



# 2018 Cost Sheet for Part-Time Regular NON-REPRESENTED

# (including Law Faculty) 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	\$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	\$114.28	\$145.77	\$247.61	\$315.83
Employee Plus One	\$251.42	\$320.69	\$544.74	\$694.82
Family	\$319.99	\$408.15	\$693.30	\$884.31

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

Employee Share of Premium	Choice Biweekly	Copay Biweekly	Choice Monthly	Copay Monthly
Employee Only	\$142.85	\$182.21	\$309.52	\$394.79
Employee Plus One	\$314.27	\$400.86	\$680.93	\$868.53
Family	\$399.98	\$510.18	\$866.63	\$1,105.40

#### **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**

<b>Enrollment Status</b>	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: <u>benefits@maine.edu</u>
Website: www.maine.edu/benefits

Website: <a href="www.maine.edu/benefits">www.maine.edu/benefits</a>
Phone: (207) 973-3373

Fax: (207) 561-3454

**Supplemental (Optional) Life Insurance** 

Benefit		kly Cost of coverage)	Monthly	y Cost
	Under age 35	\$0.02	Under age 35	\$0.04
	35 to 39	\$0.03	35 to 39	\$0.07
Employee Coverage:	40 to 44	\$0.04	40 to 44	\$0.09
Increments of salary (1x to 5x) to a	45 to 49	\$0.07	45 to 49	\$0.15
maximum of \$1,000,000 (combined	50 to 54	\$0.11	50 to 54	\$0.23
· ·	55 to 59	\$0.20	55 to 59	\$0.43
with Basic Life)	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
	Under age 35	\$0.04	Under age 35	\$0.09
	35 to 39	\$0.05	35 to 39	\$0.11
Spousal/Domestic Partner	40 to 44	\$0.06	40 to 44	\$0.12
Coverage:	45 to 49	\$0.08	45 to 49	\$0.18
Increments of \$10,000 to a	50 to 54	\$0.13	50 to 54	\$0.29
maximum of \$50,000	55 to 59	\$0.26	55 to 59	\$0.56
maximum or \$50,000	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
Child(ren) Coverage:	\$0.13 for \$5,000		\$0.28 for \$5,000	•
\$5,000 or \$10,000 benefit per child	\$0.25 for \$10,0	00	\$0.55 for \$10,000	Ú

**Supplemental (Optional) AD&D Insurance** 

Benefit	Bi-Weekly Cost per \$10,000 of Coverage	Monthly Cost per \$10,000 of Coverage
Employee Only Coverage	\$0.07	\$0.15
Family Coverage	\$0.12	\$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	<b>Bi-Weekly Contribution</b>	<b>Monthly Contribution</b>
Health Care Account		
Minimum annual pledge of \$200	\$7.69 Minimum	\$16.67 Minimum
Maximum annual pledge of \$2,650	\$110.41 Maximum	\$220.83 Maximum
Dependent Day Care Account		
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	<b>Bi-Weekly Contribution</b>	<b>Monthly Contribution</b>
Individual Coverage in Choice Plan	\$38.46 University	\$83.33 University
Maximum Combined Max of \$3,450*	\$0.00 - \$94.23 Employee	\$0.00 - \$204.16 Employee
Family Coverage in Choice Plan	\$76.92 University	\$166.66 University
Maximum Combined Max of \$6,850*	\$0.00 - \$186.54 Employee	\$0.00 - \$404.16 Employee

<sup>\*</sup>Additional \$1,000 Catch-Up if over 55

EBC: 10/25/2017