



## 2018 Cost Sheet for Part-Time Regular **ACSUM & UMPSA** **Working 75%-99% Time** (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	\$368.96	\$619.03	\$799.40
Employee Plus One	\$628.55	\$811.69	\$1,361.85	\$1,758.66
Family	\$799.97	\$1,033.06	\$1,733.26	\$2,238.29

### Quality Incentive Medical Coverage: RiseUp Participants

Employee Share of Premium	Choice Biweekly	Copay Biweekly	Choice Monthly	Copay Monthly
Employee Only	\$114.28	\$147.58	\$247.61	\$319.76
Employee Plus One	\$251.42	\$324.68	\$544.74	\$703.46
Family	\$319.99	\$413.22	\$693.30	\$895.32

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

Employee Share of Premium	Choice Biweekly	Copay Biweekly	Choice Monthly	Copay Monthly
Employee Only	\$142.85	\$184.48	\$309.52	\$399.70
Employee Plus One	\$314.27	\$405.84	\$680.93	\$879.33
Family	\$399.98	\$516.53	\$866.63	\$1,119.14

### Dental Coverage

Enrollment Status	24 Installment Premium	Monthly Premium
Employee Only	\$10.45	\$20.89
Employee Plus One	\$27.79	\$55.57
Family	\$54.84	\$109.67

### 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		\$0.28 for \$5,000	
	\$0.25 for \$10,000		\$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	\$7.69 Minimum	\$16.67 Minimum
Maximum annual pledge of \$2,650	\$110.41 Maximum	\$220.83 Maximum
<b>Dependent Day Care Account</b>		
Minimum annual pledge of \$200	\$7.69 Minimum	\$16.67 Minimum
Maximum annual pledge of \$5,000	\$192.31 Maximum	\$416.67 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