



2019 Cost Sheet for Eligible Full-Time & Part-Time Service & Maintenance 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	CIGNA Copay Biweekly Premium
Employee Only	\$359.23
Employee Plus One	\$790.30
Family	\$1,005.84

Quality Incentive Medical Coverage: Wellness Participants

Employee Share of Premium	Copay Full-Time	Copay Part-Time 75-99%	Copay Part-Time 50-74%
Employee Only	\$35.42	\$143.69	\$179.62
Employee Plus One	\$86.34	\$316.12	\$395.15
Family	\$111.79	\$402.33	\$502.92

Quality Incentive Medical Coverage: Wellness Non-Participants

Employee Share of Premium	Copay Full-Time	Copay Part-Time 75-99%	Copay Part-Time 50-74%
Employee Only	\$71.34	\$179.62	\$215.54
Employee Plus One	\$165.36	\$395.15	\$474.18
Family	\$212.37	\$502.92	\$603.50

Dental Coverage

Enrollment Status	Full-Time Biweekly	Part-Time Biweekly
Employee Only	\$0	\$10.71
Employee Plus One	\$17.78	\$28.49
Family	\$45.51	\$56.21

Vision Coverage

Enrollment Status	BiWeekly 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

	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	\$7.69 Employee Minimum
Maximum annual pledge of \$2,700	\$103.85 Employee Maximum*
Dependent Day Care Account	
Minimum annual pledge of \$200	\$7.69 Employee Minimum
Maximum annual pledge of \$5,000	\$192.31 Employee Maximum*

*Maximum estimated amounts are based on 26 pay periods.