

**UNIVERSITY OF CENTRAL ARKANSAS**  
**SUMMARY OF EMPLOYEE BENEFITS RATES – 2024**  
<http://uca.edu/hr/>

**Medical Insurance – Blue Advantage with annual deductible**

	<b>Preferred Provider Organization – Plan 1</b>		<b>Consumer Driven Health Plan – Plan 2</b>		
	<u>12-Month</u>	<u>9-Month</u>	<u>12-Month</u>	<u>9-Month</u>	<u>HSA Match</u>
Employee	\$86.55	\$115.40	\$49.62	\$66.16	Up to \$50
Employee/Spouse	\$395.38	\$527.17	\$291.40	\$388.53	Up to \$100
Employee/Children	\$281.73	\$375.65	\$209.04	\$278.72	Up to \$100
Family	\$629.84	\$839.79	\$488.57	\$651.43	Up to \$100
Special Family*	\$297.43	\$396.57	\$231.43	\$308.57	Up to \$100

\*Both employees work full time at UCA.

**Plan 1 - \$2,000 individual deductible. See Gap Insurance below.**

**Plan 2 - \$2,500 individual deductible – (not eligible for HSA if enrolled in Medicare). See Gap Insurance below.**

Visit <https://www.blueadvantagearkansas.com/> for a complete listing of network physicians.

**Health insurance rates will be reduced by \$20 or \$40 per month for BeWell participants that completed qualifying employee wellness activities between November 1, 2022 and October 31, 2023.**

**Gap Plan – (available with either health plan)**

	<u>12-Month</u>	<u>9-Month</u>
Employee	\$0	\$0
Employee/Spouse	\$10.00	\$13.33
Employee/Child(ren)	\$10.00	\$13.33
Family	\$10.00	\$13.33

Provides gap reimbursement for:

Point of Service Plan - the last \$500 applied to the deductible, and

Consumer Driven Health Plan - the first \$500 applied to the co-insurance.

**Dental Insurance – Blue Advantage of Arkansas with \$50 annual deductible**

	<b>BASE</b>		<b>ENHANCED</b>	
	<u>12-Month</u>	<u>9-Month</u>	<u>12-Month</u>	<u>9-Month</u>
Employee	n/a	n/a	\$0	\$0
Employee/Spouse	\$11.14	\$14.86	\$21.70	\$28.94
Employee/Children	\$11.14	\$14.86	\$21.70	\$28.94
Family	\$27.80	\$37.08	\$47.48	\$63.32
Special Family*	\$11.14	\$14.86	\$21.70	\$28.94

\*Both employees work full time at UCA.

**Coverage for health, gap and dental begins on the date of full-time employment.**

**Vision Plan – Superior Vision**

	<b>Purple Plan</b>		<b>Gray Plan</b>	
	<u>12-Month</u>	<u>9-Month</u>	<u>12-Month</u>	<u>9-Month</u>
<b>Single</b>	\$8.94	\$11.92	\$6.86	\$9.15
<b>2 – Party</b>	\$12.90	\$17.20	\$9.98	\$13.31
<b>Family</b>	\$22.86	\$30.48	\$17.90	\$23.87

**Coverage for vision begins on the first of the month following 90 days of full time benefits eligible employment.**



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**Basic Life Insurance – Ochs/Securian**

No charge to employee. Coverage is equal to base annual salary rounded to the next thousand with \$25,000 minimum and \$250,000 maximum.

**Employee Supplemental Life Insurance – Ochs/Securian**

Employee may select 1-7 times the base annual salary with a \$1,000,000 maximum. Rates are age-based and per \$1000 of coverage.

	<b><u>12-Month</u></b>	<b><u>9-Month</u></b>
Under 35	\$0.096	\$0.1280
35-39	\$0.116	\$0.1547
40-44	\$0.136	\$0.1814
45-49	\$0.216	\$0.2880
50-54	\$0.355	\$0.4734
55-59	\$0.663	\$0.8840
60-64	\$0.890	\$1.1867
65-69	\$1.261	\$1.6814
70-74	\$2.256	\$3.0080
75+	\$4.187	\$5.5827

**Spouse Supplemental Life Insurance – Ochs/Securian**

**\$25,000 Coverage**

<b>Employee Age</b>	<b><u>12-Month</u></b>	<b><u>9-Month</u></b>
Under 35	\$2.40	\$3.20
35-44	\$3.40	\$4.54
45-54	\$8.88	\$11.84
55-64	\$22.25	\$29.67
65+	\$57.48	\$76.64

**Child Supplemental Life Insurance – Ochs/Securian**

**\$10,000 Coverage**

	<b><u>12-Month</u></b>	<b><u>9-Month</u></b>
Age 0-26	\$1.50*	*\$2.00

\*Per unit. Not per child

**Long Term Disability – Ochs/Securian**

No charge to employee. One year pre-existing conditions and a 180 day elimination period.

**Cafeteria Plan – Benefitfocus**

Flexible spending accounts are available for medical, dental and vision expenses. (HSA participants are restricted to a Limited Flexible spending account for dental and vision expenses only.)

Dependent Care flexible spending account is also available.

**Supplemental Products – Lincoln**

Please ask a representative for more details.

**Coverage for Life Insurance, Long Term Disability, Cafeteria Plan, and Supplemental Products begin on the first of the month following 90 days of full time benefits eligible employment.**



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**Retirement Options**

**PLAN**

TIAA  
Defined Contribution Plan

**EMPLOYEE CONTRIBUTION**

6% of Gross Salary  
(4 year vesting plan)

Arkansas Teacher Retirement System  
Defined Benefit Plan [www.arters.gov/](http://www.arters.gov/)

6% of Gross Salary  
Not available to new employees  
unless previously vested with  
ATRS

Arkansas Public Employees Retirement  
Defined Benefit Plan [www.apers.gov/](http://www.apers.gov/)

Not available to new employees  
as of September 2016

**Supplemental Retirement Accounts**

No UCA contribution. Plans are available through TIAA for all UCA employees. Employee and TDA limits determine percentage withheld. Please see a HR representative for more information.

**TIAA Vesting Schedule**

University's Portion Vested

0 through year 2	25%
Completion of year 2 through year 3	50%
Completion of year 3 through year 4	75%
Completion of 4 years	100%

Employee's contributions are automatically vested.  
For nine-month faculty, a year is defined as a COMPLETE academic year.  
For more information visit: [www.tiaa.org](http://www.tiaa.org)

**Student Health Center** - When you visit the SHC, you will be asked for your insurance information, and any copay or coinsurance amounts will be collected. The charges for each visit will be filed with your health insurance plan.

**HPER Center** – Free access for employees, membership fee for family members.

**Tuition Remission** – 80% discount for undergraduate classes for employee, spouse and dependent children.  
80% discount for graduate classes for employee and spouse.

