



## 2019 Cost Sheet for Eligible Full-Time Employees

### ACSUM & UMPSA

(Effective 01/01/2019 – 12/31/2019)

Rates are subject to Collective Bargaining. Refer to the costs below before making your elections for 2019.

#### Total Medical Premium

Enrollment Status	Choice Biweekly	Copay Biweekly	Choice Monthly	Copay Monthly
Employee Only	\$298.56	\$385.56	\$646.89	\$835.38
Employee Plus One	\$656.83	\$848.22	\$1,423.13	\$1,837.80
Family	\$835.97	\$1,079.54	\$1,811.26	\$2,339.01

#### Quality Incentive Medical Coverage: Wellness Participants

Employee Share of Premium	Choice Biweekly	Copay Biweekly	Choice Monthly	Copay Monthly
Employee Only	\$29.64	\$41.04	\$64.21	\$88.91
Employee Plus One	\$72.20	\$99.17	\$156.43	\$214.86
Family	\$93.48	\$128.23	\$202.55	\$277.84

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

Employee Share of Premium	Choice Biweekly	Copay Biweekly	Choice Monthly	Copay Monthly
Employee Only	\$59.49	\$79.59	\$128.89	\$172.45
Employee Plus One	\$137.88	\$183.99	\$298.75	\$398.64
Family	\$177.08	\$236.19	\$383.67	\$511.74

#### Dental Coverage

Enrollment Status	24 Installment Premium	Monthly Premium
Employee Only	#	#
Employee Plus One	\$17.78	\$35.56
Family	\$45.51	\$91.01

# 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 \$2,700	\$7.69 Employee Minimum \$103.85 Employee Maximum*	\$16.67 Employee Minimum \$225.00 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*

\*Maximum estimated amounts are based on 26 (biweekly) & 12 (monthly) pay periods.

### Health Savings Account

Benefit	Bi-Weekly Contribution	Monthly Contribution
<b>Individual Coverage in Choice Plan</b> Maximum Combined Max of \$3,500*	<b>\$38.46 University</b> \$0.00 - \$96.15 Employee	<b>\$83.33 University</b> \$0.00 - \$208.33 Employee
<b>Family Coverage in Choice Plan</b> Maximum Combined Max of \$7,000*	<b>\$76.92 University</b> \$0.00 - \$192.31 Employee	<b>\$166.66 University</b> \$0.00 - \$416.67 Employee

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