



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 2026 MMTA Employee Benefits Program includes:



Dental Insurance



Vision Insurance

DeltaVision®



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.**

Kevin Kennedy
KKennedy@AcadiaBenefits.com
207.615.0560

Mariah Bowker
MBowker@AcadiaBenefits.com
207.615.0542

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

2026 Dental Insurance

Single coverage as low as \$35.81*



2026 Delta Dental Insurance – PPO + Premier Network

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:	Diagnostics & Preventative Evaluations, x-rays, oral cancer screenings, Routine cleanings, fluoride treatments, space maintainers, and sealants.	100%	100%	100%	100%	100%	100%
Coverage B:	Basic Restorative Composite fillings anterior & posterior, surgical & 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 per 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 and 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**
Double-Up Maximum: allows accumulation of up to \$250 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
Single		\$47.27	\$35.81	\$44.15	\$50.32	\$43.77	\$48.89
Two person		\$117.69	\$88.25	\$108.93	\$85.70	\$73.45	\$83.33
More Than 2		\$117.69	\$88.25	\$108.93	\$144.09	\$115.41	\$139.63

* Rates include MMTA EBP Admin Fee \$1.20 single/\$2.40 2 or more

** Waiting period waived for new groups with similar prior dental coverage

2026 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 Plan 2: \$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

2026 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 <i>Standard - Includes spherical clear contact lenses in conventional wear and planned replacement (Examples include but not limited to disposable, frequent replacement, 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	None	10% discount off retail	None	10% discount off retail	None
\$180 Allowance, then 20% off balance	\$90		\$150 Allowance, then 20% off balance	\$75	\$130 Allowance, then 20% off balance	\$65
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 co-pay \$15 each	None		Member co-pay \$15 each	None	Member co-pay \$15 each	None
Member co-pay \$40	None		Member co-pay \$40	None	Member co-pay \$40	None
Member co-pay \$45	None		Member co-pay \$45	None	Member co-pay \$45	None
Member co-pay \$85	None		Member co-pay \$85	None	Member co-pay \$85	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
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
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. The contact lens benefit allowance is not applicable to this service. >Discounts do not apply for benefits provided by other group benefit plans.

2026 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
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 / 24 Months		12 / 24 Months		12 / 24 Months	
MONTHLY RATES:	100% Participation		100% Participation		100% Participation	
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	

>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. The contact lens benefit allowance is not applicable to this service. >Discounts do not apply for benefits provided by other group benefit plans.

2026 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	10% discount off retail	None	10% discount off retail	None	10% discount off retail	None
\$180 Allowance, then 20% off balance	\$180 Allowance, then 20% off balance	\$90	\$150 Allowance, then 20% off balance	\$75	\$130 Allowance, then 20% off balance	\$65
Standard Plastic Lenses	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
Single vision / Bifocal / Trifocal	Member co-pay \$15 each	None	Member co-pay \$15 each	None	Member co-pay \$15 each	None
UV coating / Tint / Standard scratch resistance	Member co-pay \$40	None	Member co-pay \$40	None	Member co-pay \$40	None
Standard polycarbonate	Member co-pay \$45	None	Member co-pay \$45	None	Member co-pay \$45	None
Standard anti-reflective coating	Member co-pay \$85	None	Member co-pay \$85	None	Member co-pay \$85	None
Standard 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
Premium progressive	20% off retail price	None	20% off retail price	None	20% off retail price	None
Other add-ons and services						
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

>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. The contact lens benefit allowance is not applicable to this service. >Discounts do not apply for benefits provided by other group benefit plans.

2026 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
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 / 24 Months		12 / 24 Months		12 / 24 Months	
MONTHLY RATES:	2 or more Enrolled		2 or more Enrolled		2 or more Enrolled	
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	

>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. The contact lens benefit allowance is not applicable to this service. >Discounts do not apply for benefits provided by other group benefit plans.