



# 2019 Cost Sheet for Eligible Part-Time 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	CIGNA Choice Monthly Premium	CIGNA Copay Monthly Premium
Employee Only	\$646.89	\$825.11
Employee Plus One	\$1,423.13	\$1,815.22
Family	\$1,811.26	\$2,310.27

## Quality Incentive Medical Coverage: Wellness Participants

Employee Share of Premium	Choice PT Temp	Copay PT Temp	Choice PT Regular	Copay PT Regular	Choice AYA	Copay AYA	Choice 10 CH
Employee Only	\$258.76	\$330.04	\$323.45	\$412.56	\$226.41	\$288.79	\$388.13
Employee Plus One	\$569.25	\$726.09	\$711.57	\$907.61	\$498.10	\$635.33	\$853.88
Family	\$724.50	\$924.11	\$905.63	\$1,115.14	\$633.94	\$808.59	\$1,086.76

## Quality Incentive Medical Coverage: Wellness Non-Participants

Employee Share of Premium	Choice PT Temp	Copay PT Temp	Choice PT Regular	Copay PT Regular	Choice AYA	Copay AYA	Choice 10 CH
Employee Only	\$323.45	\$412.56	\$388.13	\$495.07	\$291.10	\$371.30	\$388.13
Employee Plus One	\$711.57	\$907.61	\$853.88	\$1,089.13	\$640.41	\$816.85	\$853.88
Family	\$905.63	\$1,155.14	\$1,086.76	\$1,386.16	\$815.07	1,039.62	\$1,086.76

## Dental Coverage- PT Regular

## Dental Coverage-PT Temp

Enrollment Status	Monthly Premium	Enrollment Status	Monthly Premium
Employee Only	\$21.41	Employee Only	\$17.13
Employee Plus One	\$56.97	Employee Plus One	\$52.69
Family	\$112.42	Family	\$108.13

## Vision Coverage

Enrollment Status	Monthly Premium
Employee Only	\$8.39
Employee Plus One	\$16.07
Family	\$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	Monthly Contribution
<b>Employee Coverage:</b> Increments of salary (1x to 5x) to a maximum of \$1,000,000 (combined with Basic Life)	Under age 35 \$0.04
	35 to 39 \$0.07
	40 to 44 \$0.09
	45 to 49 \$0.15
	50 to 54 \$0.23
	55 to 59 \$0.43
	60 to 64 \$0.66
	65 to 69 \$1.27
	70+ Not Available
<b>Spousal/Domestic Partner Coverage:</b> Increments of \$10,000 to a maximum of \$50,000	Under age 35 \$0.09
	35 to 39 \$0.11
	40 to 44 \$0.12
	45 to 49 \$0.18
	50 to 54 \$0.29
	55 to 59 \$0.56
	60 to 64 \$0.74
	65 to 69 \$1.40
	70+ Not Available
<b>Child(ren) Coverage:</b> \$5,000 or \$10,000 benefit per child	\$0.28 for \$5,000
	\$0.55 for \$10,000

### Supplemental (Optional) AD&D Insurance

Benefit	Monthly Cost per \$10,000 of Coverage
<b>Employee Only Coverage</b>	\$0.15
<b>Family Coverage</b>	\$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	Monthly Contribution
<b>Health Care Account</b> Minimum annual pledge of \$200 Maximum annual pledge of \$2,700	\$16.67 Minimum \$225.00 Maximum*
<b>Dependent Day Care Account</b> Minimum annual pledge of \$200 Maximum annual pledge of \$5,000	\$16.67 Minimum \$416.67 Maximum*

\*Maximum estimated amounts are based on 26 pay periods.

### Health Savings Account

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

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