



# Healthy Decisions 2019/2020

*Your Guide to Benefits at  
Central Maine Healthcare*



# Welcome

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To make informed choices about your benefits, you'll need facts and resources. That's why we created this Enrollment Guide, along with a wide range of other materials designed to help you understand your options, as well as your responsibilities.

Be sure to read this Enrollment Guide carefully so you can make the best possible benefit choices for you and your family.

## WHAT'S IN THIS GUIDE

<a href="#">Message from Michele</a> . . . . .	2
<a href="#">Eligibility/Enrollment</a> . . . . .	3
<a href="#">Changing Your Elections During the Year</a> . . . . .	4
<a href="#">Healthcare</a> . . . . .	5-12
<a href="#">Medical Coverage</a> . . . . .	5-7
<a href="#">Prescription Drug Coverage</a> . . . . .	8
<a href="#">Dental and Vision Coverage</a> . . . . .	9
<a href="#">Spending Accounts</a> . . . . .	10-11
<a href="#">Healthy Decisions Wellness Program</a> . . . . .	12
<a href="#">Life and Disability</a> . . . . .	13-14
<a href="#">Basic and Supplemental Life Insurance</a> . . . . .	13
<a href="#">Dependent Life Insurance</a> . . . . .	13
<a href="#">Long-Term Disability</a> . . . . .	14
<a href="#">Short Term Disability</a> . . . . .	14
<a href="#">Voluntary Benefits</a> . . . . .	15
<a href="#">Retirement</a> . . . . .	16-17
<a href="#">Frequently Asked Questions (FAQs)</a> . . . . .	18-20
<a href="#">Contacts</a> . . . . .	21

# Message from Michele Talka, CHRO

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Dear Team Members,

Central Maine Healthcare is pleased to offer a comprehensive benefits package specifically designed with your health and financial security in mind. From plans to keep you healthy, to programs that help you plan for your future, we've got you covered.

Selecting benefits that match your personal or family needs and financial obligations is a very important task. This benefits guide provides the information you need to help you select the benefits that best meet your needs and the needs of your family.

If you do not submit your Open Enrollment selections, your current elections, **except for any flexible spending account contributions**, will continue as is. **If you want to continue, or begin, contributing to the medical flexible spending account, or dependent care spending account, you must make an election indicating your contribution amount during this enrollment period.** If you do not make an election for FSA or dependent care spending accounts during this open enrollment period you will not be able to contribute to these accounts for the new plan year. **Please note the plan year is July 1, 2019 through June 30, 2020.** Your deductibles will be tracked against this plan year and your expenses over these dates will be applied to the plans you select during this enrollment period.

## Special Announcements

Electronic Enrollment in Kronos will be open from **April 15th to April 30th**. You can access the benefit portal by signing into Kronos Employee Self Service and making your selections under each insurance option. **NOTE:** it is a requirement to view every page (even if waiving coverage). If you do not submit an electronic re-enrollment, your insurance coverage will continue but your Flexible Spending Accounts (both Healthcare and Dependent Care) will cancel.

## New for 2019/2020 Plan Year

- We are changing our dental insurance to Delta Dental. The new dental program:
  - Offers lower premiums for employee level coverage (9% savings for FT),
  - Broadens the provider network,
  - Improves the discounts we get from providers allowing your dollars to go further
- Supplemental Life rates are being reduced for certain age bands, others remain flat
- Short-term Disability rates are decreasing 10% across all age bands
- Medical per paycheck contributions, deductibles, and other cost sharing staying the same

If you have any questions on the re-enrollment process, email [hrcbenefits@cmhc.org](mailto:hrcbenefits@cmhc.org) or call the HR Benefits line at (207) 795-2392.

Michele Talka  
Chief HR Officer

# Eligibility/Enrollment

Whether you are enrolling as a new hire or reevaluating your selections during Open Enrollment, you will access the benefit selection screens through Kronos Self Service. Timely attention is needed in order to complete your enrollment. You should contact the Help Desk at (207) 795-2259 if you are unable to sign-onto Kronos.

Eligibility is based on “regularly scheduled hours” for:

1. FT employee (30+ hours/week)
2. Regular Part Time employees (20 to 29 hours/week)



## CHANGING COVERAGE DURING THE YEAR: QUALIFIED LIFE EVENTS

Open Enrollment and New hire enrollment is your opportunity to choose the right benefits for you in 2019/2020, and in most cases you cannot change your options until the next open enrollment period. You can change your benefit elections during the year if you have a change in family or employment status – what the IRS calls a “qualifying event.” Changes must be made within 30 days of the event and must be related to the qualifying life event.

For example, if you have a baby, you may enroll your child for medical coverage. However, you cannot enroll your spouse in the dental plan at the same time.

Typical qualified life events are:

- You increase/decrease your status (FT, RPT, PD)
- Your spouse changes/gains/loses a job
- You gain/lose coverage from MaineCare
- You or your spouse enrolls onto Medicare
- Your marital status changes
- You gain or lose a dependent
- Your spouse’s open enrollment period. For example, if your spouse declines coverage during their company’s open enrollment period, they can be added as a dependent to your plan

To enroll a dependent for the first time, you must attach one of the following Document(s):

- Copy of your marriage license
- Copy of the first page of your last federal income tax return showing the child and/or spouse listed as your dependent
- Copy of your child’s legal birth certificate naming you/your spouse as the child’s parent
- Copy of legal adoption papers issued by the courts naming you/your spouse as the child’s parent
- Copy of legal guardianship issued by the courts
- Copy of a court order naming you/your spouse as the child’s foster parent. All documents must include the following information: name of the dependent and foster parent, official signature and court seal/stamp
- Copy of a Qualified Medical Child Support Order (QMCSO) showing you are required to provide coverage for the child. All documents must state your current employer’s name, and include the names of the dependent child and parent

# Medical Coverage

The medical plans will remain the same for the new plan year. You may choose one of two plans:

- Smart Saver Plan HSA
- Advantage Plan HRA

Both plans offer the same coverage for medical services and prescription drugs but differ in deductibles, maximum out-of-pocket, co-insurance and premiums. These are high deductible health plans which require that you pay for health plan expenses up to the deductible limit, excluding preventive visits, before the plan pays expenses at the below listed co-pays and coinsurance levels. The intent is to make employees educated consumers of health services.

We recognize that the deductibles are hefty and to help offset some of that expense, CMH will continue to provide a \$1,200 contribution for individual and \$2,000 contribution for employee plus coverages if you participate in the Healthy Decisions program.

It's important that you carefully review all your choices. Remember, when you enroll in one of the CMH Medical Plan options, you are also automatically enrolled in the Prescription Drug Program. No matter which medical option you select, you are responsible for deductibles, coinsurance, and copays at the time of service. The chart on the next page shows your cost share.

## Health Savings Account(HSA) – Smart Saver Plan

HSA accounts are available through Optum Bank, once enrolled in the Smart Saver health plan, a notice will be sent out to login to Optum Bank online and open your account.

You will automatically receive a debit card once the account is open and you will have the opportunity to order checks if preferred through the online banking system.

Once the account is open you can elect to have pre-tax money out of your paychecks deposited into the account. You can make changes to your payroll deductions at any time.

HSA account limits set by the IRS for 2019 are individual \$3,500 and family \$7,000. \*The IRS does allow \$1,000 catch up contributions if over age 55. These limits include any employer deposits made on your behalf.

Once deposited CMH and Employee contributions are 100% employee owned and can roll over from year to year. Once a certain balance is accumulated there is the option of investing funds.

## Health Reimbursement Account – Advantage Plan (HRA)

HRA accounts are available through UMR, once enrolled in the Advantage health plan, quarterly deposits will be made by CMH if participating in the Healthy Decisions Wellness Program.

HRA funds can be used for Medical and Pharmacy expenses only.

Employees enrolled in the Advantage plan can also enroll into a **flexible spending account (FSA)** for healthcare expenses, allowing pre-tax contributions to an account that is a use it or lose it account. Employees are allowed to carry over \$500 into the next plan year.

If you already have a benny card from UMR your HRA funds (pending healthy decisions participation) will be added to the same card. If you do not already have a card one will be mailed to your home.

Any funds received from CMH into your HRA account must be used within the current plan year. Any unused dollars will be forfeited. There will be a small grace period to submit claims paid out of pocket after the plan year closes.

Information regarding your HRA account balance can be found at [www.umr.com](http://www.umr.com) under savings accounts.



# Medical Coverage

Medical Benefit	Semi-monthly Contributions	
	Smart Saver Plan (HSA) Full-Time*	Advantage Plan (HRA) Full-Time*
Individual	\$94.00	\$32.00
Individual + Spouse	\$230.00	\$45.00
Individual + Child(ren)	\$148.00	\$38.00
Family	\$230.00	\$45.00

\*Regular Part Time add \$50 to Semi-monthly contributions

Visit Type	CMH PHO	UHC Options PPO	Outside both CHM PHO & UHC Options PPO
<b>Wellness Visits**</b>			
Annual physical exams & associated lab tests and mammogram Well child care (up to age 30 months) Routine exams Annual gynecological exams Womens' contraceptives (per PPACA) Wellness colonoscopy Annual Pap smear Immunizations (including Shingles vaccine if over age 50) Prenatal physician Smoking Cessation counseling & nicotine replacement therapy	Wellness benefits are paid 100% by the plan in any tier level.		
<b>Other Visits</b>			
Physician Office Visit (other than for preventive services) Specialist Office Visit ED Visit Urgent Care Podiatry Office Visit (Surgery requires medical necessity & pre-approval) Cardiac Rehab Series	Other visits are subject to the deductible & coinsurance based on their tier level		

\*\*How the provider bills your visit will determine whether or not it will be considered a Wellness Visit. For example, a mammogram may be part of an annual physical but if it is being done to diagnose a possible medical condition, it may fall outside "wellness". The procedure code assigned by the doctor's office will direct the claims processing.

# Medical Coverage (cont'd)

## Deductibles & Co-insurance Coverage

Here are YOUR calendar year deductibles and annual out-of-pocket maximums for 2019/2020:

	HSA SMART SAVER			HRA ADVANTAGE PLAN		
	CMH PHO	UHC Network	Outside Network	CMH PHO	UHC Network	Outside Network
<b>Deductible</b>						
<b>Individual</b>	\$1,500	\$3,000	\$3,000	\$3,000	\$6,000	\$6,000
<b>Family (1+ dependent)</b>	\$3,000	\$6,000	\$6,000	\$6,000	\$12,000	\$12,000
<b>Out-of-Pocket Maximum</b>						
<b>Individual</b>	\$4,000	\$8,000	\$10,000	\$5,000	\$10,000	\$15,000
<b>Family (1+ dependent)</b>	\$8,000*	\$16,000	\$20,000	\$10,000*	\$20,000	\$20,000

\*A Single individual within a family plan will have a maximum out of pocket of \$7,350 in 2019

Three levels of coverage apply:

- Highest level of coverage (Tier 1) applies to the CMH (CMMC, Bridgton, Rumford), Massachusetts General, Martin's Point Primary Care, and the specialist at Barbara Bush Children's Hospital.
- Tier 2 applies to services outside the CMH PHO but at a United Healthcare Options PPO provider. Access listing at [http://www.umar.com/oss/cms/UMR/Options\\_PPO\\_Exclusions.html](http://www.umar.com/oss/cms/UMR/Options_PPO_Exclusions.html)
- Tier 3 applies to services outside both the CMH system and UHC options PPO network.

For services not available in Tier I: If a covered service or procedure is not offered within the CMH Network, it will be paid at the highest level (Tier 1, typically 90%) only if you receive pre-authorization from the Employee Health Director PRIOR to service. You need to pre-authorize by calling the Employee Health Director at (207) 330-7757. The Employee Health Director will record the request and, if necessary, consult with the Medical Director of the Employee Health Plan. The Medical Director will determine if your request can be granted. If prior pre-authorization is not received, there will be no ability to have the claim re-processed.

Durable Medical Equipment (DME) will be covered under the CMH Tier I coverage level as long as the Supplier participates with the UHC network. Otherwise, you could incur additional expenses not covered under the plan. To locate a DME provider, log onto [www.umar.com](http://www.umar.com) or call your UMR Plan Advisor Team at 866-729-6934. A prior authorization is still required for Durable Medical Equipment over \$500 or any Durable Medical Equipment rentals.

Emergency admissions: If someone is in or out of the State of Maine and requires an emergency admission to a hospital, that hospital stay will be processed as highest level (Tier I).

# Medical Coverage (cont'd)

## Deductibles & Co-insurance Coverage (cont'd)

After you meet the deductible for your medical plan, the PLAN will cover most of your medical expenses at the following co-pay levels, you are responsible for the remainder.

	HSA SMART SAVER			HRA ADVANTAGE PLAN		
	CMH PHO	UHC Network	Outside Network	CMH PHO	UHC Network	Outside Network
<b>Includes:</b> inpatient surgical facilities & supplies, room & board, newborn care, outpatient surgical facilities & supplies	90%	70%	30%	80%	60%	30%
<b>Physician Charges</b>						
<b>Includes:</b> hospital visits, maternity, surgery, anesthesia, emergency room doctor charge (if billed separately), allergy treatment/testing (\$300/yr. max. unless pre-approved)	90%	70%	30%	80%	60%	30%
<b>Rehabilitation</b>						
<b>Includes:</b> respiratory therapy, home health care (after hospital), cardiac therapy, hospice care, extended care, chemo and radiation therapy, PT, OT, speech therapy, chiropractic services	90%	70%	30%	80%	60%	30%
<b>Other Services</b>						
<b>Ambulance service (medically necessary)</b>	90%	90%	90%	80%	80%	80%
<b>Diagnostic lab &amp; X-ray</b>	90%	70%	30%	80%	60%	30%
<b>Pre-admission testing</b>	90%	70%	30%	80%	60%	30%
<b>Durable Medical Equipment including Insulin pumps (all processed as Tier 1)</b>	90%	70%	30%	80%	60%	30%
<b>Insulin supplies</b>	90%	70%	30%	80%	60%	30%
<b>Vasectomy &amp; tubal ligation</b>	90%	70%	30%	80%	60%	30%
<b>Removal of impacted wisdom teeth</b>	90%	70%	30%	80%	60%	30%
<b>Acupuncture (\$300/year maximum)</b>	90%	70%	30%	80%	60%	30%

**Special notices:** The following services will be covered as Tier I charges:

1. Emergency Admissions to any hospital (except Substance Abuse and Mental Health admissions)
2. Specialist at the Barbara Bush Children's Hospital, Portland, ME
3. All providers participating at the Topsham Urgent Care Center
4. Outpatient Mental Health and Substance Abuse Counseling



# Prescription Drug Coverage

## Prescription Drug Coverage

If you elect to participate in the medical coverage, you are automatically enrolled for prescription drug coverage at no additional cost. Maintenance drug refills must be purchased through the CMMC Pharmacy (207)795-7177. The following table details your prescription drug plan benefits:

	After Your Deductible Has Been Met:	
	HSA SMART SAVER	HRA ADVANTAGE PLAN
<b>Tier 1 – Generic Drug</b>	\$4	\$8
<b>Tier 2 – Preferred Brand Name</b>	\$25	\$50
<b>Tier 3 – Non-preferred Brand Name</b>	\$50	\$100
<b>Tier 4 - Specialty</b>	10% to a max co-pay of \$150	10% to a max co-pay of \$150

### DID YOU KNOW?

You are able to cover your children regardless of "student status". The National Health Reform Act allows children to age 26 to remain on medical, dental and vision coverage. This allowance does not apply to dependent life insurance in which adult children must be full time students to remain covered. If interested, be sure to add any eligible, uncovered children onto your Kronos Re-enrollment screens.



# Dental and Vision Coverage

## Dental Coverage

CMH has contracted with Delta Dental to provide dental insurance for the next 3 plan years. The change to Delta Dental allows us to offer a lower monthly premium for individual coverage. It strengthens the provider network and provides deeper discounts for covered services meaning your dollars go further under the new dental plan. You and your eligible dependents get a comprehensive Dental Plan designed to encourage regular checkups and preventive care to correct minor dental problems—before they become serious—and to help cover the cost of more expensive dental procedures. As the following chart shows, the plan covers all aspects of dental care.

Dental Benefit	Semi-monthly Contributions	
	Full Time	Regular Part Time
<b>Individual</b>	\$5.00	\$6.50
<b>Individual + Spouse</b>	\$22.00	\$25.00
<b>Individual + Child(ren)</b>	\$22.00	\$25.00
<b>Family</b>	\$44.00	\$47.00

Delta Dental also offers a limited vision discount program through Eyemed Vision.

Dental Benefit	Coverage Level
<b>Annual Deductible (waived for diagnostic/preventive)</b>	\$50 individual/\$150 family
<b>Diagnostic and Preventive (Evaluations, X-rays, cleanings every six months)</b>	100% covered, no deductible
<b>Basic Restorative (Fillings, surgical &amp; routine extractions, root canal therapy, periodontic treatment)</b>	80% covered after deductible
<b>Major Restorative (Prosthetics: dentures, crowns, dental implants)</b>	50% covered after deductible
<b>Calendar Year Maximum Benefit</b>	\$1,500 applies to Diagnostic/Preventive, Basic & Major Restorative services
<b>Orthodontic Services (including Adults)</b>	50% covered (no deductible) Separate lifetime maximum of \$1,500 per individual

## Vision Insurance through VSP

- \$20 Co-pay for annual eye exams in-network (VSP Signature)
- Every 12 months: \$160 allowance for eyeglass lenses & frames in-network & \$10 co-pay or \$160 allowance for contact lenses & no co-pay
- Visit [www.VSP.com](http://www.VSP.com) or call (800) 877-7195
- No ID card provided. Member ID = Social Security Number

VSP Vision Benefit	Semi-monthly Contributions	
	Full Time	Regular Part Time
<b>Individual</b>	\$6.00	\$ 6.00
<b>Individual + Spouse</b>	\$10.00	\$10.00
<b>Individual + Child(ren)</b>	\$11.00	\$11.00
<b>Family</b>	\$17.00	\$17.00

# Health & Dependent Care Flexible Spending Accounts

UMR is the administrator of our flexible spending accounts. By participating, you set aside money from your paycheck on a pre-tax basis, then use the money to pay for eligible health care and/or dependent care expenses. The net effect is that you reduce the amount of your out-of-pocket costs by the amount of taxes you otherwise would have had to pay.

For a complete listing of expenses the IRS considers for reimbursements, go to <http://www.irs.ustreas.gov>.

All eligible expenses must be incurred during the plan year for which you make your contribution.

Under IRS rules, the accounts are set as "USE IT OR LOSE IT". You may download reimbursement forms from [www.cmmfhealthydecisions.com](http://www.cmmfhealthydecisions.com) or [www.umar.com](http://www.umar.com).

## Health Care Flexible Spending Accounts (not available if you enrolled in the Smart Saver Plan)

- To be eligible for the FSA, you only need to be a benefit eligible employee of CMH and not participate in a HSA. You're not required to have health coverage to be eligible for the health FSA.
- You may contribute between \$100 and \$2,700 to a Health Care Spending Account. Per IRS regulations, any claims paid for with pre-tax money cannot then be recorded as expenses on your tax return.
- While normally this plan is a "use it or lose it", as long as you are still employed FT or RPT at CMH, up to \$500 in your Health Care Spending Account will automatically roll over to next plan year.
- **Please note:** Under National Health Reform, many over-the-counter items can no longer be submitted to Health Care Spending Accounts without a written prescription from your doctor.
- Benny Cards are available. A Benny Card looks and works like a debit card. Funds are automatically withdrawn from your Health Care Spending Account to pay for services, such as co-pays. Be sure to save all receipts.
- Dates for deadlines/claims incurred by 6/30/2020 and reimbursed by 9/30/2020 for the 2019/2020 plan year.

## Dependent Care Flexible Spending Accounts

By contributing to a Dependent Care Spending Account, you can set aside pre-tax money to pay the cost of caring for a child or other eligible dependents while you and your spouse or partner are at work. Several factors need to be considered before you enroll in this account:

- You must provide your provider's name and Social Security number; therefore, your provider must be claiming the money as income.
- You may not pay one of your children to watch another. You may contribute between \$100 and \$5,000 into your account (see Special Rules on page 12).
- You may not change your mind after enrollment unless there has been a qualifying event. However, qualifying events have been liberalized by the IRS: For example, if your daycare provider changes their fees or if your mother moves in next door, you may make changes!
- You may ask payroll to accelerate your deductions to get funds into your account before year end.



# Health & Dependent Care Flexible Spending Accounts (cont'd)

## Special Notices

### Special IRS Requirements

In exchange for tax advantages, the IRS has several rules about how spending accounts can be used. You should review these restrictions before deciding how much to contribute to each account.

- **Use it or lose it.** If you have any money left in either of your accounts after the cut-off dates, you will forfeit that amount. Keep in mind, however, that even if you forfeit some money, you still may come out ahead because of the tax advantages.
- **You must keep funds separate.** You cannot move money from your Dependent Care Spending Account to your Health Care Spending Account to pay for health care expenses, or vice-versa.
- **Don't double-dip.** If you are reimbursed for health care expenses through your Health Care Spending Account, you cannot also deduct those expenses on your federal income tax return. Similar restrictions apply to the Dependent Care Spending Account and federal income tax credits.
- **Keep receipts.** To ensure that you have all the back-up documentation keep a file of your health care and dependent care receipts.

### Special Dependent Care FSA Rules

If you are married, the maximum amount you may put into the Dependent Care Spending Account may be less:

- If you or your spouse earns less than \$5,000, your contribution is limited to the lower income amount
- If your spouse also contributes to a Dependent Care Spending Account, your combined total contribution cannot exceed \$5,000
- If you and your spouse file separate federal income tax returns, your contribution limit is \$2,500 and \$2,500 for your spouse

If you are married, you may contribute to this account if your spouse works, attends school full time, or is disabled. If you qualify, you can contribute to the Dependent Care Spending Account to pay dependent care expenses for:

- A child under 13 who is considered your dependent for tax purposes, or
- Other eligible dependents (e.g., parent or spouse) who are physically or mentally unable to care for themselves, who reside with you for more than half the year, and who are considered dependents for tax purposes.

You can use the account to reimburse the cost of an in-home day care provider, day care center or similar day care service or elder care facilities. Overnight or evening care is eligible if required for business reasons.

# Healthy Decisions 2018: Choose Well. Live Well.

## Healthy Decisions Wellness Program

CMH is dedicated to creating a culture of health and well-being that empowers employees to choose well and live well. The Healthy Decisions Wellness Program's overall approach to maximizing health and containing costs includes a commitment to quality and prevention by investing in an employee-centered approach to promoting well-being. Additional information can be found at [www.cmmfhealthydecisions.com](http://www.cmmfhealthydecisions.com), the Healthy Decisions website.

As a Healthy Decisions participant you will receive a CMH contribution of \$1,200 or \$2,000 per year by enrolling in the CMH Healthy Decisions Wellness Program. Deposits are made quarterly to active participants and your amount is determined by the number of individuals enrolled in your health plan. Employee only will receive \$1,200 total and employee plus any other additional family member will receive \$2,000 annually.

### WHAT CAN BE FOUND AT [www.cmmfhealthydecisions.com](http://www.cmmfhealthydecisions.com)?

Please save this site under your "favorites". Information you will find there includes:

- Re-enrollment information
- A tab including all aspects of the Healthy Decisions Program
- Listing of upcoming Wellness Events
- Information regarding our Chronic Condition Health Management program
- Forms and documents such as:
  - Direct Deposit forms
  - Spending Account forms
  - Beneficiary change forms
  - Summary Plan Descriptions
  - Contact information for all insurance and retirement plans

In order to qualify for this deposit you must be an "active" Healthy Decisions participant.

Employees considered to be "active" have completed their enrollment steps and have maintained ongoing participation in all of their assigned follow up health coaching.

Employees who have not yet completed their enrollment will need to complete the following steps in order to become "active":

1. Contact the Healthy Decisions office to schedule your Health Coaching appointment at 786-1699 or send an email to [healthy\\_wellness@cmhc.org](mailto:healthy_wellness@cmhc.org)
2. Complete your biometric lab order prior to attending your health coaching appointment
3. Complete your health coaching appointment, health coaching appointments will be available at the CMMC, Rumford Hospital and Bridgton Hospital campuses as well as the Topsham medical building location

*\*Spouse participation in these steps is required for monetary deposits for your family medical plan. If your spouse does not complete the same steps the enrollment is not considered complete and therefore the employee is "inactive" in Healthy Decisions.*

Employees may join the program at any time. Once you initiate the enrollment 3-step process, your account will become "active" for Healthy Decisions and you will be eligible for the monetary benefits this program offers.

Additional monetary benefits available to participating Healthy Decisions families include reimbursement of up to \$125 (taxable) per calendar year, per household, for a variety of wellness activities.

- A list of eligible activities can be found at [www.cmmfhealthydecisions.com](http://www.cmmfhealthydecisions.com)
- All reimbursement requests must be submitted by December 31, 2019 for the 2019 calendar year and December 31, 2020 for the 2020 calendar year.
- Late submissions will not be eligible for current period contributions.



# Life Insurance

CMH provides three levels of life insurance benefits coverage.

- **Basic Life Insurance:** CMH automatically provides you with Basic Life Insurance equal to one times your base salary. The Basic Life Insurance includes AD&D meaning the amount will double in the event of an accidental death or accidental dismemberment—of an eye, arm, or leg.
- **Supplemental Life Insurance:** You have the option of purchasing Supplemental Life Insurance covering one to four times your base annual salary. If previously enrolled in at least one level of Supplemental Life Insurance, you are allowed to increase another level without completing an Evidence of Insurability (EOI) form. If you wish to enroll or increase more than one level, an EOI form is required. The HR office will send you the necessary EOI application. The limit for employee life insurance is \$650,000.
- **Dependent Life Insurance:** Four levels of coverage do not include AD&D. EOI Forms (noted above) are not required for dependents.

Level	Coverage Code	Spouse	Each Child
1	\$5,000/\$2,000	\$5,000	\$2,000
2	\$10,000/\$5,000	\$10,000	\$5,000
3	\$20,000/\$10,000	\$20,000	\$10,000
4	\$50,000/\$10,000	\$50,000	\$10,000

Children over age 19 who are not full-time students are not eligible for dependent life insurance coverage.

## DID YOU KNOW?

Maine State Law prohibits you from purchasing dependent life insurance at a level that exceeds 100% of your own coverage. For example, if you wish to purchase \$50,000 of Dependent Life Insurance for your spouse, you must have at least \$50,000 in combined Basic and Supplemental insurance for yourself.



# Disability Coverage

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## Long-Term Disability (LTD)

The Long-Term Disability (LTD) Plan provides you with 50% of your base earnings when you are disabled due to illness or injury for a long period of time. This plan is available to all FT and RPT employees at no cost. Employees are able to purchase an additional 10% rider that, in effect, protects a total of 60% of base earnings up to a maximum monthly benefit of \$15,000. Your benefits may be reduced by other disability benefits you receive such as Social Security, workers' compensation or rehabilitation benefits. All enrolled employees will be taxed on their LTD premiums with the advantage being any LTD benefits received would be Tax-Free.

## Short Term Disability (STD)

- If not currently enrolled, the HR office will send you an Evidence of Insurability (EOI) form to complete and submit. If you are already enrolled in STD, you may advance your coverage by \$50 without an EOI.
- Benefits do NOT automatically increase or decrease due to changes in pay or scheduled hours.
- Benefits begin on the 15th day of disability for off- the-job accidents and sickness.
- 11-week maximum benefit period (after 2-week waiting period, can pay to week #13).
- Employees can apply for up to 70% of your income (\$3,000/week maximum benefit).
- Extended Sick Bank time may supplement STD benefits (up to 100% of pre-disability income).
- Maternity is covered as an illness and typically pays for a 4 week absence (week #3 to week #6) if you have elected the STD benefit plan.



# Voluntary Benefits

## Group Insurance for Home, Auto, Renters and Pets

Have you ever considered purchasing insurance on your pets? Are you now enrolled with MetLife or Liberty Mutual Home/Auto coverage? Could you benefit from participating in a group plan with payroll deduction? Just call (877) 357-9232 to get a quote. Unlike most other plans, these voluntary benefits insurance can begin, be changed and even stopped anytime throughout the year. Visit [www.cmmfhealthydecisions.com/HARP](http://www.cmmfhealthydecisions.com/HARP) for more information.



## Additional Voluntary Benefits Effective July 1, 2019

Four voluntary benefits are available during Open Enrollment only. Be sure to consider these and enroll through Kronos Self-Service before the last day of Open Enrollment. Following this deadline, enrollments into these plans will not be possible until the next enrollment period. The benefits include:

- **Voya Critical Illness and Accident Insurance**

[www.voya.com](http://www.voya.com)

(877) 236-7564

- **Info Armor Identity Theft**

[www.myprivacyarmor.com](http://www.myprivacyarmor.com)

(800) 789-2720

- **ARAG Legal Services**

[www.araglegalcenter.com](http://www.araglegalcenter.com)

(800) 247-4184

# Retirement

## The 403(b) Plan for the Employees of Central Maine Healthcare Plan Highlights

Welcome to the 403(b) Plan for the Employees of Central Maine Healthcare (the Plan)! It's easy to get caught up in the present, but it's also important to look ahead. Start investing in your future—and yourself—today with help from the Plan and our service provider Fidelity Investments.

### Accessing Your Account

Access your Plan account online at [www.netbenefits.com/atwork](http://www.netbenefits.com/atwork) or call (800) 343-0860 to speak with a Fidelity representative Monday through Friday, 8:00 a.m. to midnight Eastern Time (excluding most holidays). You can also use the automated voice response system, virtually 24 hours, 7 days a week.

Download the NetBenefits® app from the App Store®, Google Play™ Store, or Windows Store to access your account on your mobile device.

### Key Features of Your Central Maine Healthcare 403(b) Plan

Level	Coverage Code
<b>Eligibility</b>	You are immediately eligible to enroll in the Plan
<b>Automatic Enrollment</b>	You will be enrolled in the Plan at a pretax contribution rate of 2.5% during your new hire orientation. You can choose a higher deferral rate if you prefer. If you do not wish to contribute to the Plan, you may opt out.  Unless you direct otherwise, your contributions will be invested in a Fidelity Freedom® Fund - Class K6 based on your date of birth and expected retirement date assuming retirement at age 65. You can change your contribution rate, select other available investment options, or opt out of the Plan at any time.
<b>Your Contributions</b>	You can contribute from 1%–100% of your eligible base pay as pre-tax contributions up to the annual IRS dollar limits. Contribution elections can be made in 0.5% increments.
<b>Annual Increase Program</b>	You can choose to increase your retirement savings plan contributions automatically each year through the Annual Increase Program. You choose the amount of the increase from .5% to 100% and the effective date. You can opt out of the program at any time.
<b>Employer Contributions</b>	If you are FT/RPT at CMH, CMMC, CMCH, Rumford Hospital or Bridgton Hospital, CMH will match 100% of the first 2.5% you contribute to the Plan.
<b>Contribution Limits</b>	The IRS contribution limit for 2019 is \$19,000.  If you have reached age 50 or will reach 50 during the calendar year and are making the maximum plan or IRS pre-tax contribution, you may make an additional "catch-up" contribution each pay period. The maximum annual catch-up contribution for 2018 is \$6,000.
<b>Investments</b>	The Plan offers you a range of options to help you meet your investment goals.  You can select a mix of investment options that best suits your goals, time horizon, and risk tolerance. Complete descriptions of the Plan's investment options and their performance, as well as planning tools to help you choose an appropriate mix, are available online at <a href="http://www.netbenefits.com/atwork">www.netbenefits.com/atwork</a> .



# Retirement (cont'd)

## Key Features of Your Central Maine Healthcare 403(b) Plan (cont'd)

Level	Coverage Code
<b>Vesting</b>	You are always 100% vested in your own contributions to your Plan account, as well as any earnings on them. Employer contributions will be fully vested when you have completed 4 years of service.
<b>Loans</b>	Although your Plan account is intended for the future, you may borrow from your account for any reason. You may have a maximum of one loan on your account at any time. Log on to NetBenefits for more details or to request a loan.
<b>Withdrawals</b>	Withdrawals from the Plan are generally permitted when you attain age 59½, terminate your employment, retire, become permanently disabled, or have severe financial hardship as defined by the Plan.
<b>Rollovers</b>	You are permitted to roll over eligible pre-tax contributions from another 401(k), 403(b), or governmental 457(b) retirement plan account, or eligible pre-tax contributions from conduit or non-conduit individual retirement accounts (IRAs). Be sure to consider all your available options and the applicable fees and features of each before moving your retirement assets.
<b>Online Beneficiary Designation</b>	It's important to designate a beneficiary for your Plan account. Log on to <a href="http://www.netbenefits.com/atwork">www.netbenefits.com/atwork</a> , select Profile, then Beneficiaries and follow the steps to designate your beneficiary online.
<b>Portfolio Advisory Service at Work (PAS-W)</b>	PAS-W is a managed account service available within the Plan. PAS-W lets you delegate the day-to-day management of your plan account to professional investment managers. Fidelity's experienced professionals evaluate the investment options available in your Plan and design a portfolio of investments for you. The service then provides ongoing management of your account. To find out more, log on to <a href="http://netbenefits.fidelity.com/pas">netbenefits.fidelity.com/pas</a> . Call (866) 811-6041 with any questions you have. Fidelity Portfolio Advisory Service at Work is a service of Strategic Advisers, Inc., a registered investment adviser and a Fidelity Investments company. This service provides discretionary money management for a fee.
<b>One-on-one consultations</b>	Fidelity Retirement Planners are available and can help with enrollment, asset allocation, retirement planning and other questions you have about the Plan. Call (800) 642-7131 to schedule a complimentary appointment or register online at <a href="http://getguidance.fidelity.com">getguidance.fidelity.com</a> .



# Frequently Asked Questions

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## **1. When is Open Enrollment?**

Open Enrollment is from April 15 to April 30, 2019.

## **2. Who can I cover on my plans?**

You are able to enroll your legal spouse and children.

## **3. How do I process my Open Enrollment?**

You will need to go to Kronos Self-Service to see your re-enrollment screens and to make your selections for the Plan year beginning 7/1/19.

## **4. In a nutshell, what are the highlights of this Open Enrollment?**

Key items for July 1, 2019, include:

- Rate hold on all levels of medical coverage
- Dental insurance is changing to Northeast Delta Dental and individual dental rate reducing by \$.50
- HRA and HSA employer contributions will be posted quarterly beginning August 1st (formerly July 1st)
- 10% reduction in Short Term Disability rates
- Health Savings Account (HSA) and Flexible Spending Account (FSA) limits indexed slightly

## **5. What if I don't process my Open Enrollment?**

If you do not process and submit your Open Enrollment selections, your current insurance coverage will continue as is and uninterrupted. **However, Flexible Spending and Dependent Care Spending Accounts will cancel on June 30, 2019 if you do not complete your Open Enrollment process.** To lock in your selections, you must hit the SUBMIT button on the screen on or before 4/30/19. Failure to hit the SUBMIT button will not record your selections!

## **6. Will there be Conference Calls for Additional Information?**

Yes, nine calls have been scheduled. These cover all shifts and all team members working in physician practices.

## **7. How will my dentist know CMH is now using Northeast Delta Dental?**

A notice will be sent to all local dentists announcing the change to NE Delta Dental effective 7/1/19. Additionally, each enrollment team member will receive an ID card from NE Delta Dental.

## **8. Are life and disability premiums changing for 7/1/19?**

Yes, premiums are changing slightly. Most are decreasing while others are increasing. Each employee will need to review the premiums on their individual Open Enrollment screens in Kronos self-service.

## **9. How much does CMH contribute toward the medical coverage?**

Assuming compliance on the Healthy Decisions program and a FT status, CMH is contributing the following:

Individual coverage:	CMH is contributing over \$4,000 in premiums and \$1,200 in HSA/HRA
Children coverage:	CMH is contributing over \$8,000 in premiums and \$2,000 in HSA/HRA
Spouse/Family:	CMH is contributing over \$14,000 in premiums and \$2,000 in HSA/HRA

## **10. How long is the Benefit Plan Year?**

During this spring's Open Enrollment, you will be selecting insurance coverage for a twelve-month plan year which will run from July 1, 2019 to June 30, 2020.

# Frequently Asked Questions

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## **11. What are the three Tiers on the medical plan?**

Understanding the three Tiers of coverage is very important as using eligible providers will impact your coverage levels.

- a. Tier I providers & facilities in the CMH network.
  - i. The CMH network, Mass General Hospital and Martin's Point PCPs in Maine
  - ii. Specialty services through the Barbara Bush Children's Hospital in Portland
  - iii. All providers at CMH owned Maine Urgent Care (Topsham and Lewiston)
  - iv. All out-patient mental health and substance abuse counselor services
- b. Tier II providers and facilities in the United Healthcare (UHC) network
  - i. Maine Medical Center, St. Mary's, MaineGeneral, etc.
  - ii. Martin's Point non-PCP charges
  - iii. All other UHC member hospitals
- c. Tier III – Providers outside the CMH and UHC networks

## **12. What if I need a service not available in Tier I?**

If a service is not available within Tier I, you may apply for Tier I coverage at another provider by discussing your situation with Employee Health Services who must pre-authorize your requested provider before it is paid at Tier I. However, with Mass General in Tier I, very few services are unavailable.

## **13. What if I have an emergency hospital admission?**

Emergency hospital admissions will be processed as Tier I.

## **14. Employees can enroll in a Health Savings Account (HSA) if they are:**

- a. Enrolled in the Smart Saver Plan
- b. Not enrolled in Medicare
- c. Not claimed or eligible to be claimed as a dependent on your parent's tax return
- d. Other stipulations may apply per IRS regulations

## **15. What are the primary features of an HSA (available in the Smart Saver Plan only)?**

- a. The HSA funds are permanently owned by you, even into retirement or to a beneficiary.
- b. Assuming you remain compliant with the Healthy Decisions program, CMH will fund \$1200/year if you have individual coverage and \$2000/year if you enroll in family coverage.
- c. HSA accounts can accept contributions from both CMH and you. The current limits are:
  - i. Single coverage      \$3,500 if under 55 and \$4500 if 55 or older
  - ii. Family coverage      \$7,000 if under 55 and \$8000 if 55 or older
- d. Automatic, 100% rollover of unused funds from year to year along with a triple tax advantage of an HSA
  - i. Contributions are pre-tax
  - ii. Pay-outs for eligible health expenses are tax-free
  - iii. Growth on the account accumulates tax-free
- e. You can access funds by using an HSA card or by writing a check from a special, HSA checking account
- f. Depending on account balance, investment options may become available
- g. Per federal law, HSA accounts cannot be funded by those enrolled in any level of Medicare or used by anyone who is being claimed on a parent's tax return.
- h. HSA accounts cannot be used for expenses of children not eligible to be claimed on your tax return

# Frequently Asked Questions

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## **16. What are the primary features of an HRA?**

- The HRA funds are “use it or lose it FOR MEDICAL EXPENSES ONLY”. Unused funds are forfeited at the end of the year. In the CMH plan design, dental and vision expenses cannot be paid for with HRA funds.
- Assuming you remain compliant with the Healthy Decisions program, CMH will quarterly fund \$300 if you have individual coverage and \$500 if you enroll in family coverage.
- Only CMH is allowed to contribute to an HRA (no personal contributions)
- You may designate additional funds through an Flexible Spending Account (FSA)
- HRA funds cannot be used for paying COBRA premiums.

## **17. What are the primary features of a Healthcare Flexible Spending Account (FSA)?**

First, if you have a Benny Card now, hang on to it! The same card you have now can be re-loaded. The same card can access any rollover funds (limit of \$500). If enrolling in the HRA plan, your FSA can continue as it has in the past (IRS limit for 2019 is \$2700), a Benny Card and can be used for any health expense you incur (medical, dental or vision). If you have funds in both the HRA and the Health FSA, then use your Benny Card, funds from the HRA will be used first, then, if necessary, the FSA will be tapped.

## **18. How much will CMH contribute to my HSA or my HRA?**

If you take individual, medical coverage, CMH will deposit \$300/quarter into either your HSA or HRA as long as you commit to and remain compliant with the Healthy Decisions program. Those covering at least one dependent (child and/or spouse) will receive \$500/quarter, again assuming employees and covered spouses remain Healthy Decisions compliant.

## **19. Where can I find out the IRS regulations regarding the HSA, HRA and FSA?**

You can visit [www.irs.gov](http://www.irs.gov). Also, United Healthcare has prepared a comparison of the HSA, HRA and FSA which is an attachment to the Open Enrollment screen.

## **20. Will the Healthy Decisions program be changing?**

The plan will remain in its current design:

- HD will continue to be administered in-house by our own staff
- CMH employed Health Coaches will be available for personalized visits
- Covered spouses are required to participate in the Healthy Decisions program
- Enrollment for HD requires completion of a lab biometric screening followed by a health coaching
- Compliance with the HD program will determine eligibility for HSA or HRA funding
- \$0 co-pay for Rx drugs related to the treatment of high blood pressure, controlling cholesterol and diabetic treatment.

## **21. What have I forgotten?**

Many employees have enrolled into the VOLUNTARY BENEFITS including Accident Insurance, Critical Illness insurance, Identity theft protection and/or legal services. Open enrollment is the only time during the year to enroll. Be sure to review those in your Open Enrollment screens. Lastly, be sure to SUBMIT your elections by end-of-day Tuesday, April 30, 2019. Changes cannot be accepted after that date.

## **22. What are the most common mistakes recorded on the Open Enrollment Screens?**

The most common error is on the Health Savings Account, the Health FSA and the Dependent Care Spending account in which team members record their annual elections when they should be showing semi-monthly/biweekly elections. Additionally, many will perform all functions in all screens but neglect to SUBMIT their elections.

## **23. What if I have personal questions on how the coverage works?**

Individual questions may be emailed to [hrcbenefits@cmhc.org](mailto:hrcbenefits@cmhc.org).

# Contacts

Benefit	Provider	Phone	Website	
<b>Medical</b>	UMR	(866) 729-6934	<a href="http://www.umar.com">www.umar.com</a>	Group 76-150028
<b>FSA</b>	UMR	(866) 729-6934	<a href="http://www.umar.com">www.umar.com</a>	Group 76-150028
<b>Dependent Care FSA</b>	UMR	(866) 729-6934	<a href="http://www.umar.com">www.umar.com</a>	Group 76-150028
<b>HSA</b>	OptumBank	(866) 234-8913	<a href="http://www.optumbank.com">www.optumbank.com</a>	Group 76-150028
<b>Dental</b>	Delta Dental	(800) 832-5700	<a href="http://www.deltadental.com">www.deltadental.com</a>	Group 62777
<b>Vision</b>	VSP	(800) 877-7195	<a href="http://www.vsp.com">www.vsp.com</a>	Group 12237895
<b>Accident</b>	VOYA	(877) 236-7564	<a href="http://www.voya.com">www.voya.com</a>	Group 68523-2
<b>Critical Illness</b>	VOYA	(877) 236-7564	<a href="http://www.voya.com">www.voya.com</a>	Group 68523-2
<b>ID Theft Protection</b>	InfoArmor	(800) 789-2720	<a href="http://www.infoarmor.com">www.infoarmor.com</a>	
<b>Legal Services</b>	ARAG	(800) 247-4148	<a href="http://www.araglegalcenter.com">www.araglegalcenter.com</a>	
<b>Voluntary Benefits</b>	Homeowner's Insurance	(877) 357-9232	<a href="http://www.cmmfhealthydecisions.com/harp">www.cmmfhealthydecisions.com/harp</a>	
<b>Voluntary Benefits</b>	Auto Insurance	(877) 357-9232	<a href="http://www.cmmfhealthydecisions.com/harp">www.cmmfhealthydecisions.com/harp</a>	
<b>Voluntary Benefits</b>	Renter's Insurance	(877) 357-9232	<a href="http://www.cmmfhealthydecisions.com/harp">www.cmmfhealthydecisions.com/harp</a>	
<b>Voluntary Benefits</b>	Pet Insurance	(877) 357-9232	<a href="http://www.cmmfhealthydecisions.com/harp">www.cmmfhealthydecisions.com/harp</a>	
<b>Local Discounts</b>	PerkSpot	(877) 357-9232	<a href="http://www.cmmfhealthydecisions.com/harp">www.cmmfhealthydecisions.com/harp</a>	
<b>Retirement</b>	403(b)	(800) 343-0860	<a href="http://www.fidelity.com">www.fidelity.com</a>	Group 94084
<b>Retirement</b>	401(k)	(800) 343-0860	<a href="http://www.fidelity.com">www.fidelity.com</a>	Group 94083
<b>Retirement</b>	457(b)	(800) 343-0860	<a href="http://www.fidelity.com">www.fidelity.com</a>	Group 93705
<b>Benefit Information</b>	CMH Benefit Information	(207) 795-2392	<a href="http://www.cmmfhealthydecisions.com">www.cmmfhealthydecisions.com</a>	hrbenefits@cmhc.org