

**University of Arkansas at Monticello**  
**January 1, 2020 Benefits and Rates for 10.5 Month Employees**

<b>Type of Coverage</b>		<b>Employee Contribution</b>			
<b>Basic Life Insurance</b>		No Charge			
<b>Basic Long Term Disability</b>		No Charge			
<b>Optional Life Insurance</b>		<u>Current Age</u>	<u>Monthly</u>		
(rates apply per thousand dollars of coverage)		Less than 29	\$	0.048	
		30 to 34	\$	0.067	
		35 to 39	\$	0.757	
		40 to 44	\$	0.096	
		45 to 49	\$	0.144	
		50 to 54	\$	0.221	
		55 to 59	\$	0.413	
		60 to 64	\$	0.633	
		65 to 69	\$	1.219	
		70 to 99	\$	1.968	
<b>Optional Long Term Disability</b> (rate applies per hundred dollars of coverage)			\$	0.491	
<b>Dependent Life Insurance</b>		<u>Coverage Amount</u>			
(Each dependent child covered at 50% of spousal coverage)		\$ 10,000.00	\$	1.63	
(Semi-Monthly Rates)		\$ 15,000.00	\$	2.45	
		\$ 20,000.00	\$	3.26	
<b>Accidental Death and Dismemberment</b>		<u>Coverage Amount</u>	<u>Employee Only</u>	<u>Employee &amp; Family</u>	
(Spouse covered at 60% and each dependent child for for 20 % of employee coverage)		\$ 25,000.00	\$ 0.22	\$ 0.43	
(Semi-Monthly Rates)		\$ 50,000.00	\$ 0.43	\$ 0.86	
		\$ 75,000.00	\$ 0.65	\$ 1.29	
		\$ 100,000.00	\$ 0.86	\$ 1.71	
		\$ 125,000.00	\$ 1.07	\$ 2.15	
		\$ 150,000.00	\$ 1.29	\$ 2.57	
		\$ 175,000.00	\$ 1.51	\$ 3.01	
		\$ 200,000.00	\$ 1.71	\$ 3.43	
		\$ 225,000.00	\$ 1.93	\$ 3.86	
		\$ 250,000.00	\$ 2.15	\$ 4.29	
		\$ 275,000.00	\$ 2.37	\$ 4.72	
		\$ 300,000.00	\$ 2.57	\$ 5.14	
<b>Medical Plan</b>			<u>Classic</u>	<u>Premier</u>	<u>Health Savings</u>
(Semi-Monthly Rates)		Employee Only	\$ 48.97	\$ 94.70	\$ 30.15
		Employee & Spouse	\$ 172.52	\$ 279.62	\$ 130.42
		Employee & Child(ren)	\$ 128.27	\$ 214.31	\$ 93.86
		Employee & Family	\$ 224.93	\$ 369.64	\$ 167.12
<b>Dental Plan</b>		Employee Only	\$	7.43	
(Semi-Monthly Rates)		Employee & Spouse	\$	15.34	
		Employee & Child(ren)	\$	12.93	
		Employee & Family	\$	20.84	
<b>Vision Plan</b>			<u>Basic</u>	<u>Enhanced</u>	
(Semi-Monthly Rates)		Employee Only	\$ 3.29	\$ 6.64	
		Employee & Spouse	\$ 6.54	\$ 13.13	
		Employee & Child(ren)	\$ 6.40	\$ 12.87	
		Employee & Family	\$ 9.73	\$ 19.55	

## Calculation Worksheet for 10.5 Month Employees

### Optional Life Insurance

For one, two, three, or four times annual salary:

1. Take your annual salary (maximum of \$300,000)
2. Multiply annual salary by 1, 2, 3, or 4 (depending on the amount of coverage you want)
3. Round up to even 1,000 (example: \$15,200 rounds up to \$16,000)
4. Divide by 1,000
5. Multiply by age rate from chart on the front of this sheet.
6. Divide by 2 to get your semi-monthly premium

$$\frac{\text{Annual Salary}}{\text{round up to next 1,000}} \times 1, 2, 3, \text{ or } 4 = \frac{\quad}{1,000} = \quad \times \frac{\quad}{\text{age rate from chart}} = \quad / 2 = \quad$$

### Optional Long-Term Disability

(if your salary is over \$20,000 per year)

1. Take your annual salary (maximum of \$100,000)
2. Divide by 10.5
3. Subtract \$1,904.76 (this is the portion of your salary covered by Basic LTD)
4. Divide by 100
5. Multiply by \$0.430 to get the monthly cost
6. Divide by 2 to get the semi-monthly cost

$$\frac{\quad}{10.5} = (\frac{\quad}{10.5} - 1,904.76) / 100 = \quad \times \$0.430 = \quad / 2 = \quad$$

### Basic Life Insurance (Employer Paid)

1. Round salary up to nearest thousand (\$50,000 maximum)
2. Divide by 1,000
3. Multiply result times \$ 0.17714
4. Divide by 2 for the per pay period deduction

### Basic LTD Insurance (Employer Paid)

1. Round salary up to nearest hundred (maximum of \$20,000)
2. Divide the number from the step above by 21 (pay periods)
3. Multiply result by \$0.085
4. Move decimal two places to the left for per pay period amount