

2025 Insurance Premiums for Employees Paid over Nine Months

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.

Medical Premiums

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

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Dental Premiums

DENTAL INSURANCE								
Coverage	UnitedHealthcare (ADOA only)				Delta Dental PPO (ADOA)			
	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	\$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 2025		Fall 2025	
	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

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Vision Premiums

VISION INSURANCE				
Coverage	Aveis (ADOA)			
	Spring 2025		Fall 2025	
	Per Month	Per Pay	Per Month	Per Pay
Employee Only	\$6.08	\$3.04	\$3.80	\$1.90
Employee + Adult	\$20.24	\$10.12	\$12.64	\$6.32
Employee + Child	\$19.94	\$9.97	\$12.46	\$6.23
Family	\$25.12	\$12.56	\$15.70	\$7.85

VISION INSURANCE				
Coverage	Aveis (UA Alternative)			
	Spring 2025		Fall 2025	
	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

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

Supplemental Life Insurance Rates per \$1,000 of Coverage

	Securian Life Insurance (ADOA)			
	Spring 2025		Fall 2025	
	per month	per pay	per month	per pay
Age 18–29	\$0.10	\$0.05	\$0.06	\$0.03
Age 30–34	\$0.12	\$0.06	\$0.068	\$0.03
Age 35–39	\$0.12	\$0.06	\$0.075	\$0.04
Age 40–44	\$0.20	\$0.10	\$0.121	\$0.06
Age 45–49	\$0.26	\$0.13	\$0.158	\$0.08
Age 50–54	\$0.40	\$0.20	\$0.249	\$0.12
Age 55–59	\$0.58	\$0.29	\$0.355	\$0.18
Age 60–64	\$1.02	\$0.51	\$0.626	\$0.31
Age 65–69	\$1.02	\$0.51	\$0.626	\$0.31
Age 70+	\$1.58	\$0.79	\$0.981	\$0.49

	The Hartford Life Insurance (University of Arizona)			
	Spring 2025		Fall 2025	
	per month	per pay	per month	per pay
Age 18–24	\$0.10	\$0.05	\$0.058	\$0.03
Age 25–34	\$0.12	\$0.06	\$0.071	\$0.04
Age 35–39	\$0.14	\$0.07	\$0.084	\$0.04
Age 40–44	\$0.18	\$0.09	\$0.109	\$0.05
Age 45–49	\$0.22	\$0.11	\$0.133	\$0.07
Age 50–54	\$0.30	\$0.15	\$0.183	\$0.09
Age 55–59	\$0.48	\$0.24	\$0.296	\$0.15
Age 60–64	\$0.76	\$0.38	\$0.470	\$0.24
Age 65–69	\$1.18	\$0.59	\$0.732	\$0.37
Age 70 +	\$1.18	\$0.59	\$0.732	\$0.37

Dependent Supplemental Life Insurance Rates

Coverage Amount	Securian Life Insurance*			
	Spring 2025		Fall 2025	
	Per month	Per pay	Per month	Per pay
\$2,000	\$1.52	\$0.76	\$0.94	\$0.47
\$4,000	\$3.02	\$1.51	\$1.88	\$0.94
\$6,000	\$4.52	\$2.26	\$2.82	\$1.41
\$10,000	\$7.52	\$3.76	\$4.70	\$2.35
\$12,000	\$9.04	\$4.52	\$5.64	\$2.82
\$15,000	\$11.30	\$5.65	\$7.06	\$3.53
\$50,000	\$37.60	\$18.80	\$23.50	\$11.75

Coverage Amount	The Hartford Life Insurance*			
	Spring 2025		Fall 2025	
	Per month	Per pay	Per month	Per pay
\$5,000	\$1.149	\$0.58	\$0.718	\$0.36

* Employees cannot insure domestic partners or the children of domestic partners under the Securian dependent life plan. Dependent life coverage (\$5,000) for domestic partners and their children is available from The Hartford.