



# MAINE MUNICIPAL EMPLOYEES HEALTH TRUST

60 Community Drive | Augusta, ME 04330-9486  
(207) 621-2645 or 1-800-852-8300 | [www.mmeht.org](http://www.mmeht.org)

## MANDATORY ANNUAL NOTICES

Each year the Maine Municipal Employees Health Trust (MMEHT) sends you important information regarding your rights and benefits while participating in the benefit program. Please take a moment to review the notices included in this newsletter.

### HIPAA Summary Notice of Privacy Practices

MMEHT takes very seriously the protection of your protected health information, in accordance with all applicable state and federal laws. Please review our Notice of Privacy Practices, below.

Medical privacy laws require that we have a [HIPAA Authorization form](#) on file in order to speak with providers of family members on your behalf.

### MAINE MUNICIPAL EMPLOYEES HEALTH TRUST HIPAA 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 Maine Municipal Employees Health Trust (“MMEHT”) group health plan (the “Plan”) provides self-funded health benefits. The Plan is subject to the Health Insurance Portability and Accountability Act of 1996, as amended (“HIPAA”). This Notice of Privacy Practices (the “Notice”), which was originally effective on April 14, 2003, has been updated to comply with HIPAA. All provisions in this revised Notice are effective as of January 1, 2025.

If you have any questions about this Notice, please contact the MMEHT Member Services Manager by phone at 1-800-852-8300, or by e-mail at [htservice@memun.org](mailto:htservice@memun.org).

In general, HIPAA protects only certain medical information known as protected health information (“PHI”). PHI is individually identifiable health information – oral, written or electronic – collected from you or created or received by a health care provider, a health plan, or your employer on behalf of a group health plan, which relates to:

- your past, present, or future physical or mental health or condition;
- the provision of health care to you; or the past, present; or
- future payment for the provision of health care to you.

The MMEHT will not disclose your PHI without your authorization, unless it is necessary to provide your health benefits, administer your benefit plan, or as otherwise required or permitted by law. The MMEHT makes sure that access to your PHI is restricted to those employees who need to know that information to conduct our business. The MMEHT employees have been trained on HIPAA compliant policies and procedures to protect your privacy.

This Notice will let you know the following:

1. how the Plan uses and discloses your PHI;
2. what your rights are with respect to your PHI;
3. what the Plan's duties are with respect to your PHI;
4. when and how to file a complaint with the Plan, and with the Secretary of the U.S. Department of Health and Human Services; and
5. who to contact for further information about the Plan's privacy policies and practices.

1. How the Plan Uses and Discloses your PHI

The Plan may use or disclose your PHI, without your authorization, in the following circumstances:

- a. **Treatment.** "Treatment" means provision, coordination or management of health care and related services. It also includes, but is not limited to, consultations and referrals between one or more of your providers. The Plan may disclose your PHI to your health care provider (for example, your doctor, or a hospital in which you are staying), so that the provider can coordinate, provide, or manage your health care and related services.
  - b. **Payment.** "Payment" means actions to make coverage determinations and payment (including billing, claims management, subrogation, plan reimbursement, reviews for medical necessity and appropriateness of care, and utilization review and pre-authorizations). The Plan may use and disclose your PHI to determine and fulfill our responsibility to provide your health plan benefits. For example, the Plan may tell your physician whether or not you are eligible for coverage, at what percentage your benefits will be paid under the Plan, or to coordinate payment with another plan under which you are covered.
  - c. **Health Care Operations.** Health care operations include, but are not limited to, customer service activities, quality assessment and improvement, reviewing competence or qualifications of health care professionals, underwriting, premium rating and other insurance activities relating to creating or renewing insurance contracts. Health care operations also include disease management, case management, conducting or arranging for medical review, legal services, and auditing functions, including fraud and abuse compliance programs, business planning and development, business management and general administrative activities. For example, the Plan may use information about your claims to project future benefit costs and premiums for Health Trust participating groups, to audit the accuracy of claims processing functions, or to perform or negotiate discounts for case management functions. However, the Plan is prohibited by law from using or disclosing any of your genetic information for such underwriting purposes.
  - d. **As Required By Law.** The Plan will disclose medical information about you when required to do so by federal, state, or local law. Generally, the Plan may disclose PHI when required by a court order in a litigation proceeding such as a malpractice action.
  - e. **Workers' Compensation.** We may disclose your PHI when necessary to comply with Workers' Compensation laws.
2. Except as described above, no disclosure of PHI or use of PHI will be made without your prior written authorization and consent. In particular, uses or disclosures of your PHI for marketing purposes will require your authorization. In addition, any disclosure that constitutes the sale of your PHI will require your authorization. Furthermore, once you have given your consent, you may revoke your authorization and consent at any time.

You have several rights with regard to PHI that the Plan maintains about you.

These rights include:

- a. **The Right to Request Additional Restrictions.** You may ask the Plan to restrict uses and disclosures of your PHI for the purposes of treatment, payment and health care operations described above. The Plan will consider all requests for restrictions carefully; however, the Plan is not required to agree to a requested restriction.
  - b. **Right to Receive Confidential Communications.** You may ask to receive communications of your PHI from the Plan, by alternate means of communication or at an alternate address. The Plan will consider all requests for alternate communications carefully; however, the Plan is not required to agree to all requests.
  - c. **Right to Inspect and Copy Your Confidential Information.** You may ask to inspect or obtain a copy of your PHI, if it is included in certain records maintained by the Plan. There may, however, be times when the Plan will have to deny you access to certain portions of your records. The Plan also may charge you a fee to cover the costs of copying and mailing your records.
  - d. **Right to Amend Your Records.** You have the right to ask the Plan to amend your PHI that is maintained in our records. If the Plan determines that our record is incorrect, and if the law allows us to change it, the Plan will change it. However, if your doctor or another person created PHI that you want to change, you should ask that person to amend the PHI.
  - e. **Right to Receive Paper Copy of Privacy Notice.** You have the right to receive a paper copy of this Notice, even if you had previously agreed to receive the Notice electronically. To receive a paper copy of this Notice, please contact the MMEHT Member Services Manager, at 1-800-852-8300.
  - f. **Right to Receive an Accounting of Disclosures.** You have the right to receive an accounting of any disclosures the Plan has made of your PHI. This accounting will not include:
    - any disclosures made before April 14, 2003;
    - any disclosures made for treatment, payment, or health care operations;
    - any disclosures made earlier than six (6) years before the date of your request; and
    - certain other disclosures that are excepted by law. If you request an accounting more than once during any 12-month period, we may charge you a reasonable fee for each accounting statement after the first one.
  - g. **Right to Receive a Notification of Breach.** You have the right to receive a notification in the event that any breach of your unsecured PHI occurs. Such notification will be provided as soon as possible after a breach occurs.
  - h. **Right to Opt Out of Fundraising Communications.** You have the right to opt out of receiving any fundraising communications from the Plan.
3. The Plan's Duties with Respect to your PHI

The Plan is required by law to maintain the privacy of your PHI, to provide you with notice of our legal duties and privacy practices, and to comply with the terms of this Notice. However, the Plan reserves the right to change its privacy practices and to apply the changes to any PHI received or maintained by the Plan, even if received by the Plan prior to the change. If a privacy practice is changed, we will notify all participants for whom the Plan still maintains PHI, via a notice in the MMEHT quarterly "Wellness Works" newsletter and a notice posted on the MMEHT's website, at [www.mmeht.org](http://www.mmeht.org). Such notice will be given within 60 days of the effective date of any material change to the Plan's privacy procedures. When using or disclosing PHI or when requesting PHI from another covered entity, the Plan will not use, disclose or request more than the minimum amount of PHI necessary

to accomplish the intended purpose of the use, disclosure or request, taking into consideration practical and technological limitations. However, this “minimum necessary” standard will not apply in the following situations:

- a. uses or disclosures made to the individual patient;
- b. disclosures made to the Secretary of the U.S. Department of Health and Human Services;
- c. uses or disclosures that are required by law; and
- d. uses or disclosures that are required for the Plan’s compliance with legal regulations.

4. When and How to file a Complaint with the Plan or the HHS Secretary

If you believe that your privacy rights have been violated, you may file a complaint with the Plan, or with the Secretary of the United States Department of Health and Human Services. To file a complaint with the Plan, please contact the MMEHT Member Services Manager by phone 1-800-852-8300; by email at [htservice@memun.org](mailto:htservice@memun.org); or mail to 60 Community Drive, Augusta, ME 04330.

To file a complaint with the OCR, write to: Centralized Case Management Operations, U.S. Department of Health and Human Services, 200 Independence Avenue S.W., Room 509F HHH Building, Washington, D.C. 20201. You can also get more information about online filing of complaints at [www.hhs.gov/hipaa/filing-a-complaint/complaint-process/index.html](http://www.hhs.gov/hipaa/filing-a-complaint/complaint-process/index.html). You will not be penalized, discriminated or retaliated against for filing a complaint.

5. Who to Contact for Further Information about the Plan’s Privacy Policies and Practices

If you have any questions about this Notice or about any of the subjects addressed in it, please contact the MMEHT Member Services Manager by phone at 1-800-852-8300; or by email at [htservice@memun.org](mailto:htservice@memun.org); or mail to 60 Community Drive, Augusta, ME 04330.

**Maine Notice of Additional Privacy Rights**

The Maine Insurance Information and Privacy Protection Act provides consumers with the following additional rights:

1. The right to:
  - a. obtain access to the consumer’s recorded personal information in the possession or control of a regulated insurance entity;
  - b. request correction if the consumer believes the information to be inaccurate; and
  - c. add a rebuttal statement to the file if there is a dispute;
2. The right to know the reasons for an adverse underwriting decision (previous adverse underwriting decisions may not be used as the basis for subsequent underwriting decisions unless the carrier makes an independent evaluation of the underlying facts); and
3. The right, with very narrow exceptions, not to be subjected to pretext interviews.

# **Medicare Part D Notice of Creditable Coverage**

## **IMPORTANT NOTICE FROM MAINE MUNICIPAL EMPLOYEES HEALTH TRUST ABOUT YOUR PRESCRIPTION DRUG COVERAGE AND MEDICARE Medicare Part D Certificate of Creditable Coverage**

*Please note: This certificate of creditable coverage only applies to you if you have health insurance coverage through the Maine Municipal Employees Health Trust.*

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Maine Municipal Employees Health Trust (MMEHT) and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice. (Please note: If you and your covered family members are not eligible for Medicare, this notice will not affect you.)

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. Maine Municipal Employees Health Trust has determined that the prescription drug coverage offered by the Maine Municipal Employees Health Trust is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan. If you choose to keep your Health Trust coverage, and not to enroll in Medicare Part D, you do not need to do anything. Your Health Trust coverage will continue.

### **When Can You Join A Medicare Drug Plan?**

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th. However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

### **What Happens To Your Current Coverage If You Decide to Join A Medicare Drug Plan?**

If you decide to join a Medicare drug plan, your current Maine Municipal Employees Health Trust coverage will be affected. Should an individual keep the Health Trust coverage and elect a separate Medicare Part D plan then the Health Trust plan will coordinate with the Part D coverage, and this may result in an unnecessary duplication of prescription drug benefits.

If you do decide to join a Medicare drug plan and drop your current Maine Municipal Employees Health Trust coverage, be aware that you and your dependents will not be able to get this coverage back.

### **When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?**

You should also know that if you drop or lose your current coverage with MMEHT and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

#### **For More Information About This Notice or Your Current Prescription Drug Coverage...**

Please contact a MMEHT Member Service Representative for further information at 1-800-852-8300 or by email at [htservice@memun.org](mailto:htservice@memun.org). **NOTE:** You will receive this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through the MMEHT changes. You also may request a copy of this notice at any time. **Remember: as long as you keep your Health Trust coverage, you do not have to enroll in Medicare Part D.**

#### **For More Information About Your Options Under Medicare Prescription Drug Coverage...**

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. If you are eligible for Medicare, you'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage: Visit [www.medicare.gov](http://www.medicare.gov); Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help; Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at [www.ssa.gov](http://www.ssa.gov), or call them at 1-800-772-1213 (TTY 1-800-325-0778).

**Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).**

## **WHCRA – Women’s Health & Cancer Rights Act**

### **Mastectomy and Reconstructive Breast Surgery Benefits**

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women’s Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- All stages of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prostheses; and
- Treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan. If you would like more information on WHCRA benefits, please call the MMEHT at 1-800-852-8300.

## **Summary of Annual Report for MMEHT**

This is a summary of the annual report of the Maine Municipal Employees Health Trust, EIN 01-0382676, Plan No. 501, for the period January 1, 2024 through December 31, 2024. The annual report is filed annually with the Employee Benefits Security Administration, U.S. Department of Labor, as required under the Employee Retirement Income Security Act of 1974 (ERISA).

### **Insurance Information**

The plan has a contract with Standard Life Insurance Company to pay Life Insurance claims incurred under the terms of the plan. The total premiums paid for the plan year ending December 31, 2024 were \$2,682,936.

### **Basic Financial Statement**

The value of plan assets, after subtracting liabilities of the plan, was \$96,359,005 as of December 31, 2024, compared to \$99,603,874 as of January 1, 2024. During the plan year the plan experienced a decrease in its net assets of \$3,244,869. This decrease includes an adjustment for the value of plan assets; that is, the difference between the value of the plan's assets at the end of the year and the value of the assets at the beginning of the year or the cost of assets acquired during the year. During the plan year, the plan had total contribution income of \$209,800,467 including employer contributions of \$170,345,391; employee contributions of \$39,455,076; and investment income of \$3,562,309 and an increase in the market value of \$120,557.

Plan expenses were \$216,728,202. These expenses included \$9,110,380 in administrative and claims service expenses and \$207,617,822 in benefits and expenses paid to or for participants and their beneficiaries. Administrative and claims service expenses accounted for less than 5% of total plan expenses.

### **Your Rights to Additional Information**

You have the right to receive a copy of the full annual report, or any part thereof, on request. The items listed below are included in that report:

1. An accountant's report;
2. Financial information and information on payments to service providers;
3. Assets held for investment; and
4. Insurance information, including sales commissions paid by insurance carriers.

To obtain a copy of the full annual report, or any part thereof, write to Employees of Municipal & Other Public Employers of Maine Health Insurance Trust (MMEHT), 60 Community Drive, Augusta, ME 04330-9486, or call (207) 621-2645.

You also have the right to receive from the plan administrator, on request and at no charge, a statement of the assets and liabilities of the plan and accompanying notes, or a statement of income and expenses of the plan and accompanying notes, or both. If you request a copy of the full annual report from the plan administrator, these two statements and accompanying notes will be included as part of that report.

You also have the legally protected right to examine the annual report at either the main office of the plan (Employees of Municipal & Other Public Employers of Maine Health Insurance Trust, 60 Community Drive, Augusta, ME 04330-9486) or at the U.S. Department of Labor in Washington, D.C., or to obtain a copy from the U.S. Department of Labor upon payment of copying costs. Requests to the Department should be addressed to: Public Disclosure Room, Room N1513, Employee Benefits Security Administration, U.S. Department of Labor, 200 Constitution Avenue, N.W., Washington, D.C. 20210.

# **CHIP – Children’s Health Insurance Program & Medicaid**

**Premium Assistance Under Medicaid and the Children’s Health Insurance Program (CHIP)** If you or your children are eligible for Medicaid or CHIP and you are eligible for health insurance coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children are not eligible for Medicaid or CHIP, you will not be eligible for these premium assistance programs, but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit [www.healthcare.gov](http://www.healthcare.gov).

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, you can contact your state Medicaid or CHIP office to find out if premium assistance is available. If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, you can contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or log on to [www.insurekidsnow.gov](http://www.insurekidsnow.gov) to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as being eligible under your employer plan, your employer must permit you to enroll in your employer plan if you are not already enrolled. This is called a “special enrollment” opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance**. You can do this by **submitting a MMEHT Health Application for Enrollment/Change**. Enrollment forms are available through your Employer or by contacting the MMEHT at [www.mmeht.org](http://www.mmeht.org) or [htbilling@memun.org](mailto:htbilling@memun.org) or by calling 1-800-852-8300. Completed forms should be returned to your employer and then forwarded to the MMEHT no later than 60 days from the date of eligibility. Otherwise, general annual enrollment provisions will apply, with enrollment in December for January effective date.

If you have questions about enrolling in your employer plan, you can contact the Department of Labor electronically at <https://www.dol.gov/agencies/ebsa/about-ebsa/ask-a-question/ask-ebsa> or by calling toll-free 1-866-444-EBSA (3272).

**If you live in New England, and you would like to learn more about possible assistance in paying your employer health plan premiums, please refer to the contact information below. This information is current as of July 1, 2024.**

<b>MAINE - Medicaid</b> Website: <a href="https://maine.gov/dhhs/ofi/applications-forms">https://maine.gov/dhhs/ofi/applications-forms</a> Phone: 1-800-977-6740 TTY: 711	<b>NEW HAMPSHIRE - Medicaid</b> Website: <a href="https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program">https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program</a> Phone: 1-800-852-3345
<b>MASSACHUSETTS – Medicaid and CHIP</b> Website: <a href="https://www.mass.gov/info-details/masshealth-premium-assistance-pa">https://www.mass.gov/info-details/masshealth-premium-assistance-pa</a> Phone: 1-800-862-4840 TTY: (617) 886-8102	<b>CONNECTICUT</b> Website: <a href="https://www.accesshealthct.com/">https://www.accesshealthct.com/</a> This program is only for insurance coverage purchased through the Access Health CT insurance marketplace. Phone: 1-855-805-4325 TTY: 1-855-789-2428
<b>RHODE ISLAND - Medicaid</b> Website: <a href="https://eohhs.ri.gov/">https://eohhs.ri.gov/</a> Phone: 1-855-697-4347	<b>VERMONT - Medicaid</b> Website: <a href="https://dvha.vermont.gov/members">https://dvha.vermont.gov/members</a> Phone: 1-800-250-8427 TTY: 711

\*\* If you live outside New England, please contact the state where you live for further information on eligibility. For more information on how to contact other states, or on special enrollment rights, you can contact either:

<b>US Department of Labor</b> Employee Benefits Security Administration <a href="https://www.dol.gov/agencies/ebsa">https://www.dol.gov/agencies/ebsa</a> 1-866-444-EBSA (3272)	<b>U.S. Department of Health and Human Services</b> Centers for Medicare & Medicaid Services <a href="https://www.medicaid.gov/about-us/beneficiary-resources/index.html">https://www.medicaid.gov/about-us/beneficiary-resources/index.html</a> Phone: 1-877-267-2323 TTY: 1-800-877-8339
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