

**UNIVERSITY OF ARKANSAS – SEMI-MONTHLY INSURANCE PREMIUMS**

Jan 2024	Salary Tiers	Classic Plan		Health Savings Plan		Premier Plan	
<b>75%-100% Appointed</b>	<b>Salaries below \$39,000</b>	<b>12-Month</b>	<b>9-Month</b>	<b>12-Month</b>	<b>9-Month</b>	<b>12-Month</b>	<b>9-Month</b>
	Employee Only	\$39.58	\$55.88	\$27.87	\$39.34	\$167.78	\$236.87
	Employee & Spouse	\$158.97	\$224.43	\$70.19	\$99.09	\$469.07	\$662.22
	Employee & Child(ren)	\$113.71	\$160.52	\$53.58	\$75.64	\$352.72	\$497.95
	Family	\$203.89	\$287.84	\$88.16	\$124.46	\$630.09	\$889.54
	<b>Salaries \$39,000-\$54,999</b>	<b>12-Month</b>	<b>9-Month</b>	<b>12-Month</b>	<b>9-Month</b>	<b>12-Month</b>	<b>9-Month</b>
	Employee Only	\$43.54	\$61.47	\$31.43	\$44.36	\$171.74	\$242.46
	Employee & Spouse	\$170.33	\$240.46	\$81.55	\$115.12	\$480.43	\$678.25
	Employee & Child(ren)	\$125.08	\$176.58	\$64.95	\$91.69	\$364.09	\$514.00
	Family	\$219.58	\$309.99	\$103.85	\$146.60	\$645.78	\$911.68
	<b>Salaries \$55,000-\$99,999</b>	<b>12-Month</b>	<b>9-Month</b>	<b>12-Month</b>	<b>9-Month</b>	<b>12-Month</b>	<b>9-Month</b>
	Employee Only	\$47.09	\$66.48	\$34.62	\$48.88	\$175.29	\$247.47
	Employee & Spouse	\$181.68	\$256.49	\$92.90	\$131.15	\$491.78	\$694.28
	Employee & Child(ren)	\$136.45	\$192.63	\$76.32	\$107.74	\$375.46	\$530.05
	Family	\$243.10	\$343.20	\$127.37	\$179.82	\$669.30	\$944.89
	<b>Salaries above \$100,000</b>	<b>12-Month</b>	<b>9-Month</b>	<b>12-Month</b>	<b>9-Month</b>	<b>12-Month</b>	<b>9-Month</b>
	Employee Only	\$47.90	\$67.62	\$35.35	\$49.90	\$176.10	\$248.60
	Employee & Spouse	\$193.04	\$272.52	\$104.26	\$147.18	\$503.14	\$710.31
	Employee & Child(ren)	\$145.54	\$205.47	\$85.41	\$120.58	\$384.55	\$542.89
	Family	\$262.71	\$370.88	\$146.98	\$207.49	\$688.91	\$972.57
Jan. 2024	Salary Tiers	Classic Plan		Health Savings Plan		Premier Plan	
<b>50%-74% Appointed</b>	<b>Salaries below \$39,000</b>	<b>12-Month</b>	<b>9-Month</b>	<b>12-Month</b>	<b>9-Month</b>	<b>12-Month</b>	<b>9-Month</b>
	Employee Only	\$91.87	\$129.69	\$74.86	\$105.68	\$220.07	\$310.68
	Employee & Spouse	\$264.74	\$373.75	\$175.05	\$247.13	\$574.84	\$811.54
	Employee & Child(ren)	\$201.72	\$284.77	\$140.99	\$199.04	\$440.73	\$622.20
	Family	\$353.89	\$499.61	\$237.02	\$334.62	\$780.09	\$1,101.30
	<b>Salaries \$39,000-\$54,999</b>	<b>12-Month</b>	<b>9-Month</b>	<b>12-Month</b>	<b>9-Month</b>	<b>12-Month</b>	<b>9-Month</b>
	Employee Only	\$94.84	\$133.88	\$77.53	\$109.45	\$223.04	\$314.87
	Employee & Spouse	\$273.26	\$385.77	\$183.57	\$259.15	\$583.36	\$823.56
	Employee & Child(ren)	\$210.25	\$296.82	\$149.52	\$211.08	\$449.26	\$634.24
	Family	\$365.66	\$516.22	\$248.79	\$351.23	\$791.86	\$1,117.91
	<b>Salaries \$55,000-\$99,999</b>	<b>12-Month</b>	<b>9-Month</b>	<b>12-Month</b>	<b>9-Month</b>	<b>12-Month</b>	<b>9-Month</b>
	Employee Only	\$97.50	\$137.64	\$79.93	\$112.84	\$225.70	\$318.63
	Employee & Spouse	\$281.77	\$397.79	\$192.08	\$271.17	\$591.87	\$835.58
	Employee & Child(ren)	\$218.77	\$308.85	\$158.04	\$223.12	\$457.78	\$646.28
	Family	\$383.30	\$541.13	\$266.43	\$376.14	\$809.50	\$1,142.82
	<b>Salaries above \$100,000</b>	<b>12-Month</b>	<b>9-Month</b>	<b>12-Month</b>	<b>9-Month</b>	<b>12-Month</b>	<b>9-Month</b>
	Employee Only	\$98.10	\$138.49	\$80.47	\$113.60	\$226.30	\$319.48
	Employee & Spouse	\$290.29	\$409.82	\$200.60	\$283.20	\$600.39	\$847.61
	Employee & Child(ren)	\$225.59	\$318.48	\$164.86	\$232.74	\$464.60	\$655.91
	Family	\$398.01	\$561.89	\$281.14	\$396.90	\$824.21	\$1,163.58

\*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**

Jan 2024	12 Month Premiums				9 Month Premiums			
<b>Dental Coverage</b>	<b>Coverage</b>	<b>75-100%</b>	<b>50-74%</b>		<b>Coverage</b>	<b>75-100%</b>	<b>50-74%</b>	
	Employee Only	\$8.00	\$10.72		Employee Only	\$11.29	\$15.13	
	Employee & Spouse	\$16.50	\$22.11		Employee & Spouse	\$23.29	\$31.21	
	Employee & Child(ren)	\$13.92	\$18.66		Employee & Child(ren)	\$19.66	\$26.34	
	Family	\$22.42	\$30.05		Family	\$31.66	\$42.42	
<b>Vision Insurance</b>	<b>Coverage</b>	<b>Basic</b>	<b>Enhanced</b>		<b>Coverage</b>	<b>Basic</b>	<b>Enhanced</b>	
	Employee Only	\$2.34	\$4.74		Employee Only	\$3.31	\$6.69	
	Employee & Spouse	\$4.65	\$9.37		Employee & Spouse	\$6.57	\$13.23	
	Employee & Child(ren)	\$4.55	\$9.18		Employee & Child(ren)	\$6.43	\$12.97	
	Family	\$6.92	\$13.96		Family	\$9.78	\$19.71	
<b>Life Insurance</b>	<b>Basic Life:</b> mandatory & 100% employer paid \$.155/\$1,000				<b>Basic Life:</b> mandatory & 100% employer paid \$.207/\$1,000			
	<b>Optional Life</b>	<b>Your current Age:</b>			<b>Optional Life</b>	<b>Your current age:</b>		
		Less than 30	\$ .037	50 but <55 \$ .172		Less than 30	\$ .049	50 but <55 \$ .231
		30 but <35	\$ .053	55 but <60 \$ .321		30 but <35	\$ .071	55 but <60 \$ .428
		35 but <40	\$ .060	60 but <65 \$ .493		35 but <40	\$ .080	60 but <65 \$ .657
		40 but <45	\$ .075	65 but <70 \$ .950		40 but <45	\$ .100	65 but <70 \$ 1.267
		45 but <50	\$ .112	70 & older \$ 1.553		45 but <50	\$ .149	70 & older \$ 2.071
	To calculate your semi-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 and then divide by 2				To calculate your semi-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 and multiply by age rate above. 3. Multiply by 9 and divide by 17.			
<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	\$1.43		Eligible dependent children are covered at 50% of spouse's coverage.	\$10,000	\$2.01	
		\$15,000	\$2.14			\$15,000	\$3.01	
		\$20,000	\$2.85			\$20,000	\$4.02	
<b>Short-term Disability</b>	<b>Basic Short-term Disability</b> Mandatory & 100% employer paid				<b>Basic Short-term Disability</b> Mandatory & 100% Empr. paid			
	<b>Optional STD</b>				<b>Optional STD</b>			
	<b>Classified Staff</b>		Calculate SM premium		<b>Classified Staff</b>		Calculate SM premium	
	Covers salary over \$45,000 up to a maximum coverage of \$216,000		1. Subtract \$45,000 from annual salary 2. Multiply by .00528 3. Divide by 24		Covers salary over \$45,000 up to a maximum covered of \$216,000		1. Subtract \$45,000 from annual salary 2. Multiply by .00528 3. Divide by 17	
<b>Non-Classified Faculty/Staff</b>		1. Multiply annual salary by .0049 2. Divide by 24		<b>Non-Classified Faculty</b>		1. Multiply annual salary by .0049 2. Divide by 17		
Covers salary from \$0 up to maximum coverage of \$216,000				Covers salary from \$0 up to maximum coverage of \$216,000				
<b>Long Term Disability</b>	<b>Basic Long-Term Disability</b> Mandatory & 100% employer paid.				<b>Basic Long-term Disability</b> Mandatory & 100% Empr. Paid			
	<b>Optional LTD Coverage</b>		Calculate your SM premium:		<b>Optional LTD Coverage</b>		Calculate your SM premium:	
	Maximum salary to be used in calculation is \$500,000.		1. Subtract \$20,000 from annual salary 2. Divide by 24 3. Divide by 100 4. Multiply by \$.430		Maximum salary to be used in calculation is \$500,000.		1. Subtract \$20,000 from annual salary 2. Divide by 17 3. Divide by 100 4. Multiply by \$.430	
<b>AD&amp;D Insurance</b>	<b>Coverage</b>	<b>Single</b>	<b>Family</b>	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).	<b>Covered</b>	<b>Single</b>	<b>Family</b>	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).
	\$25,000	\$ .19	\$ .38		\$25,000	\$ .27	\$ .53	
	\$50,000	\$ .38	\$ .75		\$50,000	\$ .53	\$ 1.06	
	\$75,000	\$ .56	\$ 1.13		\$75,000	\$ .80	\$ 1.59	
	\$100,000	\$ .75	\$ 1.50		\$100,000	\$ 1.06	\$ 2.12	
	\$125,000	\$ .94	\$ 1.88		\$125,000	\$ 1.33	\$ 2.65	
	\$150,000	\$ 1.13	\$ 2.25		\$150,000	\$ 1.59	\$ 3.18	
	\$175,000	\$ 1.32	\$ 2.63		\$175,000	\$ 1.86	\$ 3.71	
	\$200,000	\$ 1.50	\$ 3.00		\$200,000	\$ 2.12	\$ 4.24	
	\$225,000	\$ 1.69	\$ 3.38		\$225,000	\$ 2.39	\$ 4.76	
	\$250,000	\$ 1.88	\$ 3.75		\$250,000	\$ 2.65	\$ 5.29	
\$275,000	\$ 2.06	\$ 4.13	\$275,000	\$ 2.92	\$ 5.82			
\$300,000	\$ 2.25	\$ 4.50	\$300,000	\$ 3.18	\$ 6.35			
<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, Hospital Indemnity, & Accident Protection Insurance: Rates can be found online at <a href="https://hr.uark.edu/benefits/catastrophic/uhc-plans.php">https://hr.uark.edu/benefits/catastrophic/uhc-plans.php</a> 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 1-870-295-0417 or go to <a href="http://www.legalshield.com/info/uas">www.legalshield.com/info/uas</a> to enroll.							