

PEN BAY HEALTHCARE
SUMMARY OF BENEFIT INFORMATION

2009

KNOX CENTER
KNO-WAL-LIN HOME CARE & HOSPICE
PENOBSCOT BAY MEDICAL CENTER
PENOBSCOT BAY PHYSICIANS & ASSOCIATES
THE ANDERSON INN AT QUARRY HILL
MID-COAST MENTAL HEALTH CENTER

C O M P E N S A T I O N

BENEFIT	WHO'S ELIGIBLE	WHEN ELIGIBLE	WHO PAYS
Overtime Time & one-half for all hours worked over 40 in one week. No mandatory overtime.	Non-Exempt employees	Upon Employment	Employer 100%
Shift Differential \$1.25 per hour-Evenings \$2-\$4 per hour-Nights depending upon licensure and level of component organization.	Evening Shift Night Shift	Upon Employment	Employer 100%
Weekend/Holiday Differential \$1.50 per hour—Acute and Long Term Care	All employees working on weekends or holidays	Upon Employment	Employer 100%
Call Pay Various rates across the PBH system.	Nursing & Allied Services	Upon Employment	Employer 100%
Bereavement Pay Up to 24 hours of paid time for the death of an immediate family member; 8 hours for a non-immediate family member.	Full and Part-time employees	Upon Employment	Employer 100%

I N S U R A N C E

Medical Insurance Comprehensive Medical Plan. PPO discounts provide lower out of pocket costs.	Full and Part-time employees (Benefits eligible)*	1 st day of the month following 30 days of employment	Employer and Employee
Dental Insurance Preventative and diagnostic care 100% UCR, Basic and Major service in keeping with the schedule following \$25/year deductible; \$50 maximum deductible per year, per family. \$1,000 maximum benefit per individual per calendar year.	Full and Part-time employees (Benefits eligible)*	1 st day of the month following 30 days of employment	Employer and Employee
Life Insurance Two times annual salary rounded to next highest thousand plus AD&D, Supplemental Insurance available at employee cost.	Full and Part-time employees (Benefits eligible)*	1 st day of the month following 90 days of employment	Employer 100%
Dependent Life Insurance \$10,000 on spouse, \$5,000 on child.	Full and Part-time employees (Benefits eligible)*	1 st day of the month following 90 days of employment	Employee 100%
Short-Term Disability 65% of Base wage for employees with 1 or more years of employment;	Full and Part-time Employees (Benefits eligible)*	12 months actual work in a benefited position.	Employer 100%

DISCOUNTED SERVICES			
Child Care Benefit Subsidized childcare on site.	All Employees	Upon Employment	Employer & Employee
Prescription Drugs Prescriptions available at discounted prices	All employees and eligible dependents	Upon Employment	Employee at hospital cost.
Courtesy Allowance 10% discount on covered services after PBH insurance applied.	All employees and eligible dependents	Upon Employment	Employer
RETIREMENT PLAN			
Retirement Income Partnership Retirement Plan—403(b) Plan	Employees in a budgeted status of 20 or more hours or worked 1,000 hours in the calendar year.	Upon Employment for voluntary participation; After 2 years of service for employer contribution.	Employer & Employee
PAID TIME OFF			
PTO—Holiday, sick, vacation & personal days Hours accrue bi-weekly based on hourly status. Hours up to 320 may be carried over to the next calendar year. Year-end cash options available.	Full-time Employees Part-time employees (Benefits eligible and pro-rated)*	Based on a 40 hour status: 0-4 Years 200 hours 5-9 Years 240 hours 10-14 Years 280 hours 15 & up 320 hours	Employer 100%
EDUCATION BENEFITS			
On-site Education	All employees	Upon Employment	Employer & Employee
Tuition Reimbursement Reimbursement for formal degree programs received off site. Pays up to 6 credit hours in tuition fees per calendar year based on the current credit hour cost at UMaine.	Full and Part-time employees (Benefits eligible)*	6 months	Employer 100% of eligible costs.
Loan Forgiveness Repayment of paid educational loan expenses. Up to \$2,500 per employee available annually for a maximum of 3 years.	All employees in identified positions who have graduated and have outstanding educational loans.	After 12 months of employment.	Employer 100%
LEAVES OF ABSENCE			
Leaves of Absence Protection for benefits and seniority already earned. Unpaid leaves recommended for approval by the department head and approved by the VP of Human Resources for personal, educational and medical (FMLA benefits may be available if eligible) leaves.	Full and Part-time employees (Benefits-eligible and pro-rated)*	After 6 months of employment	Employee pays any insurance premiums during LOA period.

*Benefits-eligible are those benefited for at least 20 hours per week.

This is an overview of our benefit programs. Employees must review the complete policy in Human Resources.

**Pen Bay Healthcare
Medical Plan (Non HSA Plan)
Schedule of Medical Benefits**

BENEFITS	PEN BAY HEALTHCARE NETWORK	IN-NETWORK	OUT-OF-NETWORK
First Dollar Benefits:			
Well Care (Includes one (1) routine vision examination):	100% to a maximum of \$500 per calendar year	100% to a maximum of \$500 per calendar year	100% to a maximum of \$500 per calendar year
Deductible:			
Individual	None	\$500 per calendar year	\$1,000 per calendar year
Family	None	\$1,000 per calendar year	\$2,000 per calendar year
Coinsurance:			
Individual	80% - 90%*	80%	60%
Family	80% - 90%*	80%	60%
*See Note #7			
Out-of-Pocket Maximum:			
Individual	\$1,000 per calendar year*	\$1,500 per calendar year*	\$3,000 per calendar year*
Family	\$2,000 per calendar year*	\$3,000 per calendar year*	\$6,000 per calendar year*
Physician's Office Visit (Physician's Fee Only):	\$25 co-payment per visit; then 100% after out-of-pocket	Deductible; then 80%	Deductible; then 60%
Diagnostic X-rays & Labs:	80%	Deductible; then 80%	Deductible; then 60%
Maternity & Newborn Care:	80%	Deductible; then 80%	Deductible; then 60%
Skilled Nursing Facility:	80%	Deductible; then 80%	Deductible; then 60%
Ambulance Services:	80%	Deductible; then 80%	Deductible; then 60%
Inpatient Care:	80%	Deductible; then 80%	Deductible; then 60%
Outpatient Surgery:	80%	Deductible; then 80%	Deductible; then 60%
Colonoscopiess:	80%	Deductible; then 80%	Deductible; then 60%
Chiropractic Care:	N/A	Deductible; then 80% to a maximum of 40 visits per calendar year	Deductible; then 60% to a maximum of 40 visits per calendar year

BENEFITS	PEN BAY HEALTHCARE NETWORK	IN-NETWORK	OUT-OF-NETWORK
Infertility Treatment:	80% to a maximum of \$20,000 per lifetime	Deductible; then 80% to a maximum of \$20,000 per lifetime	Deductible; then 60% to a maximum of \$20,000 per lifetime
Home Health Care:	80%	Deductible; then 80%	Deductible; then 60%
Durable Medical Equipment:	80% to a maximum of \$2,500 per calendar year	Deductible; then 80% to a maximum of \$2,500 per calendar year	Deductible; then 60% to a maximum of \$2,500 per calendar year
Outpatient Physical Therapy:	80% to a maximum of 40 visits per calendar year	Deductible; then 80% to a maximum of 40 visits per calendar year	Deductible; then 60% to a maximum of 40 visits per calendar year
Outpatient Speech Therapy:	80% to a maximum of 40 visits per calendar year	Deductible; then 80% to a maximum of 40 visits per calendar year	Deductible; then 60% to a maximum of 40 visits per calendar year
Outpatient Occupational Therapy:	80% to a maximum of 40 visits per calendar year	Deductible; then 80% to a maximum of 40 visits per calendar year	Deductible; then 60% to a maximum of 40 visits per calendar year
Prosthetics:	80%	Deductible; then 80%	Deductible; then 60%
Mental Health Care:			
Inpatient	80% to a maximum of 31 days per calendar year	Deductible; then 80% to a maximum of 31 days per calendar year	Deductible; then 60% to a maximum of 31 days per calendar year
Outpatient	80% to a maximum of 40 days per calendar year	Deductible; then 80% to a maximum of 40 days per calendar year	Deductible; then 60% to a maximum of 40 days per calendar year
Substance Abuse Treatment:			
Inpatient	80% to a maximum of 62 days per lifetime	Deductible; then 80% to a maximum of 62 days per lifetime	Deductible; then 60% to a maximum of 62 days per lifetime
Outpatient	80% to a maximum of \$1,500 per calendar year	Deductible; then 80% to a maximum of \$1,500 per calendar year	Deductible; then 60% to a maximum of \$1,500 per calendar year
Emergency Room Services:	\$50 Co-pay; 80%	Deductible; then 80%	Deductible; then 60%
Temporomandibular Joint Syndrome (TMJ):	80%	Deductible; then 80%	Deductible; then 60%
Asthma Education Programs:	80% to a maximum of \$200 per calendar year	Deductible; then 80% to a maximum of \$200 per calendar year	Deductible; then 60% to a maximum of \$200 per calendar year
Modified Low Protein Food Products:	80% to a maximum of \$3,000 per calendar year	Deductible; then 80% to a maximum of \$3,000 per calendar year	Deductible; then 60% to a maximum of \$3,000 per calendar year

BENEFITS	PEN BAY HEALTHCARE NETWORK	IN-NETWORK	OUT-OF-NETWORK
Inpatient Pre-Certification Penalty:	N/A	\$250 non-compliance penalty	\$250 non-compliance penalty
Individual Lifetime Maximum:	\$2,000,000	\$2,000,000	\$2,000,000

Note:

1. All Plan benefits are subject to reasonable and customary allowances.
2. All over covered benefits not listed above will be payable at 80% Pen Bay Healthcare Network, subject to deductible, then payable at 80% in-network and subject to deductible, then payable at 60% out of network.
3. All in and out-of network benefit maximums are combined.
4. All in and out-of-network deductible and coinsurance amounts are not combined.
5. Co-payments are not applied to the deductible or out-of-pocket maximum.
6. It is the members' responsibility to verify that all services are in the "Pen Bay Healthcare Network" or the "In-Network" to ensure benefit coverage as described above.
7. Covered charges from the following facilities will be payable at 90%; no deductible applies: Penobscot Bay Medical Center; The Knox Center; Quarry Hill; Kno-Wal-Lin Home Health, Inc.; Mid-Coast Mental Health Center.
8. All questions related to coverage of prescription drugs should be directed to the Human Resources Department at 207-596-8288.

**PEN BAY HEALTHCARE
HIGH DEDUCTIBLE/HSA HEALTH PLAN
SCHEDULE OF BENEFITS**

BENEFITS	PEN BAY HEALTHCARE NETWORK	IN-NETWORK	OUT-OF-NETWORK
First Dollar Benefits:			
Well Care: (Routine Eye Exam not eligible)	100% to a maximum of \$500 per calendar year; then deductible and 100%	100% to a maximum of \$500 per calendar year; then deductible and 100%	100% to a maximum of \$500 per calendar year; then deductible and 60%
Deductible:			
Individual	\$1,150 per calendar year	\$1,650 per calendar year	\$2,600 per calendar year
Family & 2 Person	\$2,300 per calendar year	\$2,300 per calendar year	\$4,600 per calendar year
Coinsurance:			
Individual	100%	100%	80%
Family & 2 Person	100%	100%	80%
Out-of-Pocket Maximum:			
Individual	\$ 5,600 per calendar year	\$ 5,600 per calendar year	\$ 5,600 per calendar year
Family & 2 Person	\$11,200 per calendar year	\$11,200 per calendar year	\$11,200 per calendar year
Physician's Office Visit (Physician's Fee Only):	Fees covered after out- of- pocket max or deductible has been met	Deductible; then 100%	Deductible; then 60%
Diagnostic X-rays & Labs:	Deductible; then 100%	Deductible; then 100%	Deductible; then 60%
Maternity & Newborn Care:	Deductible; then 100%	Deductible; then 100%	Deductible; then 60%
Skilled Nursing Facility:	Deductible; then 100%	Deductible; then 100%	Deductible; then 60%
Ambulance Services:	Deductible; then 100%	Deductible; then 100%	Deductible; then 60%
Inpatient Care:	Deductible; then 100%	Deductible; then 100%	Deductible; then 60%
Outpatient Surgery:	Deductible; then 100%	Deductible; then 100%	Deductible; then 60%
Colonoscopies:	Deductible; then 100%	Deductible; then 100%	Deductible; then 80%

BENEFITS	PENBAY HEALTHCARE NETWORK	IN-NETWORK	OUT-OF-NETWORK
Chiropractic Care:	N/A	Deductible; then 100% to a maximum of 40 visits per calendar year	Deductible; then 60% to a maximum of 40 visits per calendar year
Infertility Treatment:	Deductible; then 100% to a maximum of \$20,000 per lifetime	Deductible; then 100% to a maximum of \$20,000 per lifetime	Deductible; then 60% to a maximum of \$20,000 per lifetime
Home Health Care:	Deductible; then 100%	Deductible; then 100%	Deductible; then 60%
Durable Medical Equipment:	Deductible; then 100% to a maximum of \$2,500 per calendar year	Deductible; then 100% to a maximum of \$2,500 per calendar year	Deductible; then 60% to a maximum of \$2,500 per calendar year
Outpatient Physical Therapy:	Deductible; then 100% to a maximum of 40 visits per calendar year	Deductible; then 100% to a maximum of 40 visits per calendar year	Deductible; then 60% to a maximum of 40 visits per calendar year
Outpatient Speech Therapy:	Deductible; then 100% to a maximum of 40 visits per calendar year	Deductible; then 100% to a maximum of 40 visits per calendar year	Deductible; then 60% to a maximum of 40 visits per calendar year
Outpatient Occupational Therapy:	Deductible; then 100% to a maximum of 40 visits per calendar year	Deductible; then 100% to a maximum of 40 visits per calendar year	Deductible; then 60% to a maximum of 40 visits per calendar year
Prosthetics:	Deductible; then 100%	Deductible; then 100%	Deductible; then 60%
Mental Health Care:			
Inpatient	Deductible; then 100% to a maximum of 31 days per calendar year	Deductible; then 100% to a maximum of 31 days per calendar year	Deductible; then 60% to a maximum of 31 days per calendar year
Outpatient	Deductible; then 100% to a maximum of 40 visits per calendar year	Deductible; then 100% to a maximum of 40 visits per calendar year	Deductible; then 60% to a maximum of 40 visits per calendar year
Substance Abuse Treatment:			
Inpatient	Deductible; then 100% to a maximum of 62 days per lifetime	Deductible; then 100% to a maximum of 62 days per lifetime	Deductible; then 60% to a maximum of 62 days per lifetime
Outpatient	Deductible; then 100% to a maximum of \$1,500 per calendar year	Deductible; then 100% to a maximum of \$1,500 per calendar year	Deductible; then 60% to a maximum of \$1,500 per calendar year

BENEFITS	PEN BAY HEALTHCARE NETWORK	IN-NETWORK	OUT-OF-NETWORK
Emergency Room Services (Facility fees):	Deductible; then 100%	Deductible; then 100%	Deductible; then 60%
Emergency Room Services (Physician fees):	Deductible; then 1000%	Deductible; then 100%	Deductible; then 60%
Temporomandibular Joint Syndrome (TMJ):	Deductible; then 100%	Deductible; then 100%	Deductible; then 60%
Asthma Education Programs:	Deductible; then 100% to a maximum of \$200 per calendar year	Deductible; then 100% to a maximum of \$200 per calendar year	Deductible; then 60% to a maximum of \$200 per calendar year
Modified Low Protein Food Products:	Deductible; then 100% to a maximum of \$3,000 per calendar year	Deductible; then 100% to a maximum of \$3,000 per calendar year	Deductible; then 60% to a maximum of \$3,000 per calendar year
Inpatient Pre-Certification Penalty:	N/A	\$250 non-compliance penalty	\$250 non-compliance penalty
Individual Lifetime Maximum:	\$2,000,000	\$2,000,000	\$2,000,000

NOTE:

1. All Plan benefits are subject to reasonable and customary allowances.
2. All other covered benefits not listed above will be subject to deductible, then payable at 100% for Pen Bay Healthcare Network and in-network and out-of-network will be subject to deductible, then payable at 80%.
3. All Pen Bay Healthcare network, in-network and out-of-network benefit maximums are combined.
4. All Pen Bay Healthcare network, in-network and out-of-network deductible and coinsurance amounts are combined.
5. For two person or family coverage, expenses incurred by each person accumulates and is credited toward the one family deductible. The Plan will not pay benefits until the family deductible amount has been completely satisfied by any combination of covered participants included under two person or family coverage.
6. It is the member's responsibility to verify that all services are in the "Pen Bay Healthcare Network" or the "in-network" to ensure benefit coverage as described above.

SPECIAL NOTE: Prescription benefits will be applied to the above deductible and out-of-pocket maximum requirements.

Camden National Bank Health Savings Accounts

What is a Health Savings Account (HSA)?

An HSA is a tax advantaged savings plan available to eligible taxpayers to cover current and future medical expenses.

Money can be deposited in an HSA on a pre-tax basis and then withdrawn tax-free for qualified medical expenses.

Benefits of an HSA

- Helps pay for medical expenses not covered by your High Deductible Medical Option - including your annual deductible.
- Contributions and the interest they earn may not be taxable*
- **The balance rolls over from one year to the next.**
- **The HSA is portable.**

HSA Contributions**

- For 2009, the maximum amount that can be contributed to an HSA is:
 - \$2,950 (self coverage only)
 - \$5,900 (family coverage)
- These amounts are indexed annually.
- Additional “Catch-up” contributions for individuals age 55 and over:
 - 2009 and after - \$1,000
- Contributions must stop once enrolled in Medicare.

HSA Distributions

- Distribution is tax-free if taken for “qualified medical expenses”
- Qualified medical expenses must be incurred on or after the date the HSA was established.
- Tax-free distributions can be taken for the qualified medical expenses of:
 - Person covered by the high-deductible insurance
 - Spouse of the individual (even if not covered by the insurance plan)
 - Any dependent of the individual (even if not covered by the insurance plan)
- No time limit on when distributions must occur.
- If distribution is not used for “qualified medical expenses”
 - Amount of distribution is included in income
 - And, a 10% additional tax applies (except when taken after the individual dies, becomes disabled, or turns 65)

**Please consult your tax advisor to determine eligibility for this account and any tax implications it may have.*

*** Please note that a one time roll-over of unused funds in your 2007 Flexible Spending account will be allowed.*

Camden National Bank Health Savings Accounts

CNB HSA Product

- Checking account with premium interest rate – 3.50% APY for balances over \$500
- Contributions/deposits can be made via payroll deduction and direct deposit
- Distributions/withdrawals can be made via convenient debit card and check writing access
- Online Banking access available via *NetTeller*
- CNB provides the required IRS annual reporting
 - Form 5498-SA (Contributions)
 - Form 1099-SA (Distributions)
- Instant access to your available balance
 - No claims process
 - Simply maintain IRS records (receipts)
 - Use funds only for “qualified medical expenses” as defined in IRS Publication 502

HSA Account Pricing

- Standard monthly service charge (\$6.00 per month)
 - WAIVED FOR PEN BAY EMPLOYEES!
- Standard one-time set up fee of \$15.00
 - WAIVED FOR PEN BAY EMPLOYEES!
- Premium interest rate of 3.50% APY for balances over \$500.

Your Camden National Bank Contacts

Camden National Bank – 800-860-8821

Leslie Eaton

Strategic Planning & Retail Deposit Manager
Camden Main Office – Ext. 2100

Customer Assistance Center – 800-860-8821

Online at www.camdennational.com

**PEN BAY HEALTHCARE
SCHEDULE OF DENTAL BENEFITS AT A GLANCE**

Covered Expenses	Deductible	Copayment	Maximum Benefits
Type A Expenses (Preventive Treatment) <ul style="list-style-type: none"> • Routine Office exams—Two exams are covered per calendar year • Emergency palliative treatment • Prophylaxis (cleaning and scaling)—Two cleanings are covered per calendar year • Fluoride (topical treatments)—Two times per calendar year • Space maintainers—On primary teeth • Bitewing x-rays—Two sets are covered in any calendar year • Full mouth x-rays—One set is covered in any 24 month period • Sealants (topical application) for a covered dependent up to age 19 	None	The plan pays 100% of actual charge, not to exceed the Usual and Customary Charge.	\$1,000 per individual per calendar year for Type A, Type B and Type C Expenses combined.
Type B Expenses (Basic Dental Treatment) <ul style="list-style-type: none"> • Consultations • Routine extractions • Oral Surgery • Endontics • Tooth replantation or transplantation • Periodontic treatment • Fillings • Sedative fillings • Recementing inlays, crowns • Relining, rebasing or repairing of an existing appliance (fixed bridgework, removable partial or complete dentures) • General anesthesia – required in relation to dental surgery when administered by a dentist • Administration and cost of injectable drugs when prescribed by a dentist • Bridge repair • Denture repair 	\$25 per individual, \$50 per family per calendar year	After the Deductible, the Plan pays 80% and the Employee pays 20% per individual per calendar year.	
Type C Expenses (Major Treatment) <ul style="list-style-type: none"> • Inlays • Crowns • Pontics • Fixed bridgework • Prostodontics • Dentures, to include the following: <ul style="list-style-type: none"> • Complete maxillary • Complete mandibular • Bridge and denture replacement, if at least five years since the previous replacement 		After the Deductible, the Plan pays 50% and the Employee pays 50% per individual calendar year.	

**PEN BAY HEALTHCARE
BI-WEEKLY COST
2009**

Current Standard Medical Option – CBA/EBPA

	<u>20-29 Hourly Employee</u>	<u>30-40 Hourly Employee</u>
Single	\$115.00	\$ 36.00
Adult & Child	\$222.00	\$133.00
Adult & Adult	\$265.38	\$160.00
Family	\$308.93	\$200.00

NEW High Deductible/HSA Medical Option – CBA/EBPA

	<u>20-29 Hourly Employee</u>	<u>30-40 Hourly Employee</u>
Single	\$ 97.75	\$ 30.60
Adult & Child	\$188.50	\$113.05
Adult & Adult	\$225.57	\$136.00
Family	\$262.59	\$170.00

FOR FAMILIES WITH TOTAL FAMILY INCOME UNDER \$50,000/YEAR

Additional Supplement Per Paycheck:

<u>Coverage</u>	<u>Total Household Income & Bi-weekly Supplements</u>		
	<\$20,000	<\$37,500	<\$50,000
Single	\$6.00		
Adult & Child		\$39.00	\$19.00
Adult & Adult		\$29.00	\$14.00
Family (3+members)		\$58.00	\$29.00

(Subtract these amounts from the above cost to find your final cost per paycheck)

DENTAL COSTS

	<u>20-29 Hourly Employee</u>	<u>30-40 Hourly Employee</u>
Single	\$12.76	\$ 4.10
Family	\$44.66	\$36.00