387.37 546.88 \$375.42 Family \$149.72 \$211.37 \$265.92 \$693.83 979.52 Classic Plan **Premier Plan** Salary Tiers **Health Savings Plan** Salaries below \$39,000 12-Month 9-Month 12-Month 9-Month 12-Month 9-Month **Employee Only** \$75.72 \$106.90 \$92.86 \$131.10 \$223.63 \$315.71 **Employee & Spouse** \$177.02 \$249.91 \$267.07 \$377.04 \$583.37 \$823.58 Employee & Child(ren) \$287.41 \$142.61 \$201.33 \$203.58 \$447.36 \$631.57 \$357.11 \$239.77 \$338.50 \$504.16 \$791.84 \$1,117.89 Family Salaries \$39,000-\$54,999 12-Month 9-Month 12-Month 9-Month 12-Month 9-Month \$110.67 \$95.83 \$135.29 \$226.59 \$319.89 **Employee Only** \$78.39 50%-74% Appointed **Employee & Spouse** \$185.53 \$261.92 \$275.59 \$389.07 \$591.88 \$835.60 Employee & Child(ren) \$151.14 \$213.37 \$211.99 \$299.28 \$486.37 \$686.64 \$251.53 \$355.10 \$368.88 Family \$520.77 \$803.60 \$1,134.49 Salaries \$55,000-\$99,999 12-Month 9-Month 12-Month 9-Month 12-Month 9-Month \$98.49 **Employee Only** \$80.79 \$114.06 \$139.04 \$223.63 \$315.71 **Employee & Spouse** \$194.05 \$273.95 \$284.10 \$401.08 \$583.37 \$823.58 Employee & Child(ren) \$159.66 \$225.40 \$220.63 \$311.48 \$447.36 \$631.57 \$380.02 Family \$269.18 \$386.52 \$545.68 \$791.84 \$1,117.89 Salaries above \$100,000 12-Month 9-Month 12-Month 9-Month 12-Month 9-Month **Employee Only** \$81.33 \$114.82 \$99.09 \$139.89 \$229.86 \$324.51 **Employee & Spouse** \$202.57 \$285.98 \$292.62 \$413.11 \$608.92 \$859.65 Employee & Child(ren) \$235.03 \$166.48 \$227.45 \$321.11 \$471.24 \$665.28 \$1,180.16 \$400.74 \$566.44 \$835.95 Family \$283.86 \$401.23

^{*}Premium rates may vary on actual payroll deduction by 1 cent due to differing rounding calculations in Workday.

UNIVERSITY OF ARKANSAS - SEMI-MONTHLY INSURANCE PREMIUMS

July 2024	12 Month Premiums						9 Month Premiums						
Dental	Coverage		75-10	75-100%		4 %	Coverage		75-	-100%	6 50-74%	Ď	
Coverage	Employee Only Employee & Spouse Employee & Child(ren) Family		\$8.00	\$8.00		2	Employee Only		\$11	1.29	\$15.13	\$15.13	
J			\$16.50		\$22.11		Employee & Spouse			3.29	\$31.21	\$31.21	
			\$13.92		\$18.66		Employee & Child(ren)			9.66	\$26.34		
			\$22.42	\$22.42		5	Family		\$31	1.66	\$42.42	\$42.42	
Vision	Coverage		Basic	Basic		anced	Coverage		Ва	sic	Enhan	Enhanced	
Insurance	Employee Only		\$2.34	\$2.34			Employee Only		\$3.		\$6.69	\$6.69	
	Employee &	Spouse	\$4.65				Employee &	Spouse	\$6.	.57	\$13.23		
	Employee & Child(ren)		\$4.55		\$9.18		Employee & Child(ren)		\$6.		\$12.97		
	Family		\$6.92	\$6.92		3	Family		\$9.	.78	\$19.71	\$19.71	
Life Insurance	Basic Life:	mandatory & 100	0% emplo	% employer paid \$.155/\$1,000			Basic Life: mandatory & 100% employer paid \$.207/\$1,000						
	Optional Life	Your current Age:					Optional Life	Your currer age:					
		Less than 30	\$.037	50 but		\$.172		Less than 3		.049	50 but <55	\$.231	
		30 but <35	\$.053	55 but		\$.321		30 but <35		.071	55 but <60	\$.428	
		35 but <40	\$.060	60 but		\$.493	1	35 but <40		.080	60 but <65	\$.657	
		40 but <45 45 but <50	\$.075 \$.112	65 but		\$.950	!	40 but <45 45 but <50		.100	65 but <70	\$1.267	
	To coloulate	्रा ४३ but <५० ३.112 ७० calculate your semi-monthly premium:			older	\$1.553	To poloulate		.149	70 & older	\$2.071		
		tiply your annual			r 4 (based on		To calculate your semi-monthly premium: 1. Multiply your annual salary by 1, 2, 3, or 4 (based on						
				n). Round to next \$1,000			your coverage election). Round to next \$1,000 2. Divide by \$1,000 and multiply by age rate above.						
		de by \$1,000	,										
	3. Mult	tiply by age rate	above and	d then div	ide by 2	2	3. Multiply by 9 and divide by 17.						
Dependent	Employees of					Employees can cover spous				Coverage			
Life	\$10,000, \$1	0.			04.40	\$10,000, \$15,000, or \$20,00		00.		# 40.000	00.04		
Insurance	Eligible depe	ro.	e \$10,0 e \$15,0 \$20,0		\$1.43 \$2.14					\$2.01 \$3.01			
	covered at 5 coverage.	ii e			\$2.85					\$20,000 \$4.02			
Short-term	Optional STD						Optional STD						
Disability	Covers salar	n 1.								ultiply annual salary by			
	coverage of		by .0049			3				.0049			
	2. Divide by 24						\$216,000 2. Divide by 17						
Long Term	Basic Long-Term Disability Mandatory & 100% employer paid. Covers 60% of \$20,000 coverage						Basic Long-term Disability Mandatory & 100% Empr. Paid Covers 60% of \$20,000 coverage						
Disability					our SM	premium:	Optional LTD Coverage Calculate your SM premium:						
	1			, ,							Subtract \$20,000 from		
	Maximum sa	in	annual salary			Maximum salary to be used			annual salary				
	calculation is	2.		by 24		in calculation is \$500,000.			2. Divide by 17				
				3. Divide							vide by 100		
4000	0	0:	4.	Multip	ly by \$.	430	0	0:	4		ultiply by \$.43	U	
AD&D	Coverage		Family	Sno	Spouse covered for		Covered		Famil	,	Spouse cove	ered for	
Insurance	\$25,000	\$.19	\$.38			verage	\$25,000	\$.27	\$.53		60% of cov		
	\$50,000 \$75,000	\$.38 \$.56	\$.75 \$1.13			l eligible	\$50,000 \$75,000	\$.53 \$.80	\$1.06 \$1.59		amount and	-	
	\$100,000	\$.75	\$1.50			nildren for	\$100,000	\$1.06	\$2.12		dependent of		
			\$1.88		0% of family		\$125,000	\$1.33	\$2.65		for 20% of		
	_	\$150,000 \$1.13 \$2.25		coverage amour			\$150,000	\$1.59	\$3.18	,	coverage amount.		
	\$175,000	\$1.32	\$2.63		Coverage in excess of \$150,000 will be limited to the lesser of		\$175,000	\$1.86	\$3.71			overage in excess of \$150,000 will be	
	\$200,000	\$1.50	\$3.00				\$200,000	\$2.12	\$4.24		nited to the lesser of		
	\$225,000	\$1.69	\$3.38	\$300,000 or 15-times employee's salary		\$225,000	\$2.39	\$4.76	<u> </u>	\$300,000 or 15-times employee's salary			
	\$250,000	\$1.88	\$3.75			\$250,000	\$2.65	\$5.29)				
				\$4.13 (round		o to next	\$275,000	\$2.92	\$5.82 \$6.35		(rounded up to next		
					\$25,00		. , ,				\$25,000).		
Voluntary	1. Group Rated Auto/Home Insurance: Rates quoted year-round by Farmers GroupSelect 800-438-6381,												
Products	myautohome.farmer.com. 2. Critical Illness, Hospital Indemnity, & Accident Protection Insurance: Rates can be found online at												
							i iligurarioc.	i tatos can be	, iouil	G OIIIII	io at		
	https://hr.uark.edu/benefits/catastrophic/uhc-plans.php 3. Identity Theft: Contact ID Watchdog at 1-866-513-1518 or go to												
		entitybenefits.											
								to www.lega	Ishield	d.com	/info/uas to	enroll.	
4. Legal Protection through LegalShield: Contact 1-870-295-0417 or go to www.legalshield.com/info/uas to enroll.													