



# 2018 - 2019

## *Benefits Enrollment Guide*



## Healthy Decisions 2018

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!
- Medical Coverage
- Prescription Drug Coverage
- Healthy Decisions 2018/2019
- Healthy Decisions Get Rewarded for Healthy Habits
- Dental Coverage
- Basic and Supplemental Life Insurance
- Dependent Life Insurance
- HARP insurance (Home, Auto, Renter, Pet Ins.)
- Vision Insurance
- Voluntary Benefits
- Long-Term Disability
- Short Term Disability
- Spending Accounts

## Plan Year 2018/2019

Dear Team Members,

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

Selecting benefits that match your lifestyle, family needs and financial obligations is a very important task. Read this benefits guide for information to help you select the benefits that best meet your needs and the needs of your family.

**SPECIAL ANNOUNCEMENTS** – Electronic Enrollment in Kronos will be open from **April 30th to May 18th**. You can access this 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 by May 18th your current insurance coverage elections (not including spending accounts) will duplicate effective 7/1/2018.

**As you revisit your Open Enrollment elections, please be aware of the following:**

- Our "short six-month" plan year is ending on 6/30/2018
- We begin a full "twelve-month plan" year effective 7/1/2018
- With Healthy Decisions compliance, CMH's commitment to fund HRA/HSA accounts will continue at the same quarterly amount through June 30, 2019
- Limited Purpose FSA accounts will no longer be available for future contributions. Employees enrolled in these plans should consider redirecting those funds to their HSA account instead.
- HRA funding will remain available for only medical or pharmacy expenses. An FSA account should be considered for Dental and Vision expenses.

**For those who do not submit their online Open Enrollment, elections will default to the following:**

- Same level of coverage for insurance (Medical, Dental, Vision, etc)
- Cancellation of any Healthcare or Dependent Care FSA accounts
- Same level of voluntary benefit enrollments (Critical Illness, Accident, ID Theft, Legal, etc.)

If you have any questions on the Re-enrollment process, kindly email [hrbenefits@cmhc.org](mailto:hrbenefits@cmhc.org) or give us a call at (207) 795-2392.

Jerry Marstaller  
Director of HR Operations and Total Rewards

# 2018/2019 BENEFITS

## Medical Coverage

All CMH Medical Plans offer meaningful choices and options. You may choose one of two plans: Smart Saver Plan HSA or the Advantage Plan HRA. Both plans offer the same coverage for medical services and prescription drugs but differ in deductibles, maximum out-of-pocket, co-insurance and premiums. 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 following chart shows your cost share.

Medical Benefits			
Visit Type	TIER 1 CMH Physician Hospital Organization	TIER 2 UNITED HEALTHCARE PREFERRED PROVIDER OPTIONS	TIER 3 Outside both CMH PHO & UHC PPO
<b>Wellness Visits</b>			
All Preventive Care	Plan Pays 100%	Plan Pays 100%	Plan Pays 100%
<b>Other Visits</b>			
<ul style="list-style-type: none"> <li>■ Physician Office Visit</li> <li>■ Emergency Room Visit</li> <li>■ Urgent Care</li> <li>■ Mental Health Services (outpatient)</li> <li>■ Substance Abuse Services (outpatient)</li> </ul>	Subject to deductible & co-insurance	Subject to deductible & co-insurance	Subject to deductible & co-insurance

## Deductibles & Co-insurance Coverage

Here are **YOUR** calendar year deductibles and annual out-of-pocket maximums for 2018:

Deductible	Smart Saver Plan HSA			Advantage Plan HRA		
	TIER 1	TIER 2	TIER 3	TIER 1	TIER 2	TIER 3
Individual	\$1,500	\$3,000	\$3,000	\$3,000	\$6,000	\$6,000
Family (1+ dependent)	\$3,000	\$6,000	\$6,000	\$6,000	\$12,000	\$12,000
<b>Out of Pocket Maximum</b>						
Individual	\$4,000	\$8,000	\$10,000	\$5,000	\$10,000	\$15,000
Family (1+ dependent)	\$8,000	\$16,000	\$20,000	\$10,000	\$20,000	\$20,000

**\*TIER 1 – A single individual within a family plan will have a maximum out of pocket of \$7,350**

### Three levels of coverage apply:

- Highest level of coverage applies to the CMH Physician Hospital Organization (CMMC, Bridgton, Rumford, Massachusetts General, Martins Point Primary Care and all providers in the PHO). Full listing of Tier 1 providers can be found on the Healthy Decisions website [www.cmmfhealthydecisions.com](http://www.cmmfhealthydecisions.com)
- Second level applies to services outside the CMH PHO but at a United Healthcare Options PPO provider. Access listing at [http://www.umar.com/oss/cms/UMR/Options\\_PPO\\_Exclusions.html](http://www.umar.com/oss/cms/UMR/Options_PPO_Exclusions.html)
- Third tier applies to services outside both the CMH PHO & the UHC PPO

# 2018/2019 BENEFITS

## Deductibles & Co-insurance Coverage

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

Medical Benefits Services	Smart Saver Plan HSA			Advantage Plan HRA		
	TIER 1	TIER 2	TIER 3	TIER 1	TIER 2	TIER 3
<b>Hospital</b> Includes: inpatient surgical facilities & supplies, room & board, outpatient surgical facilities & supplies	90%	70%	30%	80%	60%	30%
<b>Physician Charges</b> Includes: hospital visits, maternity, surgery, anesthesia, etc.	90%	70%	30%	80%	60%	30%
<b>Rehabilitation</b> Includes: respiratory therapy, home health care (after hospital), cardiac therapy, hospice care, extended care, chemo and radiation therapy, PT, OT, speech therapy,	90%	70%	30%	80%	60%	30%
<b>Other Services</b>						
Ambulance service (medically necessary all processed as Tier 1)	90%	90%	90%	80%	80%	80%
Chiropractic services (all processed Tier 1)	90%	90%	90%	80%	80%	80%
Durable Medical Equipment including Insulin pumps (all processed as Tier 1)	90%	90%	90%	80%	80%	80%
Acupuncture (\$300/year maximum)	90%	70%	30%	80%	60%	30%
Diagnostic lab & X-ray	90%	70%	30%	80%	60%	30%
Pre-admission testing	90%	70%	30%	80%	60%	30%

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

**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).

## Prescription Drug Coverage

The following table details your prescription drug plan benefits. **Maintenance drug refills must be purchased through the CMMC Pharmacy (795-7177 [employpr@cmhc.org](mailto:employpr@cmhc.org)) in order to apply to deductibles.**

Drug Tier	CMH Pharmacy	Non CMH Pharmacy
	TIER 1	TIER 2
Tier 1 – Generic Drug	\$4 After Deductible	\$8 After Deductible
Tier 2 – Preferred Brand Name	\$25 After Deductible	\$50 After Deductible
Tier 3 – Non-preferred Brand Name	\$50 After Deductible	\$100 After Deductible
Tier 4 - Specialty	10% to a max co-pay of \$150 After Deductible	10% to a max co-pay of \$150 After Deductible

## Health Savings Accounts & Health Reimbursement Accounts

Listed below is some detailed information regarding the CMH Health Savings Account and Health Reimbursement Account options as you decide which Medical plan is best for you or your family.

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.

### Health Savings Account (HSA)

- HSA accounts will be available through Optum Bank, once enrolled in the Smart Saver health plan, a notice will be sent out to login to Optum Bank online and open your account.
- You will automatically receive a debit card once the account is open and you will have the opportunity to order checks if preferred through the online banking system.
- Once the account is open you can elect to have pre-tax money out of your paychecks deposited into the account. You can make changes to your payroll deductions at any time.
- HSA account limits set by the IRS for 2018 are individual \$3,450 and family \$6,850. \*The IRS does allow \$1,000 catch up contributions if over age 55. These limits include any employer deposits made on your behalf.
- Once deposited funds are 100% employee owned and can roll over from year to year. Once a certain balance is accumulated there is the option of investing funds.

### Health Reimbursement Account (HRA)

- HRA accounts are available through UMR, once enrolled in the Advantage health plan and quarterly deposits will be made by CMH if participating in the Healthy Decisions Wellness Program.
- HRA funds can be used for Medical and Pharmacy expenses only.
- Employees enrolled in the Advantage plan can also enroll into a flexible spending account for healthcare expenses.
- If you already have a benny card from UMR your HRA funds (pending healthy decisions participation) will be added to the same card. If you do not already have a card one will be mailed to your home.
- Any funds received from CMH into your HRA account must be used within the current plan year. Any unused dollars will be forfeited. There will be a small grace period to submit claims paid out of pocket after the plan year closes.
- Information regarding your HRA account balance can be found at [www.umar.com](http://www.umar.com) under savings accounts.

# HEALTHY DECISIONS 2018 - 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 can be found at [www.cmmfhealthydecisions.com](http://www.cmmfhealthydecisions.com), the Healthy Decisions website.

**As a Healthy Decisions participant you will receive a monetary deposit in your HSA/HRA in the amount of \$1200/\$2000 (depending on coverage selected) to assist with your medical expenses. In order to qualify for this deposit you must have completed the following three enrollment steps. Employees and spouses who have not yet completed these steps will need to complete them as outlined by the deadline listed below.**

	Enrollment Requirements	Enrollment Deadline
<b>Enrollment Steps</b>		
<b>Step 1:</b>	Contact the Healthy Decisions office to schedule your Health Coaching appointment at 786-1699 or email at <a href="mailto:healthy_wellness@cmhc.org">healthy_wellness@cmhc.org</a>	All steps are due for completion prior to <b>06/1/2018</b> to be eligible for the July deposit (if you have not already completed previously)
<b>Step 2:</b>	Complete your biometric lab order at your closest CMHC lab facility <b>PRIOR</b> to your Health Coaching appointment <ul style="list-style-type: none"> <li>• Lab orders will be sent to CMHC lab of choice once you make your Health Coaching appointment with one of our Healthy Decisions team members</li> <li>• Lab Results will be sent to your PCP for additional review</li> </ul>	
<b>Step 3:</b>	The completion of your Health Coaching appointment will finalize your enrollment process ( <b>appointments may be held after 6/1/2018</b> )	

- Health Coaching appointments will be available at the CMMC, Rumford Hospital and Bridgton Hospital campuses as well as the Topsham medical building location
- Health Coaching can be completed over the phone in the case of hardship; please contact us for further details
- Please allow one hour for your Health Coaching enrollment appointment
- Healthy Decisions participants will have Tobacco Cessation Counseling available
- **Spouse participation is required for monetary deposits for your family medical plan.**



# HEALTHY DECISIONS WELLNESS REIMBURSEMENT PROGRAM

Available to participating families, this program provides reimbursement of up to \$125 (taxable) per calendar year, per household, for a variety of wellness activities.

- A list of eligible activities can be found at [www.cmmfhealthydecisions.com](http://www.cmmfhealthydecisions.com)
- All reimbursement requests must be submitted by December 31, 2018 for the 2018 calendar year.
- Late submissions will not be eligible for processing.

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## Discounts for Healthy Habits

Receive **\$1200/\$2000 per year** by enrolling in the CMH Healthy Decisions Wellness Program. You can receive deposits into your HSA or HRA account quarterly if you select "Wellness" as part of your medical benefit plan election. Please review the Healthy Decisions Wellness Program prior to making your selection.



### What can be found at [www.cmmfhealthydecisions.com](http://www.cmmfhealthydecisions.com)?

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

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







# 2018/2019 BENEFITS

## 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. No provider network is required.

Dental Benefit	Coverage Level
<b>Annual Deductible</b> (waived for diagnostic/preventive)	\$50 individual/\$150 family
<b>Diagnostic and Preventive</b> (Evaluations, X-rays, cleanings every six months)	100% covered, no deductible
<b>Basic Restorative</b> (Fillings, surgical & routine extractions, root canal therapy, periodontic treatment)	80% covered after deductible
<b>Major Restorative</b> (Prosthodontics: dentures, crowns, dental implants)	50% covered after deductible
<b>Calendar Year Maximum Benefit:</b> \$1,500 applies to	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) Separate lifetime maximum of \$1,500 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 70th 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.

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

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

### Did You Know?

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



## 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.

## Voluntary Benefits effective July 1, 2018

Four voluntary benefits are available during Open Enrollment only. The voluntary benefits include:

- **Voya Critical Illness and Accident Insurance**  
www.voya.com  
1-877-236-7564
- **Info Armor Identity Theft**  
www.myprivacyarmor.com  
1-800-789-2720
- **ARAG Legal Services**  
www.araglegalcenter.com  
1-800-247-4184



## Short Term Disability (STD)

- If not currently enrolled, the HR office will send you an Evidence of Insurability (EOI) form to complete and submit. If you are 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.
- Benefits begin on the 15th day of disability for off-the-job accidents and sickness.
- 11-week maximum benefit period (after 2-week waiting period, can pay to week #13).
- Employees can apply for up to 70% of your income (\$3,000/week maximum benefit).
- Extended Sick Bank time may supplement STD benefits (up to 100% of pre-disability income).
- Maternity is covered as an illness and typically pays for a 4 week absence (week #3 to week #6).



## Vision Insurance - 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 VSP.com or call 1-800-877-7195
- No ID card provided. Member ID = Social Security Number



## 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. Visit [www.cmmfhealthydecisions.com/HARP](http://www.cmmfhealthydecisions.com/HARP) for more information.

# 2018/2019 BENEFITS

## Health Care & Dependent Care Flexible Spending Accounts

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

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

#### Health Care Flexible Spending Accounts

- For 2018, you may contribute between \$100 and \$2,650 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 are available. A Benny Card looks and works like a debit card. Funds are automatically withdrawn from your Health Care Spending Account to pay for services, such as co-pays. Be sure to save all receipts.
- Claims incurred by 6/30 will be eligible for reimbursed until 9/30 for the 2018/2019 plan year.

### Dependent Care

#### Dependent Care Flexible Spending Accounts

These accounts are more complicated than the Health Care Spending Accounts, but well worth considering! 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.
- You may not change your mind after enrollment unless there has been a qualifying event. For example, if your daycare provider changes their fees or if your mother moves in next door, you may make mid-year changes.

# 2018/2019 BENEFITS

## FT INSURANCE RATES 2018 (Full Time = 30 to 40 hours weekly)

### HEALTH INSURANCE - UMR

#### Smart Saver Plan \$1500/\$3000 Deductible

COVERAGE:	AMT/YEAR	BI-WEEKLY
I - INDIVIDUAL ONLY	\$ 2,256.00	\$ 94.00
C - EE & CHILD(REN)	\$ 3,552.00	\$ 148.00
S - EE & SPOUSE	\$ 5,520.00	\$ 230.00
F - FAMILY	\$ 5,520.00	\$ 230.00

- Add \$50 bi-weekly if Regular Part Time status (20-29 hours scheduled per week)
- Wellness program participants can receive contributions towards an HSA account.

#### Advantage Plan \$3000/\$6000 Deductible

COVERAGE:	AMT/YEAR	BI-WEEKLY
I - INDIVIDUAL ONLY	\$ 768.00	\$ 32.00
C - EE & CHILD(REN)	\$ 912.00	\$ 38.00
S - EE & SPOUSE	\$ 1,080.00	\$ 45.00
F - FAMILY	\$ 1,080.00	\$ 45.00

- Add \$50 bi-weekly if Regular Part Time status (20-29 hours scheduled per week)
- Wellness program participants can receive contributions towards an HRA account.

### DENTAL INSURANCE - UMR

COVERAGE:	AMT/YEAR	BI-WEEKLY	
Full Time Rates	I - INDIVIDUAL ONLY	\$ 132.00	\$ 5.50
	C - EE & CHILD(REN)	\$ 528.00	\$ 22.00
	S - EE & SPOUSE	\$ 528.00	\$ 22.00
	F - FAMILY	\$ 1,056.00	\$ 44.00
Regular Part Time Rates	I - INDIVIDUAL ONLY	\$ 168.00	\$ 7.00
	C - EE & CHILD(REN)	\$ 600.00	\$ 25.00
	S - EE & SPOUSE	\$ 600.00	\$ 25.00
	F - FAMILY	\$ 1,128.00	\$ 47.00

### VISION INSURANCE - VSP

COVERAGE:	AMT/YEAR	BI-WEEKLY
I - INDIVIDUAL ONLY	\$ 144.00	\$ 6.00
C - EE & CHILD(REN)	\$ 264.00	\$ 11.00
S - EE & SPOUSE	\$ 240.00	\$ 10.00
F - FAMILY	\$ 408.00	\$ 17.00

