



DENTAL AND VISION PREMIUMS: 2021 PLAN YEAR

Twelve-Month Employees

DENTAL INSURANCE					
Plan Type	Coverage	2021 Employee Cost/ Paycheck		2021 Employer Cost/ Paycheck	
		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
Cigna 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
UA Alternative Plan: Total Dental Administrators*	Employee + Adult	\$3.56	\$7.12	\$6.43	\$12.86
	Family	\$5.92	\$11.84	\$8.96	\$17.92



Twelve-Month Employees

VISION INSURANCE					
Plan Type	Coverage	2021 Employee Cost/ Paycheck		2021 Employer Cost/ Paycheck	
		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

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

[†] The UA has 27 pay periods this year, but insurance deductions are taken from 24 pay periods each year. When there are three pay periods in a month, one of those extra paydays will include a “premium holiday” when deductions are not taken out of your paycheck.



Nine-Month Employees

Employees paid over the nine-month academic year have special arrangements for benefit premium deductions. Extra (pre-collected) deductions are taken out of each Spring semester paycheck to pay for voluntary benefits coverage (medical, dental, vision, and supplemental life insurance) through the summer months when there is no paycheck.

The University applies this pre-collected money to the employee portion of the benefit premiums that are due during the summertime, in order to maintain the employee's elected coverage. The expectation is that the employee will return for the following Fall semester.

These tables identify the full monthly premium and the amount of premium that will be deducted from the Spring and Fall paychecks.

DENTAL INSURANCE												
Coverage	Cigna (ADOA only)				Delta Dental PPO (ADOA and UA Alternative)				Total Dental Administrators (UA Alternative)			
	Spring 2021		Fall 2021		Spring 2021		Fall 2021		Spring 2021		Fall 2021	
	Per Month	Per Pay	Per Month	Per Pay	Per Month	Per Pay	Per Month	Per Pay	Per Month	Per Pay	Per Month	Per Pay
Employee Only	\$4.86	\$2.43	\$3.56	\$1.78	\$42.26	\$21.13	\$30.98	\$15.49	N/A			
Employee + Adult	\$9.72	\$4.86	\$7.12	\$3.56	\$89.62	\$44.81	\$65.72	\$32.86	\$9.72	\$4.86	\$7.12	\$3.56
Employee + Child	\$9.12	\$4.56	\$6.68	\$3.34	\$68.96	\$34.48	\$50.56	\$25.28	N/A			
Family	\$16.16	\$8.08	\$11.84	\$5.92	\$142.60	\$71.30	\$104.56	\$52.28	\$16.16	\$8.08	\$11.84	\$5.92

VISION INSURANCE				
Coverage	Avesis (ADOA and UA Alternative)			
	Spring 2021		Fall 2021	
	Per Month	Per Pay	Per Month	Per Pay
Employee Only	\$5.08	\$2.54	\$3.72	\$1.86
Employee + Adult	\$16.86	\$8.43	\$12.36	\$6.18
Employee + Child	\$16.70	\$8.35	\$12.24	\$6.12
Family	\$21.00	\$10.50	\$15.40	\$7.70