



INSURANCE PREMIUMS

2024 PLAN YEAR

MEDICAL PREMIUMS					
Plan Type	Coverage	2024 Employee Cost		2024 Employer Cost	
		Per Pay Period†	Per Month	Per Pay Period†	Per Month
Triple Choice Plan	Employee Only	\$28.36	\$56.72	\$351.40	\$702.80
	Employee + Adult	\$77.45	\$154.90	\$723.66	\$1,447.32
	Employee + Child	\$62.08	\$124.16	\$470.66	\$941.32
	Family	\$131.75	\$263.50	\$819.40	\$1,638.80
HDHP with HSA	Employee Only	\$11.00	\$22.00	\$237.29	\$474.58
	Employee + Adult	\$33.00	\$66.00	\$491.80	\$983.60
	Employee + Child	\$28.05	\$56.10	\$321.48	\$642.96
	Family	\$61.05	\$122.10	\$547.92	\$1,095.84
UA Alternative Plan*	Employee + Adult	\$77.45	\$154.90	\$692.33	\$1,384.66
	Family	\$131.75	\$263.50	\$1,024.91	\$2,049.82

*The UA Alternative Plan is available only to employees who are insuring a domestic partner.

† The UA has 26 pay periods per year, but insurance deductions are taken only twice per month (24 pay periods). Twice a year, there are three pay periods in a month, so one of those “extra” paydays will include a “premium holiday” when deductions are not taken out of your paycheck.



DENTAL INSURANCE					
Plan Type	Coverage	2024 Employee Cost		2024 Employer Cost	
		Per Pay Period†	Per Month	Per Pay Period†	Per Month
Delta Dental	Employee Only	\$15.49	\$30.98	\$2.48	\$4.96
	Employee + Adult	\$32.86	\$65.72	\$4.96	\$9.92
	Employee + Child	\$25.28	\$50.56	\$4.96	\$9.92
	Family	\$52.28	\$104.56	\$6.85	\$13.70
UnitedHealthcare Dental HMO	Employee Only	\$1.78	\$3.56	\$2.48	\$4.96
	Employee + Adult	\$3.56	\$7.12	\$4.96	\$9.92
	Employee + Child	\$3.34	\$6.68	\$4.96	\$9.92
	Family	\$5.92	\$11.84	\$6.85	\$13.70
UA Alternative Plan: Delta Dental*	Employee + Adult	\$32.86	\$65.72	\$7.09	\$14.18
	Family	\$52.28	\$104.56	\$15.36	\$30.72

VISION INSURANCE					
Plan Type	Coverage	2024 Employee Cost		2024 Employer Cost	
		Per Pay Period†	Per Month	Per Pay Period†	Per Month
Avesis	Employee Only	\$1.86	\$3.72	\$0.00	\$0.00
	Employee + Adult	\$6.18	\$12.36	\$0.00	\$0.00
	Employee + Child	\$6.12	\$12.24	\$0.00	\$0.00
	Family	\$7.70	\$15.40	\$0.00	\$0.00
UA Alternative Plan: Avesis*	Employee + Adult	\$6.18	\$12.36	\$0.00	\$0.00
	Family	\$7.70	\$15.40	\$0.00	\$0.00

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SUPPLEMENTAL LIFE INSURANCE (per \$1,000 of coverage)				
Age Range	Securian (Arizona Department of Administration)		The Hartford (University of Arizona)	
	Per Pay Period†	Per Month	Per Pay Period†	Per Month
18–24	\$0.030	\$0.06	\$0.029	\$0.058
25–29	\$0.030	\$0.06	\$0.036	\$0.071
30–34	\$0.0340	\$0.068	\$0.036	\$0.071
35–39	\$0.0376	\$0.075	\$0.042	\$0.084
40–44	\$0.06	\$0.121	\$0.055	\$0.109
45–49	\$0.079	\$0.158	\$0.067	\$0.133
50–54	\$0.125	\$0.249	\$0.092	\$0.183
55–59	\$0.178	\$0.355	\$0.148	\$0.296
60–64	\$0.313	\$0.626	\$0.235	\$0.470
65–69	\$0.313	\$0.626	\$0.366	\$0.732
70+	\$0.49	\$0.981	\$0.366	\$0.732

DEPENDENT SUPPLEMENTAL LIFE INSURANCE					
Coverage Amount	Securian (Arizona Department of Administration)		The Hartford (University of Arizona)		
	Per Month	Per Pay Period†	Coverage Amount	Per Month	Per Pay Period†
\$2,000	\$0.94	\$0.47	\$5,000	\$0.718	\$0.36
\$4,000	\$1.88	\$0.94			
\$6,000	\$2.82	\$1.41			
\$10,000	\$4.70	\$2.35			
\$12,000	\$5.64	\$2.82			
\$15,000	\$7.06	\$3.53			
\$50,000	\$23.50	\$11.75			

Note:
Dependent life coverage for domestic partners or the children of domestic partners is only available from The Hartford.



SHORT-TERM DISABILITY (cost per \$100 of salary)		
Plan	Per Pay Period†	Per Month
Unum	38.5¢	77¢
MetLife	15.5¢	31.6¢

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