



MEDICAL PREMIUMS ONLY

2025 PLAN YEAR

Twelve-Month Employees

MEDICAL PREMIUMS					
Plan Type	Coverage	2025 Employee Cost		2025 Employer Cost	
		Per Pay Period†	Per Month	Per Pay Period†	Per Month
Triple Choice Plan	Employee Only	\$28.36	\$56.72	\$401.40	\$802.80
	Employee + Adult	\$77.45	\$154.90	\$826.62	\$1,653.24
	Employee + Child	\$62.08	\$124.16	\$537.62	\$1,075.24
	Family	\$131.75	\$263.50	\$935.99	\$1,871.98
HDHP with HSA	Employee Only	\$11.00	\$22.00	\$271.05	\$542.10
	Employee + Adult	\$33.00	\$66.00	\$561.77	\$1,123.54
	Employee + Child	\$28.05	\$56.10	\$367.23	\$734.46
	Family	\$61.05	\$122.10	\$625.89	\$1,251.78
UA Alternative Plan*	Employee + Adult	\$77.45	\$154.90	\$726.97	\$1,453.94
	Family	\$131.75	\$263.50	\$1,076.96	\$2,153.91

*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.



Nine-Month Employees

Employees paid over the nine-month academic year have special arrangements for benefit premium deductions. Extra deductions are pre-collected out of each spring semester paycheck to pay for voluntary benefits coverage (medical, dental, vision, sup. life insurance) through the summer months. 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 fall semester.

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

ALTERNATIVE HMO				
Coverage	United Healthcare			
	Spring 2025		Fall 2025	
	Per Month	Per Pay	Per Month	Per Pay
Employee + Adult	\$247.84	\$123.92	\$154.90	\$77.45
Family	\$421.60	\$210.80	\$263.50	\$131.75

Coverage	TCP				HDHP WITH HSA			
	Blue Cross Blue Shield, United Healthcare				Blue Cross Blue Shield, United Healthcare			
	Spring 2025		Fall 2025		Spring 2025		Fall 2025	
	Per Month	Per Pay	Per Month	Per Pay	Per Month	Per Pay	Per Month	Per Pay
Employee Only	\$90.75	\$45.38	\$56.72	\$28.36	\$35.20	\$17.60	\$22.00	\$11.00
Employee + Adult	\$247.84	\$123.92	\$154.90	\$77.45	\$105.60	\$52.80	\$66.00	\$33.00
Employee + Child	\$198.66	\$99.33	\$124.16	\$62.08	\$89.76	\$44.88	\$56.10	\$28.05
Family	\$421.60	\$210.80	\$263.50	\$131.75	\$195.36	\$97.68	\$122.10	\$61.05