

**UNIVERSITY OF ARKANSAS AT PINE BLUFF**  
**9-Month Employee - Benefits Rate Sheet**

**TYPE OF COVERAGE**

**EMPLOYEE'S CONTRIBUTION**

**Basic Life Insurance**

**No charge (100% paid by Employer)**

**Optional Life Insurance**

**Current Age**

**Monthly**

To calculate the semi-monthly premium:  
  
 Multiply your annual salary by 1, 2, 3, or 4. Round to the next \$thousand.  
 Divide by \$1,000.  
 Multiply by Age Rate  
 Divide by two. This is your semi-monthly rate.

<b>Less than 30</b>	<b>\$ 0.037</b>
<b>30 LT 34</b>	<b>\$0.053</b>
<b>35 LT 39</b>	<b>\$ 0.060</b>
<b>40 LT 44</b>	<b>\$ 0.075</b>
<b>45 LT 49</b>	<b>\$ 0.112</b>
<b>50 LT 54</b>	<b>\$ 0.172</b>
<b>55 LT 59</b>	<b>\$ 0.321</b>
<b>60 LT 64</b>	<b>\$ 0.493</b>
<b>65 LT 69</b>	<b>\$ 0.950</b>
<b>70 and older</b>	<b>\$1.533</b>

**Dependent Life Insurance**

Eligible dependent children are covered at 50% of spouse coverage.

<b><u>Coverage</u></b>	<b><u>Semi-Monthly</u></b>
<b>\$10,000</b>	<b>\$2.01</b>
<b>15,000</b>	<b>3.01</b>
<b>20,000</b>	<b>4.02</b>

**Basic Long-Term Disability**

**No Charge**

**Optional Short-Term Disability**

**\$0.563 per \$100 of covered annual salary**

Covers salary to a maximum of \$216,000.

**Optional Long-Term Disability**

**\$ .47 per 100.00 of covered pay**

Divide annual salary by 17.  
 Subtract 2,222.22  
 Divide by 100  
 Multiply by 0.430 for cost. ENROLL ONLY IF YOUR SALARY IS OVER \$20,000. The maximum calculated amount is 500.000

**Optional Accidental Death &**

**Dismemberment**

**SEMI-MONTHLY**

Spouse covered for 60% of coverage amount and eligible dependent children for 20% of family coverage amount. Coverage of more than \$150,000 will be limited to the lesser of \$300,000 or 15 times the employee's salary (rounded up to the next \$25,000).

<b><u>Coverage</u></b>	<b><u>Employee Only</u></b>	<b><u>Employee &amp; Family</u></b>
<b>\$25,000</b>	<b>\$ .27</b>	<b>\$ .53</b>
<b>50,000</b>	<b>\$ .53</b>	<b>1.06</b>
<b>75,000</b>	<b>.80</b>	<b>1.59</b>
<b>100,000</b>	<b>1.06</b>	<b>2.12</b>
<b>125,000</b>	<b>1.33</b>	<b>2.65</b>
<b>150,000</b>	<b>1.59</b>	<b>3.18</b>
<b>175,000</b>	<b>1.86</b>	<b>3.71</b>
<b>200,000</b>	<b>2.12</b>	<b>4.24</b>
<b>225,000</b>	<b>2.39</b>	<b>4.76</b>
<b>250,000</b>	<b>2.65</b>	<b>5.29</b>
<b>275,000</b>	<b>2.92</b>	<b>5.82</b>
<b>300,000</b>	<b>3.18</b>	<b>6.35</b>

## VOLUNTARY PRODUCTS

### Critical Illness-UHC- (semi-monthly rates)

United HealthCare Voluntary Critical Illness Semi-Monthly Premiums									
Option 1:	\$10,000								
		12M Premiums				9M Premiums			
Age Range	Emp Only	EE & Sp	EE & Ch	Family		Emp Only	EE & Sp	EE & Ch	Family
<b>Under 25</b>	\$0.70	\$1.35	\$1.20	\$1.85		\$0.99	\$1.91	\$1.69	\$2.61
<b>25-29</b>	\$0.95	\$1.85	\$1.45	\$2.35		\$1.34	\$2.61	\$2.05	\$3.32
<b>30-34</b>	\$1.30	\$2.50	\$1.80	\$3.00		\$1.84	\$3.53	\$2.54	\$4.24
<b>35-40</b>	\$1.80	\$3.55	\$2.30	\$4.05		\$2.54	\$5.01	\$3.25	\$5.72
<b>40-44</b>	\$2.90	\$5.80	\$3.40	\$6.30		\$4.09	\$8.19	\$4.80	\$8.89
<b>45-49</b>	\$4.70	\$9.65	\$5.20	\$10.15		\$6.64	\$13.62	\$7.34	\$14.33
<b>50-54</b>	\$6.85	\$14.35	\$7.35	\$14.85		\$9.67	\$20.26	\$10.38	\$20.96
<b>55-59</b>	\$9.40	\$19.90	\$9.90	\$20.40		\$13.27	\$28.09	\$13.98	\$28.80
<b>60-64</b>	\$13.35	\$28.35	\$13.85	\$28.85		\$18.85	\$40.02	\$19.55	\$40.73
<b>65-69</b>	\$19.20	\$39.45	\$19.70	\$39.95		\$27.11	\$55.69	\$27.81	\$56.40
<b>70-74</b>	\$13.68	\$26.63	\$14.18	\$27.13		\$19.31	\$37.59	\$20.01	\$38.29
<b>75+</b>	\$19.08	\$34.53	\$19.58	\$35.03		\$26.93	\$48.74	\$27.64	\$49.45
<b>Option 2:</b>	<b>\$20,000</b>								
Age Range	Emp Only	EE & Sp	EE & Ch	Family		Emp Only	EE & Sp	EE & Ch	Family
<b>Under 25</b>	\$1.40	\$2.70	\$2.40	\$3.70		\$1.98	\$3.81	\$3.39	\$5.22
<b>25-29</b>	\$1.90	\$3.70	\$2.90	\$4.70		\$2.68	\$5.22	\$4.09	\$6.64
<b>30-34</b>	\$2.60	\$5.00	\$3.60	\$6.00		\$3.67	\$7.06	\$5.08	\$8.47
<b>35-39</b>	\$3.60	\$7.10	\$4.60	\$8.10		\$5.08	\$10.02	\$6.49	\$11.44
<b>40-44</b>	\$5.80	\$11.60	\$6.80	\$12.60		\$8.19	\$16.38	\$9.60	\$17.79
<b>45-49</b>	\$9.40	\$19.30	\$10.40	\$20.30		\$13.27	\$27.25	\$14.68	\$28.66
<b>50-54</b>	\$13.70	\$28.70	\$14.70	\$29.70		\$19.34	\$40.52	\$20.75	\$41.93
<b>55-59</b>	\$18.80	\$39.80	\$19.80	\$40.80		\$26.54	\$56.19	\$27.95	\$57.60
<b>60-64</b>	\$26.70	\$56.70	\$27.70	\$57.70		\$37.69	\$80.05	\$39.11	\$81.46
<b>65-69</b>	\$38.40	\$78.90	\$39.40	\$79.90		\$54.21	\$111.39	\$55.62	\$112.80
<b>70-74</b>	\$27.35	\$53.25	\$28.35	\$54.25		\$38.61	\$75.18	\$40.02	\$76.59
<b>75+</b>	\$38.15	\$69.05	\$39.15	\$70.05		\$53.86	\$97.48	\$55.27	\$98.89

### ACCIDENT INSURANCE – UHC (semi-monthly rates)

Premiums	Option 1	Option 2	Option 3
Employee Only	\$1.91	\$2.52	\$3.33
Employee + Spouse	\$3.03	\$4.00	\$5.29
Employee + Child(ren)	\$3.53	\$4.85	\$6.57
Employee + Family	\$5.50	\$7.50	\$10.12

### HOSPITAL INDEMNITY INSURANCE (semi-monthly rates)

Employee Only	\$2.87	\$4.75	\$6.63
Employee + Spouse	\$5.67	\$9.42	\$13.15
Employee + Child(ren)	\$4.81	\$8.17	\$11.54
Premiums	Option 1	Option 2	Option 3
Employee + Family	\$8.08	\$13.67	\$19.26