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Public
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UNIVERSITY OF MAINE SYSTEM

**FLEXIBLE SPENDING ACCOUNTS
(ADVANTAGE ACCOUNTS)
SUMMARY PLAN DESCRIPTION**

FLEXIBLE SPENDING ACCOUNTS LET YOU PAY THE BEFORE-TAX WAY

The Flexible Spending Accounts (FSA's) program offers you valuable tax savings by giving you two FSA's to use when paying dependent day care expenses and health care expenses not covered by insurance -- all with "before-tax" dollars. Flexible Spending Accounts let you have a portion of your pay deducted for these expenses before federal and state income and Social Security taxes are withheld. As a result, you reduce the amount of money you spend each year for health care and dependent day care and, in effect, increase your take-home pay. It's a tax efficient way to pay your health and dependent day care expenses!

This summary plan description (SPD) explains how the University of Maine System Flexible Spending Accounts work. We hope you will find the information helpful and will discuss it with your family. If you have any questions after reading through the SPD, please contact your Benefits Office or access it at www.maine.edu/pdf/advacctsumm.pdf

A complete plan document is on file at the System Office of Human Resources. In the event of a conflict between this SPD and the plan document, the plan document will govern.

Please take the time to read through the SPD so that you will understand how the program works.

ELIGIBILITY AND ENROLLMENT

If you are an employee of any part of the University of Maine System scheduled to work half-time or more, you are eligible to participate in the Flexible Spending Accounts as of your date of hire. An open enrollment will be held at the end of each calendar year.

New employees may enroll in the program within 30 days of their date of hire. Otherwise they must wait until the next open enrollment period.

If you have a relevant change in family or employment status, as discussed on page 9 of this brochure, you may enroll within 30 days of the status change.

Participation in either one or both of the Flexible Spending Accounts is voluntary. If you are eligible and you choose to participate, you will be asked to sign a form authorizing deduction of your Flexible Spending Account deposits before taxes are withheld.

WHAT ARE THE FLEXIBLE SPENDING ACCOUNTS?

Do you wear glasses? Do you have doctor or dentist expenses that are not covered by your insurance plans? Do you have a child in a day care center? If you answer "yes" to these and similar questions regarding health care and dependent day care bills, the University of Maine System's Flexible Spending Accounts may be for you.

Flexible Spending Accounts are "reimbursement accounts," a benefit that offers you important tax savings. There are two Flexible Spending Accounts in which eligible employees may participate, one for health care and one for dependent day care.

- ▲ The Health Care Flexible Spending Account lets you use before-tax dollars to pay for certain health care expenses not covered by insurance, including medical deductibles and out-of-pocket costs, vision or hearing care, and dental expenses.
- ▲ The Dependent Day Care Flexible Spending Account lets you use before-tax dollars to pay for qualified dependent day care services that enable you, or both you and your spouse, to work or your spouse to attend school on a full-time basis.

With Flexible Spending Accounts, you can set aside money to pay for your own and your family's unreimbursed health care expenses and your dependent day care expenses for the coming year. That money is put into your Flexible Spending Accounts before-taxes are withheld. It is then used to reimburse you for eligible health care and dependent day care expenses that you incur during the coming year. The reimbursements are tax free.

These Flexible Spending Accounts work like checking accounts. Before the beginning of each calendar year, you decide how much you want to deposit in each account for the following calendar year. The money will be automatically deducted from your check each pay period, in equal amounts -- before any federal or state income taxes or Social Security (FICA) taxes are taken out. The minimum amount you may deposit in each account is \$200.

You then continue to pay expenses as you do now. After you pay expenses that qualify under the program, you simply submit a claim form, along with your receipts for expenses, and you will be reimbursed in before-tax dollars in your paycheck. The minimum claim amount is \$25, but that amount can be the sum of several smaller expenses.

The University of Maine System wants to reimburse you promptly for eligible expenses you have incurred. For dependent day care expenses, you will be reimbursed from your Dependent Day Care Flexible Spending Account up to your account balance as of your last paycheck. For health care expenses, you may be reimbursed from your Health Care Flexible Spending Account up to the amount of your annual deposit.

You should keep your own records of claims you file.

Please Note: Under IRS regulations, you will forfeit any money left in your accounts at year end for which you have no outstanding claims. See the section **Money Left In Your Accounts At Year End** on page 10 of this summary plan description.

ELIGIBLE HEALTH CARE EXPENSES

You can use your Health Care Flexible Spending Account to be reimbursed for health care expenses that are not paid or reimbursed by any other medical or dental insurance. You may deposit any amount from \$200 to \$4,000 in your Health Care Flexible Spending Account.

Examples of eligible health care expenses for you and your dependents include:

- ▲ Medical expenses not covered by your University insurance plan, such as routine physical, or any other insurance plans
- ▲ Dental expenses not covered by any insurance plan
- ▲ Eye examinations, glasses and contact lenses
- ▲ Hearing exams and hearing aids
- ▲ Drugs that require a prescription, to the extent not covered by insurance
- ▲ Over the counter drugs – but only if used to alleviate or mitigate a specific disease, sickness, or injury. Please note that IRS regulations do not permit reimbursement of medications purchased for cosmetic remedies, vitamins, dietary supplements, or other things of that nature that are taken for general good health and welfare.
- ▲ Health care equipment - furniture or appliances not for general use
- ▲ Other health expenses that would be deductible under the Internal Revenue Code, such as weight loss or smoking cessation programs prescribed by a physician.

Please Note: After-tax premiums for employer-provided health and dental coverage are not eligible expenses for reimbursement.

Health care expenses are not eligible for reimbursement if they do not qualify for legitimate deductions for federal income tax purposes. A worksheet, including a list of eligible expenses, is available at your Benefits Office or access it at www.maine.edu/pdf/advacctworksheet.pdf

HEALTH CARE TAX CREDIT

If you use the Health Care Flexible Spending Account for these expenses, you cannot take a tax deduction on your income tax return for the same expenses, because you have paid for them with before-tax dollars.

ELIGIBLE DEPENDENT DAY CARE EXPENSES

You can use the Dependent Day Care Flexible Spending Account to be reimbursed for child or dependent day care expenses defined below.

An individual who qualifies for dependent day care services is a dependent child under the age of 13, whom you claim as a dependent for tax purposes, or your adult dependent or spouse who normally spends at least eight hours in your home each day and who is physically or mentally incapable of caring for himself or herself and earns less than \$3,200 (including any Social Security they may receive) in 2005 (indexed in future years). The amount for 2006 had not determined at the time of this printing.

In order to use your Dependent Day Care Flexible Spending Account, you must be sure that certain conditions required by Internal Revenue Service regulations are met for the expenses you incur. Services will qualify for reimbursement under the plan if they meet these requirements:

- ▲ Expenses for dependent day care that enable you to work if you're single, both you and your spouse to work, or you to work and your spouse to attend school on a full-time basis (at least five months during the year).
- ▲ Services inside or outside your home by a person who is not your dependent for income tax purposes and who is not your child under age 19.

- ▲ Services in a dependent or child care center or nursery school that complies with all applicable state and local regulations.
- ▲ Services by a housekeeper that include providing care for a qualified dependent.
- ▲ You must provide the name, address, and taxpayer identification number or Social Security number of the dependent day care provider.

You cannot be reimbursed for paying one dependent -- your teenager, for example to care for another dependent. And expenses will not be reimbursed for care in a convalescent nursing home or babysitting for social events or overnight camp. Lists of eligible and ineligible expenses are available at your Benefits Office or access it at www.maine.edu/pdf/advacctworksheet.pdf

The maximum allowable annual amount you may deposit is the lowest of \$5,000 (\$2,500 if married, filing separately), 50% of your income, or 100% of your spouse's income. For example, if you earn \$18,000 a year and your spouse earns \$4,000 a year, the maximum you can be reimbursed for dependent day care is \$4,000.

If your spouse does not have any earned income, but is either a full-time student at an educational institution or incapable of caring for himself or herself, regulations allow you to credit your spouse with a specific amount of income in order to determine your Dependent Day Care Flexible Spending Account deposit. You may assume your spouse to have earned income for each month of:

\$200, if you provide care for one qualifying dependent, or
\$400, if you provide care for more than one qualifying dependent.

For example, if your spouse attends school full-time for nine months during the year and you have one child, you would give your spouse credit for earning \$1,800 a year (9 months times \$200 = \$1,800). This would mean, then, that you could contribute up to \$1,800 to this account.

DEPENDENT CARE TAX CREDIT

Under current law, you can deduct certain dependent care expenses from your federal income tax.

However, expenses that are reimbursed to you from your Dependent Day Care Flexible Spending Account cannot also be claimed as federal income tax deductions. You can, if you wish, use your account for some expenses, and use the tax credit for others, but you cannot use both for the same expenses. In addition, any expenses that are reimbursed to you from your Dependent Day Care Flexible Spending Account will reduce, dollar-for-dollar, the amount of the federal tax credit you will be allowed to claim. So, for example, if you are eligible to claim \$3,000 as the federal tax credit and you are reimbursed \$1,500 from the Dependent Day Care Flexible Spending Account, the amount you can claim for the federal tax credit is reduced to \$1,500 ($\$3,000 - \$1,500 = \$1,500$).

For most people, the Dependent Day Care Flexible Spending Account will provide greater tax savings than the federal credit. The federal tax credit is a direct reduction of your federal income taxes. The Dependent Day Care Flexible Spending Account is a reduction of taxable income, and gives you savings on your state income taxes and Social Security taxes, as well as your federal income taxes.

In addition, depending on your and your spouse's income, you may be reimbursed for up to \$5,000 in dependent day care expenses through the Flexible Spending Account. The tax credit equals only a percentage (between 20% and 30%) of up to \$3,000 in expenses for one dependent, \$6,000 for two or more.

Use the Dependent Day Care worksheet available from your Benefits Office to determine which approach is more advantageous for you or access at www.maine.edu/pdf/advacctworksheet.pdf

THE BEFORE-TAX ADVANTAGE

Your health and dependent day care expenses are currently paid with after-tax dollars. When you use one of our Flexible Spending Accounts, you pay for expenses on a before-tax basis. This means you don't pay federal or state income or Social Security (FICA) taxes on the money you use for those expenses. So you lower the amount of your taxable income. As a result, you pay less in taxes and save money. Flexible Spending Accounts represent an up-to-date approach to lowering the high cost of health and dependent care services.

The following chart shows the difference between the after-tax and before-tax sequence in making payments.

With Flexible Spending Account

1. Your Pay
2. Before-Tax Expenses
3. Taxes Withheld
4. Available to You

Without Flexible Spending Account

1. Your Pay
2. Taxes Withheld
3. After-Tax Expenses
4. Available to You

The following examples illustrate the benefit to you of using the Flexible Spending Accounts by comparing expenses paid on an after-tax basis to expenses paid on a before-tax basis through a Flexible Spending Account. Taxes for these examples are based on 2005 federal and Maine state withholding tables and Social Security tax rates. Since tax rates are subject to change, and individual circumstances vary, you should calculate the tax advantage for your own situation.

Example #1

Let's assume you're single, earn \$20,000, and your eligible health care expenses for the year are \$1,000. (You claim one exemption.)

	<u>With Flexible Spending Account</u>	<u>Without Flexible Spending Account</u>
Annual Pay	\$20,000	\$20,000
Before-Tax Expenses	<u>1,000</u>	<u>0</u>
Taxable Pay	\$19,000	\$20,000
Taxes (Federal, FICA, State)	<u>3,717</u>	<u>4,015</u>
After-Tax Pay	\$15,283	\$15,985
After-Tax Expenses	<u>0</u>	<u>1,000</u>
Available to You	\$15,283	\$14,985
 ADVANTAGE	 \$ 298	

By using the Flexible Spending Account in this example, you pay \$298 less in taxes than you would otherwise. This savings means more money in your pocket.

Example #2

Let's assume you're married, with two children, earn \$35,000, and your eligible dependent day care expenses for the year are \$5,000. (You claim four exemptions.)

	<u>With Flexible Spending Account</u>	<u>Without Flexible Spending Account</u>
Annual Pay	\$35,000	\$35,000
Before-Tax Expenses	<u>5,000</u>	<u>0</u>
Taxable Pay	\$30,000	\$35,000
Taxes (Federal, FICA, State)	<u>3,587</u>	<u>4,697</u>
After-Tax Pay	\$26,413	\$30,303
After-Tax Expenses	<u>0</u>	<u>5,000</u>
Available to You	\$26,413	\$25,303
 ADVANTAGE	 \$ 1,110	

By using the Flexible Spending Account in this example, you pay \$1,110 less in taxes than you would otherwise. This savings means more money in your pocket.

THE EFFECT OF PARTICIPATION ON OTHER BENEFITS

Federal regulations do set limits on the amount of money you may deposit both in tax-free plans, such as these Flexible Spending Accounts, and in tax-deferred plans, such as tax-deferred annuities. You will be notified if adjustments have to be made.

In addition, by participating in the Flexible Spending Accounts, you will pay less in Social Security taxes. This could have a slight effect on your Social Security benefits when you retire.

Your other University benefits that are based on your earnings will not be affected by your before-tax savings. These benefits will continue to be based on gross earnings, where applicable.

The Health Care Flexible Spending Account does not change your current University System health benefits in any way.

PLANNING YOUR CONTRIBUTIONS

During the annual open enrollment period, you must choose whether or not to participate in the Flexible Spending Accounts for the coming year. Once this choice is made, you cannot enroll, make any changes in your deposits or end your participation during the year unless you have a change in family or employment status. Some examples are marriage, divorce, annulment, birth, adoption, death of your spouse or eligible dependent, loss of your spouse's employment, unpaid leave of absence, a change from full-time to part-time employment status, or vice versa, or change to less than half-time employment. Dependent Day Care amounts may be changed if you change day care providers or if the day care provider (other than a relative) increases the cost of care. Any changes in your participation must be on account of and consistent with the change in family or employment status, and must be made within 30 days of the status change.

You should take time to estimate your eligible health and dependent day care expenses for the coming calendar year. You must complete an enrollment form and specify the amount you wish to set aside on a before-tax basis for your Health and/or Dependent Day Care Flexible Spending Account(s).

To help you anticipate the amount you'll need in your Health Care Flexible Spending Account, review your medical and dental bills for the last few years. What types of medical or dental services are you and your family likely to need? Is orthodontia planned for any family member?

For your Dependent Day Care Flexible Spending Account, dependent care fees are generally known in advance, so you can more easily anticipate the amount you'll need.

CLAIMS FOR REIMBURSEMENT

You may file a claim for reimbursement at any time during the calendar year or during a grace period up to April 15 of the following year. Claims will be paid on a biweekly basis. Please refer to the reimbursement schedule that is posted on the System Office of Human Resources web page at www.maine.edu/bene.html

Please Note: The minimum claim amount of \$25 will not apply during December or the grace period up to April 15.

If you have health care expenses that are covered by any medical, HMO, or dental plan, you should first submit your claims for the expenses to the organizations providing coverage. If you are not reimbursed in full for your covered expenses, you should then submit a Flexible Spending Account claim.

APPEALING A DENIED CLAIM

If any benefits claimed under your Flexible Spending Accounts are denied, a written explanation will be provided.

In the event a claim has been denied, in whole or in part, you may appeal the decision and request a review of the claim. This request for review should be made in writing within 60 days after the denial. When requesting a review, you should state the reason you feel the claim is valid and submit any information, questions or comments you feel would be appropriate in reconsidering the claim.

Your request should be directed to:

University of Maine System
Office of Human Resources
16 Central Street
Bangor, Maine 04401-4380

The University will review all of the material pertinent to your appeal and provide you with a written explanation of its final decision.

MONEY LEFT IN ACCOUNTS AT YEAR END

Under IRS regulations, if you have any money left in your accounts at the end of the year, and you have no outstanding claims for eligible expenses incurred during the year, you will forfeit your unused balance. Therefore, it is important for you to carefully plan the amount of your deposits. Any forfeitures from plan participants for a given year will be used to offset the administrative costs of this program.

TERMINATION OF EMPLOYMENT

Your deposits in the Flexible Spending Accounts will stop when you leave the University System for any reason.

Under federal law, you may elect to continue your deposits in the Health Care Flexible Spending Account. If you do, you may submit claims for eligible expenses incurred after your termination date. If you fail to make a deposit, your election will be deemed to be revoked, and you may not submit claims for expenses incurred after your termination date.

If your employment with the University System ends during the year, you may not elect to continue deposits in the Dependent Day Care Flexible Spending Account. You may continue to submit claims for eligible expenses incurred during the year up to your account balance as of your termination date. Since you are eligible to receive up to your account balance only, dates of service can be after your termination date.

Under both accounts, you have until April 15 of the year following the year in which you leave the University System to submit these claims. After that date, you will forfeit your unused balance.

CONTINUED PARTICIPATION

As a Health Care Flexible Spending Account participant, you may have the right to elect to continue coverage under the Consolidated Omnibus Budget Reconciliation Act (COBRA). If you leave the University, there are certain qualifying events under which you and your eligible dependents have the right to elect to continue participating in the plan. COBRA requires that continued participation must be offered to you if participation ends because you are no longer an employee of the University or you are no longer in an eligible class. If you leave the University for any reason (except for being discharged due to gross misconduct), or if you are no longer in an eligible class, you may elect to continue to participate in the Health Care Flexible Spending Account for up to 18 months provided you continue making deposits.

Your qualified covered dependents can elect to continue to participate for up to 36 months if you die, become eligible for Medicare, become divorced or legally separated or they are no longer eligible under the terms of the plan. You or your dependents must notify the University if such an event occurs.

Continued coverage will end before the maximum time period is reached if:

- ▲ you do not make deposits on a timely basis;
- ▲ you or your dependent participates as an employee in another health care reimbursement account plan;
- ▲ in the case of a divorced spouse, he or she remarries and participates in another health care reimbursement account plan; or
- ▲ the plan ends.

If you or your dependents choose to participate, you or your eligible dependents must continue making deposits. An additional administrative fee of 2% of your deposit will be charged.

ADDITIONAL INFORMATION

Your total elected deposits to your Flexible Spending Accounts are for one year only and they can be used only to reimburse you for expenses incurred in that year. Next year you can change the amount of your deposits in your accounts, or you can decide not to participate at all.

If you deposit money in both the Health Care and Dependent Day Care Flexible Spending Accounts, your deposits will be held in separate accounts. Transfers of money from one account to the other are not allowed. Nor can you use your money deposited in one account for expenses eligible for reimbursement from the other account.

PLAN ADMINISTRATION

Name, Address, and Phone Number	University of Maine System Office of Human Resources 16 Central Street Bangor, Maine 04401-4380 (207) 973-3380
Plan Name	University of Maine System Flexible Spending Accounts
Plan Year	January 1 through December 31
Employer Identification Number	01-6000769W
Agent for Service of Legal Process	University of Maine System

ASSIGNMENT OF BENEFITS

For the protection of your interests and those of your dependents, your benefits under the Flexible Spending Accounts cannot be assigned and, to the extent permitted by law, are not subject to garnishment or attachment.

However, recently passed laws affecting employee benefits require plans such as this one to obey court orders (such as divorce decrees) that require a percentage of your benefits to be paid to your spouse, former spouse, child, or dependent. If such an order is a "Qualified Domestic Relations Order" from a court, any such payments will not violate this rule. In order to be "qualified," the court order has to meet certain standards.

You should understand that the plan has no discretion in these matters. The plan must obey the order of the court.

CONTINUATION OF THE PLAN

The University fully intends to continue this plan indefinitely, but reserves the right to make changes in the plan or to discontinue it at any time.

NON-DISCRIMINATION NOTICE

In complying with the letter and spirit of applicable laws and in pursuing its own goals of diversity, the University of Maine System shall not discriminate on the grounds of race, color, religion, sex, sexual orientation, national origin or citizenship status, age, disability, or veterans status in employment, education, and all other areas of the University. The University provides reasonable accommodations to qualified individuals with disabilities upon request.

Questions and complaints about discrimination in any area of the University should be directed to Sally Dobres, Equal Opportunity Director, University of Maine System, Office of Human Resources, 107 Maine Avenue, Bangor, Maine 04401, (207) 621-3199 (voice) or (207) 973-3300 (TTY/TDD). Inquires or complaints about discrimination in employment or education may also be referred to the Maine Human Rights Commission. Inquiries or complaints about discrimination in employment may be referred to the U.S. Equal Opportunity Commission.

Inquiries about the University's compliance with Title VI of the Civil Rights Act of 1964, which prohibits discrimination on the basis of race, color, and national origin; Section 504 of the Rehabilitation Act of 1973 and Title II of the Americans with Disabilities Act of 1990, which prohibit discrimination on the basis of disability; Title IX of the Education Amendments of 1972, which prohibits discrimination on the basis of sex; and the Age Discrimination Act of 1975, which prohibits discrimination on the basis of age, may also be referred to the U.S. Department of Education, Office for Civil Rights (OCR), Boston, MA 02109-4557, telephone (617) 223-9662 (voice) or (617) 223-9695 (TTY/TDD). Generally, an individual may also file a complaint with OCR within 180 days of alleged discrimination.

ERISA

The University of Maine System has established this Plan for the benefit of its employees. The provisions of the Employee Retirement Income Security Act of 1974 (ERISA) do not apply to this plan.

The University of Maine System anticipates that this Plan is established as a permanent health and welfare benefit plan. The University of Maine System, however, reserves the right to amend, modify or terminate the Plan, or any part of the Plan, by written instrument executed by the University of Maine System. Upon execution of such instrument, such instrument will become effective in accordance with its terms as to all Plan Participants and all persons having or claiming any interest hereunder.

CHANCELLOR'S OFFICE/SYSTEM WIDE SERVICES

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

The Chancellor's Office/System Wide Services Health Care Component ("University" or "we") must maintain the privacy of your protected health information ("PHI") and give you this notice that describes our legal duties and privacy practices concerning your PHI. Health information and other student records of University of Maine System students are generally not subject to this notice and are protected by other federal and state laws. In general, when we release your PHI, we must release only that information we need to achieve the purpose of the use or disclosure. However, all of your PHI, with limited exceptions, will be available for release if you sign an authorization form, if you request the information for yourself, to a provider regarding your treatment, or due to a legal requirement. We must follow the privacy practices described in this notice. However, we reserve the right to change the privacy practices described in this notice, in accordance with the law. Changes to our privacy practices would apply to all health information we maintain. If we change our Notice of Privacy Practices, you will receive a revised copy at your next visit. Participants in the Health Care Advantage Account and the System EAP will receive a revised copy within 60 days of a material revision.

Without your written authorization, we can use and disclose your protected health information for the following purposes:

1. **Treatment:** For example, we may use or disclose the information in your medical record to determine which treatment option best addresses your health needs. The treatment selected will be documented in your medical record, so that other health care professionals can make informed decisions about your care. Notwithstanding the above, in non-emergency situations, authorization is required to disclose health care information derived from mental health services provided by certain providers to outside health care practitioners or facilities.
2. **Payment:** In order for an insurance company to pay for your treatment, we must submit information that identifies you, your diagnosis, and the treatment provided to you. As a result, we will pass such health information on to an insurer in order to help receive payment for your medical bills.
3. **Health Care Operations:** We may need your diagnosis, treatment, and outcome information in order to improve the quality or cost of care we deliver. These quality and cost improvement activities may include evaluating the performance of your health care providers, or examining the effectiveness of the treatment provided to you when compared to patients in similar situations. In addition, we may want to use your protected health information for appointment reminders. For example, we may look at your medical record to determine the date and time of your next appointment with us, and then send you a reminder letter to help you remember the appointment.
4. **Required by Law:** As required by law, we may use and disclose your protected health information. For example, we may disclose medical information to government officials to demonstrate compliance with HIPAA.
5. **Public Health:** As required by law, we may use or disclose your protected health information to public health authorities for purposes related to; preventing or controlling disease, injury or disability, reporting child abuse or neglect, reporting to the Food and Drug Administration problems with products and reactions to medications, and reporting disease or infection exposure.
6. **Health Oversight Activities:** We may use or disclose your protected health information to health agencies during the course of audits, investigations, inspections, licensure and other proceedings related to oversight of the health care system.
7. **Judicial and Administrative Proceedings:** We may use or disclose your protected health information in the course of any administrative or judicial proceeding in response to a court order or as otherwise authorized or required by statute.

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8. **Law Enforcement:** We may use or disclose your protected health information to a law enforcement official for purposes such as reporting a crime at our facility, in complying with a court order, subpoena or similar lawful process if disclosure is authorized or required by statute, to protect the public health and welfare when reporting is required or authorized by law, and for other law enforcement purposes as authorized or required by statute.
9. **Coroners, Medical Examiners and Funeral Directors:** We may use or disclose your protected health information to coroners, medical examiners and funeral directors. For example, this may be necessary to identify a deceased person or determine the cause of death.
10. **Organ and Tissue Donation:** If you are an organ donor, we may use or disclose your protected health information to organizations involved in procuring, banking or transplanting organs and tissues, as necessary to facilitate organ or tissue donation or transplantation.
11. **Public Safety:** We may use or disclose your protected health information to appropriate persons in order to prevent or lessen a direct threat of imminent harm to the health and safety of any individual.
12. **National Security:** We may use or disclose your protected health information to authorized officials for purposes of intelligence, counterintelligence, other national security activities and protective services for governmental leaders as authorized or required by statute.
13. **Worker's Compensation:** We may disclose your protected health information as necessary to comply with worker's compensation or similar laws.
14. **Marketing:** We will not engage in any marketing or fund raising activities using your protected health information.
15. **Disclosures to Plan Sponsors:** We may disclose your protected health information to the sponsor of your health plan (if applicable), for the purposes of administering benefits under the plan.
16. **Domestic Violence:** We may disclose your protected health information to a government authority authorized by law to receive reports of abuse, neglect, or domestic violence if we reasonably believe you to be a victim of abuse, neglect, or domestic violence to the extent the disclosure is required or authorized by law or if you agree to the disclosure.

17. **Research:** We may disclose your protected health information for research, regardless of the source of funding of the research, provided that we obtain documentation that an alteration to or waiver, in whole or in part, of authorization for use or disclosure of protected health information has been approved either by an Institutional Review Board or a privacy board, or if such disclosure is otherwise permitted by law.
18. **Military and Veterans:** If you are a member of the armed forces, we may use or disclose your protected health information to provide information about immunization and/or a brief confirmation of general health status as required by military command authorities.
19. **Inmates:** If you are an inmate at a correctional facility or in the custody of a law enforcement official, we may use or disclose your protected health information to the correctional facility or to the law enforcement official as may be necessary to provide information about immunization and/or a brief confirmation of general health status, or as otherwise authorized or required by law.
20. **Family or Household Members:** we may use or disclose your protected health information, pursuant to your verbal agreement, and in certain circumstances without your agreement, for the purpose of including you in our directory or for purposes of releasing information to family or household members, who are involved in your care or payment for your care.
21. **Emergency Services:** We may use or disclose your protected health information to provide to emergency services, health care or relief agencies a brief confirmation of your health status for purposes or notifying your family or household members.
22. **Business Associates:** We may use or disclose your protected health information to a Business Associate, who is specifically contracted to provide us with services utilizing that health information, pursuant to an approved business associate agreement which assures, to the extent practicable, that the business associate will handle the protected health information in compliance with privacy regulations.
23. **Limited Data Set:** We may use or disclose your protected health information as part of a limited data set if we enter into a data use agreement with the limited data set recipient. A limited data set is protected health information that excludes most direct identifiers of an individual or of relatives, employers or household members of the individual.

When the University May Not Use or Disclose Your Health Information:

Except as described in this Notice of Privacy Practices we will not use or disclose your health information without written authorization from you. If we ask for an authorization, we will give you a copy. If we disclose partial or incomplete information as compared to the authorization to disclose, we will expressly indicate that the information is partial or incomplete. If you do authorize us to use or disclose your health information for another purpose, you may revoke your authorization in writing at any time. If you revoke your authorization, we will no longer be able to use or disclose health information about you for the reasons covered by your written authorization, though we will be unable to take back any disclosure we have already made with your permission. Revocation may be the basis for the denial of health benefits or other insurance coverage or benefits.

Statement of Your Health Information Rights:

1. **Right to Request Restrictions:** You have the right to request restrictions on certain uses and disclosures of your health information. The University is not required to agree to the restrictions that you request. If you would like to make a request for restrictions, you must submit your request in writing to Anthony J. Richard, Telephone 207-973-3379.
2. **Right to Request Confidential Communications:** You have the right to request that you receive your health information through a reasonable alternative means or at an alternative location. A University health care provider is required to accommodate reasonable requests. A health plan must permit individuals to request and must accommodate reasonable requests to receive communications by alternative means or at alternative locations, if the individual clearly states that the disclosure of all or part of that information could endanger the individual. To request confidential communications, you must submit your request in writing to Anthony J. Richard, Telephone 207-973-3379.
3. **Right to Inspect and Copy:** With very limited exceptions, you have the right to inspect and copy health information about you. To inspect and copy such information, you must submit your request in writing to Anthony J. Richard, Telephone 207-973-3379. If you request a copy of the information, we may charge you a reasonable fee to cover the expenses associated with your request.
4. **Right to Request Amendment:** You have the right to request the University correct, clarify and amend your health information. To request a correction, clarification or amendment, you must make your request in writing to Anthony J. Richard, Telephone 207-973-3379. We may add a response to your submitted correction, clarification or amendment and will provide you with a copy.

5. **Right to Accounting of Disclosures:** You have the right to receive a list or “accounting of disclosures” of your health information made by the University, except that we do not have to account for disclosures made for the purposes of treatment, payment functions, or health care operations, or for those disclosures made to you. Additionally, we do not have to account for disclosures made pursuant to an authorization; for those made to our facility’s directory or to those persons involved in your care; incidental disclosures; for lawful inquiries made pursuant to national security or intelligence purposes; for lawful inquiries made by correctional institutions or other law enforcement officials in custodial situations; or, for disclosures when your information may become part of a limited data set. To request this accounting of disclosures, you must submit your request in writing to Anthony J. Richard, Telephone 207-973-3379. Your request should specify a time period of up to six years and may not include dates before April 14, 2003. The University will provide one list per 12 month period free or charge; we may charge you for additional lists.

6. **Right to Paper Copy:** You have a right to receive a paper copy of this Notice of Privacy Practices at any time. To obtain a paper copy of this Notice, send your written request to Anthony J. Richard, Telephone 207-973-3379. You may also obtain a copy of this notice at our website, www.maine.edu/bene.html

If you would like to have a more detailed explanation of these rights, or if you would like to exercise one or more of these rights, contact Anthony J. Richard, Telephone 207-973-3379.

Changes to this Notice of Privacy Practices

The University reserves the right to amend this Notice of Privacy Practices at any time in the future and to make the new Notice provisions effective for all health information that it maintains. We will promptly revise our Notice and distribute it to you at your next visit whenever we make material changes to the Notice. Participants in the Health Care Advantage Account and the System EAP will receive a revised copy within 60 days of a material revision. Until such time, the University is required by law to comply with the current version of this Notice.

Complaints

Complaints about this Notice of Privacy Practices or other inquiries about how we handle your health information should be directed to Anthony J. Richard, Telephone 207-973-3379. The University will not retaliate against you in any way for filing a complaint, participating in an investigation, or exercising any other rights under the Health Insurance Portability and Accountability Act (HIPAA). All complaints to the University must be submitted in writing. If you believe your privacy rights have been violated, you may file a complaint with the Secretary of the U. S. Department of Health and Human Services.

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**TO REQUEST THIS PUBLICATION IN AN ALTERNATE
FORMAT, PLEASE CONTACT THE SYSTEM OFFICE OF
HUMAN RESOURCES AT 973-3370 (VOICE) OR 973-3300 (TTY)**