

# FAQs – Benefits Plan Year 2021-2022

*Your most frequently asked and answered Benefits questions*

Please direct additional questions to [HRBenefits@cmhc.org](mailto:HRBenefits@cmhc.org) or call (207) 795-2392 and select the Benefits Option. Our Benefits team will be happy to answer your questions!

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## **General Q&A**

### **Q: Am I eligible for Health & Welfare, and Retirement benefits?**

**A:** Full Time (30+ hrs/wk), and Part Time (20-29 hrs/wk) positions are eligible for all of the benefits offered by CMH.

Per Diem (less than 20 hrs/wk) are eligible for Medical only if they've met the ACA threshold of 1,560 hours worked in the Standard Measurement Period (HR will advise). Per Diem is eligible to participate in the Retirement Plan [403(b), or 401(k)]; however they are not company match eligible.

New hire benefits effective date is the first of the month after 30 days employment. Effective July 1<sup>st</sup>, 2021 the new hire benefits effective date will change to date of hire.

### **Q: Where can I find benefits information?**

**A:** The comprehensive Benefits Guide, and Benefits Forum presentation is available on the homepage of the Healthy Decisions site:

<http://www.cmmfhealthydecisions.com/>

## General Q&A (Cont.)

### **Q: How do I enroll in Benefits? Can I enroll my Domestic Partner?**

**A:** Prior to July 1<sup>st</sup>, 2021 enroll via Kronos – Effective July 1<sup>st</sup>, 2021 enroll via Workday. No, Domestic Partners are not eligible dependents on our plan.

### **Q: How do I make benefits changes outside of Open Enrollment?**

**A:** Other than H.S.A., and HARP benefits, which you can adjust at any time during the plan year, only team members experiencing a Qualifying Life Event (QLE) such as marriage, divorce, birth/adoption, etc. may adjust their benefits outside of Open Enrollment by submitting a QLE request and the supporting document to HRBenefits within 30 days of the event date. Prior to July 1<sup>st</sup>, 2021 this is done by a QLE form from HRBenefits. – Effective July 1<sup>st</sup>, 2021 via Workday.

All other change requests may only be made during Open Enrollment each year for a July 1<sup>st</sup> effective date.

## General Q&A (Cont.)

### **Q: Which email does CMH use to send me benefits information?**

A: Whenever we, or one of our carriers/partners, need to send you an email we will use your work email address. We do not use personal email addresses because those change often and our system may not have the correct address for you on file. The only exception to this is for separate accounts to which you have access to update your email address directly, such as Optum Bank for your H.S.A., and Fidelity for your Retirement Plan.

### **Q: Where can I find the meaning of Benefits Terminology, such as Deductible, Out-Of-Pocket Maximum, Tier, etc.?**

A: You can quickly access Benefits Terminology information in the Benefits Guide, and in the *Universal Glossary of Health Coverage and Medical Terms* available in the Benefits Overview section of the Healthy Decisions site.

## General Q&A (Cont.)

### **Q: How do I make my Retirement Plan contribution election?**

**A:** You will be enrolled in the Plan at a pretax contribution rate of 2.5% during your new hire on-boarding. 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. Prior to July 1<sup>st</sup>, 2021 contribution and/or investment adjustments must be done via your online Fidelity account: [www.netbenefits.com/atwork](http://www.netbenefits.com/atwork)

Effective July 1st, 2021 contribution adjustments will be made by you via Workday. Investment options will continue to be managed by you via your online Fidelity account.

## **Medical Q&A**

**Q: Do I have to meet the full deductible before the Plan starts to pay toward claims that aren't 100% covered?**

**A:** Yes, both the CORE Plan, and the CORE PLUS Plan are non-embedded. This means that the full deductible must be paid out-of-pocket before the Plan starts paying claims for an individual member. **Reminder:** H.S.A. funds CAN be used to pay your deductible!

**Q: How do I decide which Tier to elect?**

**A:** You only need to decide which plan to elect, CORE or CORE PLUS. You will choose Tier as you seek services. **Reminder:** Using one of our organization's exceptional providers will result in the Plan paying the most for your claims. The links to find a Tier 1, or Tier 2 provider are available in the Medical section of the Benefits Guide. The New Patient Intake Team's phone number is in the same section of the guide should you need their assistance finding a Tier 1 provider.

## ***Medical Q&A (Cont.)***

**Q: How do I know which Medical plan I should elect? CORE, or CORE PLUS?**

**A:** Please reference the Benefits Guide for a lot of examples, and practical information to assist you in making your election choice. You may also want to view the Medical portion of the Benefits Forum presentation video.

**Q: How do I get report other benefits to UMR? How do I check my benefits to see what's covered, how do I learn about medical conditions and my treatment options, how do I view my explanation of benefits (EOB), how do I find a form, how do I talk with a Plan Advisor, etc.?**

**A:** You must report whether you have other benefits OR not to UMR each plan year. You can do this and more by first registering, then logging into your account on <https://www.umar.com/> , then clicking on MyMenu.



## ***Medical Q&A (Cont.)***

### **Q: Where should I go for my labs?**

**A:** Spectrum Healthcare Partners would be considered Tier 1 for lab and pathology, as well as CMMC. Labcorp, Quest, and Nordx Diagnostic Laboratories are in-network for UHC; Tier 2.

### **Q: How long are my eligible child(ren) covered under the Plan?**

**A:** Your child(ren) are covered up until they reach their 26th birthday due to the recent updates to the National Health Reform Act. This provision applies to Medical, Dental, and Vision coverage. Dependent child(ren) who reach age 26 during the 2021-2022 Benefit Plan year will automatically drop off coverage upon reaching their 26th birthday. The only exception to this provision is for a dependent child(ren) over the age of 26 who is permanently disabled. In those instances, after confirming the disability, the dependent can remain on your insurance indefinitely. Your dropped dependent will be entitled to elect COBRA continuation coverage for up to 36 months should they wish to maintain coverage under the plan.

## ***Prescription Drug Coverage Q&A***

**Q: Do I have to meet my full deductible before the Plan pays toward my prescriptions?**

**A:** Yes, you must meet your deductible in full. **Reminder:** You can use H.S.A. funds to pay your deductible, and for medication not covered by insurance!

**Q: Do I have to use the CMMC Pharmacy to fill my prescriptions?**

**A:** Our retail pharmacy offers discounted 340B pricing, which means that most prescriptions cost significantly less to fill at our pharmacy than at other pharmacies. Choosing to use a CMH provider and using the CMMC Pharmacy can have a significant effect on your cost, as well as a significant difference in how much it costs to our self-insured plan.

**Q: Will the CMMC Pharmacy mail my prescription?**

**A:** The pharmacy can mail to Maine, and Florida state unless your provider, or federal regulations don't allow for your specific medication to be mailed. Please feel free to discuss your options directly with the pharmacy.

## ***Prescription Drug Coverage Q&A***

**Q: Am I eligible to receive no cost maintenance medications for high blood pressure, cholesterol, and diabetes from the CMMC Pharmacy?**

**A:** Yes, if you're enrolled in the Medical Plan. Enrollment in the Wellness Program will occur automatically, which means everyone enrolled in the Medical Plan will be eligible to receive no cost to you maintenance medications for high blood pressure, cholesterol, and diabetes from the CMMC Pharmacy.

**Q: Will the CMMC Retail Pharmacy accept GoodRx coupons?**

**A:** Yes, however the pharmacy will compare the cost against our pricing for you because in most cases the CMMC cost will be lower due to our 340B pricing!

## ***Health Savings Account (H.S.A.) Q&A***

### **Q: How do I open an H.S.A. once I've enrolled in a Medial Plan?**

**A:** Optum Bank will automatically open an account for you. If you have a P.O. Box as your mailing address in our system, please note that Optum Bank will require that you provide them your street address in order to open your account. This is a Patriot Act requirement. You should also be prepared to respond to Optum Bank should they have any questions regarding identify verification. Once the account is open, they will mail an H.S.A. debit card to you in a plain, white envelope. Make sure to activate the card upon receipt, and log into your account online to familiarize yourself with its features. You may reach Optum Bank using the contact information below should you have any questions:

*Call 1-866-234-8913. Our customer service professionals are available to assist you Monday through Friday, 8:00 a.m. to 10:00 p.m. and Saturday through Sunday, 9:00 a.m. to 5:30 p.m. ET.*

**Reminder:** You NEVER lose your H.S.A. funds!

## ***Health Savings Account (H.S.A.) Q&A (Cont.)***

**Q: How do I change my H.S.A. per paycheck deduction?**

**A:** Prior to July 1<sup>st</sup>, 2021 via a form from HRBenefits – Effective July 1<sup>st</sup>, 2021 via Workday. Changes can be made prospectively (go-forward) at any time throughout the year.

**Q: How do I participate in the WellRight Wellness Program and earn H.S.A. dollars from CMH?**

**A:** Please reference the Wellness through Wellright section in the Benefits Guide for information.

**Q: How much can I contribute into my H.S.A.?**

**A:** The maximum employee contribution amount, combined with any employer contributions, cannot exceed the IRS stated maximums for the calendar year. The maximum contributions for 2021 are \$3,600 for individual, \$7,200 for family. Individuals age 55 and older can make additional catch-up contributions of up to \$1,000 in 2021.

## ***Health Savings Account (H.S.A.) Q&A (Cont.)***

### **Q: Am I eligible to participate in an H.S.A.?**

**A:** According to federal guidelines, you can open and contribute to a Health Savings Account (HSA) if you:

- Are covered under a qualifying high-deductible health plan (HDHP)
- Are not covered by any other medical plan, such as that for a spouse
- Are not enrolled in Medicare
- Are not enrolled in TRICARE or TRICARE for Life
- Are not claimed as a dependent on another individual's tax return
- Are not covered by medical benefits from the Veterans Administration
- Do not have any disqualifying alternative medical savings accounts, like a Flexible Spending Account or Health Reimbursement Account

## ***Voluntary Benefits through Voya Q&A***

### ***Q: What are the Voya benefits?***

**A:** Hospital Indemnity, Specified Disease (formerly Critical Illness), and Accident Insurance are all voluntary, supplemental, limited benefits policies. You can visit

<https://presents.voya.com/EBRC/CentralMaineHealthcareCorporation> or call (877) 236-7564 for additional information.

## ***Dependent Care Flexible Spending Account (DCFSA) Q&A***

### ***Q: Who administers CMH's DCFSA?***

**A:** UMR, who is our Third-Party Administrator (TPA).

### ***Q: What exactly is a DCFSA? Can I participate? If so, how much?***

**A:** Please reference the Dependent Care Spending Account section of the Benefits Guide for information.

## **Dental Q&A**

**Q: Does UMR administer the Dental Plan?**

**A:** No, the Dental Plan is administered by Northeast Delta Dental.

**Q: Can I use any dentist on the Dental Plan?**

**A:** Yes, the Delta Dental network plan allows you to go to any dentist of your choice and receive a level of benefits for covered services, but you will receive the best value from the plan if you visit a dentist within *Delta's PPO, and Premier networks of Participating Dentists*. The plan offers the same coverage with an out-of-network dentist, however you will be subject to balance billing.

**Q: How many Maine based dentists are Delta Participating Dentists?**

**A:** Per Northeast Delta Dental, approximately 85% of dentists participate in the Premier network, and 56% participate in the PPO network.



## ***Vision Q&A***

***Q: Does VSP issue ID Cards?***

**A:** No, because your Member ID is the same as your Social Security Number.

***Q: Can I use any provider on the Vision Plan?***

**A:** Yes, to view the in-network, *VSP Choice Plan*, providers and facilities, you can visit [www.VSP.com](http://www.VSP.com) to view more information about their network, programs, and discounts, or you can call (800) 877-7195 to speak to a representative directly. An out-of-network provider may require you to pay for all services in full at the time of the visit. If so, you should then submit a claim to VSP for partial reimbursement after co-payment.

## ***Supplemental Life, and Dependent Life Q&A***

**Q: Can I enroll in voluntary life coverage above the 1x salary amount that CMH already pays for?**

**A:** Yes, although your request may be subject to Evidence of Insurability. Please reference the Life Insurance section of the Benefits Guide for more information.

**Q: Can I enroll my Spouse and/or Child(ren) in life coverage?**

**A:** Yes, there are 4 levels of coverage from which to choose. Please reference the Life Insurance section of the Benefits Guide for more information.

**Q: Can I add/change my life beneficiary(ies)?**

**A:** Yes, prior to July 1<sup>st</sup>, 2021 via form from HRBenefits – Effective July 1<sup>st</sup>, 2021 via Workday. Reminder: If you would like to add/change beneficiary information for your H.S.A. account you must do this directly via Optum Bank If you would like to add/change beneficiary information for your Retirement Plan account you must do this directly via Fidelity.

## ***Long-Term Disability (LTD), and Leave of Absence (LOA) Q&A***

### **Q: Can I elect LTD?**

**A:** CMH automatically covers benefits eligible team members at 50% base salary at NO COST TO YOU! (Physicians, & Executives are covered at 60%). You may elect an additional, voluntary LTD buy-up of 10%. (Physicians, & Executives are ineligible for the LTD buy-up).

### **Q: Who administers our LOA Program? How to I request LOA?**

**A:** The Hartford makes leave determination. Notify your manager that you will need a leave of absence. You are not required to give medical details about your leave to your manager. Then call The Hartford at 877-822-3184 to request a leave of absence. Our policy number is 677017.

### **Q: What if I have questions about LOA?**

**A:** Please direct your questions to [leaveofabsence@cmhc.org](mailto:leaveofabsence@cmhc.org) or call (207) 795-2392 and select the Leave of Absence Option. Our Leave Program Administrator will be happy to answer your questions!

## ***HARP (Home, Auto, Renters, Pet) Insurance through Mercer Q&A***

**Q: Can I elect voluntary HARP at any time throughout the plan year?**

**A:** Yes, you'll find more information here:

<https://www.personalplansadvisormercervoluntarybenefits.com/>

Since HARP benefits are individually rated, a Mercer representative will contact you to assist with your options.

**Q: Does CMH offer any other voluntary benefits?**

**A:** Yes, many! Please reference the Benefits Guide for an overview of all available benefits. We communicate via OnPoint throughout the year regarding our benefits, so be sure to read that newsletter each Monday! The OnPoint archive is available on the CMMF Portal.