

## UNIVERSITY OF ARKANSAS - MONTHLY INSURANCE PREMIUMS

Jan 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
<b>Salaries below \$28,000</b>						
Employee Only	\$68.05	\$90.73	\$37.81	\$50.41	\$136.51	\$182.01
Employee & Spouse	\$153.15	\$204.20	\$85.63	\$114.17	\$398.44	\$531.25
Employee & Child(ren)	\$120.12	\$160.16	\$64.96	\$86.61	\$308.80	\$411.73
Emp., Sp. & Child(ren)	\$205.30	\$273.73	\$112.70	\$150.27	\$534.44	\$712.59
<b>Salaries \$28,000-\$38,999</b>						
Employee Only	\$68.05	\$90.73	\$37.81	\$50.41	\$136.51	\$182.01
Employee & Spouse	\$163.11	\$217.47	\$95.59	\$127.45	\$426.94	\$569.25
Employee & Child(ren)	\$127.93	\$170.57	\$72.77	\$97.03	\$324.44	\$432.59
Emp., Sp. & Child(ren)	\$218.66	\$291.54	\$126.06	\$168.08	\$560.92	\$747.89
<b>Salaries \$39,000-\$54,999</b>						
Employee Only	\$74.86	\$99.81	\$44.62	\$59.49	\$143.32	\$191.09
Employee & Spouse	\$172.29	\$229.72	\$104.77	\$139.69	\$445.94	\$594.59
Employee & Child(ren)	\$135.14	\$180.18	\$79.98	\$106.64	\$343.99	\$458.65
Emp., Spouse & Child(ren)	\$230.97	\$307.96	\$138.37	\$184.49	\$587.40	\$783.20
<b>Salaries \$55,000-\$99,999</b>						
Employee Only	\$80.98	\$107.97	\$50.74	\$67.65	\$149.44	\$199.25
Employee & Spouse	\$182.24	\$242.99	\$114.72	\$152.96	\$464.94	\$619.92
Employee & Child(ren)	\$142.94	\$190.59	\$87.78	\$117.04	\$363.54	\$484.72
Emp., Spouse & Child(ren)	\$244.32	\$325.76	\$151.72	\$202.29	\$627.12	\$836.16
<b>Salaries \$100,000-\$149,999</b>						
Employee Only	\$82.34	\$109.78	\$52.10	\$69.47	\$150.80	\$201.07
Employee & Spouse	\$196.02	\$261.36	\$128.50	\$171.33	\$483.94	\$645.25
Employee & Child(ren)	\$153.37	\$204.49	\$98.21	\$130.95	\$379.18	\$505.57
Emp., Sp. & Child(ren)	\$262.80	\$350.40	\$170.20	\$226.93	\$660.22	\$880.29
<b>Salaries Above \$150,000</b>						
Employee Only	\$83.70	\$111.60	\$53.46	\$71.28	\$152.16	\$202.88
Employee & Spouse	\$206.75	\$275.67	\$139.23	\$185.64	\$512.44	\$683.25
Employee & Child(ren)	\$162.16	\$216.22	\$107.00	\$142.67	\$402.64	\$536.85
Emp., Spouse & Child(ren)	\$277.17	\$369.55	\$184.57	\$246.09	\$693.32	\$924.43

**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
<b>Salaries below \$28,000</b>						
Employee Only	\$116.24	\$154.98	\$86.00	\$114.67	\$224.00	\$298.66
Employee & Spouse	\$261.55	\$348.74	\$194.04	\$258.72	\$576.56	\$768.75
Employee & Child(ren)	\$205.15	\$273.53	\$149.99	\$199.99	\$459.33	\$612.45
Emp., Spouse & Child(ren)	\$350.65	\$467.53	\$258.05	\$344.07	\$786.00	\$1,048.00
<b>Salaries \$28,000-\$38,999</b>						
Employee Only	\$116.24	\$154.98	\$86.00	\$114.67	\$224.00	\$298.66
Employee & Spouse	\$278.56	\$371.41	\$211.05	\$281.39	\$597.94	\$797.25
Employee & Child(ren)	\$218.48	\$291.31	\$163.32	\$217.76	\$471.06	\$628.09
Emp., Sp. & Child(ren)	\$373.45	\$497.93	\$280.85	\$374.46	\$805.86	\$1,074.48
<b>Salaries \$39,000-\$54,999</b>						
Employee Only	\$127.86	\$170.48	\$97.62	\$130.16	\$229.10	\$305.47
Employee & Spouse	\$294.24	\$392.33	\$226.73	\$302.30	\$612.19	\$816.25
Employee & Child(ren)	\$230.79	\$307.72	\$175.63	\$234.18	\$485.73	\$647.64
Emp., Sp. & Child(ren)	\$394.49	\$525.98	\$301.89	\$402.52	\$825.72	\$1,100.96
<b>Salaries \$55,000-\$99,999</b>						
Employee Only	\$138.32	\$184.43	\$108.08	\$144.11	\$233.69	\$311.59
Employee & Spouse	\$311.25	\$415.00	<b>\$243.74</b>	<b>\$324.99</b>	\$626.44	\$835.25
Employee & Child(ren)	\$244.12	\$325.50	<b>\$188.96</b>	<b>\$251.94</b>	\$500.39	\$667.19
Emp., Sp. & Child(ren)	\$417.27	\$556.36	<b>\$324.67</b>	<b>\$432.90</b>	\$855.51	\$1,140.68
<b>Salaries \$100,000-\$149,999</b>						
Employee Only	\$140.65	\$187.53	\$110.41	\$147.21	\$234.71	\$312.95
Employee & Spouse	\$334.79	\$446.39	\$267.28	\$356.37	\$640.69	\$854.25
Employee & Child(ren)	\$262.59	\$350.12	\$207.43	\$276.58	\$512.12	\$682.83
Emp. Sp. & Child(ren)	\$448.84	\$598.45	\$356.24	\$474.99	\$880.33	\$1,173.78
<b>Salaries Above \$150,000</b>						
Employee Only	\$142.97	\$190.63	\$112.73	\$150.31	\$235.73	\$314.31
Employee & Spouse	\$353.10	\$470.80	\$285.59	\$380.78	\$662.06	\$882.75
Employee & Child(ren)	\$276.95	\$369.26	\$221.79	\$295.72	\$529.71	\$706.29
Emp. Sp. & Child(ren)	\$473.38	\$631.18	\$380.79	\$507.72	\$905.16	\$1,206.88

**\*\*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

Jan 2018

	12 Month Premiums				9 Month Premiums**					
<b>Dental Coverage</b> Employee Only Employee & Spouse Employee & Child(ren) Emp., Sp & Child(ren)	<b>Coverage</b>		<b>75-100% Appt</b>	<b>50-74% Appt</b>	<b>Coverage</b>		<b>75-100% Appt</b>	<b>50-74% Appt</b>		
	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		
<b>Dental Coverage</b> Employee Only Employee & Spouse Employee & Child(ren) Emp., Sp & Child(ren)	<b>Coverage</b>		<b>75-100% Appt</b>	<b>50-74% Appt</b>	<b>Coverage</b>		<b>75-100% Appt</b>	<b>50-74% Appt</b>		
	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		
<b>Vision Insurance</b>	<b>Coverage</b>		<b>Basic</b>	<b>Enhanced</b>	<b>Coverage</b>		<b>Basic</b>	<b>Enhanced</b>		
	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		
<b>Life Insurance</b>	<b>Basic Life mandatory &amp; 100% employer paid - \$0.155 per \$1,000</b>									
	<b>Optional Life</b>		<b>Your current age:</b>		<b>Optional Life</b>		<b>Your current age:</b>			
	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:									
	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.						
<b>Dependent Life Insurance</b>	Employees can cover spouse for \$10,000, \$15,000 or \$20,000.		<b>Coverage</b>		Employees can cover spouse for \$10,000, \$15,000 or \$20,000.		<b>Coverage</b>			
	Eligible dependent children are covered at 50% of spouse's coverage.		\$10,000	\$2.85	Eligible dependent children are covered at 50% of spouse's coverage.		\$10,000	\$3.80		
			\$15,000	\$4.27			\$15,000	\$5.69		
<b>Short Term Disability</b>	<b>Basic Short Term Disability mandatory &amp; 100% employer paid.</b>									
	<b>Optional STD</b>		<b>Classified Staff</b>		<b>Optional STD</b>		<b>Classified Staff</b>			
	Covers salary over \$45,000 up to a maximum covered of \$216,000.		<b>Calculate your monthly premium:</b>		Covers salary over \$45,000 up to a maximum covered of \$216,000.		<b>Calculate your monthly premium:</b>			
			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				
<b>Non-Classified Faculty/staff</b>		<b>Calculate your monthly premium:</b>		<b>Non-Classified Faculty/Staff</b>		<b>Calculate your monthly premium:</b>				
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				
<b>Long Term Disability</b>	<b>Basic Long Term Disability mandatory &amp; 100% employer paid.</b>									
	<b>Optional LTD Coverage</b>		<b>Calculate your monthly premium:</b>		<b>Optional LTD Coverage</b>		<b>Calculate your monthly premium:</b>			
	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				
<b>AD&amp;D Insurance</b>	<b>Coverage</b>		<b>Single</b>	<b>Family</b>	<b>Coverage</b>		<b>Single</b>	<b>Family</b>		
	\$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			
<b>Voluntary Products</b>	1. Group Rated Auto/Home Insurance: Rates quoted year round by Liberty Mutual, 1-800-524-9400, <a href="http://www.libertymutual.com/lm/arkempl">www.libertymutual.com/lm/arkempl</a> .									
	2. Critical Illness Insurance. Rates quoted within 60 days of hire by MetLife, 1-800-438-6388, <a href="http://www.metlife.com/mybenefits">www.metlife.com/mybenefits</a> (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 <a href="http://identitybenefits.com/?code=UniversityofArkansas">http://identitybenefits.com/?code=UniversityofArkansas</a> to enroll.									
	4. Legal Protection through LegalShield. Contact Stephanie Walter at 1-870-295-0417 or go to <a href="http://www.legalshield.com/info/uas">www.legalshield.com/info/uas</a> to enroll.									

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