

UNIVERSITY OF ARKANSAS - MONTHLY INSURANCE PREMIUMS

Jan 2022	Salary Tiers	Classic Plan		Health Savings Plan		Premier Plan	
75%-100% Appointed Note: <i>Employees who are less than 100% appointed will be in the salary tier equal to their 100% appointed salary.</i>	Salaries Below \$39,000	12-Month	*9-Month	12-Month	*9-Month	12-Month	*9-Month
	Employee Only	\$79.16	\$105.55	\$35.37	\$47.16	\$304.72	\$406.30
	Employee & Spouse	\$317.94	\$423.92	\$143.00	\$190.67	\$864.94	\$1,153.25
	Employee & Child(ren)	\$227.41	\$303.21	\$108.91	\$145.21	\$646.87	\$862.49
	Emp., Sp. & Child(ren)	\$407.78	\$543.71	\$179.74	\$239.66	\$1,160.20	\$1,546.94
	Salaries \$39,000-\$54,999	12-Month	*9-Month	12-Month	*9-Month	12-Month	*9-Month
	Employee Only	\$87.08	\$116.11	\$42.90	\$57.20	\$312.64	\$416.86
	Employee & Spouse	\$340.65	\$454.20	\$165.71	\$220.95	\$887.65	\$1,183.53
	Employee & Child(ren)	\$250.15	\$333.53	\$131.65	\$175.53	\$669.61	\$892.81
	Emp., Spouse & Child(ren)	\$439.15	\$585.53	\$211.11	\$281.48	\$1,191.57	\$1,588.76
	Salaries \$55,000-\$99,999	12-Month	*9-Month	12-Month	*9-Month	12-Month	*9-Month
	Employee Only	\$94.18	\$125.57	\$49.64	\$66.19	\$319.74	\$426.32
	Employee & Spouse	\$363.36	\$484.48	\$188.42	\$251.23	\$910.36	\$1,213.81
	Employee & Child(ren)	\$272.89	\$363.85	\$154.39	\$205.85	\$692.35	\$923.13
	Emp., Spouse & Child(ren)	\$486.20	\$648.27	\$258.16	\$344.22	\$1,238.62	\$1,588.76
	Salaries \$100,000-\$149,999	12-Month	*9-Month	12-Month	*9-Month	12-Month	*9-Month
	Employee Only	\$95.79	\$127.72	\$51.17	\$68.23	\$321.35	\$428.47
	Employee & Spouse	\$386.07	\$514.76	\$211.13	\$281.51	\$933.07	\$1,244.09
	Employee & Child(ren)	\$291.08	\$388.11	\$172.58	\$230.11	\$710.54	\$947.39
	Emp., Sp. & Child(ren)	\$525.41	\$700.55	\$297.37	\$396.50	\$1,277.83	\$1,703.78
Salaries above \$150,000	12-Month	*9-Month	12-Month	*9-Month	12-Month	*9-Month	
Employee Only	\$97.34	\$129.79	\$52.64	\$70.19	\$322.90	\$430.54	
Employee & Spouse	\$420.14	\$560.19	\$245.20	\$326.94	\$967.14	\$1,289.52	
Employee & Child(ren)	\$318.37	\$424.49	\$199.87	\$266.49	\$737.83	\$983.77	
Emp., Spouse & Child(ren)	\$564.62	\$752.83	\$336.58	\$448.78	\$1,317.04	\$1,756.06	
50%-74% Appointed Note: <i>Employees who are less than 100% appointed will be in the salary tier equal to their 100% appointed salary.</i>	Salaries Below \$39,000	12-Month	*9-Month	12-Month	*9-Month	12-Month	*9-Month
	Employee Only	\$180.92	\$241.23	\$132.05	\$176.06	\$406.48	\$541.98
	Employee & Spouse	\$522.33	\$696.44	\$347.39	\$463.19	\$1,069.33	\$1,425.77
	Employee & Child(ren)	\$397.97	\$530.62	\$279.47	\$372.62	\$817.43	\$1,089.90
	Emp., Sp. & Child(ren)	\$697.93	\$930.57	\$469.89	\$626.52	\$1,450.35	\$1,933.80
	Salaries \$39,000-\$54,999	12-Month	*9-Month	12-Month	*9-Month	12-Month	*9-Month
	Employee Only	\$186.86	\$249.15	\$137.69	\$183.59	\$412.42	\$549.90
	Employee & Spouse	\$539.36	\$719.15	\$364.42	\$485.90	\$1,086.36	\$1,448.48
	Employee & Child(ren)	\$415.02	\$553.36	\$296.52	\$395.36	\$834.48	\$1,112.64
	Emp., Sp. & Child(ren)	\$721.46	\$961.94	\$493.42	\$657.89	\$1,473.88	\$1,965.17
	Salaries \$55,000-\$99,999	12-Month	*9-Month	12-Month	*9-Month	12-Month	*9-Month
	Employee Only	\$192.19	\$256.25	\$142.75	\$190.33	\$417.75	\$557.00
	Employee & Spouse	\$556.39	\$741.86	\$381.45	\$508.61	\$1,103.39	\$1,471.19
	Employee & Child(ren)	\$432.08	\$576.10	\$313.58	\$418.10	\$851.54	\$1,135.38
	Emp., Sp. & Child(ren)	\$756.74	\$1,008.99	\$528.70	\$704.94	\$1,509.16	\$2,012.22
	Salaries \$100,000-\$149,999	12-Month	*9-Month	12-Month	*9-Month	12-Month	*9-Month
	Employee Only	\$193.40	\$257.86	\$143.90	\$191.86	\$418.96	\$558.61
	Employee & Spouse	\$573.43	\$764.57	\$398.49	\$531.32	\$1,120.43	\$1,493.90
	Employee & Child(ren)	\$445.72	\$594.29	\$327.22	\$436.29	\$865.18	\$1,153.57
	Emp. Sp. & Child(ren)	\$786.15	\$1,048.20	\$558.11	\$744.15	\$1,538.57	\$2,051.43
Salaries above \$150,000	12-Month	*9-Month	12-Month	*9-Month	12-Month	*9-Month	
Employee Only	\$194.56	\$259.41	\$145.00	\$193.33	\$420.12	\$560.16	
Employee & Spouse	\$598.98	\$798.64	\$424.04	\$565.39	\$1,145.98	\$1,527.97	
Employee & Child(ren)	\$466.19	\$621.58	\$347.69	\$463.58	\$885.65	\$1,180.86	
Emp. Sp. & Child(ren)	\$815.56	\$1,087.41	\$587.52	\$783.36	\$1,567.98	\$2,090.64	

***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). If changes are made October or later, 9M employees 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 2022

	12 Month Premiums				9 Month Premiums*					
Dental Coverage	<u>Coverage</u>	<u>75-100% Appt</u>		<u>50-74% Appt</u>		<u>Coverage</u>	<u>75-100% Appt</u>		<u>50-74% Appt</u>	
	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	
Vision Insurance	<u>Coverage</u>	<u>Basic</u>		<u>Enhanced</u>		<u>Coverage</u>	<u>Basic</u>		<u>Enhanced</u>	
	Employee Only	\$4.69		\$9.48		Employee Only	\$6.25		\$12.64	
	Employee & Spouse	\$9.31		\$18.74		Employee & Spouse	\$12.41		\$24.99	
	Employee & Child(ren)	\$9.11		\$18.37		Employee & Child(ren)	\$12.15		\$24.49	
	Emp., Sp & Child(ren)	\$13.85		\$27.92		Emp., Sp & Child(ren)	\$18.47		\$37.23	
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	<u>Your current age:</u>				Optional Life	<u>Your current age:</u>			
		Less than 30	\$0.037	50 but < 55	\$0.172		Less than 30	\$0.049	50 but < 55	\$0.231
		30 but < 35	\$0.053	55 but < 60	\$0.321		30 but < 35	\$0.071	55 but < 60	\$0.428
		35 but < 40	\$0.060	60 but < 65	\$0.493		35 but < 40	\$0.080	60 but < 65	\$0.657
		40 but < 45	\$0.075	65 but < 70	\$0.950		40 but < 45	\$0.100	65 but < 70	\$1.267
		45 but < 50	\$0.112	70 & older	\$1.553		45 but < 50	\$0.149	70 & older	\$2.071
	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			
			\$10,000	\$2.85			\$10,000	\$3.80		
	Eligible dependent children are covered at 50% of spouse's coverage.		\$15,000	\$4.27	Eligible dependent children are covered at 50% of spouse's coverage.		\$15,000	\$5.69		
	\$20,000	\$5.69				\$20,000	\$7.59			
Short Term Disability	Basic Short-Term Disability mandatory & 100% employer paid.					Basic Short-Term Disability mandatory & 100% employer paid.				
	Optional STD					Optional STD				
	<u>Classified Staff</u>		<u>Calculate your monthly premium:</u>			<u>Classified Staff</u>		<u>Calculate your monthly premium:</u>		
	Covers salary over \$45,000 up to a maximum covered of \$216,000.		1. Subtract \$45,000 from annual salary			Covers salary over \$45,000 up to a maximum covered of \$216,000.		1. Subtract \$45,000 from annual salary		
			2. Multiply by .00528					2. Multiply by .00528		
		3. Divide by 12					3. Divide by 9			
<u>Non-Classified Faculty/staff</u>		<u>Calculate your monthly premium:</u>			<u>Non-Classified Faculty/Staff</u>		<u>Calculate your monthly premium:</u>			
Covers salary from \$0.00 up to a maximum covered salary of \$216,000.		1. Multiply annual salary by .0049			Covers salary from \$0.00 up to a maximum covered salary of \$216,000.		1. Multiply annual salary by .0049			
		2. Divide by 12					2. Divide by 9			
Long Term Disability	Basic Long-Term Disability mandatory & 100% employer paid.					Basic Long-Term Disability mandatory & 100% employer paid.				
	Optional LTD Coverage		<u>Calculate your monthly premium:</u>			Optional LTD Coverage		<u>Calculate your monthly premium:</u>		
	Enroll only if salary is over \$20,000. Maximum salary to be used in calculation is \$500,000.		1. Divide annual salary by 12			Enroll only if salary is over \$20,000. Maximum salary to be used in calculation is \$500,000.		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 \$0.430					4. Multiply by \$0.430			
AD&D Insurance	<u>Coverage</u>	<u>Single</u>	<u>Family</u>			<u>Coverage</u>	<u>Single</u>	<u>Family</u>		
	\$25,000	\$0.38	\$0.75	Spouse covered for 60% of coverage amount and eligible dependent children for 20% of family coverage amount.		\$25,000	\$0.51	\$1.00	Spouse covered for 60% of coverage amount and eligible dependent children for 20% of family coverage amount.	
	\$50,000	\$0.75	\$1.50	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)		\$50,000	\$1.00	\$2.00	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)	
	\$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 can be found online at https://hr.uark.edu/benefits/catastrophic/critical-insurance.php									
	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 1-870-295-0417 or go to www.legalshield.com/info/uas to enroll.									