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Employee Benefits Guide

2011

Benefit Information for Employees of Pen Bay Healthcare

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Your Employee Benefits Guide has been prepared to help you make benefit enrollment decisions for yourself and your family. The information provides only highlights of the core benefits program provided by Maine-Health, and is not intended to be a complete plan description. Information in this booklet does not supersede or change any of the terms and conditions of any Plan document, insurance policy, contract, or other legal agreement; the wording in the official documents will govern. This Guide is not a contract of employment between any employee and their employer.

Benefit Elections

MaineHealth and your employer are pleased to present your Employee Benefits package! As a member of the MaineHealth Family, your employer is offering you competitive benefits and providing you with tools and resources to help you make the best choices for your health.

Our Benefit Programs offer you many different options for benefit coverage's. Some plans are paid for in full by MaineHealth while others require employee contributions.

Benefits are categorized as "Elective", "Automatic Enrollment", and "Voluntary."

ELECTIVE BENEFITS (EMPLOYEE CONTRIBUTIONS ARE REQUIRED):

- Health Insurance
- Dental Insurance
- Vision Insurance
- Flexible Spending Accounts including Health Care, Dependent Care, Adoption Assistance, and Transit Reimbursement Accounts

AUTOMATIC ENROLLMENT (EMPLOYER PAID):

- Short Term Disability Insurance
- Long Term Disability Insurance

VOLUNTARY AND ANCILLARY BENEFITS:

- 529 College Savings Plan
- PerksCard
- Employee Discount Program

Have Questions?
If you have any questions about the information in this guide, please call your Human Resources Benefits office.

Eligibility and Enrollment

WHO IS ELIGIBLE?		
ELIGIBLE EMPLOYEE	<p>An employee in an approved benefit eligible position and regularly scheduled to work 20 or more hours per week. 20 hours per week can be a combination of working for a single member organization or multiple divisions within a single member organization. *</p> <p><i>Per diem employees are eligible to participate in the voluntary and ancillary programs only.</i></p>	
<p>ELIGIBLE DEPENDENT</p> <p><i>Age limits for an eligible dependent may vary by plan. Please refer to the Summary Plan Description for definition of eligible dependent.</i></p> <p>Note: Dental and Vision plans require dependent children ages 19 to 25 to be full time students.</p>	<ul style="list-style-type: none"> ■ Legal spouse; ■ Domestic partner; ■ Child to age 26; or ■ Any unmarried child who is medically certified as disabled and dependent on the parent <p>Note: Contact your Benefits Office for details if you wish to enroll your domestic partner.</p>	<p>CHILD MEANS:</p> <ul style="list-style-type: none"> ■ Biological child; ■ Stepchild; ■ Domestic partner’s child; ■ Legally adopted child; ■ Legal wards; ■ Legally placed foster child up to age 18, who lives with you; or ■ A child for whom you or your spouse has received a court order requiring you to provide benefit(s).

*Member organization is defined as your employer.

ENROLLMENT INFORMATION:

Benefits that start on the first day of the month on or after your first day of work:

- Medical insurance
- Dental insurance
- Vision insurance
- Flexible spending accounts

You must sign up for these benefits within a month (31 days) after you become eligible. If you do not sign up during your first 31 days, you will have to wait until the next annual enrollment to sign up.

Benefits that start on the first day of the month on or after six months of employment:

- Short Term Disability Insurance
- Long Term Disability Insurance

Contributions

Your medical, dental, vision and flexible spending account contributions are made with pre-tax dollars and cannot be changed until the next annual enrollment period, unless you have a qualifying status change.

The cost for medical, dental and vision coverage for your domestic partner and your domestic partners children must be taken from your paycheck after taxes. This is because of IRS regulations. The IRS also taxes employer contributions (called imputed income) for domestic partner coverage.

Qualifying Life Events or Status Changes:

If something in your life changes, you may qualify for different benefits. For example, if you get married during the year, you may switch your health coverage level from individual coverage to employee/child(ren) or family coverage.

If you have a qualifying life event, you must change your coverage within 31 days. Otherwise, you will have to wait until the next open enrollment period. The changes you make will be effective from the date of the change.

Important Notice Regarding Dependent Eligibility

If you want to cover dependents in your plan, you will have to prove they are eligible. This is called the Dependent Eligibility Audit. You will need to do this for all newly enrolled dependents. You may have to provide documents such as:

- Marriage certificate
- Domestic partner documents
- Birth certificates

You will receive audit materials in the mail after you enroll.

Change in marital status:

- You get married
- You enter a domestic partner relationship
- You get a divorce
- Your spouse dies
- You legally separate from your spouse

Change in dependent status:

- Birth of a child
- Death of a child
- Adopt a child or put a child up for adoption
- Placement of foster child

Change in employment status for you or your dependents::

- Leaving a job
- Starting a new job
- Starting or coming back from an unpaid leave of absence
- A change in employment status that affects your eligibility

Health Plans

MaineHealth offers two health plan options:

Health Partners is an *HMO-like* plan where you choose a Primary Care Physician (PCP). Your PCP will refer you to specialists and other providers that you see. This plan costs less and has lower out-of-pocket expenses.

The Personal Choice plan is a Preferred Provider Organization (PPO) plan. This plan does not require you to have a PCP, or to get referrals for care. This plan offers provider choice and has higher out-of-pocket expenses and higher costs.

Your choices for health insurance:

- Health Partners
 - Personal Choice (PPO)
 - Personal Choice Out-of-Area (PPO). Only available to select employees residing outside the service area. Contact your Benefits Office to see if you are eligible.
 - Waive Coverage. This means that you voluntarily decide you do not want health insurance.
-

HEALTH PARTNERS PLAN

The Health Partners plan provides coverage for services performed or referred by your Primary Care Physician (PCP).

- Must pick a primary care physician (PCP)
- No deductible
- Pay a 10% or a fixed-dollar co-pay on most covered services (when performed by a Preferred provider)
- Coinsurances will be waived for all preventive care services including lab work, mammograms, pap smears, colorectal screenings, PSA tests, immunizations

Where you get your services. Health Partners members can get services from both physicians and facilities from either the Preferred Network or the Participating Network.

The Preferred Network is made up of providers who work collaboratively with the MaineHealth family.

The Participating Network is made up of providers who are part of the state-wide Anthem HMO Maine Network. The HMO Maine network is extensive and includes many, but not all, physicians and healthcare facilities in Maine.

Please note :

1. Services with providers who are not in the Preferred or Participating network are not covered unless prior authorization is approved by the Plan in advance of services rendered, except in emergency situations.
2. Not all local hospitals are in the MaineHealth network. To figure out whether your physician or a particular facility is part of the Preferred or Participating network, go to www.anthem.com/mainehhealth.

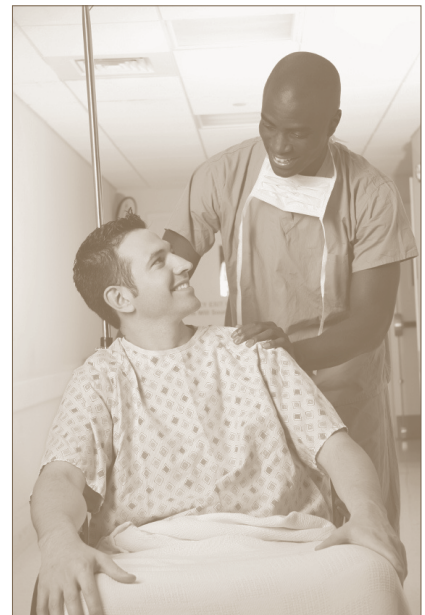
PERSONAL CHOICE (PPO) PLAN

Personal Choice gives you different levels of coverage based on where you get your services. You can get your services in-network or out-of-network.

Getting services in-network: You get the highest level of coverage when you get services from in-network providers.

- You must pay a certain amount – your annual deductible – before you start being reimbursed for services.
 - The exception is routine preventive care performed by an in-network physician. These are reimbursed at 100%.
- After you meet your deductible, other services are covered at 90%.
- Coinsurances will be waived for all preventive care services, including lab work, mammograms and pap smears, colorectal screenings, PSA tests, and immunizations.

Getting services out-of-network: Personal Choice will still pay benefits if you receive services from a provider outside of the PPO network, but at a lower benefit level. When you receive inpatient or outpatient care from a non-network provider, covered expenses are reimbursed at 70% of the maximum allowance.



Health Plans Comparison Chart

ANTHEM	HEALTH PARTNERS		PERSONAL CHOICE	
	Preferred	Participating	In-Network	Out-of-Network
Calendar Year Deductible	None		\$575 – Individual \$1,150 – Family	
Calendar Year Out-of-Pocket Maximum	1,500 – Individual \$3,000 – Family	\$3,000 – Individual \$6,000 – Family	\$3,500 – Individual \$7,000 – Family	
Lifetime Maximum	None		None	
Physician Office Visits • PCP • Specialists • All other charges at time of service	\$15 \$30 90%	\$20 \$40 70%	90% after ded.	70% after ded.
Hospital Services (In patient & Outpatient)	90%	70%	90% after ded.	70% after ded.
Emergency Room	\$50 co-pay, then 100%. All other services including lab/xray covered at 90%		\$50 co-pay, then 90%ded.	
Lab & X-ray Services	90%	70%	90% after ded.	70% after ded.
Preventive Care Services • Routine physical exam • Pediatric Fluoride Application (under age 3/1 yrs) • Immunizations • X-rays/Diagnostic Tests • PSA Tests • Mammograms • Pap Smears	100%		100% no ded.	70% no ded.
Colorectal screenings • Colonoscopy (when billed as preventive) • Sigmoidoscopy • Fecal Occult Blood Testing • Contrast Barium Enema	100%		100% no ded.	70% after ded.
Chiropractic Services	\$30 co-pay. Limited to 36 visits per calendar year (manipulations covered at 90% when billed separately from office visit)		90% after ded. Limited to 36 visits per calendar year	70% after ded. Limited to 36 visits per calendar year
Routine Eye Exams	\$30 co-pay		Not covered	
Physical, Speech & Occupational Therapy	\$30 co-pay Limit - 75 combined calendar visits per year		90% after ded. Limit - 75 combined	70% after ded. calendar visits per year
Tobacco Treatment • Prescriptions • Programs	100% for medications & over-the-counter smoking cessation aids (when prescribed by a physician) 100% for certified facility-based programs			
Mental Health & Substance Abuse Services • Inpatient / Outpatient • Office Visits	Prior authorization required. See # on back of ID card 90% \$30 co-pay		90% after ded. 90% after ded.	70% after ded. 70% after ded.
Prescription Drugs <30 day supply >30 day supply	Tier 1 \$10 \$20		Tier 2 \$30 \$57	Tier 3 \$45 \$90
Should you choose a brand name drug when a generic drug is available, you will pay the brand name co-pay plus the difference in cost between the generic drug and the name brand drug.				

Health Plans — Networks

1. Provider Networks

HEALTH PARTNERS

Preferred providers are providers who work collaboratively with the MaineHealth family. Benefits pay at the higher level.

Participating providers are providers who are part of the Anthem HMO Maine network. Benefits pay at the lower level.

PERSONAL CHOICE

In-network providers are providers who are part of the Anthem PPO network. Benefits pay at the higher level.

Out-of-network providers are all other providers. Benefits pay at the lower level.

Go to www.anthem.com/mainehhealth for a listing of all providers.

2. Hospital Networks

HEALTH PARTNERS

Preferred hospitals (pays at the higher level)

Maine Medical Center

MaineGeneral Medical Centers

Mid Coast Hospital

Miles Memorial Hospital

New England Rehabilitation Hospital

Penobscot Bay Medical Center

St. Andrews Hospital

St. Mary's Regional Medical Center

Southern Maine Medical Center

Spring Harbor Hospital

Stephens Memorial Hospital

Waldo County General Hospital

Participating hospitals are all other hospitals that are part of the Anthem HMO Maine network. Benefits pay at the lower level.

PERSONAL CHOICE

In-network hospitals (pays at the higher level)

Maine Medical Center

MaineGeneral Medical Centers

Mid Coast Hospital

Miles Memorial Hospital

New England Rehabilitation Hospital

Penobscot Bay Medical Center

St. Andrews Hospital

St. Mary's Regional Medical Center

Southern Maine Medical Center

Spring Harbor Hospital

Stephens Memorial Hospital

Waldo County General Hospital

Out-of-network hospitals and are all other hospitals. Benefits pay at the lower level.

3. Other Provider Networks

(consists of independent labs, free standing imaging & surgical facilities and home health providers)

HEALTH PARTNERS

Preferred providers (pays at the higher level)

INDEPENDENT LABS	FREE STANDING IMAGING & SURGICAL FACILITIES	HOME HEALTH PROVIDERS
<p>NorDx</p> <p><i>Lab work performed at a preferred facility or provider will pay at the Preferred level</i></p>	<p>Casco Bay Endoscopy Center</p> <p>Central Maine Orthopaedics PA</p> <p>Eye Care & Surgery Center</p> <p>Generations</p> <p>InterMed</p> <p>Insight Premier Health</p> <p>Maine Center for HealthCare</p> <p>Maine Eye Center</p> <p>Maine Molecular Imaging LLC</p> <p>Marshwood Imaging Center</p> <p>Neurosurgery & Spine Associates</p> <p>Orthopaedic Associates</p> <p>Plastic & Hand Surgical Associates</p> <p>Portland Endoscopy Center</p> <p>Primecare Imaging</p> <p>Wolf Eye Associates, PA</p>	<p>Androscoggin Home Care & Hospice</p> <p>Community Health & Nursing Service</p> <p>Healthreach Homecare</p> <p>HomeHealth Visiting Nurses of Southern Maine</p> <p>Hospice of Southern Maine</p> <p>Kno-Wal-Lin Home Care & Hospice</p> <p>Miles Home Health</p> <p>New England Life Care (Home Infusion Therapy)</p> <p>SMMC Visiting Nurses</p> <p>St. Andrews Home Health</p> <p>Waldo County Home Healthcare Services</p>

Participating providers are all others that are part of the Anthem HMO Maine network. Benefits pay at the lower level.

PERSONAL CHOICE

In-network providers (pays at the higher level)

Casco Bay Endoscopy Center	Maine Eye Center
Central Maine Orthopaedics PA	Orthopaedic Associates
Eye Care & Surgery Center	Plastic & Hand Surgical Associates
Generations	Portland Endoscopy Center
Maine Centers for HealthCare	Wolf Eye Associates, PA

Out-of-network providers are all other providers. Benefits pay at the lower level.

Prescription Drug Benefit

Both health plans include prescription drug benefits through Anthem / Express Scripts. Coverage consists of a three-tier co-pay benefit.



In most cases, generic drugs are proven to have the same effectiveness as brand name drugs and are lower in cost. We encourage you to speak with your provider if you are taking a Tier 2 or Tier 3 drug to see if a generic drug is available for you. A listing of formulary medications may be found at www.anthem.com/mainehhealth.

Specialty medications are available at Participating Specialty network pharmacies. Call CuraScript at 1-800-870-6419 for details.

	TIER 1	TIER 2	TIER 3
30 day supply	\$10	\$30	\$45
>30 day supply	\$20	\$57	\$90

COST SAVINGS PROGRAMS

Mandatory Generic Program – Encourages the use of less costly generic prescription drugs when they are available. Should you choose a brand name drug when a generic drug is available, you must pay the difference in cost between the generic drug and the name brand drug. If you are unable to take a generic medication, your doctor should contact Anthem for review.

Mail order program – Provides the convenience of home delivery and saves you both time and money on prescriptions you take regularly.

Step therapy program – Provides the safe, effective treatment you need while helping keep costs low by ensuring you try a “first line” or less expensive alternative before a more expensive name brand drug can be dispensed.

Use generic medications whenever possible to help save you money.

Employee Health Improvement - Works on Wellness (WOW!)

Your good health is a priority. Achieving health and remaining healthy is an active process — that's why MaineHealth's Works On Wellness (WOW!) offers a variety of programs to help you maintain and improve your health.

Good health pays off in many ways:

- you have more energy,
- you take fewer or no medications, and
- you are at lower risk for developing a chronic health condition like diabetes or heart disease

However, being healthy can be challenging. For most of us, being healthy means changing our behavior — what we eat, how much we exercise — and that isn't always easy.

WOW! has resources and programs to help you in your daily efforts to be healthy. This includes information and interactive tools on our Web site: www.mainehealth.org/wow

We hope you will take the time to participate and reap the rewards. See below for the incentives we offer for program participation. It's simple—you can get started now and participate throughout the year.

WOW! REBATES

WOW! Rebates pay you back you for your healthy choices. All employees can get a WOW! Rebate once every six months. You can earn:

- \$50 rebate for attending nine of 12 Weight Watchers meetings (online, at work or in the community)
- \$50 rebate for attending health education classes, fitness/wellness activities, or for belonging to a Community Supported Agriculture Share (CSA)
- \$50 Babies 'R Us Gift Card for enrolling in the Anthem Future Moms Program. You'll have access to a registered nurse line, 24/7, as well as educational materials, such as a prenatal book that follows your pregnancy from week to week, nutritional counseling, breastfeeding advice, postpartum support, and much more. Contact Anthem at 1-866-347-8360 to participate in this voluntary program.

The six-month participation periods for WOW! Rebates are:

- October 1 – March 31
- April 1 – September 30

For more information and required paperwork for WOW! Rebates visit www.mainehealth.org/wow.

Remember!
Annual physicals
and other
preventive care
screenings are
covered at 100%
(in-network
providers).

WOW! REWARDS

We will introduce some changes to the WOW! Rewards program in 2011. These changes will encourage you to identify health risks and engage in healthy behaviors to lower those risks if necessary. Stay tuned for more information in the new year.

TOBACCO TREATMENT

Quitting smoking is one of the best things you can do for your health. If you are thinking about quitting smoking or trying not to smoke at work, call the WOW Tobacco Treatment Program for counseling. These services are free for employees, spouses, and dependents. Medications are covered at 100% for those with MaineHealth health insurance, as long as it is prescribed by a physician. Call today to learn more: 207-662-7154.

CARE MANAGEMENT

If you have a chronic health problem, you may benefit from a Care Manager. This includes conditions like:

- Asthma
- Diabetes
- Congestive heart failure (CHF)
- Chronic obstructive pulmonary disease (COPD)
- Coronary artery disease (CAD)

A Care Manager will provide you or your family members with educational materials and support. This is offered through your primary care physician's office. Your Care Manager will help you avoid health problems associated with your condition and help improve your health and wellbeing.

COMPLEXCARE

Nurse care managers at Anthem's ComplexCare can help health plan members with multiple health care issues. The care manager works closely with the member and your physician to help:

- Create an care plan that works for you
- Set personal goals
- Offer health and lifestyle coaching
- Answer your questions
- Help you make informed decisions about your health

Dental Plan

Good oral health is an important part of your overall general health! Delta Dental administers our dental program and offers a network of “Participating” dentists you can choose from. Being part of the network assures that the dentist will submit the claim to Delta on your behalf. The dentist typically cannot require payment from you at the time of service, with the exception of non-covered services and coinsurance amounts.

DENTAL SERVICES	BENEFITS
ANNUAL DEDUCTIBLE	\$50 per person up to a maximum of \$100 per family
ANNUAL MAXIMUM	\$1,500
DIAGNOSTIC & PREVENTIVE SERVICES: <ul style="list-style-type: none"> ■ Oral exams and dental cleanings (2 in any period of 12 months) ■ X-Rays ■ Fluoride Treatments (One every 12 months up to age 19) ■ Space maintainers (Up to age 15) ■ Sealants (Up to age 14) 	100% (annual deductible waived)
BASIC SERVICES: <ul style="list-style-type: none"> ■ Fillings and Extractions ■ Endodontics ■ Periodontics ■ Root Canals ■ Oral Surgery 	80%
MAJOR SERVICES: <ul style="list-style-type: none"> ■ Crowns ■ Dentures ■ Bridgework ■ Inlays and Onlays ■ Implants 	50%
ORTHODONTIA (DEPENDENT CHILDREN TO AGE 19): <ul style="list-style-type: none"> ■ Subject to a lifetime maximum of \$1,250 	50% (annual deductible waived)

Vision Plan

Anthem's Blue View Vision manages our Vision Plan. This plan gives you the choice of seeing either an in-network or out of network provider. You get a higher level of coverage if you see an in-network provider. Go to www.anthem.com/mainehhealth to see a listing of in-network providers.

VISION SERVICES	IN-NETWORK BENEFITS	OUT-OF-NETWORK BENEFITS
Annual deductible	None	None
Routine eye exam (Once every calendar year)	\$15 co-pay	\$60 allowance
Eyeglass frames (Once every other calendar year)	\$150 allowance then 20% off remaining balance	\$52 allowance
Eyeglass lenses (Once every calendar year)		
Single lenses	\$25 co-pay	\$32 allowance
Bifocal lenses	\$25 co-pay	\$47 allowance
Trifocal lenses	\$25 co-pay	\$66 allowance
Lenticular lenses	\$25 co-pay	\$88 allowance
Contact Lenses* (elective conventional) (Once every calendar year)	\$130 allowance then 15% off remaining balance	\$84 allowance

**Contact lenses are in lieu of eyeglass lenses .*

Protect your vision. Protect your health.

Flexible Spending Accounts

Flexible Spending Accounts (FSA) administered by EBPA, allows you to pay certain out-of-pocket medical, dependent care, transit, and adoption expenses with money that is taken out of your paycheck. The money you put in this account is not taxed when they are deducted from your pay or when they are reimbursed to you. This means these dollars are essentially tax-free! **You must re-enroll each open enrollment to participate.**

HEALTH CARE REIMBURSEMENT ACCOUNT

- Maximum annual contribution is \$4,500
- Minimum annual contribution is \$100

You can use the money in your account to pay for certain expenses that are not fully covered by your medical, dental or vision plans. This includes services for you and for eligible dependents. Please note that the IRS does not consider domestic partners as eligible dependents.

Eligible Health Care Expenses

You can be reimbursed for any health, vision and dental expenses that are medically necessary, but are not covered by your insurance, such as:

- Medical and Dental deductibles or co-payments
- Vision care expenses – including eye exams, prescription eyeglasses, contact lenses, and contact lens solutions
- Hearing exams and hearing aids

Expenses reimbursed through the health care reimbursement account cannot be claimed as a deduction under your Federal or State income tax return.

DEPENDENT CARE REIMBURSEMENT ACCOUNT

- Maximum annual contribution is \$5,000
- Minimum annual contribution is \$100

You can use this money to pay for childcare and other dependent services. This allows you (and your spouse, if you are married) to work while your dependent is cared for.

You can contribute to the Dependent Care Reimbursement Account if:

- You are a single parent with primary responsibility for child care
- You and your spouse both work
- You work and your spouse is a full-time student for at least five months of the year
- You work and your spouse is physically or mentally incapable of self care

The following limitations may apply to some married participants:

- If your spouse contributes to a Dependent Care Reimbursement Account with his or her employer, the combined maximum for both of you is \$5,000 for any calendar year
- Your contribution to your Dependent Care Account cannot be more than your spouse's earned income
- If you and your spouse file separate income tax returns, the maximum amount you may contribute is \$2,500 for the calendar year

WHO IS ELIGIBLE?

Dependents who:

- Live with you
- Rely on you for financial support
- Are claimed as a dependent on your Federal income tax return
- Are either a child under the age of 13, or is a spouse or other dependent adult who is physically or mentally unable to care for himself or herself

ELIGIBLE DEPENDENT CARE EXPENSES

- Dependent care provided in your home. However the caretaker cannot be claimed as a dependent on your Federal income tax return and cannot be one of your children under age 19
- Dependent care provided outside of your home, including:
 - Licensed nursery schools
 - Summer day camps
 - Legally-approved day care centers for children and disabled adults
 - After school programs

TRANSIT REIMBURSEMENT PROGRAM

- Maximum contribution is \$230 per month

The Transit Reimbursement program can be used for the cost of mass transit to get to and from work. This includes traveling by:

- Bus
- Rail
- Ferry
- Van pools

You can be reimbursed for fares and tickets. You can also use your Benefits Debit Card to pay for fares if the provider will accept.

Any money in this account that you do not use can carry over into the following year. This is different than the Health Care or Dependent Care Reimbursement Accounts. You can enroll, change, or suspend contribution amounts at any time. However, if you leave your job you can't get a refund on your account balance.

ADOPTION ASSISTANCE REIMBURSEMENT ACCOUNT

You may set aside \$13,170 for adoption-related expenses in the upcoming calendar year.

Three kinds of adoption are eligible: (1) domestic adoptions; (2) foreign adoptions and (3) adoptions of “special needs” children.

There are very specific Federal eligibility and tax requirements for participation in this program. Careful planning is advised. Employees can enroll only when first eligible or at annual open enrollment. Contact your Benefits Office for more information.

FLEXIBLE SPENDING ACCOUNTS HOW YOU SAVE

Here is an example of how you can save on taxes by participating in the FSA. This example assumes you earn \$36,000 per year and contribute \$2,500 to the health care FSA and \$5,000 to the dependent care FSA.

DESCRIPTION	WITH SPENDING ACCOUNTS	WITHOUT SPENDING ACCOUNTS
Annual Salary	\$36,000	\$36,000
Pre-tax dependent care FSA	\$5,000	\$0
Pre-tax health care FSA	\$2,500	\$0
Taxable income	\$28,500	\$36,000
Federal tax withholding*	\$4,275	\$5,400
Social Security (FICA) withholding*	\$2,180	\$2,754
Health care and dependent care costs	\$0	\$7,500
Take-home pay	\$22,045	\$20,346
Savings	\$1,699	N/A

***Assumes a federal tax rate of 15% and a FICA tax rate of 7.65%. This is only an estimate. Please consult your tax advisor.*

IMPORTANT RULES YOU SHOULD KNOW

Because of the tax advantage provided by these accounts, the IRS imposes strict rules and limitations on how you may use them.

- The account(s) can be used only for expenses billed during the current plan year of January 1 through December 31.
- If any unused amount remains in an account at the end of the year, it is forfeited, with the exception of the Transit Program. This is referred to as the “Use it or Lose it” rule, so plan carefully!
- You have until March 31 of the following year to submit claims for expenses you incurred during the previous calendar year.
- Once you make your elections for a calendar year, you cannot change them until the next annual enrollment. You cannot increase, decrease, or cancel your contributions during the year, unless you have a qualified family status change such as marriage, birth, death, or an employment status change. The exception is the Transit Program, which you can change at any time during the year.



***Lower your taxable income and offset out-of-pocket costs
by contributing to a flexible spending account***

Disability Coverage

If you cannot work due to a non-work related injury or illness, MaineHealth provides short term disability (STD) and long term disability (LTD) coverage at no additional cost. Coverage starts on the first of the month on or after six months of continuous active employment.

SHORT TERM DISABILITY (STD)

Our Short Term Disability program replaces up to 60% of your lost income based on your lost hours if you are unable to work, or can only work on a partial basis, because of a disability that is not work-related. This includes the birth of a child.

The benefit is payable for up to 24 weeks. At that point, Unum will look at your claim to figure out if you are eligible to receive Long Term Disability (LTD) benefits.

The STD benefit kicks in after 14 days of non-work-related disability.

- Days 1 through 3 may be paid at 100% of your pre-disability wages with PTO or Earned Time.
- Days 4 through 14 may be paid up to 100% of your pre-disability wages using your Frozen Sick Time or PTO/Earned Time, depending upon your Human Resources policies.

The STD benefit is paid to you in your regular bi-weekly paycheck. You may be able to receive 100% of your pre-disability earnings by using your accumulated Frozen Sick Time (if applicable) or PTO/Earned Time along with your STD benefit.

LONG TERM DISABILITY (LTD)

Our Long Term Disability program replaces up to 60% of your lost income if you are unable to work, or can only work on a partial basis. The maximum amount you can receive each month is \$10,000.

LTD benefits kick in after either 180 days or the end of Short Term Disability benefits – whichever happens later. You will get the LTD benefit in a monthly check from Unum. If you are disabled before age 60, you may be able to receive payment until you turn 65. If you are disabled after age 60, please see the Summary Plan Description for details.

Work-related injuries or illnesses are covered by the LTD plan. Some of the payments for these injuries and illnesses come from Workers' Comp, Social Security disability income and other sources. The plan does not cover pre-existing conditions that result in a disability in the first year you are covered under the LTD program.

***If your injury or illness is not work-related,
call Unum at 1-877-352-8818
to begin the claim process. For work-related
disabilities, please contact Human Resources.***

Voluntary and Ancillary Benefits

It's important to pick the benefits that are right for you. That is why MaineHealth includes voluntary programs in your benefits package.

529 COLLEGE SAVINGS PLAN

A 529 College Savings Plan gives you the chance to save for college expenses! The proceeds from the plan can be used for your children, yourself, your grandchildren, or others. Anyone can contribute to a plan, regardless of income or state residency.

Benefits of the 529 College Savings Plans

These plans offer many benefits over traditional ways to save for college:

- Tax advantages
- Estate Tax Benefits
- Flexible Usage Proceeds may be used at any accredited post-secondary school in the United States for part- and full-time education.
- Scholarship Eligibility
- Higher Contribution Limits
- Donor Control
- Flexible Contributors and Beneficiaries
- Professionally managed

To learn more, contact your Benefits Office or UBS Financial Services Inc. at 800-616-2876.

PERKSCARD

PerksCard is a free program that gives you and your family discounts at local and national businesses. Simply present your card at any of the participating vendors to get your discount.

The PerksCard is now accepted at almost 9,000 vendors and companies, all of which can be found by logging onto their website at www.perkscard.com. Contact your Benefits office to request a card.

EMPLOYEE DISCOUNT PROGRAM

As an employee of the MaineHealth Family, you can take advantage of great discounts by showing your employment badge to local vendors. Discounts are available for

- Auto care
- Beauty
- Cellular services
- Florists
- Gyms and fitness centers
- Lodging
- Restaurants
- Uniforms

Benefit Plan Resources

HUMAN RESOURCES/EMPLOYEE BENEFITS OFFICE

HomeHealth Visiting Nurses	207-284-4566 ext. 4348	NorDx	207-396-8516
Lincoln County Healthcare	207-563-4789	Pen Bay Healthcare	207-594-6961 or 207-594-6950
Maine Medical Center	207-662-2310	Southern Maine Medical Center	207-283-7260
Maine Medical Partners	207-396-8682	Waldo County Healthcare	207-338-9318
Maine Mental Health Partners	207-253-2799 ext. 3	Western Maine Healthcare	207-743-1562 ext. 473 or ext. 475

HEALTH INSURANCE

Anthem BCBS	1-800-622-0797	www.anthem.com/mainehhealth
Hospital Admission	1-800-392-1016	Preauthorization required
Mental Health/Substance Abuse Health Partners	1-800-538-9698	Preauthorization required
Personal Choice	1-800-755-0851	
For Urgent Care outside of Maine	1-800-810-BLUE	
Future Moms Program	1-866-347-8360	www.mainehhealth.org/futuremoms

PRESCRIPTION DRUG BENEFIT

Anthem / Express Scripts	1-800-622-0797	www.anthem.com/mainehhealth
Mail Order Prescriptions	1-800-962-8192	www.anthem.com/mainehhealth
Prior Authorization	1-800-662-0210	www.anthem.com/mainehhealth
Specialty Drugs (CuraScript)	1-800-870-6419	www.anthem.com/mainehhealth

Resources *continued*

DEPENDENT VERIFICATION CENTER

Aon Hewitt	1-800-725-5810	www.yourdependentverification.com/plan-smart-info
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EMPLOYEE HEALTH IMPROVEMENT - WORKS ON WELLNESS – WOW!

<ul style="list-style-type: none"> ■ WOW! Rewards Program ■ Ah! Asthma Health ■ Caring for ME – Depression ■ Target Diabetes ■ Living Well – Chronic Condition Self-Management ■ Healthy Pregnancy & Newborns Toolkit 	1-866-WOW-6090	www.mainehealth.org/wow
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DENTAL INSURANCE

Northeast Delta Dental	1-800-832-5700	www.nedelta.com
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VISION INSURANCE

Anthem Blue View Vision	1-866-723-0515	www.anthem.com/mainehhealth
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FLEXIBLE SPENDING ACCOUNTS

EBPA	1-888-678-3457	www.ebpabenefits.com
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DISABILITY INSURANCE

UNUM		
Short-Term Disability (to report a claim)	1-877-352-8818	www.unum.com

Resources *continued*

TOBACCO TREATMENT

Center for Tobacco Independence	207-662-7154	www.tobaccoindependence.org
Maine Tobacco Helpline	1-800-207-1230	www.mainehealth.org/wow

HEALTH INFORMATION

MaineHealth Learning Resource Center	1-866-609-5183	www.mainehealth.org/lrc
Healthwise Knowledgebase		www.mainehealth.org/wow

ANCILLARY BENEFITS

529 College Savings Plan UBS Financial Services, Inc.	1-800-616-2876	
Employee Discount Program	Contact your Benefits Office	www.mainehealth.org
PerksCard	1-877-253-7100	www.perkscard.com

MaineHealth Employee Benefit documents
available at www.mainehealth.org

Login: mainehealth
Password: benefits
Click "For Employees", then
"Corporate Benefits"

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Employee Benefits Guide

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