



2018 Cost Sheet for Eligible Part-Time 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	CIGNA Choice Monthly Premium	CIGNA Copay Monthly Premium
Employee Only	\$619.03	\$789.58
Employee Plus One	\$1,361.85	\$1,737.05
Family	\$1,733.26	\$2,210.79

Quality Incentive Medical Coverage: RiseUp Participants

Employee Share of Premium	Choice PT Temp	Copay PT Temp	Choice PT Regular	Copay PT Regular	Choice AYA	Copay AYA	Choice 10 CH
Employee Only	\$247.61	\$315.83	\$309.52	\$394.79	\$216.66	\$276.35	\$371.42
Employee Plus One	\$544.74	\$694.82	\$680.93	\$868.53	\$476.65	\$607.97	\$817.11
Family	\$693.30	\$884.31	\$866.63	\$1,105.40	\$606.64	\$773.77	\$1,039.96

Quality Incentive Medical Coverage: RiseUp Non-Participants

Employee Share of Premium	Choice PT Temp	Copay PT Temp	Choice PT Regular	Copay PT Regular	Choice AYA	Copay AYA	Choice 10 CH
Employee Only	\$309.52	\$394.79	\$371.42	\$473.75	\$278.56	\$355.31	\$371.42
Employee Plus One	\$680.93	\$868.53	\$817.11	\$1,042.23	\$612.83	\$781.67	\$817.11
Family	\$866.63	\$1,105.40	\$1,039.96	\$1,326.47	\$779.97	\$994.85	\$1,039.96

Dental Coverage

Enrollment Status	Monthly Premium
Employee Only	\$16.71
Employee Plus One	\$51.39
Family	\$105.49

Vision Coverage

Enrollment Status	Monthly Premium
Employee Only	\$8.39
Employee Plus One	\$16.07
Family	\$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
Website: www.maine.edu/benefits
Phone: (207) 973-3373
Fax: (207) 561-3454

Supplemental (Optional) Life Insurance

Benefit	Monthly Contribution
Employee Coverage: Increments of salary (1x to 5x) to a maximum of \$1,000,000 (combined with Basic Life)	Under age 35 \$0.04
	35 to 39 \$0.07
	40 to 44 \$0.09
	45 to 49 \$0.15
	50 to 54 \$0.23
	55 to 59 \$0.43
	60 to 64 \$0.66
	65 to 69 \$1.27
70+ Not Available	
Spousal/Domestic Partner Coverage: Increments of \$10,000 to a maximum of \$50,000	Under age 35 \$0.09
	35 to 39 \$0.11
	40 to 44 \$0.12
	45 to 49 \$0.18
	50 to 54 \$0.29
	55 to 59 \$0.56
	60 to 64 \$0.74
	65 to 69 \$1.40
70+ Not Available	
Child(ren) Coverage: \$5,000 or \$10,000 benefit per child	\$0.28 for \$5,000 \$0.55 for \$10,000

Supplemental (Optional) AD&D Insurance

Benefit	Monthly Cost per \$10,000 of Coverage
Employee Only Coverage	\$0.15
Family Coverage	\$0.26

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	Monthly Contribution
Health Care Account Minimum annual pledge of \$200 Maximum annual pledge of \$2,650	\$16.67 Minimum \$220.83 Maximum
Dependent Day Care Account Minimum annual pledge of \$200 Maximum annual pledge of \$5,000	\$16.67 Minimum \$416.67 Maximum

Health Savings Account

Benefit	Monthly Contribution
Individual Coverage in Choice Plan Maximum Combined Max of \$3,450*	\$83.33 University \$0.00 - \$204.16 Employee
Family Coverage in Choice Plan Maximum Combined Max of \$6,850*	\$166.66 University \$0.00 - \$404.16 Employee

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