

University of Arkansas - Little Rock

9 Month Group Benefits Rate Sheet

Effective July 1, 2019

Full-time employee rates (75% - 100% employment).

Request part-time rates if less than full-time.

Rates listed are based upon per pay period amounts.

MEDICAL INSURANCE

	<u>Classic</u>	<u>Premier Plan</u>	<u>Health Savings Plan</u>
Employee Only	\$ 51.42	\$104.77	\$ 29.46
Employee & Spouse	\$188.29	\$326.22	\$139.17
Employee & Children	\$133.61	\$250.03	\$ 93.46
Family	\$253.36	\$431.24	\$185.92

DENTAL INSURANCE

Employee Only	\$10.35
Employee & Spouse	\$21.34
Employee & Children	\$18.01
Family	\$29.00

VISION INSURANCE

	<u>Basic</u>	<u>Enhanced</u>
Employee Only	\$ 3.84	\$ 7.75
Employee & Spouse	\$ 7.62	\$15.31
Employee & Children	\$ 7.46	\$15.01
Family	\$11.34	\$22.81

BASIC LIFE INSURANCE - University Paid (no cost to employee) – Annual salary up to \$50,000

OPTIONAL LIFE INS.

(cost/\$1000 salary)

Current Age

Cost/Pay Period

Less than 25	\$.027
25 but < 30	.027
30 but < 35	.037
35 but < 40	.043
40 but < 45	.053
45 but < 50	.08
50 but < 55	.123
55 but < 60	.229
60 but < 65	.352
65 but < 70	.677
70 and older	1.093

DEPENDENT LIFE INS.

(Each dependent child insured at 50% of spousal coverage)

Spousal Coverage

Cost/Pay Period

\$10,000	\$1.90
\$15,000	\$2.85
\$20,000	\$3.79

ACCIDENTAL DEATH & DISMEMBERMENT INSURANCE

Cost Per Pay Period

(Under Family Coverage-Spouse insured for 60% and dependent children for 20% of the amount of employee coverage)

New rates effective: January 1, 2014

Amount of Employee Coverage

Cost Employee Coverage

Cost Family Coverage

\$ 25,000	\$.25	\$.50
50,000	.50	1.00
75,000	.75	1.50
100,000	1.00	2.00
125,000	1.25	2.50
150,000	1.50	3.00
175,000	1.75	3.50
200,000	2.00	4.00
225,000	2.25	4.50
250,000	2.50	5.00
275,000	2.75	5.50
300,000	3.00	6.00

BASIC LONG TERM DISABILITY

University Paid (no cost to employee) – Insured amount is the first \$20,000 of annual salary.

OPTIONAL LONG TERM DISABILITY – See formula on back to calculate premium.

(over)

University of Arkansas - Little Rock

10½ Month Group Benefits Rate Sheet

Effective July 1, 2019

Full-time employee rates (75% - 100% employment).

Request part-time rates if less than full-time.

Rates listed are based upon per pay period amounts.

MEDICAL INSURANCE

	<u>Classic</u>	<u>Premier Plan</u>	<u>Health Savings Plan</u>
Employee Only	\$ 44.07	\$ 89.80	\$ 25.25
Employee & Spouse	\$161.39	\$279.62	\$119.29
Employee & Children	\$114.52	\$214.31	\$ 80.11
Family	\$217.17	\$369.63	\$159.36

DENTAL INSURANCE

Employee Only	\$ 8.87
Employee & Spouse	\$18.29
Employee & Children	\$15.44
Family	\$24.86

VISION INSURANCE

	<u>Basic</u>	<u>Enhanced</u>
Employee Only	\$3.29	\$ 6.64
Employee & Spouse	\$6.53	\$13.13
Employee & Children	\$6.39	\$12.87
Family	\$9.72	\$19.55

BASIC LIFE INSURANCE - University Paid (no cost to employee) – Annual salary up to \$50,000

<u>OPTIONAL LIFE INS.</u> (cost/\$1000 salary)	<u>Current Age</u>	<u>Cost/Pay Period</u>
	Less than 25	\$.0240
	25 but < 30	.0240
	30 but < 35	.0337
	35 but < 40	.0382
	40 but < 45	.0480
	45 but < 50	.0720
	50 but < 55	.1102
	55 but < 60	.2062
	60 but < 65	.3165
	65 but < 70	.6097
	70 and older	.9840

DEPENDENT LIFE INS.

<u>DEPENDENT LIFE INS.</u> (Each dependent child insured at 50% of spousal coverage)	<u>Spousal Coverage</u>	<u>Cost/Pay Period</u>
	\$10,000	\$1.63
	15,000	2.44
	20,000	3.25

ACCIDENTAL DEATH & DISMEMBERMENT INSURANCE

Cost Per Pay Period

(Under Family Coverage-Spouse insured for 60% and dependent children for 20% of the amount of employee coverage)

New rates effective: January 1, 2014

<u>Amount of Employee Coverage</u>	<u>Cost Employee Coverage</u>	<u>Cost Family Coverage</u>
\$ 25,000	\$.21	\$.43
50,000	.43	.86
75,000	.64	1.29
100,000	.86	1.71
125,000	1.07	2.14
150,000	1.29	2.57
175,000	1.50	3.00
200,000	1.71	3.43
225,000	1.93	3.86
250,000	2.14	4.29
275,000	2.36	4.71
300,000	2.57	5.14

BASIC LONG TERM DISABILITY

University Paid (no cost to employee) – Insured amount is the first \$20,000 of annual salary.

OPTIONAL LONG TERM DISABILITY – See formula on back to calculate premium.

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10 Month Group Benefits Rate Sheet

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Request part-time rates if less than full-time.

Rates listed are based upon per pay period amounts.

MEDICAL INSURANCE

	<u>Classic</u>	<u>Premier Plan</u>	<u>Health Savings Plan</u>
Employee Only	\$ 46.28	\$ 94.29	\$ 26.51
Employee and Spouse	\$169.46	\$293.60	\$125.25
Employee and Children	\$120.25	\$225.02	\$ 84.11
Family	\$228.02	\$388.12	\$167.33

DENTAL INSURANCE

Employee Only	\$ 9.31
Employee and Spouse	\$19.21
Employee and Children	\$16.21
Family	\$26.10

VISION INSURANCE

	<u>Basic</u>	<u>Enhanced</u>
Employee Only	\$ 3.46	\$ 6.97
Employee and Spouse	\$ 6.86	\$13.78
Employee and Children	\$ 6.71	\$13.51
Family	\$10.21	\$20.53

BASIC LIFE INSURANCE - University Paid (no cost to employee) - Annual salary up to \$50,000

OPTIONAL LIFE INS.

(cost/\$1000 salary)

<u>Current Age</u>	<u>Cost/Pay Period</u>
Less than 25	\$.0252
25 but < 30	.0252
30 but < 35	.0354
35 but < 40	.0402
40 but < 45	.0504
45 but < 50	.0756
50 but < 55	.1158
55 but < 60	.2166
60 but < 65	.3324
65 but < 70	.6402
70 and older	1.0332

DEPENDENT LIFE INS.

(Each dependent child insured at 50% of spousal coverage)

<u>Spousal Coverage</u>	<u>Cost/Pay Period</u>
\$10,000	\$1.71
15,000	2.56
20,000	3.41

ACCIDENTAL DEATH & DISMEMBERMENT INSURANCE

(Under Family Coverage-Spouse insured for 60% and dependent children for 20% of the amount of employee coverage)

New rates effective: January 1, 2014

	<u>Cost/Pay Period</u>	
	<u>Employee Coverage</u>	<u>Family Coverage</u>
\$25,000	\$.23	\$.46
50,000	.45	.90
75,000	.68	1.35
100,000	.90	1.80
125,000	1.13	2.25
150,000	1.35	2.70
175,000	1.58	3.15
200,000	1.80	3.60
225,000	2.03	4.05
250,000	2.25	4.50
275,000	2.48	4.95
300,000	2.70	5.40

BASIC LONG TERM DISABILITY

University Paid (no cost to employee) - Insured amount is the first \$20,000 of annual salary.

OPTIONAL LONG TERM DISABILITY- (See formula on back to calculate premium).

(over)

University of Arkansas - Little Rock

12 Month Group Benefits Rate Sheet

Effective July 1, 2019

Full-time employee rates (75% - 100% employment).

Request part-time rates if less than full-time.

Rates listed are based upon per pay period amounts.

MEDICAL INSURANCE

	<u>Classic</u>	<u>Premier Plan</u>	<u>Health Savings Plan</u>
Employee Only	\$ 38.57	\$ 78.58	\$ 22.10
Employee and Spouse	\$141.22	\$244.67	\$104.38
Employee and Children	\$100.21	\$187.52	\$ 70.10
Family	\$190.02	\$323.43	\$139.44

DENTAL INSURANCE

Employee Only	\$ 7.76
Employee and Spouse	\$16.01
Employee and Children	\$13.51
Family	\$21.75

VISION INSURANCE

	<u>Basic</u>	<u>Enhanced</u>
Employee Only	\$2.88	\$5.81
Employee and Spouse	\$5.72	\$11.49
Employee and Children	\$5.60	\$11.26
Family	\$8.51	\$17.11

BASIC LIFE INSURANCE - University Paid (no cost to employee) - Annual salary up to \$50,000

OPTIONAL LIFE INS.

(cost/\$1000 salary)

Current Age

Cost/Pay Period

Less than 25	\$.0210
25 but < 30	.0210
30 but < 35	.0295
35 but < 40	.0335
40 but < 45	.0420
45 but < 50	.0630
50 but < 55	.0965
55 but < 60	.1805
60 but < 65	.2770
65 but < 70	.5335
70 and older	.8610

DEPENDENT LIFE INS.

(Each dependent child insured at 50% of spousal coverage)

Spousal Coverage

Cost/Pay Period

\$10,000	\$1.43
\$15,000	\$2.14
\$20,000	\$2.85

ACCIDENTAL DEATH & DISMEMBERMENT INSURANCE

(Under Family Coverage-Spouse insured for 60% and dependent children for 20% of the amount of employee coverage)

New rates effective: January 1, 2014

Amount of Employee Coverage

Cost/Pay Period

Cost Employee Coverage

Cost Family Coverage

\$25,000	\$.19	\$.38
50,000	.38	.75
75,000	.56	1.13
100,000	.75	1.50
125,000	.94	1.88
150,000	1.13	2.25
175,000	1.31	2.63
200,000	1.50	3.00
225,000	1.69	3.38
250,000	1.88	3.75
275,000	2.06	4.13
300,000	2.25	4.50

BASIC LONG TERM DISABILITY

University Paid (no cost to employee) - Insured amount is the first \$20,000 of annual salary.

OPTIONAL LONG TERM DISABILITY- (See formula on back to calculate premium).

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