



What's possible with MMTA and Acadia Benefits?

- Employees that understand their benefits
- Risk management tools
- Competitive negotiated rates with the region's top carriers
- Concierge support when there's a problem
- Compliance resources
- Understanding how your plan compares to other employers

MMTA leverages its member purchasing power to offer competitive rates with the most respected carriers in Maine.

The sole purpose of this program is to benefit MMTA members and the more participation we have, the better the rates we can collectively negotiate.

The 2020 MMTA Employee Benefits Program includes:



Dental Insurance



Vision Insurance



Life/AD&D Insurance



Short-Term Disability



For additional details, please visit
www.MMTA.com/employee-benefits-program



Acadia Benefits

Do you currently offer benefits and
want to compare prices/value?

Are you considering offering benefits
but think it's too expensive?

Overwhelmed by employee benefits
and need help getting started?

Please contact our MMTA partners at Acadia Benefits
for additional information including ways to
better manage your employee benefits expenses.

Robert Kennedy
RKennedy@AcadiaBenefits.com
207.822.4376

Kevin Kennedy
KKennedy@AcadiaBenefits.com
207.615.0560


Mary Brooks
MBrooks@AcadiaBenefits.com
207.947.4794

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2020 MMTA Employee Benefits Program

2020 Dental Insurance Single coverage as low as \$32.50



| 6 Dental plans available All 6 plans offer  | | 3 CONTRIBUTORY PLANS 75% Participation Required | | | 3 VOLUNTARY PLANS Minimum participation of 1 employee | | |
|--|---|--|--|--|--|--|--|
| Coverage Category | Covered Services | Contributory Plan 1 | Contributory Plan 2 | Contributory Plan 3 | Voluntary Option 1 | Voluntary Option 2 | NEW 2018 Voluntary Option 3 |
| Coverage A: | Diagnostic & Preventive Evaluations, X-rays, Oral cancer screenings, Routine cleanings, Fluoride treatments, Space maintainers, Sealants | 100% | 100% | 100% | 100% | 100% | 100% |
| Coverage B: | Basic Restorative COMPOSITE FILLINGS Anterior & Posterior, Surgical and routine extractions, Root canals, Periodontal Cleanings, Treatment of gum disease, Denture repair, Emergency palliative treatment | 80% | 50% | 70% | 80% After a 6 month waiting period** | 60% After a 6 month waiting period** | 70% After a 6 month waiting period** |
| Coverage C: | Major Restorative Bridges, Onlays, Dentures, Implants, Crowns | 50% After a 6 month waiting period* | 50% After a 6 month waiting period* | 50% After a 6 month waiting period* | 50% After a 12 month waiting period** | 50% After a 12 month waiting period** | 50% After a 12 month waiting period** |
| Coverage B and C combined deductible per person/family: | | \$50/\$150 Annually | \$50/\$150 Annually | \$25/\$75 Annually | \$100/\$300 LIFETIME | \$75/\$225 LIFETIME | \$75/\$225 LIFETIME |
| Coverage A-B-C combined maximum per person/ calendar year: | | \$1,500 | \$1,500 | \$2,000 | \$1,000 | \$1,500 | \$2,000 |
| Coverage D: Orthodontics | Orthodontics Correction of Malposed (crooked) teeth for Adults & Children to age 19 | NOT COVERED | NOT COVERED | NOT COVERED | 50% up to a Lifetime Maximum of \$1,000 per person After a 24 month waiting period** | NOT COVERED | 50% up to a Lifetime Maximum of \$1,500 per person After a 24 month waiting period** |
| NETWORK OPTIONS | | PPO+Premier | PPO+Premier | PPO+Premier | PPO+Premier | PPO+Premier | PPO+Premier |
| DoubleUp Maximum – allows accumulation of up to \$250 in additional annual benefits for use in future coverage periods | | INCLUDED | | | INCLUDED | | |
| Monthly Rates *** ***Include MMTA EBP Admin Fee \$1.20 Single/\$2.40 2+more ** ** - Waiting Period Waived for New Groups with similar Prior Group Dental Coverage | | Contributory *** Plan 1 | Contributory *** Plan 2 | Contributory *** Plan 3 | Voluntary *** Option 1 | Voluntary *** Option 2 | Voluntary *** Option 3 |
| Single | | \$42.87 | \$32.50 | \$40.04 | \$45.97 | \$40.01 | \$44.68 |
| Two Person | | \$106.66 | \$80.04 | \$98.74 | \$78.33 | \$67.17 | \$76.17 |
| More Than 2 | | \$106.66 | \$80.04 | \$98.74 | \$131.57 | \$105.42 | \$124.62 |

2020 Life/AD&D and Short-Term Disability Insurance Different plans to meet a variety of needs



Choose from 2 Life/AD&D Plans

Plan 1: Flat \$10,000 .415¢/\$1000 of benefit; or
Plan 2: Flat \$25,000 .415¢/\$1000 of benefit
Dependent Life Insurance: \$0.85 per family unit/month
Monthly Administrative Fee Applies

Choose from 3 STD Plans

60% of the basic weekly salary up to a maximum of
Plan 1: \$150 week or Plan 2: \$300 week or Plan 3: \$500 week
\$1.07/\$10 of benefit
Benefits begin 1 day Accident / 8 day Sickness – max 26 weeks

DeltaVision®

- Rates DO NOT include MMTA EBP Monthly Admin Fee If Applicable \$1.20/Single-\$2.40/Family
- Members receive a 20% discount on items not covered by the plan at network providers, which may not be combined with any other discounts or promotional offers.
- The discount does not apply to EyeMed provider's professional services or to contact lenses. Retail prices may vary by location.
- Members also receive a 40% discount off complete eyeglass purchases and a 15% discount off conventional contact lenses once the Funded benefit has been used.
- After initial purchase, replacement contact lenses may be obtained via the Internet at substantial savings and mailed directly to the member. Details are available at www.eyemedvisioncare.com.
- The contact lens benefit allowance is not applicable to this service.
- Discounts do not apply for benefits provided by other group benefit plans.

2020 DeltaVision Hardware Only Benefit Plans

DeltaVision®

| | ER PAID \$150 PLAN | | ER PAID \$130 PLAN | | VOLUNTARY \$150 | | VOLUNTARY \$130 | |
|---|--|----------------|--|----------------|--|----------------|--|----------------|
| Frame Allowance (Materials) | | \$150 | | \$130 | | \$150 | | \$130 |
| Contact Lenses Allowance (Materials) | | \$150 | | \$130 | | \$150 | | \$130 |
| Copoly Amount Lenses | | \$20/\$20 | | \$20/\$20 | | \$20/\$20 | | \$20/\$20 |
| Frames <i>Any available frame at provider location</i> | Network Benefit | Non-Network | Network Benefit | Non-Network | Network Benefit | Non-Network | Network Benefit | Non-Network |
| | \$150 Allowance, then 20% off balance | \$75 | \$130 Allowance, then 20% off balance | \$65 | \$150 Allowance, then 20% off balance | \$75 | \$130 Allowance, then 20% off balance | \$65 |
| Standard Plastic Lenses | | | | | | | | |
| Single vision / Bifocal / Trifocal | Member pays \$20, plan pays balance | \$25/\$40/\$55 | Member pays \$20, plan pays balance | \$25/\$40/\$55 | Member pays \$20, plan pays balance | \$25/\$40/\$55 | Member pays \$20, plan pays balance | \$25/\$40/\$55 |
| Lens Options | | | | | | | | |
| UV coating / Tint / Standard scratch resistance | Member co-pay \$15 each | None | Member co-pay \$15 each | None | Member co-pay \$15 each | None | Member co-pay \$15 each | None |
| Standard polycarbonate | Member co-pay \$40 | None | Member co-pay \$40 | None | Member co-pay \$40 | None | Member co-pay \$40 | None |
| Standard anti-reflective coating | Member co-pay \$45 | None | Member co-pay \$45 | None | Member co-pay \$45 | None | Member co-pay \$45 | None |
| Standard progressive | Member co-pay \$85 | None | Member co-pay \$85 | None | Member co-pay \$85 | None | Member co-pay \$85 | None |
| Premium progressive | \$85 co-pay, 80% of charge less than \$120 allowance | None | \$85 co-pay, 80% of charge less than \$120 allowance | None | \$85 co-pay, 80% of charge less than \$120 allowance | None | \$85 co-pay, 80% of charge less than \$120 allowance | None |
| Other add-ons and services | 20% off retail price | None | 20% off retail price | None | 20% off retail price | None | 20% off retail price | None |
| Contact Lenses - Contact lens allowance covers materials only | | | | | | | | |
| Conventional | \$150 allowance, then 15% off balance | \$120 | \$130 allowance, then 15% off balance | \$104 | \$150 allowance, then 15% off balance | \$120 | \$130 allowance, then 15% off balance | \$104 |
| Disposable | \$150 allowance, member pays balance | \$120 | \$130 allowance, member pays balance | \$104 | \$150 allowance, member pays balance | \$120 | \$130 allowance, member pays balance | \$104 |
| Medically necessary | Paid In Full | \$200 | Paid In Full | \$200 | Paid In Full | \$200 | Paid In Full | \$200 |
| Laser Vision Correction - Laski or PRK | 15% off retail price or 5% off promotional price | None | 15% off retail price or 5% off promotional price | None | 15% off retail price or 5% off promotional price | None | 15% off retail price or 5% off promotional price | None |
| Frequency - Exams/Lenses or Contact Lenses/Frames | 12 / 24 Months | 12 / 24 Months | 12 / 24 Months | 12 / 24 Months | 12 / 24 Months | 12 / 24 Months | 12 / 24 Months | 12 / 24 Months |
| MONTHLY RATES: | | | | | | | | |
| EMPLOYEE | 100% Participation | \$4.27 | 100% Participation | \$3.11 | 2 or more Enrolled | \$5.45 | 2 or more Enrolled | \$4.50 |
| EMPLOYEE + ONE | | \$7.32 | | \$5.34 | | \$9.36 | | \$7.72 |
| FAMILY | | \$13.10 | | \$9.55 | | \$16.74 | | \$13.82 |

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