

AR BCBS Dental Insurance Rate Sheet

Arkansas Blue Cross Blue Shield (AR BCBS) Insurance Premiums Semi-Monthly Rates			
75% - 100% Appointment	Employee	Employer	Total
Employee only	\$8.00	\$8.00	\$16.00
Employee & Spouse	\$16.53	\$16.47	\$33.00
Employee & Child(ren)	\$13.93	\$13.92	\$27.85
Employee, Spouse, & Child(ren)	\$22.45	\$22.40	\$44.85
50%-74% Appointment			
Employee only	\$10.57	\$5.43	\$16.00
Employee & Spouse	\$21.85	\$11.15	\$33.00
Employee & Child(ren)	\$18.39	\$9.46	\$27.85
Employee, Spouse, & Child(ren)	\$29.63	\$15.22	\$44.85
No Rate Change 2022			

EyeMed (Insight Network) Vision Rate Sheet

You may choose from two plans: Basic Plan and Enhanced Plan			
Basic Plan		Enhanced Plan	
Monthly Premiums		Monthly Premiums	
Emp. Only	\$4.69	Emp. Only	\$9.48
Emp. & spouse	\$9.31	Emp. & spouse	\$18.74
Emp. & child(ren)	\$9.11	Emp. & child(ren)	\$18.37
Emp. & family	\$13.85	Emp. & family	\$27.92
New Vision Vendor - 2022			

Standard - Optional Long Term Disability Calculation Formula

To determine the optional long term disability cost for employees with an annual salary above \$20,000:

1. Take your annual salary (up to \$500,000 max) and subtract \$20,000.
2. Multiply that figure by \$0.035833
3. Divide that figure by 100
3. Divide that figure by 2 to determine the cost per pay period

Additional rate(s) and/or vendor contact information for Voluntary Benefit Options are located at:

<https://benefits.uasys.edu/health-and-wellness/premiums/>.