

2009 ENROLLMENT KIT



- Open Enrollment is from November 3, 2008 – November 28, 2008.
- Make your elections online using MaineStreet Self-Service, or completed forms must be received by November 28, 2008.
- Your elections will be effective January 1, 2009.

The University of Maine System is pleased to offer the UMS Select Employee Benefits Program for 2009. This enrollment kit outlines the benefits and choices offered to you and your family for the new calendar year. Please take the time to review the materials so that you are familiar with the programs available.

**Employees must take the following steps
to ensure their benefit elections for 2009 are recorded correctly:**

Step 1:	Review the enrollment materials.
Step 2:	If you want to enroll in the Health Care or Dependent Day Care Flexible Spending Accounts (FSA's), use the MaineStreet Self-Service online feature, OR contact your Campus Benefits Office to obtain, complete, and sign the FSA portion of your Personal Enrollment Form. <u>You must re-enroll for 2009 FSA's even if you are currently participating in 2008.</u>
Step 3:	If you do not want to enroll in the 2009 FSA's or change other current benefit program elections, you do not have to use the online feature or request your Personal Enrollment Form. If, however, you want to enroll in any benefit for the first time or want to make a change in your medical or dental election, Vision, Supplemental (Optional) Life, Spousal Life, Dependent Life, Supplemental (Optional) Accidental Death and Dismemberment, or Short-Term Disability coverage, or change life insurance beneficiaries, you must use the MaineStreet Self-Service online feature, OR contact your Campus Benefits Office to obtain, complete, and sign your Personal Enrollment Form, subject to Evidence of Insurability (where appropriate).
Step 4:	During this open enrollment, it is essential that you review your dependent information to make sure it includes all of your dependents, even if they are not currently enrolled in a University benefit. Dependent information can also be reviewed using the online feature.
Step 5:	Enter your elections online using MaineStreet Self-Service or submit all enrollment forms and updated dependent information to your Campus Benefits Office (see Page 15 for addresses) by November 28, 2008.

In this enrollment kit, you will find a:

- Summary of all UMS Select Benefit Programs and Options.
- Detailed summary of Anthem Blue Cross and Blue Shield Medical Plans available.
 - COMP-CARE Comprehensive Group Health Plan.
 - HMO CHOICE Point of Service (POS) Plan.
- Detailed summary of the CIGNA Dental and Vision Plans.
- UMS Notice of Privacy Practices (Last Revised Sept., 2003).

If you have any questions regarding the enrollment kit, your eligibility for these programs, the benefits available, how to use the MaineStreet Self-Service online enrollment feature or obtain and complete enrollment forms, please contact the Human Resources/Benefits Office at your campus (see Page 15) or visit www.maine.edu/system/hr/bene.php.

INTRODUCTION

The University of Maine System is proud to offer employees the UMS Select Employee Benefits Program. This program has been designed to meet two important goals:

- ↳ Provide benefits for a variety of needs and lifestyles;
and
- ↳ Keep benefits affordable for everyone.

In this enrollment booklet you will find descriptions of health and other benefits designed with flexibility to afford you an opportunity to create your own personalized benefits package. You can elect the coverage that best suits your needs and those of your family. Please take the time to carefully read this information so you may better understand your benefits. **The benefits described in this booklet are effective January 1, 2009.**

This enrollment booklet provides a summary of your benefits. Full details, including exclusions, are available in the legal plan documents and insurance contracts that officially govern each plan. If there is a conflict between any information in this booklet and the legal plan documents and contracts, the legal plan documents and contracts shall be controlling.

The University of Maine System hopes and expects to continue these plans indefinitely, but reserves the right to make changes to the plans or to discontinue the plans at any time.

***NOTE: You may be eligible for some or all of the benefit programs described in this booklet. Please contact your Campus Benefits Office if you have questions regarding your eligibility for these programs or visit:
www.maine.edu/system/hr/bene.php***

ANNUAL ENROLLMENT

The elections you make now will be in effect for the 12-month period from January 1 through December 31, 2009. Outside of the enrollment period, you may change your elections only if you have a “qualifying status change” as defined by law.

You may change your elections to reflect your change in status within 31 days of the actual event. A change in status generally means:

- ↳ marriage or divorce.
- ↳ birth or adoption of a child.
- ↳ death of a dependent.
- ↳ change in your or your spouse’s employment status.

If you have a status change and wish to modify any of your elections or coverage amounts, please contact your Campus Benefits Office or access the appropriate forms at www.maine.edu/system/hr/bene.php.



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ELIGIBILITY

Employees eligible for the University of Maine System benefits described in this enrollment booklet include:

- ↪ Active full-time regular and part-time regular employees who work at least 50% of full-time employee hours;
- ↪ Employees with shared appointment status;
- ↪ Employees participating in the Partial Phased Retirement Program;
- ↪ Part-time faculty who meet eligibility and current workload criteria;
- ↪ Benefits Regular (BR) employees, defined as part-time regular employees (other than faculty) who have at least five years of continuous, regular, full-time equivalent University service (this includes employees who were full-time, but have reduced to part-time status, and employees who have always worked in a part-time capacity);
- ↪ Foreign visiting faculty participating in a University of Maine System exchange program; and
- ↪ Retired employees, widows/widowers, and former employees on Long Term Disability (medical and dental only) and COBRA beneficiaries (medical, dental, and vision only).

If you have questions regarding your eligibility for coverage, please contact your Campus Benefits Office.

COVERAGE EFFECTIVE DATES

In general, medical, dental, vision, life, long term disability, short term disability, and AD&D insurance coverage commence on the date of hire or on the date of eligibility as long as the employee enrolls within 31 days of that date. For life and AD&D insurance, you must be actively at work on the effective date for coverage to begin.

Your dependents are eligible for coverage on the same day as you. Eligible dependents include your spouse, domestic partner, or unmarried, dependent children under age 23. You may also cover the children of your domestic partner, provided they are your dependent or your domestic partner's dependent in accordance with the Internal Revenue Code.

Domestic partners must meet the University of Maine System eligibility requirements. A signed affidavit is required. Contact your Campus Benefits Office if you have questions.

All subsequent references to "spouse" in this booklet also apply to domestic partners.

TERMINATION OF COVERAGE

Your short and long term disability coverage end on the day on which you terminate employment.

Medical, dental, vision, and life coverage continue until the end of the month in which separation occurs. You may be able to continue your medical, dental, and vision care coverage under COBRA if your employment terminates.

MEDICAL PLANS

Choosing which benefit options are right for you is one of the most important decisions you make all year. Medical coverage is among your most valuable benefits. It's also a benefit you may not think about often — until you need it. The University of Maine System offers a choice between two different medical plans, both of which cover a wide range of services, from hospitalization to doctor's office visits, from prescription drugs to surgery. Whichever medical plan you select, you can be sure that it is there to protect you from financially burdensome medical bills. Please refer to the Anthem Blue Cross and Blue Shield (Anthem BCBS) benefit summary for details at www.maine.edu/system/hr/bene.php.

During this Open Enrollment, you have the option to:

- ↔ Enroll in or drop coverage.***
- ↔ Change plans.***
- ↔ Add or delete eligible dependents.***

Simply use the MaineStreet Self-Service online feature, or contact your Campus Benefits Office to obtain, complete, and sign your Personal Enrollment Form.

COMP-CARE COMPREHENSIVE GROUP HEALTH PLAN

The COMP-CARE Plan is insured with Anthem BCBS. This program allows complete freedom of provider choice so that participants needing care may select any medical care provider they wish. However, before charges are covered, you must satisfy an annual deductible and pay 20% of the provider's billed charges. Once your annual out of pocket charges are satisfied, covered services are paid at 100%.

This program requires pre-certification and utilization review by Anthem BCBS for inpatient hospital stays and other listed procedures.

HMO CHOICE POINT-OF-SERVICE (POS) PLAN

The POS plan is also insured with Anthem BCBS, and overall, offers a higher level of benefits than the COMP-CARE Plan.

The POS plan is a managed care program that utilizes a network of health care providers.

The Anthem BCBS network currently includes all hospitals in Maine and is the largest physician network in Maine. The network includes primary care physicians, as well as specialty providers such as internists, chiropractors, cardiologists and neurologists.

You can log onto the Anthem BCBS website at www.anthem.com for an online provider directory or call Anthem directly at 1-800-527-7706 to obtain a hardcopy.

Each participant must choose a network provider to act as his or her Primary Care Physician. Primary Care Physicians are responsible for coordinating the care of their patients to ensure that patients receive the most appropriate care available.

Participants in the POS program have the option to use network or non-network providers.

Participants using network providers are covered 100% for hospitalization and pay only a co-payment for physician services. There are no deductibles or claim forms when using network providers.

Participants choosing to use non-network providers receive benefits similar to the COMP-CARE Plan, but with a higher out-of-pocket maximum. When you receive care outside the network, this program also requires pre-certification and utilization review by Anthem BCBS for inpatient hospital stays and other listed procedures.

University of Maine System

The full cost of the University Group Health Plan Coverage ranges between \$502 and \$1,496 per month depending on the plan and coverage level selected. For specific employee contributions to the premium, refer to the appropriate chart below.

TOTAL MONTHLY GROUP HEALTH PREMIUMS FOR UNIVERSITY EMPLOYEES

	TOTAL	Single Coverage	Single +One Coverage	Family Coverage
Comprehensive	Monthly Premium	\$534.30	\$1,175.48	\$1,495.99
Point-of-Service	Monthly Premium	\$502.44	\$1,105.34	\$1,406.79

EMPLOYEE SHARE OF GROUP HEALTH PREMIUMS@

Comprehensive Health Plan and Point of Service Plan Health Plan

Full-Time Regular Active Employees – Effective JANUARY 1, 2009

Premium contributions are subject to change through collective bargaining and University policy.

	Single Coverage		Single +One Coverage		Family Coverage	
	POS	COMP	POS	COMP	POS	COMP
*Faculty (full-time) – Monthly Premium	\$57.42	\$57.42	\$138.57	\$138.57	\$179.15	\$179.15
*Non-Represented Salaried, Faculty (including Law School) and UMPSA - Monthly Premium	56.53	60.11	136.41	145.07	176.36	187.53
*Non-Rep. Hourly Confidential/University Supervisors, Service & Maintenance, Police, and COLT - Biweekly Premium	26.09	27.74	62.96	66.96	81.40	86.55

EMPLOYEE SHARE OF GROUP HEALTH PREMIUMS

For Eligible **Part-Time** Active Employees --Effective JANUARY 1, 2009

Premium contributions are subject to change through collective bargaining and University policy.

		Single Coverage	Single +One Coverage	Family Coverage
Comprehensive Plan	Biweekly Premium	\$123.30** \$ 98.64***	\$271.27** \$217.01***	\$345.23** \$276.18***
	Monthly Premium	267.15** 213.72***/+	587.74** 470.19***/+	748.00** 598.40***/+
Point of Service Plan	Biweekly Premium	115.95** 92.76***	255.08** 204.06***	324.64** 259.72***
	Monthly Premium	251.22** 200.98***/+	552.67** 442.14***/+	703.40** 562.72***/+

*All FTR employees, which includes BR status, shared appointments, and partial/phased retirement.

** All Eligible PTR employees (including Law School Faculty) working 50% to 74% time.

***All Eligible PTR employees (including Law School Faculty) working 75% to 99% time.

+ Part-Time Temporary Faculty in CBUUnit F with 6 or more service units.

@ Subject to ratification and execution of collective bargaining agreements where appropriate.

HltPremRteJan2009 (Revised October, 2008)

PRESCRIPTION DRUG COVERAGE

Both medical plan options offered by the University of Maine System provide employees with prescription drug coverage.

All employees are covered for both generic drugs and brand name drugs. Because brand name drugs are typically more expensive than generic drugs, you should ask your physician to prescribe a generic drug, if appropriate.

All HMO Choice (POS) and COMP-CARE enrollees have the opportunity to use the mail order program. The mail order program allows you the convenience of having a three-month supply of maintenance drugs delivered right to your home!

If you have any questions on how to best utilize your prescription drug coverage, please feel free to call Anthem BCBS at 1-800-527-7706.

VISION PLAN

NEW – The University of Maine System is pleased to offer a voluntary vision plan through CIGNA, the same carrier providing your voluntary dental plan.

You are eligible to elect coverage for yourself, your spouse, and/or your dependent children (up to the age of 23). You will be responsible for 100% of the premium for whatever level of coverage you elect. The premium will be deducted on a pre-tax basis and, for biweekly employees, the premium will be deducted in 24 installments over the calendar year, rather than 26 (the same as your dental premiums). This will slightly increase each biweekly deduction; however, in those 2 months during the year when there is a third biweekly pay, you will have a vision premium holiday, with no premium deducted.

The voluntary vision plan provides coverage for an annual routine eye examination, an allowance for eyeglass frames, an allowance for lenses,

and/or an allowance for contact lenses. For more detailed information regarding the new voluntary vision plan through CIGNA, please contact your Campus Benefits Office or go to our website at

www.maine.edu/system/hr/bene.php

IMPORTANT: If you are already enrolled in the voluntary vision plan or if you elect the voluntary vision plan during this open enrollment period, you must remain in the plan until next year's open enrollment. The only exceptions are if you have a qualified family or employment status change during the year that permits you to make changes.

DENTAL PLAN

Because it is important to maintain your oral health, the University of Maine System offers all benefit eligible employees the opportunity to purchase comprehensive dental insurance in the CIGNA dental plan.

NOTE: Effective January 1, 2009, premiums will increase by approximately 8.5%.

Dependent children may be covered up to age 23. Also, if you cover one (1) dependent child under the dental plan, you must cover all eligible dependent children.

Please see Page 16 of this booklet for a summary of benefits.

The University of Maine System pays 100% of the single coverage premium for full-time regular employees, 50% of the single coverage premium for eligible part-time regular employees, and 60% of the single coverage premium for eligible part-time temporary faculty. You will be responsible for 100% of the dependent premium regardless of whether you are full-time regular, part-time regular, or eligible temporary faculty. The dental premiums for biweekly employees will continue to be deducted in 24 equal installments over the course of the calendar year, rather than 26. This will slightly increase each biweekly deduction; however, in those 2 months during the year when there is a third biweekly pay, you will have a dental premium holiday, with no premium deducted.

If you wish to make changes to your dental election (e.g. add or remove eligible dependents), please use the MaineStreet Self-Service online feature, or contact your Campus Benefits Office to obtain, complete, and sign your Personal Enrollment Form.

LIFE INSURANCE

Because it is important to provide financial security for those you care about in the event of your death,

the University of Maine System provides a basic life insurance benefit at no cost to you.

In addition, the University of Maine System allows you to purchase additional coverage for you, your spouse, and your dependent children. The life insurance program is insured through Prudential.

BASIC LIFE INSURANCE

The University of Maine System provides you with insurance equal to your annual salary, rounded up to the next highest \$1,000. In the event of your death, your life insurance benefits are paid to your designated beneficiary(ies).

If you wish to change your beneficiary(ies) or designate multiple primary or contingent beneficiaries, complete the Beneficiary Designation form located at www.maine.edu/system/hr/bene.php and return it to your Campus Benefits Office.

SUPPLEMENTAL (OPTIONAL) LIFE INSURANCE

You may elect to purchase 1, 2, 3, 4 or 5 times your annual salary in additional life insurance coverage. However, the combination of basic and supplemental (optional) life insurance cannot exceed \$1,000,000. You pay for the supplemental life insurance at low group rates through payroll deductions.

During this open enrollment, you may increase your existing coverage one multiple of your salary, up to the guarantee limit (the lesser of 3 times your salary or \$300,000). **If you elect to increase by more than 1 multiple or to 4 or 5 times, or if your coverage will exceed \$300,000, you must submit an Evidence of Insurability form.** If you currently do not have supplemental life coverage, you can enroll for 1 times your salary without submitting an Evidence of Insurability form.

If you wish to enroll for more than 1 times your salary, Evidence of Insurability is required. Evidence of Insurability forms are available from your Campus Benefits Office.

SUPPLEMENTAL (OPTIONAL) LIFE INSURANCE – Cont.

How to calculate the cost of your supplemental life insurance election:

1. Enter your annual salary _____
2. Enter your election (1-5x) _____
3. Multiply #1 times #2 _____
4. Round to next highest 1,000 _____
5. Divide #4 by 1,000 _____
6. Enter the monthly or biweekly cost for your age _____
7. Multiply #5 times #6 _____

Cost of Supplemental Life Insurance

All costs per \$1,000 of coverage

	Monthly	Biweekly
If your age is:	Your cost is:	Your cost is:
Under 35	\$.04	\$.02
35 – 39	.07	.03
40 – 44	.09	.04
45 – 49	.15	.07
50 – 54	.23	.11
55 – 59	.43	.20
60 – 64	.66	.31
65 – 69	1.27	.59
70+	Not Available	

NOTE: Premiums for 2009 will remain unchanged.

The amount calculated on line 7 is your estimated cost for supplemental insurance. This is the amount that will be deducted on a monthly or biweekly basis. Coverage ceases at age 70.

If you wish to change your beneficiary or designate multiple primary or contingent beneficiaries, please complete the Beneficiary Designation form located at www.maine.edu/system/hr/bene.php and return it to your Campus Benefits Office.

SPOUSAL LIFE INSURANCE

You may also want to financially protect yourself and your dependents in the case of loss of your spouse. To meet this need, the University of Maine System program allows you to purchase coverage for your spouse. The amount of insurance is purchased in \$10,000 increments, up to a maximum of \$50,000. Spousal life insurance cannot exceed 1/2 your own combined basic and optional life insurance amount.

During this open enrollment, you can increase your spousal life insurance by 1 increment of \$10,000 without providing Evidence of Insurability. Greater increases require an Evidence of Insurability form, which is available from your Campus Benefits Office.

How to calculate the cost of your spousal life election:

1. Enter amount selected
(\$10,000, \$20,000, \$30,000, \$40,000 or \$50,000) _____
2. Divide by 1,000 _____
3. Enter the monthly or
biweekly cost for your
spouse's age _____
4. Multiply #2 times #3 _____

Cost of Spousal Life Insurance

All costs per \$1,000 of coverage

	Monthly	Biweekly
Spouse age:	Your cost is:	Your cost is:
Under 35	\$.08	\$.04
35 – 39	.10	.05
40 – 44	.11	.05
45 – 49	.16	.07
50 – 54	.26	.12
55 – 59	.51	.24
60 – 64	.67	.31
65 – 69	1.27	.59
70+	Not Available	

NOTE: Premiums for 2009 will remain unchanged.

The amount calculated on line 4 is your estimated cost for spousal insurance. This is the amount that will be deducted from your paycheck on a monthly or biweekly basis.

Coverage ceases when your spouse reaches age 70.

If your spouse passes away, you, the employee, are automatically named as beneficiary.

DEPENDENT CHILD(REN) LIFE INSURANCE

You may also buy life insurance coverage for your eligible dependents from birth to age 23. You may elect two levels of dependent life insurance. **No Evidence of Insurability is required.**

Option I	\$5,000 per child
Option II	\$10,000 per child

Cost of Dependent Life Insurance	
Option I	\$.28 monthly \$.13 biweekly
Option II	\$.55 monthly \$.25 biweekly

NOTE: Premiums for 2009 will remain unchanged.

If a child passes away, you are the named beneficiary.

It is your responsibility to notify your local Campus Benefits Office when a child is no longer eligible for dependent status.

EVIDENCE OF INSURABILITY

If you are enrolling for a level of life insurance coverage that requires verification of good health, *an Evidence of Insurability form may be obtained from your Campus Benefits Office.* Employees must be actively at work and dependents must not be hospitalized or considered disabled on January 1, 2009 for coverage to be effective.

When your group term life insurance ends due to termination, resignation, retirement, etc., you may have the option to convert the basic, supplemental, spousal, and dependent child coverage to an individual policy directly with Prudential. A Notice of Conversion Rights will be sent to you at that time.

ACCIDENTAL DEATH & DISMEMBERMENT

Accidental Death & Dismemberment (AD&D) insurance provides your family with an added measure of financial protection. AD&D insurance differs from life insurance in that in addition to protection against death you are covered for other life changing injuries such as loss of limbs and loss of sight or hearing.

The AD&D insurance program is also insured through Prudential.

BASIC AD&D INSURANCE

The University of Maine System provides, at no cost to you, an insurance amount equal to your annual salary, rounded up to the next highest \$1,000. Your AD&D insurance benefits are paid to you or your designated beneficiary(ies).

When your group term basic AD&D coverage ends due to termination, resignation, retirement, etc., there is no option to convert the group coverage to an individual policy.

SUPPLEMENTAL (OPTIONAL) AD&D INSURANCE

In addition to the coverage that the University of Maine System provides to you at no cost, you may elect to purchase additional AD&D coverage in increments of \$10,000 to a maximum of \$350,000. You pay for the Supplemental (Optional) AD&D insurance at low group rates through payroll deductions. **The amount you elect cannot exceed 10 times your salary.**

You may purchase either individual or family coverage. If you purchase individual coverage, you will be insured for the amount elected. If you purchase family coverage, your spouse and dependent children will receive partial coverage.

WHEN YOU SELECT FAMILY COVERAGE

Each family member's coverage is a percentage of the benefit amount you select.

- ↳ If you have a spouse, your spouse's coverage amount is 60% of your election.
- ↳ If you have dependent children, each child is covered for 20% of your amount (up to a maximum of \$50,000 per child).

For family coverage, if one of your family members passes away, you, the employee, are automatically named as beneficiary.

SCHEDULE OF BENEFITS

Under the Basic AD&D plan, and if you participate in the Supplemental (Optional) AD&D plan, you (and if enrolled for family coverage, your eligible dependents) are insured for injuries that result from a covered accident within 365 days as specified below:

For the loss of:	Amount Payable:
Life	100%
Both hands, feet or sight of eyes	100%
One hand and one foot	100%
One hand or foot and one eye	100%
Speech and hearing in both ears	100%
One hand or foot or one eye	50%
Speech or hearing in both ears	50%
Thumb and index finger of same hand	25%

The Basic AD&D plan includes:

- ↳ Repatriation of Remains Benefit.
- ↳ Seat Belt & Airbag Benefit.

The Supplemental (Optional) AD&D plan includes:

- ↳ Seat Belt & Airbag Benefit.

How to calculate the cost of your Supplemental AD&D insurance election:

1. Enter amount selected _____
(Increments of \$10,000, up to \$350,000)
2. Divide by 10,000 _____
3. Enter the monthly or biweekly rate below _____
4. Multiply #2 times #3 _____

Cost of Supplemental AD&D Coverage
All costs per \$10,000 of coverage

	Monthly	Biweekly
	Your cost is:	Your cost is:
Individual Coverage	\$.15	\$.07
Family Coverage	\$.26	\$.12

NOTE: Premiums for 2009 will remain unchanged.

The amount calculated on line 4 is your estimated cost for Supplemental AD&D insurance. This is the amount that will be deducted from your paycheck on a monthly or biweekly basis.

FLEXIBLE SPENDING ACCOUNTS (FSA's)

Flexible Spending Accounts (FSA's), allow you to pay for eligible unreimbursed health care and for dependent day care expenses with before-tax dollars. This results in valuable tax savings. Participation in these accounts is entirely voluntary. You may sign up for one, both or neither option. The enrollment form must be completed each year (or you may use the online feature of MaineStreet Self-Service) for the accounts, even if you participated the previous year.

USING YOUR ACCOUNTS

FSA's work much like checking accounts. Before the beginning of each calendar year, you decide how much you want to deposit in each account for the following year. The money will be automatically deducted from your check each pay period in equal amounts – before any federal, state income or Social Security (FICA) taxes are taken out.

The maximum you can contribute in a calendar year is:

Health Care	\$4,000
Dependent Day Care	\$5,000

The minimum you can contribute to either account in a calendar year is \$200.

You then continue to pay expenses as you do now. After you pay expenses that qualify under the program, simply submit a claim form to EBPA, the University's FSA administrator, along with your receipts for expenses, and you will be reimbursed in before-tax dollars (see Page 12 for Submitting Claim Forms). For health care expenses, you may be reimbursed up to the amount of your annual deposit. For dependent day care expenses, you can only be reimbursed up to your account balance as of your last paycheck.

HOW YOU BENEFIT (TAX SAVINGS)

Because you do not pay federal, state or Social Security taxes on monies set aside in your FSA's, you save money (these contributions may slightly impact future Social Security earnings). Depending on your tax situation, you may save as much as 27%–40% or more in taxes on the amount you elect to set aside. That's a great advantage you receive when you participate in the FSA program.

MAKING CHANGES

Because you are restricted from changing your deductions after you enroll, it is important that you carefully plan your decision to participate in the FSA's. Your contribution amount may only be changed in the event of a qualified status change as defined by the Internal Revenue Service (IRS).

PLANNING YOUR CONTRIBUTIONS

The IRS requires that you forfeit any unused amounts left in your FSA's at the end of the plan year. Therefore, make sure that you do not set aside amounts in excess of what you can claim during the plan year. You cannot "bank" or "carry over" unused amounts into the new plan year. If you are not reasonably certain that you will have the types of eligible expenses provided for under the program, then you should not use the FSA's. **If, however, you determine that you are going to have eligible expenses that must be paid anyway, why not pay them with before-tax dollars?**

If, at the end of the year, you have outstanding claims that were incurred during the calendar year, you have until April 15 to submit these expenses for reimbursement. After that date, any money left in your accounts is automatically forfeited.

ELIGIBLE HEALTH CARE FSA EXPENSES

You can use your Health Care FSA to be reimbursed for health care expenses that are not

paid or reimbursed by any other medical or dental insurance. Examples include:

- ↳ Medical expenses not covered by Anthem BCBS.
- ↳ Dental/Vision expenses not covered by CIGNA.
- ↳ Copays, deductibles or coinsurance amounts.
- ↳ Eye examinations (not covered by Anthem BCBS), glasses, contact lenses, and supplies.
- ↳ Other health expenses, such as weight loss or smoking cessation programs prescribed by a physician.
- ↳ Over-the-counter drugs.

While IRS regulations have always permitted a Health Care FSA to reimburse the cost of prescription drugs not covered by your health insurance plan or any copays for prescription drugs, the IRS now permits reimbursement for over-the-counter drugs (OTC), but only to alleviate or mitigate a specific disease, sickness, or injury. The IRS continues to require that when you submit for reimbursement, you must provide a receipt with the name of the drug and the date purchased. The IRS ruling **DOES NOT** permit reimbursement of OTC medications purchased for cosmetic remedies, vitamins, dietary supplements, or other things of that nature that are beneficial to general good health and welfare. While this IRS ruling on OTC medications appears to be very broad, it is likely to be refined over time; therefore, it is recommended that you be conservative when determining the amount of OTC medications used to establish how much you wish to set aside for calendar 2009. Please keep in mind that the OTC medications are eligible only if used to alleviate or mitigate a specific disease, sickness, or injury.

- ↳ If you use the Health Care FSA for these expenses, you cannot also take a tax deduction on your income tax return.
- ↳ The premiums you pay for medical and dental coverage out of your paycheck are not eligible expenses.

- ↳ FSA's may not be used for a domestic partner or the children of a domestic partner unless they are your tax qualified dependent in accordance with IRS rules.

ELIGIBLE DEPENDENT DAY CARE FSA EXPENSES

You can use your Dependent Day Care FSA to be reimbursed for child or dependent day care expenses. Examples include:

- ↳ Expenses for dependent day care that enable you (and your spouse) to work or to attend school.
- ↳ Services inside or outside your home.
- ↳ Services in a dependent or child care center or nursery school.

Individuals who qualify for dependent day care services are your dependent child(ren) 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 8 hours in your home each day and who is physically or mentally incapable of caring for him or herself and earns less than \$3,500 annually in 2008 (indexed each year – 2009 amount not yet determined), including any Social Security payments.

Note: You cannot be reimbursed for paying one dependent (your teenager, for example) to care for another dependent.

Dependent Day Care Tax Credit

Dependent Day Care FSA contributions cannot also be claimed as federal income tax deductions. For most people, the Dependent Day Care FSA will provide greater tax savings than the federal credit.

Submitting Claim Forms

Obtain a claim form from EBPA's website: <https://select.ebpabenefits.com/ums/> or the University's website at www.maine.edu/system/hr/bene.php. Fill the form out, attach appropriate receipts and return to EBPA at the address listed on the claim form. Please refer to the reimbursement schedule posted on EBPA's website to determine when

you should expect to receive your reimbursement.

IMPORTANT: You may also use your FSA Debit Card to pay for eligible health and/or dependent day care expenses at the time they are incurred, avoiding the need to pay in advance or submit a paper claim.

Please contact EBPA with questions regarding your FSA Account.

DISABILITY INSURANCE PLAN

Without a doubt, the ability to earn a living is your most important asset. But what happens when a disabling illness or injury prevents you from working? Because time away from work can make it hard to keep up with expenses, the University of Maine System sponsors a short term disability program and a long term disability program.

Not all employees are eligible to participate in the short and long term disability programs. If you have questions regarding your eligibility, please contact your Campus Benefits Office.

SHORT TERM DISABILITY FOR ALL ELIGIBLE GROUPS *OTHER THAN FULL-TIME FACULTY*

Eligibility

All employees (including Law Faculty) in a benefits eligible group (except part-time faculty) may choose to purchase Short Term Disability (STD) coverage. You are covered for STD on your date of hire or status change date that makes you eligible for benefits, provided you elect the benefit within 31 days of the event. Coverage will be effective January 1, 2009 if you elect STD coverage during the open enrollment.

Benefits

STD benefits commence after you have been out of work for 14 calendar days due to a non-work related disabling illness or injury. The benefit payable is 60% of your salary, up to a weekly maximum of \$1,000 for up to 26 weeks.

The STD program is insured by Prudential. The cost of the program is fully paid by employees with after tax payroll deductions. As a result, any benefits payable are not taxable.

SHORT TERM DISABILITY FOR FULL-TIME FACULTY

Eligibility

Full-time represented and non-represented faculty (excluding Law Faculty) may choose to purchase STD coverage. This includes Partial/Phased Retirement Plan participants as well as those with shared appointments. You are covered for STD on your date of hire or status change date that makes you eligible for benefits, provided you elect the benefit with 31 days of the event. Coverage will be effective January 1, 2009 if you elect STD coverage during the open enrollment.

Benefits

STD benefits commence after you have been out of work for 30 calendar days or have exhausted your accrued disability leave (whichever is later) due to a non-work related disabling illness or injury. The benefit payable is 60% of your salary, up to a weekly maximum of \$1,000. This benefit is payable for up to 26 weeks from the 31st day of your absence, minus any disability leave payments you may have received.

For example, if you have no accumulated disability leave, STD benefits would be payable from the 31st day of your absence for a maximum of 26 weeks. If you have 16 weeks of accumulated disability leave, approximately 4 weeks would be used to cover the first 30 days of your absence. After exhausting the remaining 12 weeks, you would receive STD benefits for 14 more weeks, the 26 weeks provided for in the STD policy.

The STD program is insured by Prudential and fully paid by employees with after tax payroll deductions. As a result, any benefits payable are not taxable.

Cost of Short Term Disability Program

1. Enter your annual salary _____
2. Divide by 1,000 _____
3. Multiply by monthly or biweekly rate _____

	Monthly	Biweekly
	Your cost is:	Your cost is:
Non-Faculty	\$.4423	\$.2041
Faculty	\$.6538	-----

NOTE: Premiums for 2009 will remain unchanged.

The amount calculated on line 3 is your cost for STD coverage that will be deducted from your paycheck on a monthly or biweekly basis.

Preexisting Conditions: The STD plans have a preexisting condition provision. That is, if you were treated (or if a prudent person would have been treated) for a condition within 3 months prior to entering the plan (either as a new hire or during the annual open enrollment), STD benefits are not available during the first 12 months of coverage for that condition only. STD coverage is immediately available for other conditions.

LONG TERM DISABILITY

Eligibility

The Long Term Disability (LTD) program is also insured by Prudential. The cost of the program is fully paid by the University of Maine System. As a result, any benefits payable are taxable.

Employees must be in an eligible group, and coverage commences on the date of hire or on the date of eligibility (i.e., applicable status change).

Benefits

LTD benefits commence after you have been out of work for 26 weeks due to a disabling illness or injury. The benefit payable is 60% of your salary, up to a monthly maximum of \$13,000. This benefit

continues to be payable as long as you are considered disabled, generally until you reach age 65.

Prudential's policy is designed to help encourage and assist employees to return to work. Policy provisions include:

- ↳ A definition of disability that states "you are disabled if you are unable to perform the material and substantial duties of your own occupation" and that "your disability results in loss of income of at least 20%." This definition of disability applies to the first 24 months you are unable to return to work.
- ↳ A "Return to Work" incentive that encourages you to return to work.
- ↳ A rehabilitation benefit whereby Prudential may elect to offer and pay for a return to work program.
- ↳ A partial disability benefit if you are approved for LTD, but able to work part-time.

OFFSETS

Your disability payments will be reduced by other disability benefits you receive, such as Social Security. Regardless of your other sources of disability income, your LTD payment will never be less than \$100 per month or 10% of your scheduled benefit (60% of monthly base salary), whichever is greater.

SUBMITTING DISABILITY CLAIMS

Please contact your Campus Benefits Office if you have questions regarding disability claims under the University's Integrated Disability Management (IDM) program. Prudential will conduct an objective review and then process payments if your claim is approved. The Campus Benefits Office can also provide you with valuable information regarding your rights and responsibilities under the Family Medical Leave Act.

University Benefit Office Locations & Telephone Numbers

The University of Maine

Benefits Office
5717 Corbett Hall, Room 143
Orono, ME 04469-5717
581-2367 or 581-2366
www.umaine.edu

University of Maine at Augusta

Administrative Services
46 University Drive – Farmhouse
Augusta, ME 04330
621-3101, 621-3104, 621-3105, or 621-3409
www.uma.maine.edu

University of Maine at Farmington

Office of Human Resources
224 Main Street, Merrill Hall
Farmington, ME 04938
778-7280 or 778-7479
www.umf.maine.edu

University of Maine at Fort Kent

Business Office
23 University Drive, Cyr Hall
Fort Kent, ME 04743
834-7554
www.umfk.maine.edu

University of Maine at Machias

9 O'Brien Avenue, Powers Hall
Machias, ME 04654
255-1220
www.umm.maine.edu

University of Maine at Presque Isle

Office of Human Resources
181 Main Street, 126 Preble Hall
Presque Isle, ME 04769
768-9524 or 768-9549
www.umpi.maine.edu

University of Southern Maine

Benefits Office
37 College Avenue
Gorham, ME 04038
780-5653 or 780-5218
www.usm.maine.edu

University of Maine System

Office of Human Resources
16 Central Street
Bangor, ME 04401
973-3382
www.maine.edu

Carrier Addresses & Telephone Numbers

Anthem Blue Cross and Blue Shield

2 Gannett Drive
South Portland, ME 04106-6911
HMO Choice POS Plan 1-800-527-7706
COMP-CARE Plan 1-800-482-0966
Website www.anthem.com

CIGNA Dental/Vision

PO Box 188037
Chattanooga, TN 37422-8037
Phone 1-800-CIGNA24
Website www.cigna.com

EBPA

PO Box 1140
Exeter, NH 03833-1140
Phone 1-888-678-3457
Website www.ebpa.com

PLEASE BE SURE YOU HAVE REVIEWED THESE MATERIALS AND:

<input checked="" type="checkbox"/>	If you have medical coverage and want to change your coverage, or if you are enrolling for the first time, use the MaineStreet Employee online feature, or contact your Campus Benefits Office for the form to complete.
<input checked="" type="checkbox"/>	If you are full-time regular and would like to elect dependent dental coverage, or if you are part-time regular and would like to enroll in the dental plan, use the MaineStreet Employee online feature, or contact your Campus Benefits Office for the form to complete.
<input checked="" type="checkbox"/>	If you want to enroll in the Health Care or Dependent Care Advantage Accounts, use the MaineStreet Employee online feature, or contact your Campus Benefits Office for the form to complete. <u>You must re-enroll for 2009, <i>EVEN</i> if you are participating in 2008.</u>
<input checked="" type="checkbox"/>	If you want to <u>change</u> your coverage for Supplemental Life, Spousal Life, Child Life, Supplemental Accidental Death and Dismemberment, Short Term Disability, or change life insurance beneficiaries (which requires completion of that form), or enroll in the new vision plan, use the MaineStreet Employee online feature, or contact your Campus Benefits Office for the form to complete.
<input checked="" type="checkbox"/>	<u><i>Enter elections using MaineStreet Self-Service online, or all enrollment forms must be received by November 28, 2008 in your Campus Benefits Office.</i></u>

OPEN ENROLLMENT IS FROM NOVEMBER 3, 2008 – NOVEMBER 28, 2008. ENTER ELECTIONS ONLINE OR ALL FORMS MUST BE RECEIVED BY NOVEMBER 28, 2008. YOUR ELECTIONS WILL BE EFFECTIVE JANUARY 1, 2009.

University of Maine System



Group #3328411

Dental Benefits Summary

Type	Preventive & Diagnostic Class I Expenses	Basic Restorative Care Class II Expenses	Major Restorative Care Class III Expenses	Orthodontia Class IV Expenses
Covered Services	<p>PREVENTIVE: Cleanings once in a 6 month period</p> <p>Fluoride once in a 12 month period to age 19</p> <p>Sealants once per tooth per lifetime on unrestored permanent bicuspid or molar teeth</p> <p>Space maintainers for non-orthodontic treatment to age 19</p> <p>DIAGNOSTIC: Exams twice in a 12 month period</p> <p>X-Rays: Complete series once in a 3-year period</p> <p>Bitewings once in a 12 month period</p>	<p>RESTORATIVE: Fillings</p> <p>ORAL SURGERY: Surgical and routine extractions</p> <p>Surgical extraction of impacted teeth</p> <p>ENDODONTICS: Root Canal/ Therapy</p> <p>Major/Minor Periodontics</p> <p>Relines, Rebases, and Adjustments</p> <p>Repairs – Bridges, Crowns, and Inlays</p> <p>Repairs – Dentures</p> <p>Emergency Care to Relieve Pain</p> <p>Anesthetics</p>	<p>Crowns</p> <p>Dentures</p> <p>Bridges</p> <p>Histopathologic Exams</p>	Coverage for eligible children and adults
Waiting Period	None	None	None	None
Deductible	No Deductible	No Deductible	No Deductible	No Deductible
Coinsurance	CIGNA Dental Pays 100% of R&C*	CIGNA Dental Pays 80% of R&C*	CIGNA Dental Pays 50% of R&C*	CIGNA Dental Pays 50% of R&C*
Maximum	Combined Calendar Year Maximum of \$1,000 Per Person.			Lifetime Maximum of \$1,000 Per Person.

*Reasonable and Customary (R&C) are the average charges for a particular procedure within a zip code.

THIS FLOWCHART IS FOR ILLUSTRATIVE PURPOSES ONLY. CERTAIN BENEFIT LIMITATIONS MAY APPLY. PLEASE REFER TO YOUR DENTAL PLAN DESCRIPTION BOOKLET FOR COMPLETE BENEFIT INFORMATION.

CIGNA Customer Service: 1-800-CIGNA24 (1-800-244-6224)

www.cigna.com

Monthly Premium:	Single \$34.71	Two Persons \$63.86	Three or More Persons \$109.34
24 Installment Premium:	Single \$17.36	Two Persons \$31.93	Three or More Persons \$54.67

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.
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 of 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/system/hr/bene.php

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.

Last Revision: 09/04/03