

Healthy Decisions  
*Choose Well. Live Well.*



**2016 Benefits Enrollment Guide**





**Healthy Decisions 2016**

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 health care choices for you and your family.

**What follows**

- Employee Self Service will allow you to complete your re-enrollment elections electronically!
- Healthy Decisions 2016 Wellness Program
- Tobacco Cessation guidelines
- Healthy Decisions Advantage Program
- Discounts for Healthy Habits
- Medical Coverage
- Prescription Drug Coverage
- Dental Coverage
- Basic and Supplemental Life Insurance
- Dependent Life Insurance
- Long-Term Disability
- Short Term Disability
- Vision Insurance
- Four new Voluntary Benefits
- HARP insurance (Home, Auto, Renter, Pet Ins.)
- Spending Accounts
- Changing Your Elections During the Year
- Frequently Asked Questions (FAQs)
- Premiums overview

**2016 Changes will appear in RED throughout this booklet**

Calendar year 2016

Dear Fellow Employee,

We are very pleased to inform you that in the coming year, the insurance premiums will remain unchanged! This six-year rate-hold is extremely unique to our plan and many factors, such as overall health of our group, the Healthy Decisions program design changes, patronizing the Tier I services at Central Maine Healthcare and preventive services, have contributed. With that being said, CMH remains committed to encouraging healthy activities for you and your family members. The Healthy Decisions program is outlined on the next couple of pages and summarized here:

1. Participants need to update their Health Risk Assessment (HRA) records at <https://community.edoc4u.com/> This requirement applies to all covered employees and spouses/partners. NOTE: Adult children do not need to participate in 2016.
2. The recording of five wellness activities will apply to enrolled employees and expanded to include enrolled spouses/partners.
3. Enrolled employees will select at least one activity from a comprehensive listing and satisfy that goal by the end of August.
4. The management of three Chronic Conditions will continue to include visits to a local Nurse Practitioner. Results of those visits will be forwarded to your CMH provider, if you choose.
5. Up to \$125 family reimbursement for certain wellness activities is now available to all covered family members
6. NOTE: No biometric screenings will be required this fall (unless you are just now joining Healthy Decisions). We are Planning for alternate year screenings so they will be required again next year.

The Re-enrollment process is being done electronically. You will sign onto your Kronos Employee Self Service and make your selections between 10/26 and 11/6/15. If you do not submit an electronic Re-enrollment, your 2015 insurance coverage & spending accounts will duplicate for 2016.

We also want to report several new Voluntary Benefits are being rolled out for 1/1/16. Much more information will be highlighted at the upcoming Benefits Fairs, the Open Enrollment screens and in Daily Announcements. The new plans being offered include:

- |                            |                           |
|----------------------------|---------------------------|
| Critical Illness Insurance | Accident Insurance        |
| Legal services             | Identity Theft protection |
| Pet Insurance              | Combined home/auto/rental |

Our website, [www.cmmfhealthydecisions.com](http://www.cmmfhealthydecisions.com) includes a comprehensive overview of all programs. You will also find all forms and contact information. The health of each and every employee, as well as that of the organization, is our goal. Please join us in making that goal a reality.

Sincerely,

Sincerely, Jerry Marstaller  
Benefits & Compensation Manager



## Healthy Decisions 2016 – Choose Well. Live Well.

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, along with your personal Healthy Decisions Wellness account can be found at [www.cmmfhealthydecisions.com](http://www.cmmfhealthydecisions.com)*, the Healthy Decisions website.

### Healthy Decisions 2016 Wellness Program Deadlines:

Healthy Decisions Wellness is a requirements based program. To remain eligible for the reduced medical premium, and other program benefits, each covered employee and spouse/partner living in Maine **must** complete the program requirements listed below. The deadlines are indicated.

| Program Requirements  |                                      | Deadline for Completion                 |
|---|--------------------------------------|---|
| Benefit Re-enrollment through Kronos  | All FT & RPT employees               | 11/6/15                                 |
| Update/Complete Edoc4U Health Risk Assessment (HRA)<br><a href="https://community.edoc4u.com/">https://community.edoc4u.com/</a>  | Employee and Covered Spouse/Partners | Complete by 12/31/15                    |
| Update your Healthy Decisions Wellness Account  | Employees Only                       | Complete by 12/31/15                    |
| <p>Select ONE program</p> <ul style="list-style-type: none"> <li>▪ Fitness Center Program/Home Exercise Program</li> <li>▪ Participation in (2) walk, run, bike, triathlon events</li> <li>▪ Diabetes Prevention Program (March 2016, this is a 12-months program)</li> <li>▪ Health Coaching (2x/year) (appointments start 1/2/2016)</li> <li>▪ Living Light Program Begins in March-June 2016</li> <li>▪ Healthy Decisions Educational Program : Participation in (2) Education Programs: Mindfulness, Nutrition, Stress Management – Healthy Decisions Calendar of Events</li> <li>▪ Participation in a Weight management program (like: Weight Watchers)</li> <li>▪ Participate in (2) CMH Employee Wellness Steering Committee Activities</li> </ul> | Employees Only                       | Complete between 1/1/2016 and 8/31/2016 |
| Complete 5 Wellness Activities (for example: annual visit to PCP, Flu shot, blood pressure screening, etc). Complete list available at <a href="http://www.cmmfhealthydecisions.com">www.cmmfhealthydecisions.com</a>   | Employees and Spouse/Partners        | Complete by 8/31/2016                   |
| Healthy Decisions Program Evaluation Questionnaire  | Employees and Spouse/Partners        | Available 7/1/16 to 8/31/16             |



- **Biometric Screening: For Employees/Spouse/Partners NEW to the Healthy Decisions Program.** Biometric Screenings may be scheduled by calling 207-330-7241. Healthy Decisions members who have already had Biometric Screenings do not need to repeat the process this fall.
  - **Edoc4u Health Risk Assessment** – This is accessed through the portal under “CMHC Applications”. Edoc4u Health Risk Assessment is only update/ completed once each year during open enrollment. The site is <https://community.edoc4u.com/?accesscode=cmh001>
  - **Personal Wellness Plan-** This is found on the Healthy Decisions website at the bottom of your member homepage and within your personal Healthy Decisions account. You must select areas you plan to improve in 2016 using the online tool provided in your account.
  - **Completion of Five Wellness Activities-** Participants must self-report completion of at least 5 wellness activities from the approved list in their Healthy Decisions Wellness account. Many of these are preventative screenings covered at no copay through your medical benefit.
- Please Note:** You will forfeit eligibility for the lower wellness premium if you or your covered spouse/partner do not complete all activities mentioned above by the specified deadline.

## Healthy Decisions Wellness Program Tobacco Cessation

### 2016 Tobacco Cessation Program Requirements: Deadline for Completion - **March 31, 2016**

By selecting “tobacco user willing to participate and complete an approved tobacco cessation program”, you receive a \$25/pay period reduction to your medical premium. If there are other tobacco users on your medical insurance plan, they must also enroll in, and complete, a tobacco cessation program.

**Failure to submit a certificate of completion by the stated deadline, will disqualify you for the \$25/pay period medical premium reduction.**

### *2016 Approved Tobacco Cessation Programs*

#### **Maine Tobacco Helpline**

**1-800-207-1230**

- This is an 8 week (5 telephonic counseling sessions) service offered at no cost to participants. Upon completion of the program you will need to request a certificate of completion and submit the certificate to Healthy Decisions no later than March 31, 2016.

#### **American Lung Association—Freedom From Smoking On-line Premium Program**

<http://www.ffsonline.org>

-This program is completed online and requires you to finish each of the educational modules and an evaluation in order to finish the *Premium Version* of the course. There is a \$15 fee for the 3 month *Premium Program (the Premium Program is the only approved FFS cessation program)* This fee is 100% reimbursable through UMR insurance. Submit certificate of completion no later than March 31, 2016

#### **Quit Net Online**

<http://www.quitnet.com>

- Quit net also requires the participant to complete the 3-month *PREMIUM VERSION* of their program. There is a \$39.95 premium which is 100% reimbursable by UMR insurance. Complete the required online portion and submit your certificate of completion no later than March 31, 2016.

#### **Management through a Primary Care Provider:**

-With a physician’s note specifically stating the participant, or their dependent, is being seen for tobacco cessation, PCP tobacco management will count as active participation.

-Two (2) visits : one (1) initial and one (1) follow up must be completed for this to count as an approved tobacco cessation program.

-Documentation of this must be submitted and appointments completed no later than March 31, 2016.



## Healthy Decisions Advantage Program

Available to Participating Families, this program provides reimbursement of up to \$125 (taxable) per calendar year for a variety of wellness activities. Activities eligible for reimbursement include:

- Participation in fitness center/gym: maintain at least eight (8) or more visits per month, for three (3) consecutive months
- Participation in Weight Watchers or similar program: at least 80% attendance/participation
- Stress management: therapeutic massage, Reiki, acupuncture, yoga, Pilates, etc.
- Group exercise or dance classes & swim/pool memberships also qualify

**\*Home equipment, of any kind, is not eligible for reimbursement through Healthy Decisions Advantage\***

## Discounts for Healthy Habits

Save \$720/year by enrolling in CMMF Healthy Decisions Wellness Program. You can reduce your medical premium by \$30 biweekly if you select "Wellness" as part of your medical benefit plan. Please review the Healthy Decisions Wellness Program prior to making your selection.

Save \$600/year by remaining tobacco free or by enrolling in tobacco cessation. You can reduce your medical premium by \$25 biweekly if you remain tobacco free or commit to complete a tobacco cessation program (allow up to 8-weeks to complete a cessation program). We strongly recommend enrollment in a tobacco cessation program asap as the program must finish by 3/31/16. If applicable, each covered family member must also commit to tobacco-free living or smoking cessation.

## 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
- YouTube videos of the many insurance plans
- A wellness tab including all aspects of the Healthy Decisions 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
  - And much more!

## Dependent Coverage

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.



## Medical Coverage

All CMH Medical Plans offer meaningful choices and options. You may choose one of two plans: the \$500 Deductible Plan or the \$1500 Deductible Plan. Both plans offer the same coverage for medical services and prescription drugs but differ in deductibles, maximums out-of-pocket and, of course, premiums. 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 co-pays at the time of service. The following chart shows your 2016 co-pays.

| Medical Benefits*   |                       |                        |  |
|---|-----------------------|------------------------|--|
| Visit Type  | Inside CMH PHO        | Inside UHC Options PPO | Outside both CMH PHO & UHC Options PPO |
| <b>Wellness Visits**</b>  |                       |                        |  |
| Annual physical exams & associated lab tests and mammogram  | No co-pay             | No co-pay              | No co-pay                              |
| Well child care (up to age 30 months)   | No co-pay             | No co-pay              | No co-pay                              |
| Routine exams   | No co-pay             | No co-pay              | No co-pay                              |
| Annual gynecological exams  | No co-pay             | No co-pay              | No co-pay                              |
| Womens' contraceptives (per PPACA)  | No co-pay             | No co-pay              | No co-pay                              |
| Wellness colonoscopy  | No co-pay             | No co-pay              | No co-pay                              |
| Annual Pap smear  | No co-pay             | No co-pay              | No co-pay                              |
| Immunizations (including Shingles vaccine if over age 50)   | No co-pay             | No co-pay              | No co-pay                              |
| Prenatal physician (one co-pay w/entire pregnancy)  | No co-pay             | No co-pay              | No co-pay                              |
| Smoking Cessation counseling & nicotine replacement therapy   | No co-pay             | No co-pay              | No co-pay                              |
| <b>Other Visits</b>   |                       |                        |  |
|   | <b>Inside CMH PPO</b> | <b>Inside UHC PPO</b>  | <b>Outside both PHO &amp; PPO</b>      |
| <b>Physician Office Visit</b>   | \$20 co-pay           | \$20 co-pay            | Subject to deductible & co-insurance   |
| <b>Specialist Office Visit</b>  | \$40 co-pay           | \$40 co-pay            | Subject to deductible & co-insurance   |
| <b>Emergency Room Visit</b><br>(Co-pay waived if admitted)  | \$100 co-pay          | \$100 co-pay           | \$100 co-pay                           |
| <b>Podiatry Office Visit</b> (Surgery requires medical necessity & pre-approval)  | \$40 co-pay           | \$40 co-pay            | Subject to deductible & co-insurance   |
| <b>Cardiac Rehab Series</b>   | \$40 co-pay           | \$40 co-pay            | Subject to deductible & co-insurance   |
| <b>Mental Health Services (outpatient) ***</b>  | \$20 co-pay           | \$20 co-pay            | \$20 co-pay                            |
| <b>Substance Abuse Services (outpatient)***</b>   | \$20 co-pay           | \$20 co-pay            | \$20 co-pay                            |
| <p>* Note: Co-pays do not count toward your deductible but they do count toward your annual out-of-pocket maximum.<br/> ** Wellness visits are offered free of co-pays. If your personal factors indicate the need for a wellness visit, including mammogram, colonoscopy, pap, etc. and the physician office uses a "V" code indicating wellness, co-pays will be waived. In addition, there is no calendar year maximum on wellness-related visits.<br/> *** You must call United Behavioral Health at <b>1-866-868-7406</b> to receive optimal benefit levels.</p> |                       |                        |  |



## 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 (795-7177). The following table details your prescription drug plan benefits:

| CMH In-House vs. Outside Pharmacy co-pays (you pay lesser of cost or co-pay) |                   |        |        |                  |        |        |
|--|-------------------|--------|--------|------------------|--------|--------|
| Tier   | In-house Pharmacy |        |        | Outside Pharmacy |        |        |
|  | 30 day            | 60 day | 90 day | 30 day           | 60 day | 90 day |
| Over-the-counter alternatives  | \$4               | \$8    | \$10   | \$10             | \$20   | \$30   |
| Tier 1 – Generic drugs   | \$4               | \$8    | \$10   | \$10             | \$20   | \$30   |
| Tier 2 – Preferred Brand name  | \$15              | \$30   | \$45   | \$30             | \$60   | \$90   |
| Tier 3 – Non-preferred Brand name  | \$35              | \$70   | \$95   | \$50             | \$100  | \$150  |

## Deductibles & Co-insurance Coverage

Here are your calendar year deductibles and annual out-of-pocket maximums for 2016:

|  | Medical Plan #1                      |                                      | Medical Plan #2                      |  |
|--|--------------------------------------|--------------------------------------|--------------------------------------|--|
|  | Within CMH PHO                       | Outside CMH PHO                      | Within CMH PHO                       | Outside CMH PHO                        |
| Calendar Year Deductible                     | \$ 500/Individual<br>\$1,000/Family  | \$1,000/Individual<br>\$2,000/Family | \$1,500/Individual<br>\$3,000/Family | \$ 3,000/Individual<br>\$ 6,000/Family |
| Out-of-Pocket Maximum<br>(Excluding Co-Pays) | \$2,000/Individual<br>\$4,000/Family | \$4,000/Individual<br>\$8,000/Family | \$3,000/Individual<br>\$6,000/Family | \$ 6,000/Individual<br>\$12,000/Family |

Note: Wellness, office visit, emergency room, and prescription drug co-pays do not count toward your annual deductible but they will count toward your out-of-pocket maximum.

Three levels of coverage apply:

- 90%: Highest level of coverage applies to the CMH PHO (CMMC, Bridgton and Rumford) and all providers in the PHO. Access listing at "Find a doctor" at [www.cmmc.org](http://www.cmmc.org)
- 70%: Second level applies to services outside the CMH PHO but at a United Healthcare Options PPO provider. Access listing at [http://www.umr.com/oss/cms/UMR/Options\\_PPO\\_Exclusions.html](http://www.umr.com/oss/cms/UMR/Options_PPO_Exclusions.html)
- 50%: Third tier applies to services outside both the CMH PHO & the UHC PPO.

**For services not available in Tier I: If a covered service or procedure is not offered within the CMH PHO, it will be paid at the highest level (Tier 1, typically 90%) only if you receive pre-authorization from the Employee Health Manager PRIOR to service. You need to pre-authorize by calling the Employee Health Manager at 207-330-7757. The Employee Health Manager will record the request and consult with the Medical Director of the Employee Health Plan. The Medical Director will determine if your request can be granted. Attempts will be made to provide related procedures (e.g. diagnostic labs, xrays, tests, etc.) within CMH (at CMMC, Bridgton or Rumford). Additional efforts will be made to refer such services to our affiliate, Mass General Hospital. If prior pre-authorization is not received, there will be no ability to have the claim re-processed.**

**Out-of-state emergency admissions: If someone is 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, typically 90%).**



After you meet the deductible for your medical plan, the plan will cover most of your medical expenses:

| <b>Medical Benefits—Services*</b>  |                           |                               |                        |
|--|---------------------------|-------------------------------|------------------------|
| <b>Hospital</b>  | <b>Inside the CMH PHO</b> | <b>Inside UHC Options PPO</b> | <b>Other providers</b> |
| Includes: inpatient surgical facilities & supplies, room & board, newborn care, outpatient surgical facilities & supplies  | 90%                       | 70%                           | 50%                    |
| <b>Physician Charges</b>   | <b>Inside the CMH PHO</b> | <b>Inside UHC Options PPO</b> | <b>Other providers</b> |
| Includes: hospital visits, maternity, surgery, anesthesia, emergency room doctor charge (if billed separately), allergy treatment/testing (\$300/yr. max. unless pre-approved)             | 90%                       | 70%                           | 50%                    |
| <b>Rehabilitation</b>  | <b>Inside the CMH PHO</b> | <b>Inside UHC Options PPO</b> | <b>Other providers</b> |
| Includes: 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%                           | 50%                    |
| <b>Other Services</b>  | <b>Inside the CMH PHO</b> | <b>Inside UHC Options PPO</b> | <b>Other providers</b> |
| Ambulance serv (medically necessary)   | 90%                       | 90%                           | 90%                    |
| Diagnostic lab & Xray  | 90%                       | 70%                           | 50%                    |
| Pre-admission testing  | 90%                       | 70%                           | 50%                    |
| Durable Medical Equipment including Insulin pumps  | 90% when available        | 70%                           | 50%                    |
| Insulin supplies   | 90%                       | 70%                           | 50%                    |
| Vasectomy & tubal ligation   | 90%                       | 70%                           | 50%                    |
| Removal of impacted wisdom teeth   | 90%                       | 70%                           | 50%                    |
| Acupuncture (\$300/yr. max.)   | Not available             | 70%                           | 50%                    |

\* Note: Co-pays don't count toward the deductible but they do count toward the out-of-pocket maximum.





**Dental Coverage** CMH offers you and your eligible dependents 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  | Coverage Level   |
|---|--|
| <b>Annual Deductible</b> (waived for diagnostic/preventive)   | \$25 individual/\$75 family  |
| <b>Diagnostic and Preventive</b><br>(Evaluations, X-rays, cleanings every six months)   | 100% covered, no deductible  |
| <b>Basic Restorative</b><br>(Fillings, surgical & routine extractions, root canal therapy, periodontic treatment)                               | 80% covered after deductible   |
| <b>Major Restorative</b><br>(Prosthetics: dentures, crowns, dental implants)  | 60% covered after deductible   |
| <b>Calendar Year Maximum Benefit: \$1500 applies to</b>   | Diagnostic/Preventive, Basic & Major Restorative services                          |
| <b>Orthodontic</b> Diagnostic and treatment plan, surgical removal of impacted or erupted teeth connected to orthodontic treatment for all ages | 50% covered (no deductible)<br>Separate lifetime maximum of \$1,000 per individual |

**Life Insurance:** CMH provides three levels of life insurance benefits coverage. NOTE: Life insurance death benefits reduce by 50% on the January following a covered person's 70<sup>th</sup> birthday.

**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 1 to 4 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. A Hartford Evidence of Insurability (EOI) form **must** be completed by your spouse/partner if enrolling for the first time. The HR office will send you the necessary EOI application.

| 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   |

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.

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



**Did you know?** You can enroll your domestic partner in medical, dental, and/or dependent life. Partner definition is available at [www.cmmfhealthydecisions.com](http://www.cmmfhealthydecisions.com). The IRS imposes the following:

- Related premiums must be taken "after tax," and additional employer contributions are also taxed.
- COBRA is not available for partners.
- Partner's expenses may not be submitted to the Spending Accounts.

## 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 Insurance (EOI) form to complete and submit. If you are enrolled, 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.
- 11-week maximum benefit period (after 2-week waiting period, can pay to week #13).
- Benefits begin on the 15<sup>th</sup> day of disability for off-the-job accidents and sickness.
- Covers 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).

## Vision Insurance

- \$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 VSP.com or call 1-800-877-7195**

**New Voluntary Benefits, effective January 1, 2016:** Four new, voluntary benefits are available during Open Enrollment only. Be sure to consider these and enroll through Kronos Self-Service before Friday, November 6, 2015. Following this deadline, enrollments into these plans will not be possible until November 2016. The new benefits include:

- **Critical Illness Insurance**
- **Accident Insurance**
- **Identity Theft protection**
- **Legal Services**

**HARP, Group Insurance for Home, Auto, Renters and Pets.** Have you ever considered purchasing insurance on your pets? Are you now enrolled with Met/Life or Liberty Mutual Home/Auto coverage? Could you benefit from participating in a group plan with payroll deduction? Just call 1-877-357-9232 to get a quote. Unlike most other plans, HARP insurance can begin, be changed and even stopped anytime throughout the year.



## Health Care & Dependent Care Spending Accounts

UMR is the administrator of our 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 calendar 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 Spending Accounts

For 2016, you may contribute between \$100 and \$2,550 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 each next calendar 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 remain 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.**

Automatic Reimbursement continues. You may request to be "automatically reimbursed" for covered expenses. This means if you make a co-pay UMR will automatically mail you a check for reimbursement!

### Dependent Care Spending Accounts

These accounts are more complicated than the Health Care Spending Accounts, but well worth considering! 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 dependent **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 next page).
- 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 mid-year changes!
- You may ask payroll to accelerate your deductions.



## 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 limits are \$2,500 for you 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.

## Changing Your Elections During the Year

New hire enrollment is your opportunity to choose the right benefits for you in 2016, 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 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 qualifying events are:

- You increase/decrease your status (FT, RPT, PD);
- Your spouse or partner changes/gains/loses a job;
- You gain/lose coverage from MaineCare
- Your marital status or partnership changes;
- You gain or lose a dependent; or
- Your spouse's or partner's open enrollment period



## Frequently Asked Questions (FAQs)

**Q: When can I do my Re-enrollment?**

A: Kronos Self Service will be available from October 26<sup>th</sup> through November 6<sup>th</sup> .

**Q: What are voluntary benefits and why should I care?**

A: Voluntary benefits are those offered to employees through payroll deduction. Employees pay the full premiums but receive favorable group rates. Many voluntary benefits are not available for individual purchase. During Open Enrollment (ONLY) you can research and enroll into Critical Illness or Accident Insurance. Also, legal services and Identity theft protection are now available.

**Q: I heard Pet Insurance is now available... is it?**

A: Yes, see Page 10. By calling 1-877-357-9232, you can find out the cost and protection available.

**Q: I am using Liberty Mutual (or MetLife) for Home/Auto now. What is changing?**

A: For many years, CMH has offered Liberty Mutual and MetLife as individual providers. The biggest drawback was employees had to "go out for bid" with two companies for comparison. Beginning 1/1/16, employees can call 1-877-357-9232 and receive dual quotes with one-half the work.

**Q: What will happen if I do not complete my on-line (electronic) Re-Enrollment?**

A: If you do not Re-enroll by November 6, 2015, your coverage will **DEFAULT** and whatever you have for coverage in December 2015 will be carried forward into 2016. This applies to medical, dental, vision, life insurance, LTD, STD and both Spending Accounts.

**Q: What if I want to make a change to my elections after submitting my electronic re-enrollment?**

A: You may find yourself in a situation after submitting your info that you wish to make a change. This might be because of the open enrollment materials received by your spouse or partner. Or, perhaps you find out a child needs orthodontic work and you want to change your dental coverage and/or Healthcare Spending Account. If you find you need to make a change after November 6<sup>th</sup> **but before December 11, 2015**, please email your Human Resources office with the requested change. After 12/11/15, you cannot make a change unless you incur a Qualifying Event.

### Bi-weekly premiums

|   | Individual | E'ee & children | E'ee & family |
|---|------------|-----------------|---------------|
| Medical \$500 deductible (FT employee)*   | \$40.00    | \$106.00        | \$211.00      |
| Medical \$1500 deductible (FT employee)*  | \$17.00    | \$ 75.00        | \$140.00      |
| Medical \$500 deductible (RPT employee)*  | \$65.00    | \$131.00        | \$236.00      |
| Medical \$1500 deductible (RPT employee)* | \$42.00    | \$100.00        | \$165.00      |

\*add \$30 biweekly if not participating in the Healthy Decisions/Edumedics Plan. Add \$25 biweekly if covering a tobacco user who is not willing to enroll in a smoking cessation program.

|                            | Individual | E'ee & children | E'ee & spouse | E'ee & family |
|----------------------------|------------|-----------------|---------------|---------------|
| Dental premium (FT or RPT) | \$ 5.00    | \$ 21.00        | \$ 21.00      | \$42.00       |
| Vision premium (FT or RPT) | \$ 6.47    | \$ 10.52        | \$ 10.29      | \$16.93       |

Supplemental & Dependent Life and LTD premiums

Kronos screens will display your premiums



|              |        | STD Bi-weekly Premiums                           |          |          |          |          |          |          |          |          |
|--------------|--------|--|----------|----------|----------|----------|----------|----------|----------|----------|
|              |        | As of August 1, 2012                             |          |          |          |          |          |          |          |          |
|              |        | Weekly benefit (cannot exceed 70% of normal pay) |          |          |          |          |          |          |          |          |
| Wkly benefit | Rate   | \$100  | \$150    | \$200    | \$250    | \$300    | \$350    | \$400    | \$450    | \$500    |
| Minimum Sal  |        | 7,400  | 11,100   | 14,800   | 18,500   | 22,200   | 25,900   | 29,600   | 33,300   | 37,000   |
| 39 and under | \$1.07 | \$5.35   | \$8.03   | \$10.70  | \$13.38  | \$16.05  | \$18.73  | \$21.40  | \$24.08  | \$26.75  |
| 40 to 49     | \$0.97 | \$4.85   | \$7.28   | \$9.70   | \$12.13  | \$14.55  | \$16.98  | \$19.40  | \$21.83  | \$24.25  |
| 50 to 59     | \$1.29 | \$6.45   | \$9.68   | \$12.90  | \$16.13  | \$19.35  | \$22.58  | \$25.80  | \$29.03  | \$32.25  |
| 60 and older | \$1.83 | \$9.15   | \$13.73  | \$18.30  | \$22.88  | \$27.45  | \$32.03  | \$36.60  | \$41.18  | \$45.75  |
| Wkly benefit | \$550  | \$600  | \$650    | \$700    | \$750    | \$800    | \$850    | \$900    | \$950    | \$1,000  |
| Minimum Sal  | 0      | 44,400   | 48,100   | 51,800   | 55,500   | 59,200   | 62,900   | 66,600   | 70,300   | 74,000   |
| 39 and under | \$ -   | \$ 32.10   | \$ 34.78 | \$ 37.45 | \$ 40.13 | \$ 42.80 | \$ 45.48 | \$ 48.15 | \$ 50.83 | \$ 53.50 |
| 40 to 49     | \$ -   | \$ 29.10   | \$ 31.53 | \$ 33.95 | \$ 36.38 | \$ 38.80 | \$ 41.23 | \$ 43.65 | \$ 46.08 | \$ 48.50 |
| 50 to 59     | \$ -   | \$ 38.70   | \$ 41.93 | \$ 45.15 | \$ 48.38 | \$ 51.60 | \$ 54.83 | \$ 58.05 | \$ 61.28 | \$ 64.50 |
| 60 and older | \$ -   | \$ 54.90   | \$ 59.48 | \$ 64.05 | \$ 68.63 | \$ 73.20 | \$ 77.78 | \$ 82.35 | \$ 86.93 | \$ 91.50 |
| Wkly benefit | \$0    | \$1,100  | \$1,150  | \$1,200  | \$1,250  | \$1,300  | \$1,350  | \$1,400  | \$1,450  | \$1,500  |
| Minimum Sal  | 0      | 81,400   | 85,100   | 88,800   | 92,500   | 96,200   | 99,900   | 103,600  | 107,300  | 111,000  |
| 39 and under | \$ -   | \$ 58.85   | \$ 61.53 | \$ 64.20 | \$ 66.88 | \$ 69.55 | \$ 72.23 | \$ 74.90 | \$ 77.58 | \$ 80.25 |
| 40 to 49     | \$ -   | \$ 53.35   | \$ 55.78 | \$ 58.20 | \$ 60.63 | \$ 63.05 | \$ 65.48 | \$ 67.90 | \$ 70.33 | \$ 72.75 |
| 50 to 59     | \$ -   | \$ 70.95   | \$ 74.18 | \$ 77.40 | \$ 80.63 | \$ 83.85 | \$ 87.08 | \$ 90.30 | \$ 93.53 | \$ 96.75 |
| 60 and older | \$ -   | \$100.65   | \$105.23 | \$109.80 | \$114.38 | \$118.95 | \$123.53 | \$128.10 | \$132.68 | \$137.25 |
| Wkly benefit | \$0    | \$1,600  | \$1,650  | \$1,700  | \$1,750  | \$1,800  | \$1,850  | \$1,900  | \$1,950  | \$2,000  |
| Minimum Sal  | 0      | 118,400  | 122,100  | 125,800  | 129,500  | 133,200  | 136,900  | 140,600  | 144,300  | 148,000  |
| 39 and under | \$ -   | \$ 85.60   | \$ 88.28 | \$ 90.95 | \$ 93.63 | \$ 96.30 | \$ 98.98 | \$101.65 | \$104.33 | \$107.00 |
| 40 to 49     | \$ -   | \$ 77.60   | \$ 80.03 | \$ 82.45 | \$ 84.88 | \$ 87.30 | \$ 89.73 | \$ 92.15 | \$ 94.58 | \$ 97.00 |
| 50 to 59     | \$ -   | \$103.20   | \$106.43 | \$109.65 | \$112.88 | \$116.10 | \$119.33 | \$122.55 | \$125.78 | \$129.00 |
| 60 and older | \$ -   | \$146.40   | \$150.98 | \$155.55 | \$160.13 | \$164.70 | \$169.28 | \$173.85 | \$178.43 | \$183.00 |
| Wkly benefit | \$0    | \$2,100  | \$2,150  | \$2,200  | \$2,250  | \$2,300  | \$2,350  | \$2,400  | \$2,450  | \$2,500  |
| Minimum Sal  | 0      | 155,400  | 159,100  | 162,800  | 166,500  | 170,200  | 173,900  | 177,600  | 181,300  | 185,000  |
| 39 and under | \$ -   | \$112.35   | \$115.03 | \$117.70 | \$120.38 | \$123.05 | \$125.73 | \$128.40 | \$131.08 | \$133.75 |
| 40 to 49     | \$ -   | \$101.85   | \$104.28 | \$106.70 | \$109.13 | \$111.55 | \$113.98 | \$116.40 | \$118.83 | \$121.25 |
| 50 to 59     | \$ -   | \$135.45   | \$138.68 | \$141.90 | \$145.13 | \$148.35 | \$151.58 | \$154.80 | \$158.03 | \$161.25 |
| 60 and older | \$ -   | \$192.15   | \$196.73 | \$201.30 | \$205.88 | \$210.45 | \$215.03 | \$219.60 | \$224.18 | \$228.75 |
| Wkly benefit | \$0    | \$2,600  | \$2,650  | \$2,700  | \$2,750  | \$2,800  | \$2,850  | \$2,900  | \$2,950  | \$3,000  |
| Minimum Sal  | 0      | 192,400  | 196,100  | 199,800  | 203,500  | 207,200  | 210,900  | 214,600  | 218,300  | 222,000  |
| 39 and under | \$ -   | \$139.10   | \$141.78 | \$144.45 | \$147.13 | \$149.80 | \$152.48 | \$155.15 | \$157.83 | \$160.50 |
| 40 to 49     | \$ -   | \$126.10   | \$128.53 | \$130.95 | \$133.38 | \$135.80 | \$138.23 | \$140.65 | \$143.08 | \$145.50 |
| 50 to 59     | \$ -   | \$167.70   | \$170.93 | \$174.15 | \$177.38 | \$180.60 | \$183.83 | \$187.05 | \$190.28 | \$193.50 |
| 60 and older | \$ -   | \$237.90   | \$242.48 | \$247.05 | \$251.63 | \$256.20 | \$260.78 | \$265.35 | \$269.93 | \$274.50 |

To determine your maximum weekly benefit level, fill in and calculate your annual base earnings:  
 \_\_\_\_\_ (your base rate of pay) X \_\_\_\_\_ (your hrs/week) X 52 = \_\_\_\_\_ your base annual earnings  
 Now, on the second line of each block above (marked as Minimum Sal), find the number closest to your annual base earnings WITHOUT GOING OVER and that is your max STD weekly benefit.



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

|   |
|---|
| <p><i>Documentation to Substantiate Event and/or Dependents (copies must be provided with this Re-Enrollment form)</i></p>  |
| <p>Copy of the first page of your last federal income tax return showing the child and/or spouse listed as your dependent.</p>  |
| <p>Copy of your child’s legal birth certificate naming your/your spouse/your domestic partner as the child’s parent.</p>  |
| <p>Copy of legal adoption papers issued by the courts naming your/yours spouse/your domestic partner as the child’s parent.</p>   |
| <p>Copy of legal guardianship issued by the courts.</p>   |
| <p>Copy of a court order naming you/your spouse/your domestic partner 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.</p>   |
| <p>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.</p>  |
| <p>To enroll a partner for the first time, you must attach the partnership agreement. (Available on <a href="http://www.cmmfhealthydecisions.com">www.cmmfhealthydecisions.com</a>)<br/> <b>AND</b> To prove a domestic partner relationship you must submit an evidence of civil union or Evidence of registration as a domestic partnership or family unit in any state of municipality that offers such registration. If you do not have either of these documents you must provide three documents such as: Joint lease, mortgage, or deed dated within the past 12 months, joint ownership of checking or credit account statement dated within the past 12 months (i.e.: phone bill, utility bill, cable bill), joint ownership of a vehicle, designation of partner as beneficiary of insurance/pension, designation of partner as beneficiary in Employee’s will or designation of partner as holding power of attorney for healthcare.</p> |