

**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**

	<b><u>Semi-Monthly</u></b>	<b><u>Monthly</u></b>
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**

	<b><u>Semi-Monthly</u></b>	<b><u>Monthly</u></b>
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**

	<b><u>Semi-Monthly</u></b>	<b><u>Monthly</u></b>
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**

	<b><u>Semi-monthly</u></b>	<b><u>Monthly</u></b>
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