

Healthy Decisions
Choose Well. Live Well.



2010 Benefits Enrollment Guide

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Healthy Decisions 2010

It's nearly time for 2010 open enrollment, which this year will run from November 2 through November 20. During this time, you'll need to complete either the:

- 2010 Re-enrollment Form OR
- 2010 New Employee Enrollment Form

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, along with all your other open enrollment materials, carefully so you make the best possible health care choices for you and your family—not just during the enrollment process but throughout the year as well.

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November 2009

Dear Fellow Employee,

We are committed to providing you and your family members with high-quality, market-competitive benefit options. Central Maine Healthcare's benefits program is a key part of a more comprehensive total compensation package that provides competitive health insurance, income protection, pay and work/life benefits.

Perhaps you have never considered this before, but you and CMH actually work together to keep benefit costs down. By providing you with a comprehensive benefits package, we help you stay healthy—physically and financially. And, when you stay healthy, this helps us to stay financially healthy. By working together toward these common goals, we can keep costs down—and that benefits everyone.

Since your health is important to us we want you to have the tools, resources and support you need to make informed health care decisions—both during open enrollment and throughout the year. Our updated website, www.cmmfhealthydecisions.com includes useful information about support options available to you and positive offerings such as tobacco cessation, health counseling, weight watchers and fitness center subsidies which will support you in making a healthy lifestyle work for you. The Healthy Decisions Wellness Program encourages your participation and provides a financial incentive to assist with your well-being. I encourage you to visit the site for a comprehensive overview of this new information.

For 2010, while our health care options will remain the same, certain copayments and benefits levels will change. Deductibles and out-of-pocket maximums will increase moderately to better align these plan features with the market. Additional incentives to use the in-house Pharmacy will be presented. Employee contributions for coverage also will increase moderately, but CMH will continue to pay the majority of the cost of health care coverage for full-time employees (about 75 percent, on average, of annual costs).

Our annual open enrollment will run from November 2 through November 20, 2009. This year's active process will require your attention to ensure that you realize the appropriate savings based on your lifestyle and habits. Please attend one of the 60+ workshops which will be offered across all campuses by HR, Employee Health and our health care vendors so you can be fully educated about opportunities to save.

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,

Joyce McPhetres
Vice President for Human Resources
and Organization Development



Keeping in Step with the Times

The Central Maine Medical Family (CMMF) remains committed to providing exceptional health care services in a safe and trustful environment. Through the expertise, commitment and compassion of our family of caregivers—physicians, nurses, clinicians and support staff—we work together to ensure the best possible experience for our patients.

This Enrollment Guide provides all the details of what's changing for 2010. Please be sure to read it, along with your other enrollment materials, to ensure that you make the benefit plan options that best meet your—and your family's—needs for 2010.

Healthy Decisions 2010 – On the Move

The Healthy Decisions Wellness Program is on the move. CMMF 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.

In 2009, the *Healthy Decisions Wellness Program* offered incentives for completing a health risk assessment, Web-Score, and personal health counseling. For 2010, CMMF is committed to expanding the *Healthy Decisions* Wellness Program by bringing together services and resources designed to encourage employees to engage in their health. The following pages describe the 2010 program.

Our 2009 Successes

- Over 1300 employees completed the on-line HRA Web-Score
- Over 1200 employees participated in the Healthy Decisions Wellness Program
- Identified key population health risks for participants:
 - 70% do not get enough daily physical activity
 - 67% have a BMI greater than 25

- 50% reported having experienced depression/stress
- 30% have high cholesterol
- Developed strategies to address health risks and expanded the Healthy Decisions Wellness Program with programs and services to better assist participants in making healthy lifestyle changes.

Key Features of the *Healthy Decisions* 2010 Wellness Program:

- Improved flexibility of the on-line HRA Web-Score tool
- Personal health counseling
- A Personal Wellness Plan
- A new program application “Well Directions” to assist participants in tracking progress
- Monthly programs focusing on establishing and maintaining good nutrition
- Programs promoting physical activity and achieving and maintaining a healthy weight
- Reimbursement (up to \$100 annually) for activities like: fitness center membership, wellness classes and stress management
- For tobacco users: programs and services to become and stay tobacco free

CMH's approach to health and well-being will continue to grow. Knowing that the delivery of health care services depends on a healthy, productive workforce, CMH is working hard to bring together programs, services, and resources that encourage employees to engage in their health and facilitate lifelong positive behavior changes.



Healthy Decisions 2010 Wellness Program

To participate in the 2010 *Healthy Decisions* Wellness Program, all participants **must** complete the following **by January 31, 2010**:

- **Online HRA Web-Score.** Completion of Web-Score/HRA is required annually. **Note:** If you completed a Web-Score/ScoreHealth before November 2009, it does **not** meet this requirement.
- **Personal Wellness Plan** (see below).

Please Note: You will forfeit your eligibility for the lower wellness premium you if do not complete the HRA **and** Wellness Plan by January 31, 2010. You also will forfeit your eligibility for the lower wellness premium if your health status score, as determined by your HRA Web-Score, indicates that you are at risk for a chronic disease and you

do **not** complete an initial health counseling session by March 31, 2010.

Healthy Decisions Personal Wellness Plan *Complete between January 1 and August 31, 2010*

Commitment to a healthy lifestyle takes time and planning. Lifestyle changes involve looking at various areas of your health, deciding which areas you would like to improve, and developing specific goals and actions to assist you in attaining the healthy lifestyle you want. To help you get started on your health journey, *Healthy Decisions* will help you create a Personal Wellness Plan. Identify what you want to change, and design a goal. Use this outline to write a goal that is actionable, measurable, relevant, and achievable. Keep track of your progress and review your goals regularly. In addition to the Personal Wellness Plan, participants need to complete:

Five (5) of the following Wellness Activities

- Seasonal Flu Vaccine (with in last 12 months)
- Preventive visit with PCP (within last 12 months)
- Cholesterol check or lipid profile
- Mammogram-Women over age 40
- Pap Smear (within the past 3-years)
- Colorectal Screening-everyone over age 50
- Dental Check-Up / Cleaning
- Vision Check
- 1-Healthy Decisions Nutrition Class
- Healthy Decisions Physical Activity Program
- H1N1 Vaccine (within the last 12 months)

Date Completed

In addition, between January 1 and August 31, 2010, *Healthy Decisions Wellness Program* participants need to complete:

- One Health Counseling session (in person or by phone)

Healthy Decisions Advantage Program

Available to employee participants, the 2010 *Healthy Decisions* Advantage Program provides reimbursement up to \$100 (taxable) per calendar year for:

- Participation in fitness center/gym—maintaining eight (8) or more visits per month for three (3) consecutive months
- Completion of Weight Watchers or a like program—80 percent class attendance
- Wellness Class participation and completion—for example, stress management, yoga, or nutrition



Health Counseling Sessions for Employees with Chronic Disease Risk Factors

The *Healthy Decisions* Wellness Program supports long-term commitment to a healthy lifestyle for those individuals with modifiable or chronic disease risk factors. By completing your HRA Web-Score and identifying modifiable health risk factors, you can begin to put together your Personal Wellness Plan based on lifestyle and health goals. Through your participation, we can help you get started on your journey to a healthy lifestyle.

If your Health Status Score indicates that you are at risk for a chronic disease, you may be contacted by your Health Counselor. If so, you **must**:

- Schedule and complete an initial Health Counseling session by March 31, 2010. This appointment is an opportunity to meet with a Health Counselor who will assist you in developing or reviewing your Personal Wellness Plan, setting goals for healthy lifestyle and behavior change, and determining the appropriate number of Health Counseling sessions.

(Participation in UMR's Chronic Disease Management Program should be reported to your Health Counselor.)

- Complete the components of your Personal Wellness Plan by August 31, 2010. If you are contacted by UMR, our Disease Management Program, you also must

participate in UMR's Chronic Disease Management Program, additional health counseling sessions, and completion of five wellness activities.

Remember: To remain eligible for the wellness premium discount, you must:

- Complete the HRA and Personal Wellness Plan by January 31, 2010
- If applicable, complete an initial health counseling session by March 31, 2010
- Complete the components of your Personal Wellness Plan by August 31, 2010

Otherwise, you will forfeit your eligibility for the lower wellness premium discount.

Discounts for Healthy Habits

Save \$240/year by enrolling in CMMF Healthy Decisions Wellness Program. Your health insurance premium will be reduced by \$10 biweekly if you are committed to participate in the Healthy Decisions Wellness Program. Be sure to review that program as described earlier in this booklet.

Save \$600/year by remaining tobacco free or by enrolling in tobacco cessation. Your premiums will reduce by \$25 biweekly if you remain tobacco free or commit to complete a tobacco cessation program by March 31, 2010. If applicable, each covered family member must also commit to tobacco free living or smoking cessation.

Medical Coverage

All CMMF Medical Plans offer meaningful choices and options. You may choose one of two plans: *Medical Plan #1* or *Medical Plan #2*. Both plans offer the same coverage for medical services and prescriptions drugs. The difference between the plans is the level of deductible you must reach before certain, additional benefits kick in, as well as the amount of your maximum out-of-pocket costs for the year.

It's important that you carefully review all your choices. Remember, when you enroll in one of the CMMF 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 2010 co-pays.

Medical Benefits*		
Visit Type	Inside the CMMF/PHO Network	Outside the CMMF/PHO Network
Wellness Visits**		
Annual physical exams & associated lab tests and mammogram	No co-pay	No co-pay
Well child care (up to age 30 months)	No co-pay	No co-pay
Routine exams	No co-pay	No co-pay
Annual Gynecological exams	No co-pay	No co-pay
Annual mammogram	No co-pay	No co-pay
Wellness Colonoscopy	No co-pay	No co-pay
Annual Pap smear	No co-pay	No co-pay
Immunizations	No co-pay	No co-pay
Prenatal physician (one copay for entire pregnancy)	No co-pay	No co-pay
Smoking Cessation, counseling, & nicotine replacement therapy	No co-pay	No co-pay
Other Visits		
Physician Office Visit	\$20 co-pay	\$20 co-pay
Specialist Office Visit	\$40 co-pay	\$40 co-pay
Emergency Room Visit (Co-pay waived if admitted)	\$50 co-pay	\$100 co-pay
Podiatry Office Visit (Surgery requires medically necessary & pre-approval)	\$40 co-pay	\$40 co-pay
Cardiac Rehab Series	\$40 co-pay	\$40 co-pay
Mental Health Services ***	\$40 co-pay	\$40 co-pay
Substance Abuse Services ***	\$40 co-pay	\$40 co-pay
<p>* Note: Figures in red are new for 2010; co-pays do not count toward your deductible or annual out-of-pocket maximum.</p> <p>** Wellness visits are offered free of co-pays and limit. If your personal factors indicate the need for a wellness visit, including mammogram, colonoscopy, pap, etc. <i>and</i> the physician office uses a "V" code indicating wellness, co-pays will be waived and not limited to a certain dollar amount. In addition, there is no calendar year maximum on wellness-related visits.</p> <p>*** You must call Behavioral Health Network at 1-800-538-9698 to receive optimal benefit levels.</p>		

Here are your calendar year deductibles and annual out-of-pocket maximums for 2010:

	Medical Plan #1		Medical Plan #2	
	Within CMMF/PHO	Outside CMMF/PHO	Within CMMF/PHO	Outside CMMF/PHO
Calendar Year Deductible	\$350/Individual \$700/Family	\$ 700/Individual \$1,400/Family	\$1,200/Individual \$2,400/Family	\$2,400/Individual \$4,800/Family
Out-of-Pocket Maximum (Excluding Co-Pays)	\$1,500/Individual \$3,000/Family	\$4,000/Individual \$8,000/Family	\$2,400/Individual \$4,800/Family	\$4,800/Individual \$9,600/Family
<p>Note: Figures in red are new for 2010; wellness, office visit, emergency room, and prescription drug co-pays do not count toward your annual deductible or out-of-pocket maximum.</p>				



Once you meet the deductible for your medical plan, the plan will cover most of your medical expenses as follows:

Medical Benefits—Services*		
Hospital	Inside the CMMF/PHO Network	Outside the CMMF/PHO Network
Includes: inpatient surgical facilities & supplies, room & board, newborn care, outpatient surgical facilities & supplies	90% covered after deductible	70% covered after deductible
Physician Charges	Inside the CMMF/PHO Network	Outside the CMMF/PHO Network
Includes: hospital visits, maternity, surgery, anesthesia, emergency room doctor charge (if billed separately), allergy treatment/testing (\$300/yr. max. unless pre-approved)	90% covered after deductible	70% covered after deductible
Rehabilitation	Inside the CMMF/PHO Network	Outside the CMMF/PHO Network
Includes: respiratory therapy, hemodialysis, home health care (after hospital), cardiac therapy, hospice care, extended care, chemotherapy, radiation therapy, physical and/or occupational therapy, speech therapy, chiropractic services	90% covered after deductible	70% covered after deductible
Other Services	Inside the CMMF/PHO Network	Outside the CMMF/PHO Network
Diagnostic lab & X-ray	90% covered after deductible	70% covered after deductible
Ambulance service (if deemed medically necessary)	90% covered after deductible	90% covered after deductible
Pre-admission testing	90% covered after deductible	70% covered after deductible
Durable medical equip. (\$300/yr. max.)	90% covered after deductible	90% covered after deductible
Insulin pumps and supplies	90% covered after deductible	70% covered after deductible
Organ & bone transplants	90% covered after deductible	70% covered after deductible
Vasectomy & tubal ligation	90% covered after deductible	70% covered after deductible
Removal of impacted wisdom teeth	90% covered after deductible	70% covered after deductible
Acupuncture (\$300/yr. max.)	50% covered after deductible	50% covered after deductible
* <i>Note:</i> Co-pays do not count toward your deductible or annual out-of-pocket maximum. Visit or dollar maximums listed in the preceding tables are calendar year maximums.		
** You must call Behavioral Health Network at 1-800-538-9698, and services must be provided by a licensed facility.		

Prescription Drug Coverage

If you elect to participate in a medical option, you are automatically enrolled for prescription drug coverage at no additional cost. The following table details your prescription drug plan benefits:

CMMF In-House or Mail Order Pharmacy*			
Tier	30 Day Supply	60 Day Supply	90 Day Supply
Over-the-counter alternatives	\$4 co-pay	\$8 co-pay	\$10 co-pay
Tier 1	\$4 co-pay	\$8 co-pay	\$10 co-pay
Tier 2	\$15 co-pay	\$30 co-pay	\$45 co-pay
Tier 3	\$35 co-pay	\$70 co-pay	\$95 co-pay



Local Pharmacy*

Tier	30 Day Supply	60 Day Supply	90 Day Supply
Over-the-counter alternatives	\$10 co-pay	\$20 co-pay	\$30 co-pay
Tier 1	\$10 co-pay	\$20 co-pay	\$30 co-pay
Tier 2	\$30 co-pay	\$60 co-pay	\$90 co-pay
Tier 3	\$50 co-pay	\$100 co-pay	\$150 co-pay

* Note: Figures in red are new for 2010

Dental Coverage

CMMF 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 diagnostic and preventive services, basic restorative services, major restorative services, and orthodontia. **Note:** For 2010, dental coverage levels are increasing significantly, *from* 100/60/40 **to** 100/80/60!

Dental Benefit	Coverage Level
Annual Deductible	\$25 individual/ \$75 family
Diagnostic (Evaluations, X-rays, cleanings every six months)	100% covered, no deductible
Preventive (Sealants through age 13, fluoride)	100% covered, no deductible
Basic Restorative (Fillings, surgical & routine extractions, root canal therapy, periodontic treatment)	80% covered after deductible
Major Restorative (Prosthodontics: bridges, dentures, crowns)	60% covered after deductible
Calendar Year Maximum Benefit	\$1,500 for Diagnostic, Preventive, Basic Restorative, and Major Restorative services
Orthodontic 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 \$1,000 per individual

* Note: Figures in red are new for 2010

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 eligible for spending account reimbursements, go to <http://www.irs.ustreas.gov> or www.cmmfhealthydecisions.com or www.umr.com.

All eligible expenses must be incurred during the calendar year for which you make your contribution. Under IRS rules, if you do not spend the money in your account by the end of the year, the remaining money is forfeited.

Health Care Spending Accounts

For 2010, you may contribute between \$100 and \$5,000 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.

When submitting claims for reimbursement, you must show that you paid for the charge and that your insurance company did not.

You may download reimbursement forms from www.umr.com or www.cmmfhealthydecisions.com

Benny Cards remain available. A Benny Card looks and works like a credit 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" meaning if you make a co-pay at the doctor or pharmacy, UMR—our spending account administrator—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 \$5000 into your account.
- 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 documentation needed if there are any discrepancies, 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.

Basic and Supplemental Life Insurance

CMMF provides a basic level of life insurance benefits coverage, as well as the opportunity to enroll in additional coverage for yourself and your family.

Basic Life Insurance

CMMF automatically provides you with Basic Life Insurance equal to one times your base salary.

This coverage includes Accidental Death and Dismemberment (AD&D) for all work-related incidents. The Basic Life Insurance 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. The Hartford—the plan administrator—allows employees to increase **one** level without completing an Evidence of Insurability (EOI). If you wish to enroll or increase more than one level, an EOI form is required. The limit for employee life insurance (including all basic and supplemental life insurance combined) 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

If you have a spouse AND eligible children and you want any level of this insurance, you **must** take the family option.

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.

A Hartford Evidence of Insurability (EOI) form **must** be completed by every family member if they are enrolling for the first time or if your spouse/partner is increasing from \$20,000 to \$50,000 of insurance coverage.



Did you know?

You can enroll your lifetime partner in medical, dental, and/or dependent life coverage. Partner definition is available at 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 percent 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 full-time and regular part-time employees at no cost to you. Employees are able to purchase an additional 10 percent rider that, in effect, protects a total of 60 percent of base earnings up to a maximum monthly benefit of \$15,000.

Also, the rates for the 10% rider have decreased. Be sure to check your premiums.

Your benefits may be reduced by other disability benefits you receive such as Social Security, workers' compensation or rehabilitation benefits.

You may choose to be taxed on either:

- The premium, or
- The monthly benefit, if disabled

Choice Time (CT) Cash Outs

CMMF allows you to "cash out" up to 80 hours of choice time – holidays, personal time and vacation time. You can split time between June and November cash out periods. If you don't have enough hours to receive the full cash out, a partial cash out (any hours in excess of 40) will be paid. No "unpaid" balance from the June cash out will be added to the November cash out requests.

Changing Your Elections During the Year

Open enrollment is your opportunity to choose the right benefits for 2010, 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;
- Your marital status or partnership changes;
- You gain or lose a dependent; or
- Your spouse's or partner's open enrollment period

This 2010 Benefits Enrollment Guide is a Summary of Material Modifications (SMM) providing information on various Central Maine Healthcare benefit plans and outlining changes that take effect January 1, 2010. It is intended to provide an overview of changes and some of the benefit plans you are eligible for as an employee of Central Maine Healthcare. If any information in this Benefits Enrollment Guide conflicts with the plan documents and insurance policies, those plan documents and policies will govern. Central Maine Healthcare reserves the right to amend, modify or terminate these plans at any time. This Benefits Enrollment Guide in no way is intended to constitute a contract of employment.

