

Healthy Decisions
Choose Well. Live Well.



2011 Benefits Enrollment Guide

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Healthy Decisions 2011

It's nearly time for 2011 open enrollment, which this year will run from November 1 through November 12, 2010.

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.

What's Inside

- 1 *Healthy Decisions* 2011 – Choose well. Live well.
- 1 *Healthy Decisions* 2011 Wellness Program deadlines
- 2 *Healthy Decisions* wellness activities
- 2 *Healthy Decisions* Advantage program
- 3 Discounts for Healthy Habits
- 3 Medical Coverage
- 5 Prescription Drug Coverage
- 6 Dental Coverage
- 6 Spending Accounts
- 8 Basic and Supplemental Life Insurance
- 8 Long-Term Disability Insurance
- 9 Changing Your Elections During the Year
- 9 Frequently Asked Questions (FAQs)
- 10 Voluntary benefits overview

October 2010

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, and pay and work/life benefits.

CMH works with you and all employees to keep benefits costs down. By providing you with a comprehensive benefits package, our goal is to 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 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 2011, while most of our health care options will remain the same, certain copayments and benefits levels will change. As we announced last year, deductibles and out-of-pocket maximums will increase moderately to better align these plan features with the market. Use of the in-house Pharmacy will be required for Maintenance Drugs. Your contributions for coverage also will increase moderately, but CMH will continue to pay the majority of the cost of health care coverage for employees (about 75 percent, on average, of annual costs).

Our annual open enrollment will run from November 1 through November 12, 2010. 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



Healthy Decisions 2011 – 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.

For 2011, many aspects of the *Healthy Decisions Wellness Program* will remain the same. However, there are some changes. These are communicated in the Key Features of the *Healthy Decisions 2011 Wellness Program*, on www.cmmfhealthydecisions.com, the *Healthy Decisions* website.

Key Features of the *Healthy Decisions 2011 Wellness Program*:

- Greater discount for healthy habits
- Improved flexibility of the on-line HRA Web-Score tool
- Personal health counseling
- A Personal Wellness Plan-self directed behavior lifestyle goals
- Quarterly health promotion and wellness programs
- 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 Wellness Program 2010 Successes

- Over 1800 employees participated in the *Healthy Decisions Wellness Program*.
- Participants saved more than \$432,000 in medical insurance premiums in 2010.
- *Healthy Decisions Advantage Reimbursement Program* rewarded employees for targeting lifestyle changes that positively impacted health and wellbeing.
- 53% of Tobacco users committed to and successfully completed a tobacco cessation program
- CMH was awarded the Silver Award from the Maine Tobacco Free Hospital Network Gold Star Standards of Excellence Program and *Healthy Androscoggin 2010 Gold Work Healthy Award*

Healthy Decisions 2011 Wellness Program Deadlines:

To participate in the 2011 *Healthy Decisions Wellness Program*, all participants **must** complete the following by the deadline indicated:

- **By December 31, 2010: Online HRA WebScore.** Completion of Web-Score/HRA is required.
- **By January 31, 2011: Personal Wellness Plan.** Identifies opportunities for improvement. You must select several areas you plan to improve in 2011 using the online tool provided on the *Healthy Decisions Wellness Program* website
- **By September 15, 2011: Participants need to complete a Health Counseling session**
- **By October 31, 2011: Five Wellness Activities.** These are preventive activities and should be done routinely. Examples include an appointment with your PCP, cholesterol screenings, etc.

Please Note: You will forfeit eligibility for lower wellness premiums if do not complete the activities mentioned above by the specified deadline. 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, 2011.



Healthy Decisions Personal Wellness Plan

Complete by January 31, 2011

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. The Personal Wellness Plan will help you write a goal that is actionable, measurable, relevant, and achievable. Keep track of your progress and review your goals regularly. Using this information with your health counselor increases your success!

Healthy Decisions Wellness Activities (Complete five)

Complete Five (5) of the following Wellness Activities by October 31, 2011	Date Completed
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- | | |
|--|----------------------------|
| <input type="checkbox"/> Seasonal Flu Vaccine (with in last 12 months) | _____ |
| <input type="checkbox"/> Preventive visit with PCP (within last 12 months) | _____ |
| <input type="checkbox"/> Cholesterol check or lipid profile | _____ |
| <input type="checkbox"/> A1C or Fasting Blood Glucose | _____ |
| <input type="checkbox"/> Blood Pressure Reading | _____ |
| <input type="checkbox"/> Colorectal Screening- everyone over age 50 | _____ |
| <input type="checkbox"/> Prostate Health: DRE/PSA | _____ |
| <input type="checkbox"/> Pap Smear (within the past 3-years) | _____ |
| <input type="checkbox"/> Mammogram-Women over age 40 | _____ |
| <input type="checkbox"/> Dental Check-Up / Cleaning | _____ |
| <input type="checkbox"/> Vision Check | _____ |
| <input type="checkbox"/> 1-Healthy Decisions Nutrition Class | _____ |
| <input type="checkbox"/> Maintaining eight (8) or more visits per month for three (3) consecutive months | Attendance record required |

Healthy Decisions Advantage Program

Available to employee participants, the 2011 *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.

- Schedule and complete an initial Health Counseling session by March 31, 2011. 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.



Discounts for Healthy Habits

Save **\$480/year** by enrolling in CMMF Healthy Decisions Wellness Program. You can avoid the additional **\$20 biweekly** premium 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 will avoid the \$25 biweekly additional premium if you remain tobacco free or commit to complete a tobacco cessation program by February 28, 2011 (allow up to 8-weeks to complete a cessation program. We strongly recommend enrollment in a tobacco cessation program by December 31, 2010). If applicable, each covered family member must also commit to tobacco free living or smoking cessation.

Dependent Coverage

Effective January 1, 2011, 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. You must be sure to add the affected children onto your Re-enrollment form.

Medical Coverage

All CMH Medical Plans offer meaningful choices and options. You may choose one of two plans: the \$450 Deductible Plan or the \$1400 Deductible Plan. Both plans offer the same coverage for medical services and prescription 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 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 2011 co-pays.

Medical Benefits*		
Visit Type	Inside the CMH PHO	Outside the CMH PHO
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 co-pay w/entire pregnancy)	No co-pay	No co-pay
Smoking Cessation, counseling, & nicotine replacement therapy	No co-pay	No co-pay
Other Visits	Inside the CMH PPO	Outside the CMH PPO



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)	\$100 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 (outpatient) ***	\$20 co-pay	\$20 co-pay
Substance Abuse Services (outpatient)***	\$20 co-pay	\$20 co-pay
<p>* Note: Figures in red are new for 2011; 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. and 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 United Behavioral Health at 1-866-868-7406 to receive optimal benefit levels.</p>		

Here are your calendar year deductibles and annual out-of-pocket maximums for 2011:

	Medical Plan #1		Medical Plan #2	
	Within CMH PHO	Outside CMH PHO	Within CMH PHO	Outside CMH PHO
Calendar Year Deductible	\$450/Individual \$900/Family	\$ 900/Individual \$1,800/Family	\$1,400/Individual \$2,800/Family	\$2,800/Individual \$5,600/Family
Out-of-Pocket Maximum (Excluding Co-Pays)	\$1,750/Individual \$3,500/Family	\$4,000/Individual \$8,000/Family	\$2,800/Individual \$5,600/Family	\$5,600/Individual \$11,200/Family
<p>Note: Figures in red are new for 2011; wellness, office visit, emergency room, and prescription drug co-pays do not count toward your annual deductible or out-of-pocket maximum.</p>				

Three levels of coverage now apply:

- **90%: Highest level of coverage applies to the CMH PHO (CMMC, Bridgton, Rumford, Parkview, and Franklin Memorial) and all providers in the PHO. Access listing at "Find a doctor" at 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.umar.com/oss/cms/UMR/Options_PPO_Exclusions.html**
- **50%: Third tier applies to services outside both the CMH PHO & the United Healthcare Options PPO**

If a procedure is not offered within the CMH PHO, it will be paid at the highest level (typically 90%) ONLY if you pre-authorize that visit PRIOR to service. You need to pre-authorize by calling a Referral specialist at **207-795-5746. This person will certify the service is not offered within the CMH PPO and will ascertain if any related procedures (e.g. diagnostic labs, xrays, tests, etc) can be performed at CMMC, Bridgton, Rumford, etc.**

Diagnostic services available within the CMH PHO but performed outside the CMH PHO will be paid at the 70% or the 50% levels regardless.

Please note, beginning 1/1/2012, only services offered within CMH hospitals and providers will be eligible for the 90% coverage level. It is expected that, regardless of availability within the CMH PPO, all other services will be paid at the 70% UHC Options PPO level or at the 50% level.

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



Medical Benefits—Services*			
Hospital	Inside the CMH PHO	Inside UHC Options PPO	Other providers
Includes: inpatient surgical facilities & supplies, room & board, newborn care, outpatient surgical facilities & supplies	90%	70%	50%
Physician Charges	Inside the CMH PHO	Inside UHC Options PPO	Other providers
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%
Rehabilitation	Inside the CMH PHO	Inside UHC Options PPO	Other providers
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%
Other Services	Inside the CMH PHO	Inside UHC Options PPO	Other providers
Diagnostic lab & X-ray	90%	70%	50%
Ambulance serv (medically necessary)	90%	70%	50%
Pre-admission testing	90%	70%	50%
Durable medical equip. (\$300/yr. max.)	90%	70%	50%
Mental Health/Substance Abuse (I/P)	90%	70%	50%
Insulin pumps and supplies	90%	70%	50%
Vasectomy & tubal ligation	90%	70%	50%
Removal of impacted wisdom teeth	90%	70%	50%
Acupuncture (\$300/yr. max.)	50%	50%	50%
* Note: Co-pays do not count toward your deductible or annual out-of-pocket maximum. ** You must call United Behavioral Health at 1-866-868-7406 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. **Maintenance drug refills must be purchased through the In-house 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



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 diagnostic and preventive services, basic restorative services, major restorative services, and orthodontia.

Dental Benefit	Coverage Level
Annual Deductible	\$25 individual/\$75 family
Diagnostic and Preventive (Evaluations, X-rays, cleanings every six months)	100% covered, no deductible
Basic Restorative (Fillings, surgical & routine extractions, root canal therapy, periodontic treatment)	80% covered after deductible
Major Restorative (Prosthodontics: bridges, dentures, crowns)	60% covered after deductible
Calendar Year Maximum Benefit: \$1500 applies to	Diagnostic/Preventive, Basic & 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

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 or www.umar.com

Health Care Spending Accounts

For 2011, 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.

Please note: Under National Health Reform, the many over-the-counter items previously allowed can no longer be submitted to Health Care Spending Accounts.

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.
- 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

CMH 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

CMH automatically provides you with Basic Life Insurance equal to one times your base salary. This coverage includes Accidental Death and Dismemberment (AD&D). 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 1 to 4 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 (sum of 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

Effective 1/1/2011, if you have a spouse AND eligible children, you now have the opportunity to cover just your spouse/partner, just your children or take the full 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 your spouse/partner if enrolling for the first time or if applying to increase to the \$50,000 level. You may obtain this form from your HR office.

Did you know?

You can enroll your domestic 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% 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. 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



Changing Your Elections During the Year

Open enrollment is your opportunity to choose the right benefits for you in 2011, 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

Frequently Asked Questions (FAQs)

Q: What do I need to do during Open Enrollment?

A: You should take the time to fully review your current level of coverage, as well as, the changes to the plans for 2011. If you have a spouse or partner who is also facing Open Enrollment, you should review alternative coverage and premiums to choose the plan that best suits your family's needs.

Q: When is my form due in Human Resources?

A: Your form must be returned to HR by Friday, November 12, 2010.

Q: I understand I can now cover my children to age 26. How will that work?

A: Under National Health Reform, you may now cover your children to their 26th birthdays. Being a full-time student is no longer a requirement for coverage after age 19. This allowance applies to medical, dental and vision coverage. In your Re-enrollment packet, it is essential that you add those children before turning in your form.

Q: What will happen if I do not return my Re-Enrollment form?

A: Your 2011 benefits will default to the elections in place as of 11/12/10. Your insurance coverage levels will remain in force and your spending accounts will duplicate for 2011. Dependents covered will remain the same. Your previously uncovered children (to age 26) will NOT be covered unless you add them by completing your re-enrollment form. All plan features will adjust to what appears in this booklet and premiums will be adjusted to reflect 2011 rates. The life insurance and LTD premiums will be adjusted to reflect your age and salary as of 9/1/2010.

Q: What if I want to make a change to my form after turning it in?

A: You may find yourself in a situation after turning in your form 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 12 but before January 1, 2011, please either call or email your Human Resources office with the requested change.

Q: Have the items qualifying for Healthcare Spending Account reimbursements changed this year?

A: Yes, another part of the National Health Reform was the elimination of the many over-the-counter items from Spending Accounts. Prior to 12/31/10, items such as cough syrup and band-aids could be purchased and reimbursed from these accounts. Effective 1/1/2011, the over-the-counter list has been removed from eligibility. In light of this change, extra care should be taken when calculating your 2011 Healthcare Spending Account. Remember, USE IT OR LOSE IT!



Voluntary Benefits

Available through EBM @ 1-888-269-2744.

As an employee of Central Maine Healthcare, you have the opportunity to purchase short-term disability, accident and vision insurance through payroll deduction.

Short Term Disability Insurance

- Guaranteed acceptance, regardless of health (Pre-existing conditions are not covered until you have been covered for at least 12 consecutive months)
- Benefits do NOT automatically increase or decrease due to changes in pay or scheduled hours. Contact EBM's enrollment center to confirm coverage if you have had changes in 2010.
- 13-week benefit period
- Benefits begin on the 15th day of disability for off-the-job accidents and sickness
- Covers up to 70% of your income (\$1,150/week maximum benefit)
- Extended Sick Bank time may be used to supplement short-term-disability benefits (not to exceed 100% of pre-disability income)
- Maternity is covered as an illness

Accident Insurance

- Pays benefits directly to you for off-the-job accidents
- Pays in addition to any other insurance you have
- Portable upon termination of employment at the same premium rate

Vision Insurance

- \$20 Co-pay for eye exam and lenses in-network (VSP Signature)
- \$150 allowance for frames in-network, and \$10 co-pay (every 24 months)
- \$150 allowance for contact lenses and no co-pay (every 24 months)

Vision coverage	Bi-monthly rate
– Employee Only	\$ 5.95
– Employee/Spouse	\$ 9.45
– Employee/Children	\$ 9.66
– Employee/Family	\$ 15.55

Voluntary Benefits - Eligibility

The Open Enrollment window is during the month of November 2010. **If interested in enrolling, cancelling, increasing or decreasing coverage, you MUST call the Enrollment Center before November 30, 2010.** If you choose not to enroll at this time, your next opportunity will be during the next annual enrollment in November 2011.

New hires are eligible to participate in the voluntary benefits listed on this page on the first of the month following one month of employment. New hires must call EBM's Enrollment Center within 31 days of hire.

**Voluntary Benefits –
Information & Enrollment
EBM's Enrollment Center
1-888-269-2744**

This 2011 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, 2011. 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

