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;

❖ 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, 2004.

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.

ANNUAL ENROLLMENT

The elections you make now will be in effect for the 12-month period from January 1, through December 31, 2004. Outside of the enrollment period, you may only change your elections 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 change. 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/bene.html.

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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 criteria based on past service and current workload;

- 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 and COBRA beneficiaries (medical and dental only).

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

COVERAGE EFFECTIVE DATES

In general, medical, life, long 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. Note that for life and AD&D insurance, you must be actively at work on the effective date for coverage to commence.

Once an employee is eligible, short-term disability insurance coverage commences 31 days after the employee enrolls for coverage.

Once an employee is eligible, dental coverage is available the first of the month following date of hire (faculty only) or the first of the month following one full month of employment for all other eligible employees.

Your dependents are eligible for coverage on the same day as you. Eligible dependents include your spouse, domestic partner, or unmarried, dependent children to age 23.

Please note that 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 will 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 and life coverage continue until the end of the month in which separation occurs. You may be able to continue your medical and dental 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/bene.html.

During this Open Enrollment, you have the option to:

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

Simply complete the Personal Enrollment Form previously sent to your home and return it to your Campus Benefits Office.

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 may 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 copayment 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.
The full cost of the University Group Health Plan Coverage ranges between $356 and $1,058 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**

<table>
<thead>
<tr>
<th>TOTAL</th>
<th>Single Coverage</th>
<th>Single +One Coverage</th>
<th>Family Coverage</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Comprehensive</strong></td>
<td>Monthly Premium</td>
<td>$377.98</td>
<td>$831.60</td>
</tr>
<tr>
<td><strong>Point-of-Service</strong></td>
<td>Monthly Premium</td>
<td>$356.13</td>
<td>$783.48</td>
</tr>
</tbody>
</table>

**EMPLOYEE SHARE OF GROUP HEALTH PREMIUMS**

**Comprehensive Health Plan** and **Point of Service Plan Health Plan**

For Full-Time Regular* Active Employees – Effective JANUARY 1, 2004

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

<table>
<thead>
<tr>
<th></th>
<th>Single Coverage</th>
<th>Single +One Coverage</th>
<th>Family Coverage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Faculty (full-time) – Monthly Premium</td>
<td>POS COMP</td>
<td>POS COMP</td>
<td>POS COMP</td>
</tr>
<tr>
<td></td>
<td>$36.27</td>
<td>$36.27</td>
<td>$88.50</td>
</tr>
<tr>
<td>Non-Represented Professional (including Law School) Faculty/UMPSA - Monthly Premium</td>
<td>35.61</td>
<td>37.80</td>
<td>86.90</td>
</tr>
<tr>
<td>Non-Rep. Classified Confidential/University Supervisors/COLT/Policie &amp; Service &amp; Maintenance - Biweekly Premium</td>
<td>16.44</td>
<td>17.45</td>
<td>40.11</td>
</tr>
</tbody>
</table>

**EMPLOYEE SHARE OF GROUP HEALTH PREMIUMS**

For Eligible Part-Time Active Employees – Effective JANUARY 1, 2004

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

<table>
<thead>
<tr>
<th></th>
<th>Single Coverage</th>
<th>Single +One Coverage</th>
<th>Family Coverage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Comprehensive Plan</td>
<td>Biweekly Premium</td>
<td>$87.23</td>
<td>$191.91</td>
</tr>
<tr>
<td></td>
<td>Monthly Premium</td>
<td>188.99**</td>
<td>415.80**</td>
</tr>
<tr>
<td>Point of Service Plan</td>
<td>Biweekly Premium</td>
<td>82.18</td>
<td>180.80</td>
</tr>
<tr>
<td></td>
<td>Monthly Premium</td>
<td>178.07**</td>
<td>391.74**</td>
</tr>
</tbody>
</table>

* Also includes BR status employees, shared appointments, and partial/phased retirement.
** All other employees (including Law School Faculty).
@ Subject to ratification where appropriate.
+ Part-Time Temporary Faculty in CBUnit F with 6 or more service units.
PRESCRIPTION DRUG COVERAGE

Both of the 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.

Also, 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.
DENTAL PLANS

Because it is important to maintain your oral health, the University of Maine System provides employees the opportunity to purchase dental coverage.

The dental program available to you varies by your employment status. All of the programs offer comprehensive dental coverage including preventive and routine care, minor and major restorative services and orthodontic coverage.

Northeast Delta Dental insures the dental programs. Northeast Delta Dental has a comprehensive network of dental care providers. To the extent that you use network providers, you benefit from:

- Negotiated fee schedules
- Protection from “balance billing”
- Providers submitting claims for you

In order to receive a listing of participating Delta Dental providers, please access their website at www.nedelta.com or call Delta Dental directly at 1-800-832-5700.

If you have questions regarding whether you are eligible to participate in a dental program, please contact your Campus Benefits Office. Included in this booklet are two charts outlining dental coverage. Faculty should refer to the chart on page 16 and all other eligible University employees should refer to the chart on page 17.

Please note that there will be a modest increase in Faculty (excluding Law School Faculty) dental premiums for calendar year 2004 effective with premiums deducted in January, 2004. All other employee dental premiums (including Law School Faculty) will not change. Please refer to dental charts on pages 16 and 17 for specific premiums.

Also, effective January 1, 2004, dental premiums for biweekly employees will be deducted using 24 equal installments over the course of the calendar year, rather than 26. This change will slightly increase each biweekly deduction; however, in those 2 months during the year when there is a third biweekly pay, biweekly employees will have a dental premium holiday, with no premium being deducted.

During this Open Enrollment, you have the option to:

- Enroll or drop coverage*
- Add or delete eligible dependents

Simply complete the Personal Enrollment Form previously sent to your home and return it to your Campus Benefits Office.

*Please note that eligible full-time faculty (excluding law faculty) are required to participate in single dental coverage. Therefore, they may add or remove dependent coverage but may not drop coverage on themselves during the open enrollment.

Delta Dental Group Numbers:

- 6384-5000 – Faculty (Excluding Law Faculty)
- 6289-1000 – COLT (ACSUM)
- 6289-1000 – UMPSA (Represented Professional and Administrative Staff)
- 6289-1000 – NREP (Non-Represented Classified, Professional & Law Faculty)
- 6289-1000 – Polic (Police)
- 6289-1000 – S&M (Service & Maintenance)
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, please complete the Beneficiary Designation form included with the open enrollment materials previously sent to your home and return it to your Campus Benefits Office.

SUPPLEMENTAL 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 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, an Evidence of Insurability form needs to be submitted. 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, an Evidence of Insurability form is required, which may be obtained from your Campus Benefits Office.

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

<table>
<thead>
<tr>
<th>If your age is:</th>
<th>Monthly</th>
<th>Biweekly</th>
</tr>
</thead>
<tbody>
<tr>
<td>Under 35</td>
<td>$.04</td>
<td>$.02</td>
</tr>
<tr>
<td>35 – 39</td>
<td>.07</td>
<td>.03</td>
</tr>
<tr>
<td>40 – 44</td>
<td>.10</td>
<td>.05</td>
</tr>
<tr>
<td>45 – 49</td>
<td>.17</td>
<td>.08</td>
</tr>
<tr>
<td>50 – 54</td>
<td>.28</td>
<td>.13</td>
</tr>
<tr>
<td>55 – 59</td>
<td>.46</td>
<td>.21</td>
</tr>
<tr>
<td>60 – 64</td>
<td>.60</td>
<td>.28</td>
</tr>
<tr>
<td>65 – 69</td>
<td>.95</td>
<td>.44</td>
</tr>
</tbody>
</table>

The amount calculated on line 7 is your cost for supplemental insurance. This is the amount that will be deducted on a monthly or biweekly basis. Please note that 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 included with your open enrollment materials previously sent to your home 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 also allows you to purchase additional coverage for your spouse. The amount of insurance is purchased in $10,000 increments, up to a maximum of $50,000. Note that spousal life insurance cannot exceed 1/2 your own combined basic and supplemental life insurance amount.

During this open enrollment, you can increase your spousal life insurance by 1 increment of $10,000 without providing an Evidence of Insurability form. Greater increases require an Evidence of Insurability form, which may be obtained 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

<table>
<thead>
<tr>
<th>Spouse age:</th>
<th>Monthly</th>
<th>Biweekly</th>
</tr>
</thead>
<tbody>
<tr>
<td>Under 35</td>
<td>.04</td>
<td>.02</td>
</tr>
<tr>
<td>35 – 39</td>
<td>.07</td>
<td>.03</td>
</tr>
<tr>
<td>40 – 44</td>
<td>.10</td>
<td>.05</td>
</tr>
<tr>
<td>45 – 49</td>
<td>.17</td>
<td>.08</td>
</tr>
<tr>
<td>50 – 54</td>
<td>.28</td>
<td>.13</td>
</tr>
<tr>
<td>55 – 59</td>
<td>.46</td>
<td>.21</td>
</tr>
<tr>
<td>60 – 64</td>
<td>.60</td>
<td>.28</td>
</tr>
<tr>
<td>65 or Over</td>
<td>.95</td>
<td>.44</td>
</tr>
</tbody>
</table>

The amount calculated on line 4 is your cost for spousal insurance. This is the amount that will be deducted from your paycheck on a monthly or biweekly basis. Please note that coverage ceases when your spouse reaches age 70.

DEPENDENT CHILD(REN) LIFE INSURANCE
You may also buy life insurance coverage for your eligible dependents from birth to age 19 (dependent students to age 23). You may elect two levels of dependent life insurance. No Evidence of Insurability is required.

<table>
<thead>
<tr>
<th>Option I</th>
<th>$5,000 per child</th>
</tr>
</thead>
<tbody>
<tr>
<td>Option II</td>
<td>$10,000 per child</td>
</tr>
</tbody>
</table>

Cost of Dependent Life Insurance
Option I
- $ .25 monthly
- $.12 biweekly
Option II
- $.50 monthly
- $.23 biweekly

In the event that a child passes away, you are the named beneficiary.

Please note that it is your responsibility to notify your local Campus Benefits Office when a child ceases dependent status.

EVIDENCE OF INSURABILITY

If you are enrolling for life insurance 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 hospital confined or considered disabled on January 1, 2004 for coverage to be effective.

Please note that 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 whole life 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, loss of sight, and 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).

Please note that 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 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 AD&D insurance at low group rates through payroll deductions. Please note that 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 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 AD&D plan, you (and if enrolled for family coverage, your eligible dependents) are insured for injuries that result, within 365 days, from a covered accident as specified below:

<table>
<thead>
<tr>
<th>For the loss of:</th>
<th>Amount Payable:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Life</td>
<td>100%</td>
</tr>
<tr>
<td>Both hands, Feet or sight of eyes</td>
<td>100%</td>
</tr>
<tr>
<td>One hand and one foot</td>
<td>100%</td>
</tr>
<tr>
<td>One hand or foot and one eye</td>
<td>100%</td>
</tr>
<tr>
<td>Speech &amp; hearing in both ears</td>
<td>100%</td>
</tr>
<tr>
<td>One hand or foot or one eye</td>
<td>50%</td>
</tr>
<tr>
<td>Speech or hearing in both ears</td>
<td>50%</td>
</tr>
<tr>
<td>Thumb and index finger of same hand</td>
<td>25%</td>
</tr>
</tbody>
</table>
The Basic AD&D plan includes:

- Repatriation of Remains Benefit
- Seat Belt & Airbag Benefit

The Supplemental 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

<table>
<thead>
<tr>
<th></th>
<th>Monthly</th>
<th>Biweekly</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individual Coverage</td>
<td>$.13</td>
<td>$.06</td>
</tr>
<tr>
<td>Family Coverage</td>
<td>$.23</td>
<td>$.11</td>
</tr>
</tbody>
</table>

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

The Advantage Accounts, or “Flexible Spending Accounts” (FSAs), allow you to pay for eligible unreimbursed health care and dependent care expenses with before tax dollars, through the Health Care FSA and Dependent Care FSA. 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 for the accounts, even if you have participated the previous year.

USING YOUR ACCOUNTS

The Advantage Accounts 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:

<table>
<thead>
<tr>
<th>Account</th>
<th>Maximum</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health Care</td>
<td>$4,000</td>
</tr>
<tr>
<td>Dependent Care</td>
<td>$5,000</td>
</tr>
</tbody>
</table>

The minimum you can contribute in a calendar year to either account 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 (along with your receipts for expenses), and you will be reimbursed in before-tax dollars. For health care expenses, you may be reimbursed up to the amount of your annual deposit. For dependent 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 Advantage Accounts, 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 the “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 Advantage Accounts. Your contribution amount may only be changed in the event of a qualified status change as defined by the IRS.

PLANNING YOUR CONTRIBUTIONS

The IRS requires that you forfeit any unused amounts left in either of your Advantage Accounts at the end of the plan year. Therefore, you want to 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 be having 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 either of your accounts is automatically forfeited.
ELIGIBLE ADVANTAGE ACCOUNT

HEALTH CARE 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 expenses not covered by Delta
- 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

NEW – Effective January 1, 2004 – While Internal Revenue Service (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, a recent IRS ruling will now permit 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 initial IRS ruling on OTC medications appears to be very broad, it is likely to be refined over time; therefore, please be conservative when determining the amount of OTC medications used to establish how much you wish to set aside for calendar 2004. Also, please keep in mind that the OTC medications are only eligible if used to alleviate or mitigate a specific disease, sickness, or injury.

Note:

- If you use the Health Care Account for these expenses, you cannot 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
- Also, please note that Advantage Accounts may not be used for a domestic partner unless the domestic partner is a tax qualified dependent in accordance with the Internal Revenue Service guidelines

ELIGIBLE ADVANTAGE ACCOUNT

DEPENDENT CARE EXPENSES

You can use your Dependent 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 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.

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

Also, please note that Advantage Accounts may not be used for a domestic partner unless the domestic partner is a tax qualified dependent in accordance with Internal Revenue Service guidelines.

Dependent Care Tax Credit

Expenses that are reimbursed to you from your Dependent Care FSA cannot also be claimed as federal income tax deductions. For most people, the Dependent Care FSA will provide greater tax savings than the federal credit.
Please call your Campus Benefits Office if you would like an Advantage Account booklet or have additional questions. Also, you can review a detailed listing of eligible health care and dependent care expenses at www.maine.edu/bene.html.

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 your expenses, the University of Maine System sponsors a short-term disability program and a long-term disability program.

Note that 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 31 days after the enrollment form is received and approved. Coverage will be effective January 1, 2004 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. This benefit continues to be payable 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 ALL 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 31 days after the enrollment form is received and approved for coverage. Coverage will be effective January 1, 2004 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, 4 weeks would be used to cover the first 30 days of your absence. The remaining 12 weeks would need to be exhausted, after which STD benefits would be payable 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

<table>
<thead>
<tr>
<th></th>
<th>Monthly</th>
<th>Biweekly</th>
</tr>
</thead>
<tbody>
<tr>
<td>Non-Faculty</td>
<td>$.5654</td>
<td>$.2609</td>
</tr>
<tr>
<td>Faculty</td>
<td>$.8077</td>
<td>----</td>
</tr>
</tbody>
</table>

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.

A Note on 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.

Please note that there will be a modest increase in the short-term disability (STD) premiums for both faculty and non-faculty plans for calendar 2004, effective with premiums deducted in January, 2004. Please refer to the rates noted above for specific premiums.

LONG TERM DISABILITY

Eligibility

The Long Term Disability (LTD) program is also insured by Prudential. The cost of the program is fully paid for 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 $10,000. This benefit continues to be payable for 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 that “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.

OFFSETS

Note that 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

<table>
<thead>
<tr>
<th>University of Maine</th>
<th>University of Maine at Fort Kent</th>
<th>University of Southern Maine</th>
</tr>
</thead>
<tbody>
<tr>
<td>Benefits Office</td>
<td>Business Office</td>
<td>Benefits Office</td>
</tr>
<tr>
<td>5717 Corbett Hall, Room 143</td>
<td>23 University Drive, Cyr Hall</td>
<td>7 College Avenue</td>
</tr>
<tr>
<td>Orono, ME 04469-5717</td>
<td>Fort Kent, ME 04743</td>
<td>Gorham, ME 04038</td>
</tr>
<tr>
<td>581-2366</td>
<td>834-7554</td>
<td>780-5653 or 780-5218</td>
</tr>
<tr>
<td><a href="http://www.umaine.edu">www.umaine.edu</a></td>
<td><a href="http://www.umfk.maine.edu">www.umfk.maine.edu</a></td>
<td><a href="http://www.usm.maine.edu">www.usm.maine.edu</a></td>
</tr>
</tbody>
</table>

University at Augusta

Administrative Services
46 University Drive – Farmhouse
Augusta, ME 04330
621-3104 or 621-3105
[www.uma.maine.edu](http://www.uma.maine.edu)

University of Maine at Machias

University of Maine at Presque Isle

Personnel Department
181 Main Street, 126 Preble Hall
Presque Isle, ME 04769
768-9531 or 768-9549
[www.umpi.maine.edu](http://www.umpi.maine.edu)

University of Maine at Farmington

Personnel Office
224 Main Street, Merrill Hall
Farmington, ME 04938
778-7272 or 778-7246
[www.umf.maine.edu](http://www.umf.maine.edu)

University of Maine at Augusta

Benefit Service
46 University Drive – Farmhouse
Augusta, ME 04330
621-3104 or 621-3105
[www.uma.maine.edu](http://www.uma.maine.edu)

University of Maine at Farmington

Personnel Office
224 Main Street, Merrill Hall
Farmington, ME 04938
778-7272 or 778-7246
[www.umf.maine.edu](http://www.umf.maine.edu)

University of Southern Maine

Benefits Office
7 College Avenue
Gorham, ME 04038
780-5653 or 780-5218
[www.usm.maine.edu](http://www.usm.maine.edu)

University College Outreach and UNET Augusta

46 University Drive – Farmhouse
Augusta, ME 04330
621-3409
[www.maine.edu](http://www.maine.edu)

Carrier Addresses & Telephone Numbers

<table>
<thead>
<tr>
<th>Carrier</th>
<th>Address</th>
<th>Phone</th>
<th>Website</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anthem Blue Cross and Blue Shield</td>
<td>2 Gannett Drive, South Portland, ME 04106-6911</td>
<td>1-800-527-7706</td>
<td><a href="http://www.anthem.com">www.anthem.com</a></td>
</tr>
<tr>
<td>HMO Choice POS Plan</td>
<td>1-800-482-0966</td>
<td><a href="http://www.anthem.com">www.anthem.com</a></td>
<td></td>
</tr>
<tr>
<td>COMP-CARE Plan</td>
<td>1-800-482-0966</td>
<td><a href="http://www.anthem.com">www.anthem.com</a></td>
<td></td>
</tr>
<tr>
<td>Northeast Delta Dental</td>
<td>One Delta Drive, PO Box 2002, Concord, NH 03302-2002</td>
<td>1-800-832-5700</td>
<td><a href="http://www.nedelta.com">www.nedelta.com</a></td>
</tr>
<tr>
<td>Phone</td>
<td>Website</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

PLEASE BE SURE YOU HAVE REVIEWED THESE MATERIALS, AND:

- If you have medical coverage and want to change your coverage, or if you are enrolling for the first time, please complete the Personal Enrollment Form previously sent to your home under separate cover and return it to your Campus Benefits Office.

- If you have dental coverage and want to change your coverage, or if you are enrolling for the first time, please complete the Personal Enrollment Form previously sent to your home under separate cover and return it to your Campus Benefits Office.

- If you want to enroll for the Health Care or Dependent Care Advantage Accounts, please complete and sign the Flexible Spending Account (FSA) portion of the Personal Enrollment Form previously sent to your home under separate cover and return it to your Campus Benefits Office. You must re-enroll for 2004, EVEN if you are participating in 2003.

- If you want to change your coverage for any other benefits (Supplemental Life, Spousal Life, Child Life, Supplemental Accidental Death and Dismemberment, Short Term Disability, or change life insurance beneficiaries), please complete the Personal Enrollment Form previously sent to your home under separate cover and return it to your Campus Benefits Office.

All enrollment forms must be received by November 26, 2003 in your Campus Benefits Office.

ALL FORMS MUST BE RECEIVED BY NOVEMBER 26, 2003.
YOUR ELECTIONS WILL BE EFFECTIVE JANUARY 1, 2004.
# Dental Insurance Summary

**Associated Faculties of the University of Maine System**

**Group #:** 6384 – 5000 Faculty (Excluding Law Faculty)

<table>
<thead>
<tr>
<th>Type</th>
<th>Covered Services</th>
<th>Diagnostic &amp; Preventive (Referred to as Coverage A)</th>
<th>Basic Restorative (Referred to as Coverage B)</th>
<th>Major Restorative (Referred to as Coverage C)</th>
<th>Orthodontics (Referred to as Coverage D)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>DIAGNOSTIC:</strong></td>
<td>Evaluations once in a 6-month period</td>
<td>RESTORATIVE: Amalgam fillings Composite (white) fillings (anterior teeth only)</td>
<td>PROSTHODONTICS: Removable and fixed partial dentures (bridge); complete dentures</td>
<td>ORTHODONTICS: Correction of malposed (crooked) teeth for dependent children to age 19</td>
<td></td>
</tr>
<tr>
<td></td>
<td>X-Rays (complete series or panoramic film) once in a 3-year period, bitewing X-Rays once each 12-month period, X-Rays of individual teeth as necessary</td>
<td>ORAL SURGERY: Surgical and routine extractions</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>PREVENTIVE:</strong></td>
<td>Cleanings once in a 6-month period</td>
<td>ENDODONTICS: Root canal therapy</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Fluoride once in a 12-month period to age 19</td>
<td>PERIODONTICS: Periodontal Cleaning (Maintenance procedures)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Space maintainers to age 16</td>
<td>Note: Only one cleaning is covered in a 6-month period. This can be a routine (Coverage A) or a periodontal (Coverage B), but not both.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Sealant application to permanent molars, once in a lifetime per tooth, for children to age 15</td>
<td>Treatment of gum disease</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>DENTURE REPAIR: Repair of removable denture to its original condition</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>EMERGENCY PALLIATIVE TREATMENT</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| Waiting Period     | None                                | None                                | None                                | None                                |
| Deductible         | No Deductible                        | No Deductible                        | No Deductible                        | No Deductible                        |
| Coinsurance        | Delta Dental Pays 100%               | Delta Dental Pays 60%                | Delta Dental Pays 50%                | Delta Dental Pays 50%                |
| Maximum            | Coverage A, B and C Combined Calendar Year Maximum (January 1 – December 31): $1,000 Per Person | | Lifetime Maximum: $1,000 Per Child |

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

**Total Monthly Premium:**
- Single $25.91; Two Persons $58.58; Three or More Persons $106.18

**Actual Faculty Premium Deduction:**
- Single $6.57; Two Persons $39.24; Three or More Persons $86.84
## Dental Insurance Summary

**University of Maine System**

**Group #6289 – 1000 (Non-Faculty)**

<table>
<thead>
<tr>
<th>Type</th>
<th>Diagnostic &amp; Preventive (Referred to as Coverage A)</th>
<th>Basic Restorative (Referred to as Coverage B)</th>
<th>Major Restorative (Referred to as Coverage C)</th>
<th>Orthodontics (Referred to as Coverage D)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Covered Services</td>
<td>DIAGNOSTIC: Evaluations once in a 6-month period</td>
<td>RESTORATIVE: Fillings</td>
<td>PROSTHODONTICS: Removable and fixed partial dentures (bridge); complete dentures</td>
<td>ORTHODONTICS: Correction of malposed (crooked) teeth for adults and dependent children to age 19</td>
</tr>
<tr>
<td></td>
<td>X-Rays: Complete series or panoramic film once in a 3-year period, bitewing X-Rays once each 12-month period, X-Rays of individual teeth as necessary</td>
<td>ORAL SURGERY: Surgical and routine extractions</td>
<td>Rebase and reline (dentures)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>PREVENTIVE: Cleanings once in a 6-month period</td>
<td>ENDODONTICS: Root canal therapy</td>
<td>Crowns</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Fluoride once in a 12-month period to age 19</td>
<td>PERIODONTICS: Treatment of gum disease</td>
<td>Onlays</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Space maintainers to age 16</td>
<td>(maintenance procedures)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Sealant application to permanent molars, once in a lifetime per tooth, for children to age 15</td>
<td>Note: Only one cleaning is covered in a 6-month period. This can be a routine (Coverage A) or a periodontal (Coverage B), but not both.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Waiting Period</td>
<td>None</td>
<td>6 Months</td>
<td>12 Months</td>
<td>24 Months</td>
</tr>
<tr>
<td>Deductible</td>
<td>No Deductible</td>
<td>$100/$300 Lifetime Deductible Per Person/Family</td>
<td>No Deductible</td>
<td></td>
</tr>
<tr>
<td>Coinsurance</td>
<td>Delta Dental Pays 100%</td>
<td>After Waiting Period and Deductible, Delta Dental Pays 80%</td>
<td>After Waiting Period and Deductible, Delta Dental Pays 50%</td>
<td>After Waiting Period, Delta Dental Pays 50%</td>
</tr>
<tr>
<td>Maximum</td>
<td>Coverage A, B and C Combined Calendar Year Maximum (Jan. 1 through Dec. 31): $1,000 Per Person</td>
<td></td>
<td></td>
<td>Lifetime Maximum: $1,000 Per Person</td>
</tr>
</tbody>
</table>

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

**Monthly Premium:**  
Single $32.34; Two Persons $59.59; Three or More Persons $101.93

**24 Installment Premium:**  
Single $16.17; Two Persons $29.80; Three or More Persons $ 50.97
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 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](http://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.
Effective Date of this Notice: 09/04/03