



2019 Cost Sheet for Eligible Full-Time & Part-Time POLICE

Unit Members (Biweekly) (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 Premium | Copay Biweekly Premium |
|-------------------|-------------------------|------------------------|
| Employee Only | \$298.56 | \$385.56 |
| Employee Plus One | \$656.83 | \$848.22 |
| Family | \$835.97 | \$1,079.54 |

Quality Incentive Medical Coverage: Wellness Participants

| Employee Share of Premium | Choice Full-Time | Copay Full-Time | Choice Part-Time 75-99% | Copay Part-Time 75-99% | Choice Part-Time 50-74% | Copay Part-Time 50-74% |
|---------------------------|------------------|-----------------|-------------------------|------------------------|-------------------------|------------------------|
| Employee Only | \$29.64 | \$41.04 | \$119.43 | \$154.22 | \$149.28 | \$192.78 |
| Employee Plus One | \$72.20 | \$99.17 | \$262.73 | \$339.29 | \$328.41 | \$424.11 |
| Family | \$93.48 | \$128.23 | \$334.39 | \$431.82 | \$417.98 | \$539.77 |

Quality Incentive Medical Coverage: Wellness Non-Participants

| Employee Share of Premium | Choice Full-Time | Copay Full-Time | Choice Part-Time 75-99% | Copay Part-Time 75-99% | Choice Part-Time 50-74% | Copay Part-Time 50-74% |
|---------------------------|------------------|-----------------|-------------------------|------------------------|-------------------------|------------------------|
| Employee Only | \$59.49 | \$79.59 | \$149.28 | \$192.78 | \$179.14 | \$231.34 |
| Employee Plus One | \$137.88 | \$183.99 | \$328.41 | \$424.11 | \$394.10 | \$508.93 |
| Family | \$177.08 | \$236.19 | \$417.98 | \$539.77 | \$501.58 | \$647.73 |

Dental Coverage

| Enrollment Status | Full-Time Biweekly | Part-Time Biweekly |
|-------------------|--------------------|--------------------|
| Employee Only | 0.00 | \$10.71 |
| Employee Plus One | \$17.78 | \$28.49 |
| Family | \$45.51 | \$56.21 |

Vision Coverage

| Enrollment Status | 24 Installment Premium |
|-------------------|------------------------|
| Employee Only | \$4.19 |
| Employee Plus One | \$8.03 |
| Family | \$13.03 |

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) | |
|---|---|---------------|
| Employee Coverage: Increments of salary (1x to 5x) to a maximum of \$1,000,000 (combined with Basic Life) | Under age 35 | \$0.02 |
| | 35 to 39 | \$0.03 |
| | 40 to 44 | \$0.04 |
| | 45 to 49 | \$0.07 |
| | 50 to 54 | \$0.11 |
| | 55 to 59 | \$0.20 |
| | 60 to 64 | \$0.31 |
| | 65 to 69 | \$0.59 |
| | 70+ | Not Available |
| Spousal/Domestic Partner Coverage: Increments of \$10,000 to a maximum of \$50,000 | Under age 35 | \$0.04 |
| | 35 to 39 | \$0.05 |
| | 40 to 44 | \$0.06 |
| | 45 to 49 | \$0.08 |
| | 50 to 54 | \$0.13 |
| | 55 to 59 | \$0.26 |
| | 60 to 64 | \$0.34 |
| | 65 to 69 | \$0.65 |
| | 70+ | Not Available |
| Child(ren) Coverage: \$5,000 or \$10,000 benefit per child | \$0.13 for \$5,000 | |
| | \$0.25 for \$10,000 | |

Supplemental (Optional) AD&D Insurance

| Benefit | Bi-Weekly Cost per \$10,000 of Coverage |
|-------------------------------|---|
| Employee Only Coverage | \$0.07 |
| Family Coverage | \$0.12 |

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 |
|---|--|
| Health Care Account Minimum annual pledge of \$200 Maximum annual pledge of \$2,700 | \$7.69 Employee Minimum \$103.85 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* |

*Maximum estimated amounts are based on 26 pay periods.

Health Savings Account

| Benefit | Bi-Weekly Contribution |
|---|---|
| Individual Coverage in Choice Plan Maximum Combined Max of \$3,500* | \$38.46 University \$0.00 - \$96.15 Employee |
| Family Coverage in Choice Plan Maximum Combined Max of \$7,000* | \$76.92 University \$0.00 - \$192.31 Employee |

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

EBC: 10/25/2018