



2019 Cost Sheet for Eligible Full-Time Employees **NON-REPRESENTED** (including Law Faculty) (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	\$380.82	\$646.89	\$825.11
Employee Plus One	\$656.83	\$837.79	\$1,423.13	\$1,815.22
Family	\$835.97	\$1,066.28	\$1,811.26	\$2,310.27

Quality Incentive Medical Coverage: Wellness Participants

Employee Share of Premium	Choice Biweekly	Copay Biweekly	Choice Monthly	Copay Monthly
Employee Only	\$29.64	\$38.67	\$64.21	\$83.78
Employee Plus One	\$72.20	\$93.96	\$156.43	\$203.57
Family	\$93.48	\$121.60	\$202.55	\$263.47

Quality Incentive Medical Coverage: Wellness Non-Participants

Employee Share of Premium	Choice Biweekly	Copay Biweekly	Choice Monthly	Copay Monthly
Employee Only	\$59.49	\$77.34	\$128.89	\$166.29
Employee Plus One	\$137.88	\$187.91	\$298.75	\$385.09
Family	\$177.08	\$243.20	\$383.67	\$494.49

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
 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)		Monthly Cost	
Employee Coverage: 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
Spousal/Domestic Partner Coverage: 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
Child(ren) Coverage: \$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
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	Bi-Weekly Contribution	Monthly Contribution
Health Care Account 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*
Dependent Day Care Account 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
Individual Coverage in Choice Plan Maximum Combined Max of \$3,500*	\$38.46 University \$0.00 - \$96.15 Employee	\$83.33 University \$0.00 - \$208.33 Employee
Family Coverage in Choice Plan Maximum Combined Max of \$7,000*	\$76.92 University \$0.00 - \$192.31 Employee	\$166.66 University \$0.00 - \$416.67 Employee

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