

University of Alabama System Office

Current Rates

Effective January 1, 2026

PPO Medical Rates (Plan Administered by BCBS of Alabama)

	Monthly		Biweekly	
Tier	Employee Deduction	UAS Contribution	Employee Deduction	UAS Contribution
Employee Only	\$106.00	\$1,184.00	\$53.00	\$592.00
Family without a Spouse	\$446.00	\$2,154.00	\$223.00	\$1,077.00
Family with a Spouse	\$488.00	\$2,197.00	\$244.00	\$1,098.50

HDHP Medical Rates (Plan Administered by BCBS of Alabama)

	Monthly		Biweekly	
Tier	Employee Deduction	UAS Contribution	Employee Deduction	UAS Contribution
Employee Only	\$58.00	\$932.00	\$29.00	\$466.00
Family without a Spouse	\$238.00	\$2,012.00	\$119.00	\$1,006.00
Family with a Spouse	\$267.00	\$2,013.00	\$133.50	\$1,006.50

Comprehensive Dental Rates (Plan Administered by BCBS of Alabama)

Tier	Monthly	Biweekly
Employee Only	\$29.80	\$14.90
Employee + 1	\$58.38	\$29.19
Family	\$84.60	\$42.30

Vision Rates (Plans Administered by United Healthcare and VSP)

VSP		
Tier	Monthly	Biweekly
Employee Only	\$5.68	\$2.84
Employee & 1 or 2	\$10.74	\$5.37
Employee & 3+	\$18.05	\$9.03

UnitedHealthcare		
Tier	Monthly	Biweekly
Employee Only	\$7.42	\$3.71
Employee + 1	\$13.69	\$6.85
Family	\$23.94	\$11.97