



2018 Cost Sheet for Eligible Full-Time & Part-Time POLICE

Unit Members (Biweekly) (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 Premium	Copay Biweekly Premium
Employee Only	\$285.71	\$375.97
Employee Plus One	\$628.55	\$827.11
Family	\$799.97	\$1,052.68

Quality Incentive Medical Coverage: RiseUp Participants

Employee Share of Premium	Choice Full-Time	Copay Full-Time	Choice Part-Time 75-99%	Copay Part-Time 75-99%	Choice Part-Time 50-74%	Copay Part-Time 50-74%
Employee Only	\$28.36	\$42.78	\$114.28	\$150.39	\$142.85	\$187.98
Employee Plus One	\$69.09	\$102.61	\$251.42	\$330.84	\$314.27	\$413.56
Family	\$89.46	\$132.53	\$319.99	\$421.07	\$399.98	\$526.34

Quality Incentive Medical Coverage: Non-Participants

Employee Share of Premium	Choice Full-Time	Copay Full-Time	Choice Part-Time 75-99%	Copay Part-Time 75-99%	Choice Part-Time 50-74%	Copay Part-Time 50-74%
Employee Only	\$56.93	\$80.37	\$142.85	\$187.98	\$171.42	\$225.58
Employee Plus One	\$131.94	\$185.32	\$314.27	\$413.56	\$377.13	\$496.27
Family	\$169.45	\$237.79	\$399.98	\$526.34	\$479.98	\$631.61

Dental Coverage

Enrollment Status	Full-Time Biweekly	Part-Time Biweekly
Employee Only	0.00	\$10.45
Employee Plus One	\$17.34	\$27.79
Family	\$44.39	\$54.84

Vision Coverage

Enrollment Status	24 Installment Premium
Employee Only	\$4.19
Employee Plus One	\$8.03
Family	\$13.03

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
Website: 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)	
Employee Coverage: Increments of salary (1x to 5x) to a maximum of \$1,000,000 (combined with Basic Life)	Under age 35	\$0.02
	35 to 39	\$0.03
	40 to 44	\$0.04
	45 to 49	\$0.07
	50 to 54	\$0.11
	55 to 59	\$0.20
	60 to 64	\$0.31
	65 to 69	\$0.59
	70+	Not Available
Spousal/Domestic Partner Coverage: Increments of \$10,000 to a maximum of \$50,000	Under age 35	\$0.04
	35 to 39	\$0.05
	40 to 44	\$0.06
	45 to 49	\$0.08
	50 to 54	\$0.13
	55 to 59	\$0.26
	60 to 64	\$0.34
	65 to 69	\$0.65
	70+	Not Available
Child(ren) Coverage: \$5,000 or \$10,000 benefit per child	\$0.13 for \$5,000	
	\$0.25 for \$10,000	

Supplemental (Optional) AD&D Insurance

Benefit	Bi-Weekly Cost per \$10,000 of Coverage
Employee Only Coverage	\$0.07
Family Coverage	\$0.12

Short Term Disability (STD)

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

Flexible Spending Account

Benefit	Bi-Weekly Contribution
Health Care Account	
Minimum annual pledge of \$200	\$7.69 Employee Minimum
Maximum annual pledge of \$2,650	\$110.41 Employee Maximum
Dependent Day Care Account	
Minimum annual pledge of \$200	\$7.69 Employee Minimum
Maximum annual pledge of \$5,000	\$192.31 Employee Maximum

Health Savings Account

Benefit	Bi-Weekly Contribution
Individual Coverage in Choice Plan	\$38.46 University
Maximum Combined Max of \$3,450*	\$0.00 - \$94.23 Employee
Family Coverage in Choice Plan	\$76.92 University
Maximum Combined Max of \$6,850*	\$0.00 - \$186.54 Employee

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