



# 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 2024 MMTA Employee Benefits Program includes:



Dental Insurance



**DELTA DENTAL®**



Vision Insurance

DeltaVision®



Life/AD&D Insurance

unum™



Short-Term Disability

unum™

For additional details, please visit

[www.MMTA.com/employee-benefits-program](http://www.MMTA.com/employee-benefits-program)



Acadia  
BENEFITS

# Acadia Benefits

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**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?**

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

**Robert Kennedy  
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For additional details, please visit  
**[www.MMTA.com/employee-benefits-program](http://www.MMTA.com/employee-benefits-program)**

## 2024 Dental Insurance

Single coverage as low as \$30.83\*



DELTA DENTAL		2024 DENTAL Insurance ~ Single coverage as low as \$30.83/mo						
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	Voluntary Option 3	
Coverage A:	<b>Diagnostic &amp; Preventive</b> Evaluations, X-rays, Oral cancer screenings, Routine cleanings, Fluoride treatments, Space maintainers, Sealants	100%	100%	100%	100%	100%	100%	
Coverage B:	<b>Basic Restorative</b> <b>COMPOSITE FILLINGS</b> 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:	<b>Major Restorative</b> 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	<b>Orthodontics</b> 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 ***		Contributory *** Plan 1	Contributory*** Plan 2	Contributory*** Plan 3	Voluntary*** Option 1	Voluntary*** Option 2	Voluntary*** Option 3	
***Includes MBTA ERP Admin Fee \$1.20 Single/\$2.40 2+more		\$40.65	\$30.83	\$37.98	\$46.87	\$40.79	\$45.55	
**, ***: Waiting Period Waived for New Groups with similar Prior Group Dental Coverage		\$101.12	\$75.91	\$93.61	\$79.85	\$68.47	\$77.65	
		\$101.12	\$75.91	\$93.61	\$134.15	\$107.48	\$130.00	
Single								
Two Person								
More Than 2								

## 2024 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 .435¢/\$1000 of benefit; or  
Plan 2: Flat \$25,000 .435¢/\$1000 of benefit

Dependent Life Insurance: \$0.85 per family unit/month

Life plans require 75% participation & 25% Employer Contribution  
Monthly Administrative Fee Applies

### Choose from 3 STD Plans

60% of the basic weekly salary up to a maximum of  
Plan 1: \$150 per week or Plan2: \$300 per week or Plan 3: \$500 per week  
\$1.12/\$10 of benefit

Benefits begin 1 day Accident / 8 day Sickness – max 26 weeks  
STD Plans required 100% participation & 100% Employer Contribution  
Monthly Administrative Fee Applies if Life/AD&D Not Elected



# 2024 DeltaVision FULL Benefits Plans

## Employer Paid Rates

	ER PAID \$180 PLAN		ER PAID \$150 PLAN		ER PAID \$130 PLAN	
Frame Allowance (Materials)	\$180		\$150		\$130	
Contact Lenses Allowance (Materials)	\$180		\$150		\$130	
Copay Amount Exam and Lenses	\$20/\$20		\$20/\$20		\$20/\$20	
	Network Benefit	Non-Network	Network Benefit	Non-Network	Network Benefit	Non-Network
Exam with Dilation as Necessary	Member pays \$20, plan pays balance	\$35	Member pays \$20, plan pays balance	\$35	Member pays \$20, plan pays balance	\$35
Contact Lens Fit and Follow-up						
Standard - Includes spherical clear contact lenses in conventional wear and planned replacement (Examples include but not limited to disposable, frequent replacement,	Member pays up to \$55.00	None	Member pays up to \$55.00	None	Member pays up to \$55.00	None
Premium - Includes all lens designs, materials and specialty fittings other than Standard Contact Lenses (Examples include toric, multifocal, etc.)	10% discount off retail	None	10% discount off retail	None	10% discount off retail	None
Frames -- Any available frame at provider location.	\$180 Allowance, then 20% off balance	\$90	\$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
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
Standard polycarbonate	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
Standard progressive	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
Other add-ons and services	20% off retail price	None	20% off retail price	None	20% off retail price	None
Contact Lenses						
Contact lens allowance covers materials only.						
Conventional	\$180 allowance, then 15% off balance	\$144	\$150 allowance, then 15% off balance	\$120	\$130 allowance, then 15% off balance	\$104
Disposable	\$180 allowance, member pays balance	\$144	\$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
Laser Vision Correction - Lasik 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
Frequency - Exams / Lenses or Contact Lenses / Frames	12 / 12 / 24 Months		12 / 12 / 24 Months		12 / 12 / 24 Months	
MONTHLY RATES:	100% Participation		100% Participation		100% Participation	
EMPLOYEE	\$4.49		\$3.97		\$3.07	
EMPLOYEE + SPOUSE	\$8.76		\$7.75		\$5.99	
EMPLOYEE + CHILD(REN)	\$8.48		\$7.52		\$5.81	
FAMILY	\$13.26		\$11.74		\$9.09	



### Additional in-network discounts

>Rates DO NOT include MMTA EBT Monthly Admin Fee If Applicable \$1.20/Single-\$2.40/Family

>If an employee is NOT enrolled in a MMTA Dental Plan, the employee will be charged the monthly Admin Fee when enrolling in the Vision Plan.

>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](http://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.

# 2024 DeltaVision HARDWARE ONLY Benefit Plans

## Employer Paid Rates

	ER PAID \$180 PLAN		ER PAID \$150 PLAN		ER PAID \$130 PLAN	
Frame Allowance (Materials)	\$180		\$150		\$130	
Contact Lenses Allowance (Materials)	\$180		\$150		\$130	
Copay Amount Lenses	\$20/\$20		\$20/\$20		\$20/\$20	
	Network Benefit	Non-Network	Network Benefit	Non-Network	Network Benefit	Non-Network
<b>Frames</b> -- Any available frame at provider location.	\$180 Allowance, then 20% off balance	\$90	\$150 Allowance, then 20% off balance	\$75	\$130 Allowance, then 20% off balance	\$65
<b>Standard Plastic Lenses</b>						
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
<b>Lens Options</b>						
UV coating / Tint / Standard scratch resistance	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
Standard anti-reflective coating	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
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
Other add-ons and services	20% off retail price	None	20% off retail price	None	20% off retail price	None
<b>Contact Lenses</b>						
Contact lens allowance covers materials only.						
Conventional	\$180 allowance, then 15% off balance	\$144	\$150 allowance, then 15% off balance	\$120	\$130 allowance, then 15% off balance	\$104
Disposable	\$180 allowance, member pays balance	\$144	\$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
<b>Laser Vision Correction - Lasik or PRK</b>	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
<b>Frequency - Exams / Lenses or Contact Lenses / Frames</b>	12 / 24 Months		12 / 24 Months		12 / 24 Months	
<b>MONTHLY RATES:</b>	<b>100% Participation</b>		<b>100% Participation</b>		<b>100% Participation</b>	
EMPLOYEE	\$4.04		\$3.52		\$2.57	
EMPLOYEE + SPOUSE	\$7.89		\$6.87		\$5.01	
EMPLOYEE & (CHILD)REN	\$7.65		\$6.66		\$4.85	
FAMILY	\$11.95		\$10.40		\$7.57	

NEW PLAN

New Lower Rates

New Lower Rates



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>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](http://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.



# 2024 DeltaVision FULL Benefits Plans

## Voluntary Rates

	VOLUNTARY \$180		VOLUNTARY \$150		VOLUNTARY \$130	
Frame Allowance (Materials)	\$180		\$150		\$130	
Contact Lenses Allowance (Materials)	\$180		\$150		\$130	
Copay Amount Exam and Lenses	\$20/\$20		\$20/\$20		\$20/\$20	
	Network Benefit	Non-Network	Network Benefit	Non-Network	Network Benefit	Non-Network
Exam with Dilation as Necessary	Member pays \$20, plan pays balance	\$35	Member pays \$20, plan pays balance	\$35	Member pays \$20, plan pays balance	\$35
Contact Lens Fit and Follow-up <i>Standard - Includes spherical clear contact lenses in conventional wear and planned replacement (Examples include but not limited to disposable, Premium - Includes all lens designs, materials and specialty fittings other than Standard Contact Lenses (Examples include toric, multifocal, etc.)</i>	Member pays up to \$55.00	None	Member pays up to \$55.00	None	Member pays up to \$55.00	None
	10% discount off retail	None	10% discount off retail	None	10% discount off retail	None
Frames -- Any available frame at provider location.	\$180 Allowance, then 20% off balance	\$90	\$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
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
Standard polycarbonate	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
Standard progressive	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
Other add-ons and services	20% off retail price	None	20% off retail price	None	20% off retail price	None
Contact Lenses <i>Contact lens allowance covers materials only.</i>						
Conventional	\$180 allowance, then 15% off balance	\$144	\$150 allowance, then 15% off balance	\$120	\$130 allowance, then 15% off balance	\$104
Disposable	\$180 allowance, member pays balance	\$144	\$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
Laser Vision Correction - Lasik 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
Frequency - Exams / Lenses or Contact Lenses / Frames	12 / 12 / 24 Months		12 / 12 / 24 Months		12 / 12 / 24 Months	
MONTHLY RATES:	2 or more Enrolled		2 or more Enrolled		2 or more Enrolled	
EMPLOYEE	\$6.19		\$5.52		\$4.75	
EMPLOYEE + SPOUSE	\$12.09		\$10.79		\$9.27	
EMPLOYEE + CHILD(REN)	\$11.71		\$10.46		\$8.98	
FAMILY	\$18.29		\$16.34		\$14.06	



### Additional in-network discounts

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# 2024 DeltaVision **HARDWARE ONLY** Benefit Plans

## Voluntary Rates

	VOLUNTARY \$180		VOLUNTARY \$150		VOLUNTARY \$130	
Frame Allowance (Materials)	\$180		\$150		\$130	
Contact Lenses Allowance (Materials)	\$180		\$150		\$130	
Copay Amount Lenses	\$20/\$20		\$20/\$20		\$20/\$20	
	Network Benefit	Non-Network	Network Benefit	Non-Network	Network Benefit	Non-Network
<b>Frames -- Any available frame at provider location.</b>	<b>\$180 Allowance, then 20% off balance</b>	\$90	<b>\$150 Allowance, then 20% off balance</b>	\$75	<b>\$130 Allowance, then 20% off balance</b>	\$65
<b>Standard Plastic Lenses</b>						
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
<b>Lens Options</b>						
UV coating / Tint / Standard scratch resistance	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
Standard anti-reflective coating	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
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
Other add-ons and services	20% off retail price	None	20% off retail price	None	20% off retail price	None
<b>Contact Lenses</b>						
<i>Contact lens allowance covers materials only.</i>						
Conventional	\$180 allowance, then 15% off balance	\$144	\$150 allowance, then 15% off balance	\$120	\$130 allowance, then 15% off balance	\$104
Disposable	\$180 allowance, member pays balance	\$144	\$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
Laser Vision Correction - Lasik 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
<b>Frequency - Exams / Lenses or Contact Lenses / Frames</b>	12 / 24 Months		12 / 24 Months		12 / 24 Months	
<b>MONTHLY RATES:</b>	<b>2 or more Enrolled</b>		<b>2 or more Enrolled</b>		<b>2 or more Enrolled</b>	
EMPLOYEE	\$5.18		\$4.50		\$3.71	
EMPLOYEE + SPOUSE	\$10.11		\$8.77		\$7.24	
EMPLOYEE & (CHILD)REN	\$9.79		\$8.52		\$7.02	
FAMILY	\$15.29		\$13.29		\$10.97	



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