

UNIVERSITY OF ARKANSAS - MONTHLY INSURANCE PREMIUMS

Jul 2018

Medical Coverage

75%-100% Appointed

Note:
Employees who are less than 100% appointed will be in the salary tier equal to their 100% appointed salary.

Salary Tiers	Classic Plan		Health Savings Plan		Premier Plan	
	12-Month	*9-Month	12-Month	*9-Month	12-Month	*9-Month
Salaries below \$28,000						
Employee Only	\$68.73	\$91.64	\$38.19	\$50.92	\$137.87	\$183.83
Employee & Spouse	\$183.08	\$244.11	\$114.88	\$153.17	\$402.41	\$536.55
Employee & Child(ren)	\$141.43	\$188.58	\$85.71	\$114.28	\$311.88	\$415.84
Emp., Sp. & Child(ren)	\$245.21	\$326.95	\$151.67	\$202.23	\$539.78	\$719.71
Salaries \$28,000-\$38,999						
Employee Only	\$68.73	\$91.64	\$38.19	\$50.92	\$137.87	\$183.83
Employee & Spouse	\$199.37	\$265.83	\$131.17	\$174.89	\$431.20	\$574.93
Employee & Child(ren)	\$151.95	\$202.60	\$96.23	\$128.31	\$327.67	\$436.89
Emp., Sp. & Child(ren)	\$263.13	\$350.84	\$169.59	\$226.12	\$566.52	\$755.36
Salaries \$39,000-\$54,999						
Employee Only	\$75.60	\$100.81	\$45.06	\$60.08	\$144.74	\$192.99
Employee & Spouse	\$211.96	\$282.62	\$143.76	\$191.68	\$450.39	\$600.52
Employee & Child(ren)	\$163.39	\$217.85	\$107.67	\$143.56	\$347.42	\$463.23
Emp., Spouse & Child(ren)	\$280.33	\$373.77	\$186.79	\$249.05	\$593.27	\$791.03
Salaries \$55,000-\$99,999						
Employee Only	\$81.79	\$109.05	\$51.25	\$68.33	\$150.93	\$201.24
Employee & Spouse	\$225.05	\$300.07	\$156.85	\$209.13	\$469.58	\$626.11
Employee & Child(ren)	\$175.23	\$233.64	\$119.51	\$159.35	\$367.17	\$489.56
Emp., Spouse & Child(ren)	\$302.68	\$403.58	\$209.14	\$278.85	\$633.38	\$844.51
Salaries \$100,000-\$149,999						
Employee Only	\$83.16	\$110.88	\$52.62	\$70.16	\$152.30	\$203.07
Employee & Spouse	\$240.73	\$320.97	\$172.53	\$230.04	\$488.77	\$651.69
Employee & Child(ren)	\$187.51	\$250.01	\$131.79	\$175.72	\$382.96	\$510.61
Emp., Sp. & Child(ren)	\$326.27	\$435.03	\$232.73	\$310.31	\$666.82	\$889.09
Salaries Above \$150,000						
Employee Only	\$84.54	\$112.72	\$54.00	\$72.00	\$153.68	\$204.91
Employee & Spouse	\$257.55	\$343.40	\$189.35	\$252.47	\$517.55	\$690.07
Employee & Child(ren)	\$201.33	\$268.44	\$145.61	\$194.15	\$406.66	\$542.21
Emp., Spouse & Child(ren)	\$347.09	\$462.79	\$253.55	\$338.07	\$700.25	\$933.67

Medical Coverage

50%-74% Appointed

Note:
Employees who are less than 100% appointed will be in the salary tier equal to their 100% appointed salary.

Salary Tiers	12-Month	*9-Month	12-Month	*9-Month	12-Month	*9-Month
Salaries below \$28,000						
Employee Only	\$121.75	\$162.33	\$91.21	\$121.61	\$226.23	\$301.64
Employee & Spouse	\$299.54	\$399.39	\$231.34	\$308.45	\$582.32	\$776.42
Employee & Child(ren)	\$238.69	\$318.25	\$182.97	\$243.96	\$463.92	\$618.56
Emp., Spouse & Child(ren)	\$409.01	\$545.35	\$315.47	\$420.63	\$793.85	\$1,058.47
Salaries \$28,000-\$38,999						
Employee Only	\$121.75	\$162.33	\$91.21	\$121.61	\$226.23	\$301.64
Employee & Spouse	\$313.39	\$417.86	\$245.19	\$326.92	\$603.91	\$805.21
Employee & Child(ren)	\$247.63	\$330.18	\$191.91	\$255.88	\$475.76	\$634.35
Emp., Sp. & Child(ren)	\$424.25	\$565.66	\$330.71	\$440.95	\$813.91	\$1,085.21
Salaries \$39,000-\$54,999						
Employee Only	\$127.59	\$170.12	\$97.05	\$129.40	\$231.38	\$308.51
Employee & Spouse	\$324.09	\$432.12	\$255.89	\$341.19	\$618.30	\$824.40
Employee & Child(ren)	\$257.35	\$343.14	\$201.63	\$268.84	\$490.57	\$654.10
Emp., Sp. & Child(ren)	\$438.86	\$585.15	\$345.32	\$460.43	\$833.97	\$1,111.96
Salaries \$55,000-\$99,999						
Employee Only	\$132.85	\$177.13	\$102.31	\$136.41	\$236.03	\$314.70
Employee & Spouse	\$335.22	\$446.96	\$267.02	\$356.03	\$632.69	\$843.59
Employee & Child(ren)	\$267.42	\$356.56	\$211.70	\$282.27	\$505.39	\$673.85
Emp., Sp. & Child(ren)	\$457.87	\$610.49	\$364.33	\$485.77	\$864.05	\$1,152.07
Salaries \$100,000-\$149,999						
Employee Only	\$134.01	\$178.69	\$103.47	\$137.96	\$237.05	\$316.07
Employee & Spouse	\$348.54	\$464.72	\$280.34	\$373.79	\$647.09	\$862.78
Employee & Child(ren)	\$277.86	\$370.48	\$222.14	\$296.19	\$517.23	\$689.64
Emp. Sp. & Child(ren)	\$477.92	\$637.23	\$384.38	\$512.51	\$889.13	\$1,185.51
Salaries Above \$150,000						
Employee Only	\$135.18	\$180.25	\$104.64	\$139.52	\$238.09	\$317.45
Employee & Spouse	\$362.84	\$483.79	\$294.64	\$392.85	\$668.67	\$891.56
Employee & Child(ren)	\$289.61	\$386.14	\$233.89	\$311.85	\$535.00	\$713.34
Emp. Sp. & Child(ren)	\$495.62	\$660.82	\$402.08	\$536.11	\$914.21	\$1,218.94

***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 2018

	12 Month Premiums				9 Month Premiums*					
Dental Coverage FAY, AUX, CJ, 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 - \$0.155 per \$1,000				Basic Life mandatory & 100% employer paid - \$0.207 per \$1,000					
	Optional Life		Your current age:		Optional Life		Your current age:			
	Less than 30		\$0.042	50 but < 55	\$0.193	Less than 30		\$0.056	50 but < 55	\$0.257
	30 but < 35		\$0.059	55 but < 60	\$0.361	30 but < 35		\$0.079	55 but < 60	\$0.481
	35 but < 40		\$0.067	60 but < 65	\$0.554	35 but < 40		\$0.089	60 but < 65	\$0.739
	40 but < 45		\$0.084	65 but < 70	\$1.067	40 but < 45		\$0.112	65 but < 70	\$1.423
	45 but < 50		\$0.126	70 & older	\$1.722	45 but < 50		\$0.168	70 & older	\$2.296
	To calculate your monthly premium:				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.				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				2. Divide by \$1,000					
3. Multiply by Age Rate above.				3. Multiply by Age Rate above.						
Dependent Life Insurance	Employees can cover spouse for \$10,000, \$15,000 or \$20,000.		Coverage		Employees can cover spouse for \$10,000, \$15,000 or \$20,000.		Coverage			
	Eligible dependent children are covered at 50% of spouse's coverage.		\$10,000	\$2.85	\$15,000	\$4.27	\$10,000	\$3.80		
			\$20,000	\$5.69	\$15,000	\$5.69	\$20,000	\$7.59		
Short Term Disability Division of Agriculture does not participate.	Basic Short Term Disability mandatory & 100% employer paid.				Basic Short Term Disability mandatory & 100% employer paid.					
	Optional STD		Classified Staff		Optional STD		Classified Staff			
	Covers salary over \$45,000 up to a maximum covered of \$216,000.		<u>Calculate your monthly premium:</u>		Covers salary over \$45,000 up to a maximum covered of \$216,000.		<u>Calculate your monthly premium:</u>			
			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				
Non-Classified Faculty/staff		Calculate your monthly premium:		Non-Classified Faculty/Staff		Calculate your monthly premium:				
Covers salary from \$0.00 up to a maximum covered salary of \$216,000.		1. Divide annual salary by 12		Covers salary from \$0.00 up to a maximum covered salary of \$216,000.		1. Divide annual salary by 9				
		2. Divide by 100				2. Divide by 100				
		3. Multiply by \$.79				3. Multiply by \$.79				
Long Term Disability	Basic Long Term Disability mandatory & 100% employer paid.				Basic Long Term Disability mandatory & 100% employer paid.					
	Optional LTD Coverage		Calculate your monthly premium:		Optional LTD Coverage		Calculate your monthly premium:			
	Enroll only if salary is over \$20,000. Maximum salary to be used in calculation is \$100,000.		1. Divide annual salary by 12		Enroll only if salary is over \$20,000. Maximum salary to be used in calculation is \$100,000.		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 \$0.512				4. Multiply by \$0.512				
AD&D Insurance	Coverage		Single	Family	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/arkempl .									
	2. 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.									
	3. Identity Theft: Contact ID Watchdog at 1-866-513-1518 or go to http://identitybenefits.com/?code=UniversityofArkansas to enroll.									
	4. Legal Protection through LegalShield. Contact Stephanie Walter at 1-870-295-0417 or go to www.legalshield.com/info/uas to enroll.									

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