

ANNUAL NOTICES

Important Information You Receive Every Year

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 following notices included in this newsletter.

- **HIPAA - Summary Notice of Privacy Practices / Maine Notice of Additional Privacy Rights**

The use and disclosure of Protected Health Information is regulated by a federal law known as HIPAA (the Health Insurance Portability and Accountability Act). This notice describes how information about you may be used and disclosed, and how you can get access to this information with regard to your benefits. We keep the health and financial information of our current and former members private, as required by law. This notice explains your rights and our legal duties and privacy practices.

- **MEDICARE PART D - Notice of Creditable Coverage**

The Medicare Prescription Drug, Improvement, and Modernization Act of 2003 requires group health plans that provide prescription drug coverage to disclose to individuals eligible for Medicare Part D whether their coverage is “creditable,” i.e., whether it is at least actuarially equivalent to the Medicare Part D coverage. Medicare Part D notices of creditable or non-creditable coverage must be provided to Medicare-eligible individuals prior to **October 15** of each year.

- **WHCRA - Women’s Health and Cancer Rights Act Notice**

This annual notice is required under the provisions of the Women’s Health and Cancer Rights Act of 1998. The notice provides information regarding mastectomy coverage.

- **Amendment to Disability Plans**

The regulations governing ERISA disability claims and appeals have been amended, for claims filed on or after April 1, 2018. An addendum to the Summary Plan Description is included.

- **CHIP - Children’s Health Insurance Program Notice**

The Children’s Health Insurance Program Reauthorization Act of 2009 (CHIPRA), requires that employers maintaining group health plans notify their employees of potential opportunities for group health plan premium assistance through Medicaid and the Children’s Health Insurance Program (CHIP) in the States in which the employees reside. This annual notice provides information about how an employee may contact the State in which he or she resides for additional information regarding potential opportunities for premium assistance, including how to apply for such assistance.

- **SAR - Summary Annual Report**

The MMEHT is required by law to furnish each participant with a copy of a summary of the annual report outlining the annual financial report of the Plan for the prior year.

Please contact the MMEHT at 1-800-852-8300 or htservice@memun.org with any questions.

HIPAA

Summary 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 use and disclosure of Protected Health Information is regulated by a federal law known as HIPAA (the Health Insurance Portability and Accountability Act). You may find the HIPAA regulations at 45 Code of Federal Regulations Parts 160 and 164. This notice is a brief summary of the federal regulations. Should there be any inadvertent discrepancy between the information contained in this Notice, and the regulations, the regulations will govern.

This Summary Notice describes the medical information practices of the Maine Municipal Employees Health Trust (MMEHT) group health plan (the "Plan"), as well as the practices of its Business Associates (such as contract administrators and insurance carriers for medical, dental, and vision) that administer Plan claim payments.

The complete HIPAA Privacy Notice is available on the MMEHT website at www.mmeht.org. Click on Medical Plans and then Medical Privacy (www.mmeht.org/medical-plans/medical-privacy). You may also contact a MMEHT Member Service Representative by phone at 1-800-852-8300 or by e-mail at htservice@memun.org to obtain the full notice. Please contact us for assistance.

The MMEHT understands that medical information about you and your dependents, and about your health, is personal. We are committed to protecting your medical information, and that of your dependents. We will not disclose confidential information 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 Health Trust makes sure that access to your confidential information is restricted to those employees who need to know that information to conduct our business. Health Trust employees have been trained on policies and procedures to protect your privacy.

Under Federal law, the Plan is required to take reasonable steps to ensure the privacy of your Protected Health Information, or PHI. PHI includes all individually identifiable health information which is transmitted or maintained by the Plan, whether the information is transmitted or maintained orally, electronically, or in written form.

This complete HIPAA Notice will provide details regarding the following topics, which are outlined in this summary notice:

- 1. How we use and disclose your Protected Health Information (PHI);**
- 2. What your privacy 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 Protected Health Information (PHI). The Health Trust and/or its Business Associates may use or disclose your confidential information (also known as your Protected Health Information, or PHI), without your authorization, in the following circumstances:

- a. Treatment.**
- b. Payment.**
- c. Health Care Operations.**
- d. As Required By Law.**
- e. Workers' Compensation.**

Except as described above, no disclosure of PHI or use of PHI will be made without your prior written authorization and consent. Furthermore, once you have given your consent, you may revoke your authorization and consent at any time.

2. Your Privacy Rights with Respect to your Protected Health Information (PHI). You have several rights with regard to the Protected Health Information (PHI) that the Plan maintains about you. These rights include:

- a. **The Right to Request Additional Restrictions.**
- b. **Right to Receive Confidential Communications.**
- c. **Right to Inspect and Copy Your Confidential Information.**
- d. **Right to Amend Your Records.**
- e. **Right to Receive Paper Copy of Privacy Notice.**
- f. **Right to Receive an Accounting of Disclosures.**

3. The Plan's Duties with Respect to your Protected Health Information (PHI). The Health Trust is required by law to maintain the privacy of your Protected Health Information (PHI), and to provide you with notice of our legal duties and privacy practices.

This Notice is effective beginning April 14, 2003, and we are required to comply with the terms of this Notice. However, the Health Trust 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. 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 Health Trust will endeavor not to 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 U.S. Department of Health and Human Services, Office for Civil Rights (OCR); 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 United States Department of Health and Human Services, Office for Civil Rights. To file a complaint with the Plan, please contact the MMEHT Member Service Manager by phone at 1-800-852-8300; email 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. You will not be penalized 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 Summary Notice or about any of the subjects addressed in it, please contact the MMEHT Member Service Manager by phone at 1-800-852-8300; email 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. To obtain access to the consumer's recorded personal information in the possession or control of a regulated insurance entity;
 - b. To request correction if the consumer believes the information to be inaccurate; and
 - c. To 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 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. **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. 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; 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.socialsecurity.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 and 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.

DISABILITY CLAIMS PROCEDURE

Addendum to the Summary Plan Description

The regulations governing ERISA disability claims and appeals have been amended. The amended regulations apply to disability claims filed on or after April 1, 2018. To the extent the Additional Summary Plan Description Information included with your certificate of coverage or policy conflicts with these new requirements, these new rights and procedures will apply.

These new rights and procedures include:

Any cancellation or discontinuance of your disability coverage that has a retroactive effect will be treated as an adverse benefit determination, except in the case of failure to timely pay required premiums or contributions toward the cost of coverage.

If you live in a county with a significant population of non-English speaking persons, the plan will provide, in the non-English language(s), a statement of how to access oral and written language services in those languages.

For any adverse benefit determination, you will be provided with an explanation of the basis for disagreeing or not following the views of: (1) health care professionals who have treated you or vocational professionals who have evaluated you; (2) the advice of medical or vocational professionals obtained on behalf of the plan; and (3) any disability determination made by the Social Security Administration regarding you and presented to the plan by you.

For any adverse benefit determination, you will be given either the specific internal rules, guidelines, protocols, standards or other similar criteria of the plan relied upon in making that decision, or a statement that such rules, etc. do not exist.

Prior to a final decision being made on an appeal, you will have the opportunity to review and respond to any new or additional rationale or evidence considered, relied upon, or generated by the plan in connection with your claim.

If an adverse benefit determination is upheld on appeal, you will be given notice of any applicable contractual limitations period that applies to your right to bring legal proceedings and the calendar date on which that period expires.

Should the plan fail to establish or follow ERISA required disability claims procedures, you may be entitled to pursue legal remedies under section 502(a) of the Act without exhausting your administrative remedies, as more completely set forth in section 503-1(I).

CHIP

Children's Health Insurance Program and 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 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.

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 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 or 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 www.askebsa.dol.gov 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 May 1, 2018.

MAINE - Medicaid	NEW HAMPSHIRE - Medicaid
Website: www.maine.gov/dhhs/ofi/public-assistance/index.html	Website: www.dhhs.nh.gov/ombp/nhhpp/
Phone: 1-800-442-6003 TTY: Maine relay 711	Phone: 603-271-5218
MASSACHUSETTS – Medicaid and CHIP	CONNECTICUT
Website: www.mass.gov/eohhs/gov/departments/masshealth/	Premium Assistance Program Is Not Available
Phone: 1-800-862-4840	
RHODE ISLAND - Medicaid	VERMONT - Medicaid
Website: www.eohhs.ri.gov	Website: www.greenmountaincare.org
Phone: 855-697-4347	Phone: 1-800-250-8427

** 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:

US Department of Labor
Employee Benefits Security Administration
www.dol.gov/agencies/ebsa
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
www.cms.hhs.gov
1-877-267-2323, Menu Option 4, Ext. 61565

SUMMARY ANNUAL REPORT For Maine Municipal Employees Health Trust

SUMMARY ANNUAL REPORT FOR MAINE MUNICIPAL EMPLOYEES HEALTH TRUST

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, 2017 through December 31, 2017. 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, 2017 were \$1,378,674.

Basic Financial Statement

The value of plan assets, after subtracting liabilities of the plan, was \$53,878,919 as of December 31, 2017, compared to \$45,506,811 as of January 1, 2017. During the plan year the plan experienced an increase in its net assets of \$8,372,108. This increase 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 income of \$151,855,798 including employer contributions of \$119,806,298, employee contributions of \$32,049,500 and investment income of \$857,477 decreased by an adjustment to market value of \$54,632.

Plan expenses were \$144,341,167. These expenses included \$7,104,489 in administrative and claims service expenses and \$137,236,678 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 Employees of Municipal & Other Public Employers of Maine Health Trust, 60 Community Drive, Augusta, ME 04330-9486, (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.