



CMH Benefits 2020/2021

*Your Guide to Benefits at
Central Maine Healthcare*



Welcome

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.

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Message from Michele Talka, CHRO

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. This year, more than ever, it is important that you carefully review the CMH Benefits. Significant changes have been introduced and you should familiarize yourself with each of them.

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 dependent care spending account contributions**, will continue as is. **If you want to continue, or begin, contributing to the dependent care spending account, you must make an election indicating your contribution amount during this enrollment period.** If you do not make an election you will not be able to contribute to these accounts for the new plan year. **Please note the plan year is July 1, 2020 through June 30, 2021.** 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 13th to May 13th**. 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 Dependent Care Spending Accounts will cancel.

Changes for the 2020/2021 Plan Year

- While the Medical plans will continue, the following features will change:
 - Both plans will now offer HSA accounts! There will be no need for the HRA or FSA products. Per federal regulations, there can be no carryover from these accounts into FY2021. Efforts should be taken to use up any residual balances before June 30, 2020.
 - Greater efforts will be made to bring treatment into Tier I (CMH and Mass General).
 - The Tier I deductibles will decrease on both medical plans and on all levels of coverage.
 - Want a Tier I provider? Assistance is being offered to team members and their families to enlist with local Tier I providers. You will see several ways to reach out for that help.
 - Medical rates will be modified but will remain below the market rates for similar plans.
 - The Healthy Decision Program will continue in conjunction with our Wellness Partners, OMC.
 - CMH funding of the HSA accounts will reduce slightly.
 - Teledoc services to end effective July 1, 2020. Due to the lack of use, the cost to offer Teledoc cannot be justified.
- Employee Extended Sick Bank will be “front loaded” by CMH. Effective July 1, 2020, anyone carrying a balance less than six weeks of ESB will see that balance increased to six weeks of time. Anyone carrying more than six weeks will keep the current balance and continue accruing ESB hours. We are also very excited to be able to extend the ESB coverage for eligible maternity leave, paternity leave, and adoption leave, creating the first CMH Family Leave Program! With this action, there will be no need to offer Short Term Disability so STD coverage and premiums will end on June 30, 2020. This benefit will save CMH team members over \$500,000 in STD premiums annually!
- Tuition.io will now be offered to ALL FT AND RPT EMPLOYEES of CMH. Much more information will be distributed explaining the program and universal eligibility!
- Benefit videos have been prepared which outline the CMH benefits. View them at www.cmmfhealthydecisions.com

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

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 2020/2021, 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 continue for the new plan year. You may choose one of two plans:

- CORE Plan
- CORE PLUS Plan

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, you are encouraged to fund a Health Savings Account (information below).

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) – Available if enrolled in either Medical Plan

HSA accounts are available through Optum Bank. OptumBank will automatically open an HSA account for team members enrolled in Healthy Decisions and/or those who begin HSA payroll deductions.

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 2020 are individual \$3,550 and family \$7,100. *The IRS does allow \$1,000 catch up contributions if over age 55.

Once deposited contributions are 100% employee owned and can roll over from year to year. Once a \$2,000 balance is accumulated there is the option of investing funds.

If you open an HSA account and participate in the OMC Wellness Program, Healthy Decisions, we will make two contributions directly to your HSA account, depending on your medical and Wellness enrollment. For single participants we will deposit \$500 in October and \$500 in April, totaling \$1,000 for the year. For EE+SP, EE+CH, and Family plan participants we will deposit \$800 in October and \$800 in April, totaling \$1,600 for the year.

Medical Coverage

Medical Benefit	Semi-monthly Contributions	
	CORE Plan	CORE PLUS Plan
Individual	\$35.00	\$93.00
Individual + Spouse	\$60.00	\$218.00
Individual + Child(ren)	\$40.00	\$128.00
Family	\$60.00	\$218.00

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

Visit Type	CMH PHO	UHC Options PPO	Outside both CHM PHO & UHC Options PPO
Wellness Visits**			
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.		
Other Visits			
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 2020/2021:

	CORE Plan			CORE PLUS Plan		
	CMH PHO	UHC Network	Outside Network	CMH PHO	UHC Network	Outside Network
Deductible						
Individual	\$2,800	\$6,000	\$6,000	\$1,400	\$3,000	\$3,000
Family (1+ dependent)	\$5,600	\$12,000	\$12,000	\$2,800	\$6,000	\$6,000
Out-of-Pocket Maximum						
Individual	\$5,000	\$10,000	\$15,000	\$4,000	\$8,000	\$10,000
Family (1+ dependent)	\$10,000*	\$20,000	\$20,000	\$8,000	\$16,000	\$20,000

*A Single individual within a family plan will have a maximum out of pocket of \$8,150 in 2020

Three levels of coverage apply to the CMH Health plans:

■ Tier 1: CMH PHO

Highest level of coverage (Tier 1) applies to the CMH (CMMC, Bridgton, Rumford), Massachusetts General, Martin's Point Primary Care, and certain specialists at Barbara Bush Children's Hospital.

■ Tier 2: UHC Provider Network

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

■ Tier 3: Outside UHC Network

Tier 3 applies to services outside both the CMH system and UHC options PPO network.

If you would like assistance finding a Tier 1 Provider CMH has a New Patient Intake Team who can help you. You can either:

- Call them at 1-866-834-8343 and speak to a person directly;
- Email them at newpatientintake@cmhc.org; or
- Visit their website at <https://www.cmhc.org> and click on the Find a Provider/Complete online form link.

The organization is committed to ensuring that you have access to a Provider and that we make your experience our priority.

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 80% to 90% range) only if you receive pre-authorization from the Director of Occupational Health and Wellness PRIOR to service. You need to pre-authorize by calling the the Director at (207) 330-7757. The Director will record the request and 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.UMR.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).

The CMH annual contributions of \$1,000 or \$1,600 to your HSA account can be used to offset your deductible amounts and out of pocket maximums.

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.

	CORE Plan			CORE PLUS Plan		
	CMH PHO	UHC Network	Outside Network	CMH PHO	UHC Network	Outside Network
Includes: inpatient surgical facilities & supplies, room & board, newborn care, outpatient surgical facilities & supplies	80%	60%	30%	90%	70%	30%
Physician Charges						
Includes: hospital visits, maternity, surgery, anesthesia, emergency room doctor charge (if billed separately), allergy treatment/testing (\$300/yr. max. unless pre-approved)	80%	60%	30%	90%	70%	30%
Rehabilitation						
Includes: respiratory therapy, home health care (after hospital), cardiac therapy, hospice care, extended care, chemo and radiation therapy, PT, OT, speech therapy, chiropractic services	80%	60%	30%	90%	70%	30%
Other Services						
Ambulance service (medically necessary)	80%	80%	80%	90%	90%	90%
Diagnostic lab & X-ray	80%	60%	30%	90%	70%	30%
Pre-admission testing	80%	60%	30%	90%	70%	30%
Durable Medical Equipment including Insulin pumps (all processed as Tier 1)	80%	60%	30%	90%	70%	30%
Insulin supplies	80%	60%	30%	90%	70%	30%
Vasectomy & tubal ligation	80%	60%	30%	90%	70%	30%
Removal of impacted wisdom teeth	80%	60%	30%	90%	70%	30%
Acupuncture (\$300/year maximum)	80%	60%	30%	90%	70%	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:	
	CORE Plan	CORE PLUS Plan
Tier 1 – Generic Drug	\$8	\$4
Tier 2 – Preferred Brand Name	\$50	\$25
Tier 3 – Non-preferred Brand Name	\$100	\$50
Tier 4 - Specialty	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. 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
Individual	\$5.00	\$6.50
Individual + Spouse	\$22.00	\$25.00
Individual + Child(ren)	\$22.00	\$25.00
Family	\$44.00	\$47.00

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

Dental Benefit	Coverage Level
Annual Deductible (waived for diagnostic/preventive)	\$50 individual/\$150 family
Diagnostic and Preventive (Evaluations, X-rays, cleanings every six months)	100% covered, no deductible
Basic Restorative (Fillings, surgical & routine extractions, root canal therapy, periodontic treatment)	80% covered after deductible
Major Restorative (Prosthetics: dentures, crowns, dental implants)	50% covered after deductible
Calendar Year Maximum Benefit	\$1,500 applies to Diagnostic/Preventive, Basic & Major Restorative services
Orthodontic Services (including Adults)	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 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
Individual	\$6.00	\$ 6.00
Individual + Spouse	\$10.00	\$10.00
Individual + Child(ren)	\$11.00	\$11.00
Family	\$17.00	\$17.00

Dependent Care Spending Accounts

UMR is the administrator of our Dependent Care spending accounts. By participating, you set aside money from your paycheck on a pre-tax basis, then use the money to pay for eligible 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.

Under IRS rules, the accounts are set as "USE IT OR LOSE IT". You may download reimbursement forms from www.cmmfhealthydecisions.com or www.umar.com.

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 email hrbenefits@cmhc.org to accelerate your deductions to get funds into your account sooner.



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 your account 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.
- **Don't double-dip.** If you are reimbursed for dependent care expenses through your Dependent Care Spending Account, you cannot also apply for federal income childcare tax credits.

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 2020/21: 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, live well and be well. Central Maine Healthcare has earned a 2020 Best Wellness Employer SILVER Certification from Wellness Workdays, in collaboration with experts from Harvard Medical School. 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, the Healthy Decisions website.

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
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

Employees may join the program at any time. Once you schedule your enrollment, your account will become "active" for Healthy Decisions and you will be eligible for:

- As a Healthy Decisions participant, you will receive a CMH contribution of \$1,000 or \$1,600 per year by enrolling in the CMH Healthy Decisions Wellness Program. Deposits will be made semi-annually (October 2020 and April 2021) to active participants. Team members with individual coverage who are compliant with the Healthy Decisions Program will receive \$500 twice a year and those covering one or more dependents will be eligible for \$800 semi-annually.

**If covering your spouse, see note to the right.*

- 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.
- \$0 Co-pay prescriptions through the CMMC Pharmacy (795-7177) which are treating:
 - High blood pressure
 - High LDL Cholesterol or Low HDL Cholesterol
 - Diabetes
- A list of eligible activities can be found at www.cmmfhealthydecisions.com
- All reimbursement requests for calendar year 2020 need to be submitted by December 31, 2020. All requests for calendar year 2021 need to be submitted by December 31, 2021."
- Late submissions will not be eligible for current period contributions.

**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.*

WHAT CAN BE FOUND AT 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

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. If you are covering children over age 18 who are not full-time students, you should remove them from Dependent Life Insurance coverage on your enrollment screen.

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

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.

Extended Sick Bank (ESB) Program Expanding and Opening for CMH Family Leave!

CMH is excited to offer a substantially expanded Extended Sick Bank (ESB) program. We will be frontloading all benefits eligible staff 6 full weeks of ESB hours for use each year. If used, the ESB Bank will be replenished to 6 full weeks each year for usage. Additionally, we are expanding the ESB coverage to apply to applicable CMH Family Leaves! Maternity, paternity, and adoption benefits will be covered beginning July 1, 2020. This means team members may access ESB hours (through the LOA process and after the 1½ weeks waiting period) if for the birth or adoption of a baby.

Short Term Disability (STD) Coverage Ending

Since ESB will be available for at least 6 weeks for all staff members each year, there is no need for employees to purchase STD coverage. If currently enrolled in the STD plan, that coverage and related premiums will end effective June 30, 2020.



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 for more information.

Tuition.io – Student loan repayment

Central Maine Healthcare wants to help team members achieve their financial goals and that's why CMH was the first healthcare system in Maine to offer team members a student loan repayment benefit! This year the program is expanding to ALL FT/RPT STAFF MEMBERS! Through the Student Loan Repayment Program, team members receive monthly contributions toward their student loans. Contributions increase every year that team members remain in the program. Contributions made by CMH are considered additional payments outside of regular monthly payments, helping team members pay off their loans faster and save them time and money in the long run!

CMH has partnered with Tuition.io, a leader in student loan repayment programs, to provide this significant benefit to all our staff starting in July 2020. With this partnership, team members will have full visibility to their entire student loan debt picture, along with the tools to help them understand their student loans, and projections on anticipated overall savings through enrollment in the plan. Team members who participate will be debt-free and stress-free much sooner, and we are very excited to expand this benefit to all staff members!

Additional Voluntary Benefits Available July 1, 2020

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

(877) 236-7564

- **Info Armor Identity Theft**

www.myprivacyarmor.com

(800) 789-2720

- **ARAG Legal Services**

www.araglegalcenter.com

(800) 247-4184



Retirement

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

Though the 403(b) will not appear in the Kronos Open Enrollment screens, this is a good time for team members to review their retirement contributions. Fidelity holds the accounts and can be reached at 800-343-0860.

Accessing Your Account

Access your Plan account online at 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
Eligibility	You are immediately eligible to enroll in the Plan
Automatic Enrollment	<p>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.</p> <p>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.</p> <p>You can change your contribution rate, select other available investment options, or opt out of the Plan at any time.</p>
Your Contributions	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.
Annual Increase Program	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.

(continued)

Retirement (cont'd)

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

Level	Coverage Code
Contribution Limits	The IRS contribution limit for 2020 is \$19,500. If you were born in 1970 or before, you may make an additional "catch-up" contribution each pay period. The maximum annual catch-up contribution for 2020 is \$6,500, resulting in a total maximum contribution of \$26,000!
Investments	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 www.netbenefits.com/atwork .
Vesting	New hires are immediately 20% vested in the CMH contributions. This increases to 40% after one year of employment, 60% after two years, etc. Anyone re-hired at CMH is credited with prior service in determining vesting. 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.
Loans	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.
Withdrawals	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.
Rollovers	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.
Online Beneficiary Designation	It's important to designate a beneficiary for your Plan account. Log on to www.netbenefits.com/atwork , select Profile, then Beneficiaries and follow the steps to designate your beneficiary online.
Portfolio Advisory Service at Work (PAS-W)	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 netbenefits.fidelity.com/pas . Call 800-343-0860 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.
One-on-one consultations	Fidelity Retirement Planners are available and can help with enrollment, asset allocation, retirement planning and other questions you have about the Plan. Call 800-343-0860 to schedule an appointment with the CMH Fidelity representative.

Frequently Asked Questions

1. When is Open Enrollment?

Open Enrollment is from April 13 to May 13, 2020.

2. Recognizing the COVID-19 restrictions, how can informational benefit meetings be held?

Benefit Fairs and face to face meetings are not possible this year. In an effort to provide clear and consistent messaging, several YouTube videos have been prepared and should be reviewed before making your Open Enrollment selections. They can be found on www.cmmfhealthydecisions.com.

3. Who can I cover on my plans?

You are able to enroll your legal spouse and children before their 26th birthday.

4. How do I process my Open Enrollment?

You will need to go to your home page on a CMH computer. Click on either CitrixWeb or CitrixApps, then the Kronos icon. You will need to enter your network username and password to arrive at your personal information screen (same place you look at your check stubs). Click on "ALERTS" and enter the Open Enrollment screens."

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

Because the plans this year have different components, if you do not process and submit your Open Enrollment selections your current insurance coverage will be translated to the closest 2021 offered plan (Smart Saver to Core Plus Plan, Advantage Plan to Core Plan) and will be transitioned without interruption. If you currently are in the Advantage Plan and have an HRA, if you do not actively enroll you will be placed in the Core Plan, but an HSA account will not be automatically opened for you. You must actively enroll in the HSA program. If you do not complete your Open Enrollment process, the Dependent Care Spending Account will cancel on June 30, 2020. To lock in your selections, you must hit the SUBMIT button on the screen on or before 4/30/20. Failure to hit the SUBMIT button will not record your selections! (NOTE: you are able to re-visit the Open Enrollment screens by 4/30/20 and re-SUBMIT.)

6. In a nutshell, what are the highlights of this Open Enrollment?

Key items for July 1, 2020, include:

- Medical rates changing to more closely follow the market.
- BOTH medical plans will now offer Health Savings Accounts (HSA). An HSA has significant advantages over the previous HRA/FSA strategy.
- All Tier I deductible are reducing slightly.
- ESB being front loaded for all benefit staff effective 7/1/2020 thereby removing the need to pay for STD coverage.
- Tuition assistance available to ALL team members regardless of position title.
- Slightly reduced funding by CMH into the HSA accounts.
- Rate hold on dental, vision and life insurance rates.

7. How will the front loading of Extended Sick Bank work?

Beginning July 1, 2020, all team members on benefits will see their ESB balance increase to a minimum of six weeks of time. If anyone is now carrying in excess of six weeks, those hours will remain and accruals will continue building a higher balance. If anyone is carrying less than six weeks of ESB on June 30, 2020, the balance will increase to six weeks of regularly scheduled time. For example if someone is FT40, the ESB will be increased to 240 hours and if someone is RPT24, the ESB will be increased to 144 hours. Don't forget that these hours will be available for use in the new CMH Family Leave program!

Frequently Asked Questions

8. 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
 - v. Purchase of Durable Medical Equipment (DME) if a United Healthcare Provider
- 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

9. 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.

10. What if I have an emergency hospital admission?

Emergency hospital admissions will be processed as Tier I.

11. 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, 2020 to June 30, 2021.

12. What plans have ID cards?

UMR (866-729-6934) sends out medical ID cards. NE Delta Dental (800-832-5700) distributes dental ID cards. VSP (vision) does not issued ID cards but your eye doctor's office can work through vsp.com.

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

- a. Enrolled in either CMH medical plan (either the CORE Plan or the CORE PLUS 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

14. What are the primary features of an HSA (available in BOTH medical plans)?

- a. The HSA funds are permanently owned by you, even into retirement or to a beneficiary.
- b. HSA accounts can accept contributions from you (either through payroll deduction or by mail). The current limits in calendar year 2020 are:

i. Single coverage	\$3,550 if under 55 and \$4,550 if 55 or older
ii. Family coverage	\$7,100 if under 55 and \$8,100 if 55 or older
- c. 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
- d. You can access funds by using an HSA card or by writing a check from a special HSA checking account
- e. Depending on account balance, investment options may become available
- f. 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.
- g. HSA accounts cannot be used for expenses of children not eligible to be claimed on your tax return

Frequently Asked Questions

15. Where can I find out the IRS regulations regarding the HSA?

You can visit www.irs.gov.

16. Will the Healthy Decisions program be changing?

The plan will remain in its current design:

- a. HD will continue to be administered by OMC, a local health commitment company
- b. Health Coaches will be available for personalized visits
- c. Prescription drugs related to the treatment of high blood pressure, cholesterol and diabetes are offered free of charge if obtained through the CMMC Pharmacy. Team members (and covered spouses) must be compliant with the Healthy Decisions program in order to obtain this benefit.
- d. Up to \$125/yr reimbursement for health activities (gym memberships, exercise trackers, home equipment, etc).
- e. To schedule a health coach visit or check on your Healthy Decisions status, team members should call 786-1699 or email healthy_wellness@cmhc.org.

17. What is the Tuition program being rolled out to all FT/RPT staff?

This program is designed to help team members pay off student loans quicker! Full time and Regular Part time team members who have been employed at CMH for more than six months may enroll into the program and begin receiving CMH payments to help pay off educational loans.

18. How do I find out more about the Tuition program?

Representatives from Tuition.io will be at the upcoming Benefits Fairs. Additionally, watch for more information in the OnPoint newsletter.

19. 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 Wednesday, May 13, 2020. Changes cannot be accepted after that date.

20. What are the most common mistakes recorded on the Open Enrollment Screens?

The most common error is on the Dependent Care Spending Account. Often 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.

21. What if I have personal questions on how the coverage works?

Individual questions may be emailed to hrbenefits@cmhc.org.

Contacts

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