



DENTAL AND VISION PREMIUMS

2026 PLAN YEAR

Twelve-Month Employees

DENTAL INSURANCE					
Plan Type	Coverage	2026 Employee Cost		2026 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



Twelve-Month Employees

VISION INSURANCE					
Plan Type	Coverage	2026 Employee Cost		2026 Employer Cost	
		Per Pay Period†	Per Month	Per Pay Period†	Per Month
Avesis	Employee Only	\$1.99	\$3.98	\$0.00	\$0.00
	Employee + Adult	\$6.63	\$13.26	\$0.00	\$0.00
	Employee + Child	\$6.54	\$13.08	\$0.00	\$0.00
	Family	\$8.24	\$16.48	\$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 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.

DENTAL INSURANCE								
Coverage	UnitedHealthcare (ADOA only)				Delta Dental PPO (ADOA)			
	Spring 2026		Fall 2026		Spring 2026		Fall 2026	
	Per Month	Per Pay	Per Month	Per Pay	Per Month	Per Pay	Per Month	Per Pay
Employee Only	\$5.70	\$2.85	\$3.56	\$1.78	\$49.58	\$24.79	\$30.98	\$15.49
Employee + Adult	\$11.40	\$5.70	\$7.12	\$3.56	\$105.16	\$52.58	\$65.72	\$32.86
Employee + Child	\$10.70	\$5.35	\$6.68	\$3.34	\$80.90	\$40.45	\$50.56	\$25.28
Family	\$18.96	\$9.48	\$11.84	\$5.92	\$167.30	\$83.65	\$104.56	\$52.28

DENTAL INSURANCE				
Coverage	Delta Dental PPO (UA Alternative)			
	Spring 2026		Fall 2026	
	Per Month	Per Pay	Per Month	Per Pay
Employee + Adult	\$105.16	\$52.58	\$65.72	\$32.86
Family	\$167.30	\$83.65	\$104.56	\$52.28



VISION INSURANCE				
Coverage	Aveis (ADOA)			
	Spring 2026		Fall 2026	
	Per Month	Per Pay	Per Month	Per Pay
Employee Only	\$6.38	\$3.19	\$3.98	\$1.99
Employee + Adult	\$21.22	\$10.61	\$13.26	\$6.63
Employee + Child	\$20.94	\$10.47	\$13.08	\$6.54
Family	\$26.38	\$13.19	\$16.48	\$8.24

VISION INSURANCE				
Coverage	Avesis (UA Alternative)			
	Spring 2026		Fall 2026	
	Per Month	Per Pay	Per Month	Per Pay
Employee + Adult	\$19.78	\$9.89	\$12.36	\$6.18
Family	\$24.64	\$12.32	\$15.40	\$7.70