



## 2018 Cost Sheet for Eligible Full-Time Employees

### **NON-REPRESENTED**

**(including Law Faculty)**

**(Effective 01/01/2018 – 12/31/2018)**

Rates are subject to Collective Bargaining. Refer to the costs below before making your elections for 2018.

#### Total Medical Premium

Enrollment Status	Choice Biweekly	Copay Biweekly	Choice Monthly	Copay Monthly
Employee Only	\$285.71	\$364.42	\$619.03	\$789.58
Employee Plus One	\$628.55	\$801.72	\$1,361.85	\$1,737.05
Family	\$799.97	\$1,020.36	\$1,733.26	\$2,210.79

#### Quality Incentive Medical Coverage: RiseUp Participants

Employee Share of Premium	Choice Biweekly	Copay Biweekly	Choice Monthly	Copay Monthly
Employee Only	\$28.36	\$37.00	\$61.44	\$80.17
Employee Plus One	\$69.09	\$89.91	\$149.70	\$194.81
Family	\$89.46	\$116.36	\$193.82	\$252.12

#### Quality Incentive Medical Coverage: Non-Participants

Employee Share of Premium	Choice Biweekly	Copay Biweekly	Choice Monthly	Copay Monthly
Employee Only	\$56.93	\$73.44	\$123.34	\$159.13
Employee Plus One	\$131.94	\$170.08	\$285.88	\$368.51
Family	\$169.45	\$218.40	\$367.15	\$473.20

#### Dental Coverage

Enrollment Status	24 Installment Premium	Monthly Premium
Employee Only	#	#
Employee Plus One	\$17.34	\$34.68
Family	\$44.39	\$88.78

# UMS pays 100% of the single coverage premium for full-time regular employees.

#### Vision Coverage

Enrollment Status	24 Installment Premium	Monthly Premium
Employee Only	\$4.19	\$8.39
Employee Plus One	\$8.03	\$16.07
Family	\$13.03	\$26.07

#### Important Note

**Domestic Partner Enrollment:** In accordance with IRS regulations, premiums for Domestic Partner health coverage (medical, dental, and vision) will be withheld on an after-tax basis. Also, the value of benefits provided by the University (health) will be taxable. Contact the **UMS Employee Benefits Center** for more information.

UMS Employee Benefits Center  
65 Texas Avenue  
Bangor, ME 04401  
Toll Free: 1 (866) 269-9635

Email: [benefits@maine.edu](mailto:benefits@maine.edu)  
Website: [www.maine.edu/benefits](http://www.maine.edu/benefits)  
Phone: (207) 973-3373  
Fax: (207) 561-3454

### Supplemental (Optional) Life Insurance

Benefit	Bi-Weekly Cost (per \$1,000 of coverage)		Monthly Cost	
<b>Employee Coverage:</b> Increments of salary (1x to 5x) to a maximum of \$1,000,000 (combined with Basic Life)	Under age 35	\$0.02	Under age 35	\$0.04
	35 to 39	\$0.03	35 to 39	\$0.07
	40 to 44	\$0.04	40 to 44	\$0.09
	45 to 49	\$0.07	45 to 49	\$0.15
	50 to 54	\$0.11	50 to 54	\$0.23
	55 to 59	\$0.20	55 to 59	\$0.43
	60 to 64	\$0.31	60 to 64	\$0.66
	65 to 69	\$0.59	65 to 69	\$1.27
	70+	Not Available	70+	Not Available
<b>Spousal/Domestic Partner Coverage:</b> Increments of \$10,000 to a maximum of \$50,000	Under age 35	\$0.04	Under age 35	\$0.09
	35 to 39	\$0.05	35 to 39	\$0.11
	40 to 44	\$0.06	40 to 44	\$0.12
	45 to 49	\$0.08	45 to 49	\$0.18
	50 to 54	\$0.13	50 to 54	\$0.29
	55 to 59	\$0.26	55 to 59	\$0.56
	60 to 64	\$0.34	60 to 64	\$0.74
	65 to 69	\$0.65	65 to 69	\$1.40
	70+	Not Available	70+	Not Available
<b>Child(ren) Coverage:</b> \$5,000 or \$10,000 benefit per child	\$0.13 for \$5,000 \$0.25 for \$10,000		\$0.28 for \$5,000 \$0.55 for \$10,000	

### Supplemental (Optional) AD&D Insurance

Benefit	Bi-Weekly Cost per \$10,000 of Coverage	Monthly Cost per \$10,000 of Coverage
<b>Employee Only Coverage</b>	\$0.07	\$0.15
<b>Family Coverage</b>	\$0.12	\$0.26

### Short Term Disability (STD)

Benefit	Per-Pay Period Cost per \$100 of Per-Pay Period Base Salary
<b>All Eligible Groups Other Than Full-Time Faculty Coverage</b>	\$0.6462

### Flexible Spending Account

Benefit	Bi-Weekly Contribution	Monthly Contribution
<b>Health Care Account</b> Minimum annual pledge of \$200 Maximum annual pledge of \$2,650	\$7.69 Employee Minimum \$110.41 Employee Maximum	\$16.67 Employee Minimum \$220.83 Employee Maximum
<b>Dependent Day Care Account</b> Minimum annual pledge of \$200 Maximum annual pledge of \$5,000	\$7.69 Employee Minimum \$192.31 Employee Maximum	\$16.67 Employee Minimum \$416.67 Employee Maximum

### Health Savings Account

Benefit	Bi-Weekly Contribution	Monthly Contribution
<b>Individual</b> Coverage in Choice Plan Maximum Combined Max of \$3,450*	<b>\$38.46 University</b> \$0.00 - \$94.23 Employee	<b>\$83.33 University</b> \$0.00 - \$204.16 Employee
<b>Family</b> Coverage in Choice Plan Maximum Combined Max of \$6,850*	<b>\$76.92 University</b> \$0.00 - \$186.54 Employee	<b>\$166.66 University</b> \$0.00 - \$404.16 Employee

\*Additional \$1,000 Catch-Up if over 55