UNIVERSITY OF ARKANSAS AT PINE BLUFF
12-Month Employee - Benefits Rate Sheet
Effective July 1, 2010

TYPE OF COVERAGE	EMPLOYEE'S CONTRIBUTION
Basic Life Insurance	No charge

Optional Life Insurance
Contribution per $1,000 insurance)

Current Age	Semi-Monthly	Monthly
LT 25	.03	.05
25 LT 29	$ .03	.06
30 LT 34	.04	.08
35 LT 39	.05	.09
40 LT 44	.06	.11
45 LT 49	.08	.15
50 LT 54	.14	.28
55 LT 59	.24	.48
60 LT 64	.38	.75
65 LT 69	.71	1.41
70 and older	1.34	2.29

Dependent Life Insurance
(Spouse is 100% of selected coverage & dependent(s) are 50% of selected Coverage)

Coverage	Semi-Monthly	Monthly
$10,000	$1.36	$2.71
15,000	2.05	4.09
20,000	2.71	5.42

Basic Long Term Disability — No Charge

Optional Long Term Disability — $ .58 per 100.00 of covered pay

Optional Accidental Death & Dismemberment
Spouse covered for 60% & each dependent is 20%)

	SEMI-MONTHLY		MONTHLY	
	Employee Only	Employee & Family	Employee Only	Employee & Family
$25,000	$ .30	$ .50	$ .60	$1.00
50,000	$ .60	1.00	1.20	2.00
75,000	.90	1.50	1.80	3.00
100,000	1.20	2.00	2.40	4.00
125,000	1.50	2.50	3.00	5.00
150,000	1.80	3.00	3.60	6.00
175,000	2.10	3.50	4.20	7.00
200,000	2.40	4.00	4.80	8.00
225,000	2.70	4.50	5.40	9.00
250,000	3.00	5.00	6.00	10.00
275,000	3.30	5.50	6.60	11.00
300,000	3.60	6.00	7.20	12.00

MEDICAL PLAN (s)	Semi-Monthly	Monthly
Classic		
Employee Only	$ 41.69	$ 83.37
Employee & Spouse	93.69	187.37
Employee & Child(ren)	73.63	147.25
Employee, Spouse, & Child(ren)	125.65	251.26

Point of Service

Employee Only	59.06	118.12
Employee & Spouse	132.73	265.46
Employee & Child(ren)	104.33	208.66
Employee, Spouse, & Child(ren)	178.02	356.03

DENTAL

	Semi-Monthly	Monthly
Employee Only	$ 7.77	$ 15.54
Employee & Spouse	16.00	32.00
Employee & Child(ren)	13.52	27.04
Employee, Spouse & Child(ren)	21.76	43.52

VISION

Basic	Semi-Monthly	Monthly
Employee Only	$2.83	$5.66
Employee & Spouse	5.61	11.22
Employee & Child(ren)	5.49	10.98
Employee and Family	8.35	16.70

Enhanced	Semi-Monthly	Monthly
Employee Only	$5.81	$11.62
Employee & Spouse	11.49	22.98
Employee & Child(ren)	11.62	22.52
Employee & Family	17.12	34.24

UNIVERSITY OF ARKANSAS AT PINE BLUFF
9-Month Employee - Benefits Rate Sheet
Effective July 1, 2010

TYPE OF COVERAGE		EMPLOYEE'S CONTRIBUTION	
Basic Life Insurance	No charge		
Optional Life Insurance (Contribution per $1,000 insurance)	Current Age	Semi-Monthly	Monthly
	LT 25	.03	.05
	25 LT 29	$ .03	.06
	30 LT 34	.04	.08
	35 LT 39	.05	.09
	40 LT 44	.06	.11
	45 LT 49	.08	.15
	50 LT 54	.14	.28
	55 LT 59	.24	.48
	60 LT 64	.38	.75
	65 LT 69	.71	1.41
	70 and older	1.34	2.29
Dependent Life Insurance (Spouse is 100% of selected coverage & dependent(s) are 50% of selected Coverage)	Coverage	Semi-Monthly	Monthly
	$10,000	$1.81	$3.61
	15,000	2.73	5.45
	20,000	3.62	7.23
Basic Long Term Disability	No Charge		
Optional Long Term Disability	$ .58 per 100.00 of covered pay		

Optional Accidental Death & Dismemberment (Spouse covered for 60% & each dependent & Child for 20% of employee benefit)	Semi-Monthly		Monthly	
	Employee Only	Employee & Family	Employee Only	Employee & Family
$25,000	$ .40	$ .67	$.80	$1.33
50,000	.80	1.34	1.60	2.67
75,000	1.20	2.00	2.40	4.00
100,000	1.60	2.67	3.20	5.33
125,000	2.00	3.34	4.00	6.67
150,000	2.40	4.00	4.80	8.00
175,000	2.80	4.67	5.60	9.33
200,000	3.20	5.34	6.40	10.67
225,000	3.60	6.00	7.20	12.00
250,000	4.00	6.67	8.00	13.33
275,000	4.40	7.34	8.80	14.67
300,000	4.80	8.00	9.60	16.00

MEDICAL PLAN(s)	Semi-Monthly	Monthly
Classic		
Employee Only	$ 55.58	$ 111.16
Employee & Spouse	124.91	249.82
Employee & Child(ren)	98.17	196.33
Employee, Spouse, & Child(ren)	167.54	335.07

Point of Service		
Employee Only	78.75	157.49
Employee & Spouse	176.98	353.96
Employee & Child(ren)	139.11	278.21
Employee, Spouse, & Child(ren)	237.36	474.71

DENTAL	Semi-monthly	Monthly
Employee Only	$ 10.35	$ 20.70
Employee & Spouse	21.32	42.64
Employee & Child(ren)	18.03	36.05
Employee, Spouse & Child(ren)	29.02	58.04

VISION	Semi-Monthly	Monthly
Basic		
Employee Only	$ 3.78	$ 7.55
Employee & Spouse	7.47	14.94
Employee & Child(ren)	7.32	14.64
Employee & Family	11.14	22.27
Enhanced		
Employee Only	$ 7.75	$ 15.49
Employee & Spouse	15.32	30.64
Employee & Child(ren)	15.02	30.03
Employee & Family	21.50	42.99