

University of Arkansas Cooperative Extension Service

***January 1, 2019 - June 30, 2019 Insurance Premiums - 50% to 74% Appointment Only**

CLASSIC PLAN		50% - 74%								
		SEMI-MONTHLY								
		Employees with annual salary greater than \$55,000			Employees with annual salary \$28,000 - \$55,000			Employees with annual salary less than \$28,000		
		July 1, 2018 - June 30, 2019			July 1, 2018 - June 30, 2019			July 1, 2018 - June 30, 2019		
		Employee	Employer	Total	Employee	Employer	Total	Employee	Employer	Total
Employee Only		\$66.62	\$144.47	\$211.09	\$66.62	\$144.47	\$211.09	\$66.62	\$144.47	\$211.09
Employee and Spouse		\$156.22	\$323.53	\$479.75	\$155.80	\$323.95	\$479.75	\$154.96	\$324.79	\$479.75
Employee and Children		\$124.72	\$270.19	\$394.91	\$123.46	\$271.45	\$394.91	\$122.62	\$272.29	\$394.91
Employee and Family		\$212.60	\$456.02	\$668.62	\$210.92	\$457.70	\$668.62	\$209.66	\$458.96	\$668.62

HEALTH SAVINGS PLAN		50% - 74%								
		SEMI-MONTHLY								
		Employees with annual salary greater than \$55,000			Employees with annual salary \$28,000 - \$55,000			Employees with annual salary less than \$28,000		
		July 1, 2018 - June 30, 2019			July 1, 2018 - June 30, 2019			July 1, 2018 - June 30, 2019		
		Employee	Employer	Total	Employee	Employer	Total	Employee	Employer	Total
Employee Only		\$51.50	\$144.32	\$195.82	\$51.50	\$144.32	\$195.82	\$51.50	\$144.32	\$195.82
Employee and Spouse		\$122.46	\$323.19	\$445.65	\$122.04	\$323.61	\$445.65	\$121.20	\$324.45	\$445.65
Employee and Children		\$97.14	\$269.91	\$367.05	\$95.88	\$271.17	\$367.05	\$95.04	\$272.01	\$367.05
Employee and Family		\$166.30	\$455.55	\$621.85	\$164.62	\$457.23	\$621.85	\$163.36	\$458.49	\$621.85

PREMIER PLAN		50% - 74%		
		SEMI-MONTHLY		
		July 1, 2018 - June 30, 2019		
		Employee	Employer	Total
Employee Only		\$100.86	\$144.81	\$245.67
Employee and Spouse		\$236.69	\$324.33	\$561.02
Employee and Children		\$189.19	\$270.83	\$460.02
Employee and Family		\$320.94	\$457.10	\$778.04

*The Cooperative Extension Service three salary tiers, the employer contribution (subsidy) will remain the same and the employee premium rate will remain the same. The University's Base Total Premium cost will remain the same.

****July 1, 2019 - December 31, 2019 Insurance Premiums - 50% to 74% Appointment Only**

CLASSIC PLAN - 50% - 74%		SEMI-MONTHLY											
Coverage	Employees with annual salary less than \$39,000			Employees with annual salary \$39,000 - \$59,999			Employees with annual salary \$60,000 - \$100,000			Employees with annual salary greater than \$100,000			
	Employee	Employer	Total	Employee	Employer	Total	Employee	Employer	Total	Employee	Employer	Total	
Employee Only	\$ 66.36	\$ 144.73	\$ 211.09	\$ 66.36	\$ 144.73	\$ 211.09	\$ 68.04	\$ 143.05	\$ 211.09	\$ 69.72	\$ 141.37	\$ 211.09	
Employee and Spouse	\$ 176.40	\$ 303.35	\$ 479.75	\$ 194.88	\$ 284.87	\$ 479.75	\$ 210.00	\$ 269.75	\$ 479.75	\$ 232.68	\$ 247.07	\$ 479.75	
Employee and Children	\$ 134.40	\$ 260.51	\$ 394.91	\$ 145.32	\$ 249.59	\$ 394.91	\$ 159.60	\$ 235.31	\$ 394.91	\$ 179.76	\$ 215.15	\$ 394.91	
Employee and Family	\$ 236.04	\$ 432.58	\$ 668.62	\$ 254.52	\$ 414.10	\$ 668.62	\$ 277.20	\$ 391.42	\$ 668.62	\$ 307.44	\$ 361.18	\$ 668.62	

HEALTH SAVINGS PLAN - 50% - 74%		SEMI-MONTHLY											
Coverage	Employees with annual salary less than \$39,000			Employees with annual salary \$39,000 - \$59,999			Employees with annual salary \$60,000 - \$100,000			Employees with annual salary greater than \$100,000			
	Employee	Employer	Total	Employee	Employer	Total	Employee	Employer	Total	Employee	Employer	Total	
Employee Only	\$ 51.08	\$ 144.74	\$ 195.82	\$ 51.08	\$ 144.74	\$ 195.82	\$ 52.76	\$ 143.06	\$ 195.82	\$ 54.44	\$ 141.38	\$ 195.82	
Employee and Spouse	\$ 142.30	\$ 303.35	\$ 445.65	\$ 160.78	\$ 284.87	\$ 445.65	\$ 175.90	\$ 269.75	\$ 445.65	\$ 198.58	\$ 247.07	\$ 445.65	
Employee and Children	\$ 106.54	\$ 260.51	\$ 367.05	\$ 117.46	\$ 249.59	\$ 367.05	\$ 131.74	\$ 235.31	\$ 367.05	\$ 151.90	\$ 215.15	\$ 367.05	
Employee and Family	\$ 189.26	\$ 432.59	\$ 621.85	\$ 207.74	\$ 414.11	\$ 621.85	\$ 230.42	\$ 391.43	\$ 621.85	\$ 260.66	\$ 361.19	\$ 621.85	

PREMIER PLAN - 50% - 74%		SEMI-MONTHLY		
Coverage	All Employees			
	Employee	Employer	Total	
Employee Only	\$ 104.28	\$ 141.38	\$ 245.66	
Employee and Spouse	\$ 313.94	\$ 247.08	\$ 561.02	
Employee and Children	\$ 244.86	\$ 215.16	\$ 460.02	
Employee and Family	\$ 416.86	\$ 361.18	\$ 778.04	

** The Cooperative Extension Service three salary tiers will change to four salary tiers, the employer contribution (subsidy) will decrease and the employee premium rate will increase. The University's Base Total Premium Cost has not been determined.