



EMPLOYEE BENEFITS GUIDE

Town of Bar Harbor
2025-2026

Table of Contents

Medical and Pharmacy.....	2
PPO 1500 – Moosehead Plan.....	2
Health Insurance Opt Out.....	2
Wage Stipend.....	2
Employee Contributions.....	3
PPO 1500 (aka Moosehead Plan).....	4
Provider Directory.....	5
Urgent Care vs Emergency Care.....	6
Dental Benefits.....	7
Vision Benefits EyeMed.....	8
Flexible Spending Accounts (FSA).....	9
Employee Assistance Program (EAP).....	11
Life Insurance.....	12
Income Protection Plan.....	13
Progyny Fertility and Family Building	14
Leave Accruals and Aflac.....	15
Working Advantage.....	15
Longevity.....	16
Retirement Benefits.....	18
Fire Fighter/Law Enforcement Officer Health Insurance Subsidy Program.....	19
Contact Information.....	19
Social Security.....	20
Annual Disclosures.....	21

Medical and Pharmacy

PPO 1500 – Moosehead Plan

The Town of Bar Harbor, through the Maine Municipal Employee Health Trust (MMEHT), offers the PPO 1500 plan, being renamed the Moosehead Plan. A PPO is a “preferred provider organization” and is a type of health plan that contracts with medical providers, such as hospitals and doctors, to create a network of participating providers. You pay less if you use providers that belong to the plan’s network.

The town also provides a **Health Reimbursement Account (HRA)** administered by Flores. This account funds 100% of the out-of-pocket risk and is funded by the town at the below levels:

- Employee Only: \$5,000
- Employee and Spouse/Family \$10,000

Health Insurance Opt Out

Employees have the option to opt out of health insurance coverage when they provide proof that they are covered under a family member’s health insurance plan. Employees can request reimbursement of the health insurance premiums, co-pays and deductibles – for more information refer to the official town policy. Any reimbursements made are “tax free” non-wage payments made to the employee. Calendar year 2026 maximum reimbursements are listed below:

- Employee Only: \$11,437.62
- Single Parent w/ Children: \$18,662.94
- Employee and Spouse/Family: \$25,656.16

Wage Stipend

Employees additionally have the option to elect a wage stipend, in lieu of Health Insurance or electing the opt out option, when they prove they have other insurance. These payments are taxable wages paid biweekly through payroll. Calendar year 2026 bi-weekly payout amounts are listed below (26 payrolls in calendar year):

- Employee Only: \$166.70
- Single Parent w/ Children: \$272.01
- Employee and Spouse/Family: \$373.94

Employee Contributions

2026 MMEHT PPO 1500 (aka Moosehead Plan)	Bi-weekly Deductions (2 per month)
Single Plan	\$125.41
Single Parent Plan	\$204.64
Family Plan	\$281.32

2026 Dental Plan	Bi-weekly Deductions (2 per month)
Single Plan	\$23.22
Employee and Spouse Plan	\$40.09
Family Plan	\$76.51

2026 Vision Plan	Bi-weekly Deductions (2 per month)
Single Plan	\$2.16
Employee and Spouse Plan	\$4.30
Single Parent Plan	\$4.61
Family Plan	\$7.37

PPO 1500 (aka Moosehead Plan)

	In-Network	Out-of-Network
Please note: Services received out-of-network cannot be used to satisfy the in-network deductible or out-of-pocket maximum. Similarly, services received in-network cannot be used to satisfy the out-of-network deductible or out-of-pocket maximum.		
Deductible	\$1,500 Single/\$3,000 Family	\$2,500 Single/\$5,000 Family
Coinsurance	Plan pays 80%	Plan pays 60%
Deductible + Coinsurance Out of Pocket Maximum per Calendar Year	\$5,000 Single/\$10,000 Family	\$6,000 Single/\$12,000 Family
Lifetime Maximum	Unlimited	Unlimited
Professional Services		
Primary Care Physician (PCP) Office Visits	No copay for the first visit & then 100% after \$25 copay per visit	80% after \$25 copay
Special Visits	100% after \$40 copay	80% after \$40 copay
Preventative Care Visits	100% no deductible	80% no deductible
Hospital Services		
Inpatient Services	80% after deductible	80% after deductible
Outpatient Hospitalization	80% after deductible	60% after deductible
Emergency Room	100% after \$200 copay	100% after \$200 copay
Urgent Care Center	100% after \$40 copay	80% after \$40 copay
Lab/X-Ray (Preventive)	100% (no deductible)	80% (no deductible)
Lab/X-Ray (Diagnostic)	80% after deductible	60% after deductible
Advanced Imaging (e.g. MRI, CT, & Pet Scans)	80% after deductible	60% after deductible
Pharmacy		
Each 30-day supply - Retail Pharmacy (Tier1-Select Preventative / Tier 1-Standard / Tier 2 / Tier 3 / Tier 4)	Copay: \$10 / \$30 / \$50 / \$75 / \$150	
90-day supply – Mail Order (Tier1-Select Preventative / Tier 1-Standard / Tier 2 / Tier 3 / Tier 4)	Copay: \$20 / \$60 / \$100 / \$150 / N/A	

*This benefit summary is intended to be a snapshot of the PPO 1500 plan (aka Moosehead Plan). For the complete summary and SBC document, please visit: <https://mmeht.org/Employer-Resources/Summaries-of-Benefits-and-Coverage>.

Provider Directory

Finding Quality Care While Saving Money!

Use Anthem's find care tool to help you find the care you need: <https://www.anthem.com/find-care/>

- Research hospitals and facilities
- Compare drug costs and save
- Save money by using your benefits wisely
- Take advantage of member discounts



Log in for Personalized Search

Find doctors, hospitals, and more in your plan's network. Get detailed estimates for procedures or services (not available with some plans). If you don't have an account, [register now](#).

Log In to Find Care



Use Member ID for Basic Search

Find doctors, hospitals and more near you.

Search your medical plan without logging in. [?](#)

ID number or prefix (first three values)

Continue

Urgent Care vs Emergency Care

Choosing the Right Health Care Setting – Emergency Room and Urgent Care

When an emergency strikes, you know you need medical care fast. But what if you're not sure if it's a true emergency?

While the answer is not always simple, knowing the difference between urgent care and emergency care and where to seek treatment could save you time and money.

Symptoms

- Fever, colds, and flu
- Sprains, strains and broken bones (without obvious deformity)
- Minor allergic reactions and asthma attacks
- Ear or sinus pain
- Nausea, vomiting and diarrhea
- Rashes
- Sore throat
- Stitches
- Cuts and scrapes
- Frequent and painful urination
- Minor head injuries without loss of consciousness
- Heat stroke and dehydration



Urgent Care

When you need treatment right away for minor illnesses and injuries

- Chest pain, numbness on face, arm or leg, or difficulty speaking
- Heart attack
- Life-threatening or disabling conditions
- Severe shortness of breath
- Coughing up or vomiting blood
- Symptoms of stroke
- Sudden or unexplained loss of consciousness
- High fever with stiff neck, mental confusion or difficulty breathing
- Wound that will not stop bleeding
- Inability to urinate
- Head injury with loss of consciousness
- Infants under eight weeks with fever



Emergency Care

When you need immediate treatment for serious illnesses and injuries CALL 911

Be prepared for medical care

Whether you're going to urgent care or the ER, take with you a list of all current medications including dosages and any over-the-counter medications and vitamins. Many medications and even vitamins can interact with the treatment options your physician recommends.

Also, take with you a list of any known allergies, especially to medications. The list should include any previous invasive medical procedures and surgeries, the dates they were done and the names of the physicians or surgeons who treated you.

Dental Benefits

Annual Deductible	\$25 per person to a maximum of \$75 per family, subject to any combination of covered basic/restorative and major/prosthetic services
Annual Maximum Benefit	\$1,500 per covered member (includes Basic/Restorative and Major/Prosthetic services)
Preventative and Diagnostic (100% of allowed amounts)	
Oral Exams	2 per calendar year
Cleanings	2 per calendar year
Bitewing X-rays	2 sets per calendar year
Full mouth x-rays	1 set every 36 months
Fluoride treatments and space maintainers	Covered up to age 19
Sealants	Coverage up to age 14
Basic/Restorative	
Extractions / Oral Surgery / Fillings	80% after deductible
General Anesthetics (medically necessary)	80% after deductible
Periodontal Treatment	80% after deductible
Endodontic Treatment	80% after deductible
Antibiotics	80% after deductible
Major/Prosthetics	
Initial installation of bridgework	50% after deductible
Initial installation of partial or full removal dentures	50% after deductible
Inlays, onlays, crowns	50% after deductible
Repair or recementing of bridgework, dentures, crowns, onlays	50% after deductible
Dental Implants	50% after deductible
Orthodontia	
Adults and Children	Lifetime maximum benefit of \$1,500 – Health Trust pays 50%

*This benefit summary is intended to be a snapshot of the Dental Plan. For the complete summary and documents, please visit: <https://mmeht.org/Other-Benefits/Dental-Insurance>.

Vision Benefits

EyeMed



40% OFF

20% OFF

Frequency

Exam

once every plan year
Members under 19
twice every plan year

Frame

once every other plan year

Lens

once every plan year
Members under 19
twice every plan year

Contact Lens

once every plan year

Plan allows member to receive
frame and lens services or
contacts

SCHEDULE OF BENEFITS

VISION CARE SERVICES	IN-NETWORK MEMBER COST	OUT-OF-NETWORK MEMBER REIMBURSEMENT
EXAM SERVICES		
Exam	\$15 copay	Up to \$40
Retinal Imaging	\$0 copay	Up to \$23
CONTACT LENS FIT AND FOLLOW-UP		
Fit and Follow-up - Standard	Up to \$40; contact lens fit and two follow-up visits	Not covered
Fit and Follow-up - Premium	10% off retail price	Not covered
Fit and Follow-up - Standard < 19 years of age	\$0 copay	Up to \$40
Fit and Follow-up - Premium < 19 years of age	\$0 copay; 10% off retail price, then apply \$40 allowance	Up to \$40
FRAME		
Frame	\$0 copay; 20% off balance over \$200 allowance	Up to \$160
STANDARD PLASTIC LENSES		
Single Vision	\$25 copay	Up to \$30
Bifocal	\$25 copay	Up to \$50
Trifocal/Lenticular	\$25 copay	Up to \$70
Progressive - Standard	\$25 copay	Up to \$50
Progressive - Premium Tier 1 - 3	\$110 - 135	Up to \$50
Progressive - Premium Tier 4	\$210 copay	Up to \$50
Progressive - Premium Tier 5	\$250 copay	Up to \$50
LENS OPTIONS		
Anti Reflective Coating - Standard	\$45	Not covered
Anti Reflective Coating - Premium Tier 1 - 2	\$57 - 68	Not covered
Anti Reflective Coating - Premium Tier 3	\$85	Not covered
Photochromic - Non-Glass	\$75	Not covered
Photochromic - Non-Glass < 19 years of age	\$75 copay	Up to \$23
Polycarbonate - Standard	\$40	Not covered
Polycarbonate - Std < 19 years of age	\$0 copay	Up to \$20
Scratch Coating	\$15	Not covered
Tint	\$15	Not covered
UV Treatment	\$15	Not covered
All Other Lens Options	20% off retail price	Not covered
CONTACT LENSES		
Contacts - Conventional	\$0 copay; 15% off balance over \$200 allowance	Up to \$160
Contacts - Disposable	\$0 copay; 100% of balance over \$200 allowance	Up to \$160
Contacts - Medically Necessary	\$0 copay; paid-in-full	Up to \$300
OTHER		
Hearing Care from Amplifon Network	Discounts on hearing aids; call 1.877.203.0675	Not covered
Lasik or PRK from U.S. Laser Network	15% off retail or 5% off promo price; call 1.800.988.4221	Not covered

Your Monthly Contribution

\$4.31 Employee Only \$8.60 Employee & Spouse \$9.21 Employee & Child(ren) \$14.73 Family

*This benefit summary is intended to be a snapshot of the Vision Plan. For the complete summary and documents, please visit: <https://mmeht.org/Other-Benefits/Vision-Hearing-Aids>.

Flexible Spending Accounts (FSA)

Administered by Flores

Flexible spending accounts (FSAs) help you save money by providing a way to pay for certain types of health care on a pre-tax basis.

How an FSA Works

During Open Enrollment, or at time of hire, you decide how much money you want to contribute. The employer set maximum for 2026 is \$3,300.

A Way to Save on Taxes

Enrolling in an FSA can save you money by reducing your taxable income. Your total savings will depend upon your family income, tax status and expected amount of health care costs. The contributions you make to a Flexible Spending Account are deducted from your wages before your Federal, State or Social Security taxes are calculated and are not reported to the IRS. Once enrolled in a health care FSA you will receive a benefit debit card for use when paying for approved medical expenses at the point of service. There is no need to file a claim, but if you would like to file a claim you do have this option available to you! Your entire election is available to you at the beginning of the plan year, which is January 1st.

Rollover up to \$660

Although we still want you to be conservative in your calculations, you are able to rollover up to \$660 of unused funds into the next plan year. At the end of the plan year, you have 60 days to file for reimbursement for any claim that occurred in the prior plan year, this is known as a runout period. Any unused amount remaining in the account over \$660 will be forfeited according to IRS regulations.

Dependent Care FSA

This account allows participants to set aside up to annual maximum of \$7,500 if the participating employee is single or married and files a joint tax return (\$3,750 if married and file a separate tax return) for work-related day care expenses. Qualified expenses include day care centers, preschool, and before/after school care for eligible children and adults. Please note, if a family's income is over \$20,000, this reimbursement option will likely save participants more money than the dependent day care tax credit taken on a tax return. To qualify, dependents must be:

- A child under the age of 13, or
- A child, spouse or other dependent that is physically or mentally incapable of self-care and spends at least 8 hours a day in the participant's household.

Estimate expenses carefully

To receive the greatest savings, you must carefully estimate the amount of eligible out-of-pocket expense you will have for the plan year. Once you have estimated the total amount, divide it by the number of pay periods remaining in the calendar year: 26 if enrolling at the start of the year, less if you are enrolling at a hire date mid-year. That amount is what you may want to have deducted from your gross pay (before taxes) each pay period to be used to fund your Flexible Spending Account.

If you terminate employment before the end of the plan year and have an account balance, you may be eligible to elect COBRA for this benefit. If you do not elect COBRA, any unclaimed

contributions will be forfeited. You have 60 days from the date of termination to file claims for expenses incurred prior to termination.

Eligible Expenses

According to IRS Regulations, the following are eligible expenses under a Health Care FSA. These expenses must be incurred during the plan year and must not be eligible for reimbursement from insurance policies or any other source., Also, expenses can only be incurred by you, your spouse or any dependent (if you furnished more than over one half of the dependent's support during the plan year). Example of eligible expenses include:

- Artificial limbs, eyes, etc.
- Chiropractic care, licenses services/practitioner
- Deductibles/coinsurance (if not reimbursed from another source)
- Dental fees, including braces, treatment, etc.
- Prescription Drugs
- Durable Medical Equipment, Wheelchairs, etc.
- Prescription eyeglasses and contact lenses, solutions, enzymes
- Hearing aids and batteries
- Nursing Home (for medical reasons)
- Ophthalmologist, optometrist services
- Orthodontic expenses
- Physical examination
- Radial keratotomy (PRK, LASIK)
- Smoking cessation programs and prescription medication
- Transportation, tolls or parking expenses for medical care vaccinations immunizations

Qualified Expenses

In addition to medical, dental and vision expenses, keep in mind that your savings account can be used on FSA.com and Amazon. It can also be used to pay premiums for the following specified plans and situations:

- COBRA
- Qualified Long-Term Care Plans (up to specific limits)
- Premiums for health coverage during a period of unemployment
- Retiree health plan contributions (age 65 or older under an employer's retiree health plan)
- Medicare Part B, Part D and Medicare Advantage (age 65 and over only)

Employee Assistance Program (EAP)



Your Employee Assistance Program can help with life's demands

When you or those in your household face personal or work-related challenges, the **Anthem Employee Assistance Program (EAP)** is available to help you anytime, anywhere.



Counseling with up to three visits for each issue, each year, including in-person or online visits through LiveHealth Online and Talkspace text or video¹



Dependent care for information on childcare, adoption, summer camps, college placement, elder care, and assisted living



Legal consultation with a 30-minute phone or in-person meeting, discounted fees to retain a lawyer, and online resources



Additional anthemEAP.com resources, including well-being articles, podcasts, webinars, and tools for depression, anxiety, relationships, alcohol use, and eating habits



Financial consultation, including a phone meeting with financial professionals during business hours



Crisis consultation for around-the-clock support for emergencies



ID recovery for help reporting to consumer credit agencies, filling out paperwork, and negotiating with creditors if your ID is stolen



Emotional Well-being Resources, administered by Learn to Live, with digital tools and online programs to help you develop resilience, reduce stress, and practice mindfulness – at no added cost

Confidential help 24/7, 365 days a year

To reach your EAP, call 800-647-9151, scan this QR code with the camera on your mobile device, or visit anthemEAP.com and enter MMEHT to log in.



Everything you share is confidential.²

*For the complete summary and documents, please visit <https://mmeht.org/Other-Benefits/Employee-Assistance-Program>.

Life Insurance

MMEHT Basic Life Insurance

The Town of Bar Harbor offers, at no cost to employees, basic life insurance at one times their annual salary through Maine Municipal Employee Health Trust (MMEHT).

MMEHT Supplemental Life Insurance (100% Employee Paid)

Employees can purchase additional life insurance coverage, up to three times their annual salary. Charge of \$0.30 per \$1,000 of coverage per month.

MMEHT Dependent Life Insurance (100% Employee Paid)

Dependent Life	A	B
Spouse	1/2 employee's Basic Coverage amount (\$5,000 maximum)	1/2 employee's Basic Coverage amount (\$75,000 maximum)
Children	Birth – 26 years 1/2 employee's Basic Coverage amount (\$5,000 maximum)	Birth – 26 years 1/2 employee's Basic Coverage amount (\$5,000 maximum)
Rates	\$2.10 per month	\$4.50 per month

*This benefit summary is intended to be a snapshot of the Life Insurance Plan. For the complete summary and documents, please visit: <https://mmeht.org/Other-Benefits/Life-Insurance>.

MPERS Basic Life Insurance (100% Employee Paid)

Employees can purchase basic life insurance, at one time their annual salary through MainePERS (charge of \$0.52 per \$1,000 of coverage per month).

MPERS Supplemental Life Insurance

Employees can purchase additional life insurance coverage. Charge varies from \$0.04 to \$0.87 per \$1,000 of coverage per month, depending on age.

MPERS Dependent Life Insurance (100% Employee Paid)

Dependent Life	A	B
Spouse	\$5,000	\$10,000
Children, birth to 6 months of age	\$1,000	\$2,500
Children, 6 months to age 19 OR unmarried, full-time students to age 22	\$5,000	\$5,000
Rates	\$1.93 per month	\$3.40 per month

Income Protection Plan

The MMEHT Income Protection Plan is a short-term disability plan that provides income benefits to employees who are unable to work due to a non job related accident, injury or illness.

Benefit Options

40% of Salary

55% of Salary

70% of Salary

Benefits Begin

1st Day of full disability for an Accident

8th Day of full disability for an Illness

Benefits:

Paid regardless of sick leave or other income the employee may receive. Benefits will, however, be offset by the amount of any disability income payments received from the Maine Public Employees Retirement System, or under U.S. Social Security, if such payments are made as the result of the same disability that the IPP benefit is covering.

- Benefits are paid on a weekly basis
- Partial benefits are paid if an employee returns to work for less than the employee's normal work schedule
- The maximum benefit an employee may receive is \$1,000 per week
- Benefits will be paid for a maximum of 52 weeks for each separate period of disability

Exclusions Limitations:

- Any period when not under the care of a physician
- Any disability which may be covered by a third-party liability claim
- Any disability covered by a Workers' Compensation Act or any similar local, state, or federal statute
- Any disability sustained or resulting from duty as a member of the armed forces

No benefits are payable for claims submitted more than 90 days following the onset of total disability.

Eligibility:

The MMEHT Income Protection Plan is available to benefit eligible employees who work an average of at least 20 hours per week on a year-round basis.

*This benefit summary is intended to be a snapshot of the Income Protection Plan. For the complete summary and documents, please visit: <https://mmeht.org/Other-Benefits/Income-Protection-Plan>.



Fertility and Family Building

Provided by: Maine Municipal Employees Health Trust

Your Progyny benefit has been specifically designed to give you the best chance of fulfilling your dreams of family. Whether you just want to learn more about your options, are trying to conceive, or exploring fertility treatment, we are here for you.

Access **comprehensive coverage** through the **Progyny Smart Cycle**, which covers all the individual services, tests, and treatments you may need. Connect with **top fertility specialists** across the U.S. and lean on your Patient Care Advocate with unlimited **concierge support**.

Your Progyny coverage includes:

- **3*** Smart Cycles per family per lifetime for fertility treatment coverage
- **Progyny Rx** fertility medication coverage
- **Donor tissue** coverage for egg and sperm tissue purchase

Note: The person(s) receiving fertility treatment must be eligible to have access to the Progyny benefit. You are subject to financial responsibility according to your plan. Please consult your plan administrator to confirm your eligibility.

*Maine Municipal Employees Health Trust offers 3+1 Smart Cycles. The bonus smart cycle will be made available to members should they require additional fertility services. A live birth is not mandatory to utilize the bonus smart cycle.

Common ways to use a Smart Cycle:



Call Progyny at 833-233-0559 to get started. Or visit progyny.com/benefits

Leave Accruals and Aflac

Vacation

Hourly Regular employees accrue 2 weeks of vacation per year with step increases after 5 years of employment.

Salaried Regular employees accrue 3 weeks of vacation per year with step increases after 5 years of employment.

Maximum vacation entitlement is based on the employee's anniversary date, and their total accrual cannot be greater than twice their vacation entitlement. Refer to the accrual schedule in Section 6.1 of the Personnel Policy to determine your entitlement.

Sick

Regular employees accrue 1 sick day per month of service (12 days per year) up to a maximum of 120 days.

PTO

Permanent Part-Time employees and Temporary employees are entitled to 1 hour of PTO for every 40 hours worked. Refer to section 14 of the Personnel Policy for additional information.

Holiday Pay

All regular employees are paid for 12 paid holidays annually.



Aflac Supplemental Benefits

Various insurance packages available to full-time employees (100% employee paid).

Contact Steve Gilbert for more information- 207-838-7631 or segnme@maine.rr.com

Working Advantage Employee Discounts

The Town recognizes that employee work-life balance and general well-being are as important as the work being done. Through a partnership with Working Advantage, employees have access to a comprehensive discount/savings platform.



New to Working Advantage? Getting Started is Easy.

- 1 Visit WorkingAdvantage.com
- 2 Click *Become a Member*
- 3 Enter your company code or work email to create an account

COMPANY CODE

BARHARBOR

NEED HELP? CALL US: 1-800-565-3712 • EMAIL US: CUSTOMERSERVICE@WORKINGADVANTAGE.COM

*Prices and Offers are subject to availability and subject to change without notice. Please review the terms and conditions for offers.

Longevity

The Town recognizes the value that employees can bring by staying with the organization and thus has a longevity system in place to reward length of service.

*Union positions should refer to their Union contract

Longevity		
From (Monthly)	To (Monthly)	\$ per Hour
60	120	0.15
121	180	0.25
181	240	0.40
241	360	0.50
361	9999	0.60

Retirement Benefits

ICMA/MissionSquare 457b	MainePERS Plan 3C for Fire, Dispatch and Police Plan 110AC for all other employees
Defined Contributions: Meaning that the employee has full control over the amount they contribute.	Defined Benefit: MPERS mandates the percentage contributed by the Employee & the Employer. At the beginning of every fiscal year, the Town is made aware of the new contribution rates.
Town of Bar Harbor will match up to 6.5% of bi-weekly earnings. Employees can opt to contribute more than 6.5%, but Town's contributions will not exceed 6.5%.	Enrollment into MPERS is irrevocable , meaning that employees have one shot to enroll at either their DOH (Date of Hire) or during limited enrollment period if offered by MainePERS. Once enrolled, employees & employer are bound to terms which mandate contributions for the life of the employment.
Biweekly contributions (employee and employer) are tax deferred by Federal/State . Instead the employee is taxed at the time of collection.	A member becomes Vested (retirement secured) , once they've been a MainePers member for 5 years, does not have to be continuous employment. At that point, so long as they don't collect/retrieve funds until reaching retirement age, they will not be penalized even if they change employment to a nonparticipating employer.
No vesting period applies to ICMA. At age of retirement or termination of employment, employee is in control of how funds are withdrawn or collected.	Early withdrawal is discouraged and will result in the employee collecting only their contributions . Whether an employee is vested or not, they will lose the Town's contributions.
Member chooses investment package based on desired aggressiveness (Stocks, Money Market, etc) . ICMA is a stock influenced market - risk & reward applies.	MainePERS has a specialized investment team working to invest all contribution agencies monies as a whole.
The employee can choose to Enroll/Un-enroll at any time. If an employee un-enrolls and cashes out prematurely, there is a waiting period that applies before you are eligible to enroll again.	The retirement age for MainePERS depends on the date of enrollment and the plan you are a member of (Special Plan 3C or Regular Plan 110AC). The Special Plan is offered to Police, Dispatch and Firefighters Only.
Employees may choose to transfer or roll over other eligible retirement accounts into their 457 plan.	MainePERS is considered a Pension Plan: Meaning there is a static equation which determines benefit. Annual Benefit for <u>Regular Plan</u> = Average of 3 highest Years of Compensation x Years of Service x 2% Annual Benefit for Special Plan 3C = (2/3 * Avg of 3 Highest Years of Compensation) + (2% * Avg of 3 Highest Years of Compensation * # Years beyond 25 years)

Visit <https://www.maineopers.org/while-working/pld-employees/> for more information regarding MainePERS Retirement PLD Plan.

Fire Fighter/Law Enforcement Officer Health Insurance Subsidy Program

Full time firefighters or law enforcement officers who are enrolled in the MainePERS or the 457B retirement plan, have the option to enroll in the State offered subsidy program that pays up to 55% of your health insurance premium upon retirement until you reach the age of 65. Active employees should elect to enroll within 60 days of their date of hire. Please reach out Human Resources to obtain a form.

For more information about the program, contact the Office of Employee, Health, Wellness and Workers' Compensation at 207-624-7729.

Contact Information

Resource / Service Provider	Details
Maine Municipal Employee Health Trust (MMEHT)	Website: https://www.mmeht.org/ Phone: 1-800-852-8300 Email: mmehtinfo@memun.org
Maine Public Employees Retirement System (MPERS)	Website: https://www.maineopers.org Phone: 207-512-3100 Email: pld@maineopers.org
Mission Square Retirement (ICMA)	Website: https://www.missionsq.org/ Phone: 1-800-669-7400
AFLAC	Website: https://www.aflac.org/ Phone: 1-800-488-1771 Town rep: Steve Gilbert- 207-838-7631 or Email: segnme@maine.rr.com
Office of Employee, Health, Wellness and Workers' Compensation	Website: //www.maine.gov/bhr/oeht/home 207-624-7729 Email: info.FFLEO@maine.gov

How to Get Help from Social Security

Social Security is here to help. We want you to know how to get the service you need as quickly as possible.



Go online to [SSA.gov](https://www.ssa.gov). Our website is the best way for most people to get help.



If you cannot use our website, call our National 800 Number (1-800-772-1213) or your local Social Security office for help.



We will schedule an appointment to serve you by phone or in person.

If you need in-person help, you must make an appointment.

When You Visit an Office:

Our Mobile Check-In Express feature makes it easier to check-in, just scan the QR code located at your local Social Security office to check-in for your appointment.



Securing today and tomorrow

SSA.gov |     

Social Security Administration
Publication No. 05-10558
November 2024 (Replaces prior editions)
How to Get Help from Social Security
Produced and published at U.S. taxpayer expense

Annual Disclosures

HIPPA Special Enrollment Rights

Town of Bar Harbor and MMEHT Notice of your HIPPA Special Enrollment Rights

Our records show that you are eligible to participate in the Town of Bar Harbor's Health Plan (to actually participate you must complete an enrollment form and pay part of the premium through payroll deduction). A federal law called HIPPA requires that we notify you about an important provision in the plan – your right to enroll in the plan under its “special enrollment provision” if you acquire a new dependent while other coverage is in effect and later lose that other coverage for certain qualifying reasons.

Loss of Other Coverage (Excluding Medicaid or a State Children's Health Insurance Program). If you decline enrollment for yourself or for an eligible dependent (including your spouse) while other health insurance or group health plan coverage is in effect, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing towards your or your dependents' other coverage). However, you must request enrollment within 30 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

Loss of Coverage for Medicaid or a State Children's Health Insurance Program. If you decline enrollment for yourself or for an eligible dependent (including your spouse) while Medicaid coverage or coverage under a state children's health insurance program is in effect, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage. However, you must request enrollment within 60 days after your or your dependents' coverage ends under Medicaid or a state children's health insurance program.

New Dependent by Marriage, Birth, Adoption, or Placement for Adoption. If you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your new dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption or placement for adoption.

Eligibility for Premium Assistance Under Medicaid or a State Children's Health Insurance Program. If you or your dependents (including your spouse) become eligible for a state premium assistance subsidy from Medicaid or through a state children's health insurance program with respect to coverage under this plan, you may be able to enroll yourself and your dependents in this plan. However, you must request enrollment within 60 days after you or your dependents' determination of eligibility for such assistance.

To request special enrollment or to obtain more information about the plan's special enrollment provisions, contact Human Resources.

Important Warning

If you decline enrollment for yourself or for an eligible dependent, you must complete our form to decline coverage. On the form, you are required to state that coverage under another group health plan or other health insurance coverage (including Medicaid or a state children's health insurance program) is the reason for declining enrollment, and you are asked to identify that coverage. If you do not complete the form, you and your dependents will not be entitled to special enrollment rights upon a loss of other coverage as described above, but you will still have special enrollment rights when you have a new dependent by marriage, birth, adoption or placement for adoption, or by virtue of gaining eligibility for a state premium assistance subsidy from Medicaid or through a state children's health insurance program with respect to coverage under this plan, as described above. If you do not gain special enrollment rights upon a loss of other coverage, you cannot enroll yourself or your dependents in the plan at any time other than the plan's annual open enrollment period, unless special enrollment rights apply because of a new dependent by marriage, birth, adoption, or placement for adoption, or by virtue of gaining eligibility for a state premium assistance subsidy from Medicaid or through a state children's health insurance program with respect to coverage under this plan.

Michelle's Law

The law allows for continued coverage for dependent children who are covered under your group health plan as a student if they lose their student status because of a medically necessary leave of absence from school. This law applies to medically necessary leaves of absence that begin or after January 1, 2010.

If your child is no longer a student, as defined in your Certificate of Coverage, because he or she is on a medically necessary leave of absence, your child may continue to be covered under the plan for up to one year from the beginning of the leave of absence, your child may continue to be covered under the plan for up to one year from the beginning of the leave of absence. This continued coverage applied if your child was (1) covered under the plan and (2) enrolled as a student at a post-Secondary educational institution (includes colleges, universities, some trade schools and certain other post-secondary institutions).

Your employer will require a written certification from the child's physician that states that the child is suffering from a serious illness or injury and that the leave of absence is medically necessary.

Section 111

Effective January 1, 2009 Group Health Plans are required by Federal government to comply with Section 111 of Medicare, Medicaid, and SCHIP Extension of 2007's new Medicare Secondary Payer regulations. The mandate is designed to assist in establishing financial liability of claim assignments. In other words, it will help establish who pays first. The mandate requires Group Health plans to collect additional information, more specifically Social Security Numbers for all enrollees, including dependents six months of age or older. Please be prepared to provide this information on your Benefit Enrollment Form when enrolling into benefits.

Women's Health & Cancer Rights Act

If you have had or are going to have 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 the plan. Therefore, the following deductible and coinsurance apply:

PPO 1500 Plan (Moosehead Plan): Individual 20% coinsurance and \$1,500 deductible / Family 20% coinsurance and \$3,000 deductible

Newborns' and Mothers' Health Protection Act

Group health plans and health insurance issuers generally may not, under Federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, Federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or after 96 hours applicable). In any case, plans and issuers may not, under Federal law, require that a provider obtain authorization from the plan or insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

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're 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 aren't eligible for Medicaid or CHIP, you won't 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, 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, contact your State Medicaid or CHIP office or dial **1-877-KIDS Now** or 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 eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance**. If you have questions about enrolling in your employer plan, contact the Department of Labor at www.askebsa.dol.gov or call **1-866-444-EBSA (3272)**.

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of January 31, 2022. Contact your State for more information on eligibility.

ALABAMA-Medicaid	CALIFORNIA-Medicaid
Website: http://myalhipp.com/ Phone: 1-855-692-5447	Website: Health Insurance Premium Payment (HIPP) Program http://dhcs.ca.gov/hipp Phone: 916-445-8322 Fax: 916-440-5676 Email: hipp@dhcs.ca.gov
ALASKA-Medicaid	COLORADO-Health First Colorado (Colorado’s Medicaid Program) & Child Health Plan Plus (CHP+)
The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: https://health.alaska.gov/dpa/Pages/default.aspx	Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1-800-221-3943/ State Relay 711 CHP+: https://www.colorado.gov/pacific/hcpf/child-health-plan-plus CHP+ Customer Service: 1-800-359-1991/ State Relay 711 Health Insurance Buy-In Program (HIBI): https://www.colorado.gov/pacific/hcpf/health-insurance-buy-program HIBI Customer Service: 1-855-692-6442
ARKANSAS-Medicaid	FLORIDA-Medicaid
Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)	Website: https://www.flmedicaidtplrecovery.com/flmedicaidtplrecovery.com/hipp/index.html Phone: 1-877-357-3268

<p align="center">GEORGIA-Medicaid</p> <p>GA HIPP Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp Phone: 678-564-1162, Press 1 GA CHIPRA Website: https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra Phone: (678) 564-1162, Press 2</p>	<p align="center">MASSACHUSETTS-Medicaid and CHIP</p> <p>Website: https://www.mass.gov/masshealth/pa Phone: 1-800-862-4840 TTY: (617) 886-8102</p>
<p align="center">INDIANA-Medicaid</p> <p>Healthy Indiana Plan for low-income adults 19-64 Website: http://www.in.gov/fssa/hip/ Phone: 1-877-438-4479 All other Medicaid Website: https://www.in.gov/medicaid/ Phone 1-800-457-4584</p>	<p align="center">MINNESOTA-Medicaid</p> <p>Website: https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp Phone: 1-800-657-3739</p>
<p align="center">IOWA-Medicaid and CHIP (Hawki)</p> <p>Medicaid Website: https://dhs.iowa.gov/ime/members Medicaid Phone: 1-800-338-8366 Hawki Website: http://dhs.iowa.gov/Hawki Hawki Phone: 1-800-257-8563 HIPP Website: https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp HIPP Phone: 1-888-346-9562</p>	<p align="center">MISSOURI-Medicaid</p> <p>Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005</p>
<p align="center">KANSAS-Medicaid</p> <p>Website: https://www.kancare.ks.gov/ Phone: 1-800-792-4884</p>	<p align="center">MONTANA-Medicaid</p> <p>Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084 Email: HSHIPPProgram@mt.gov</p>
<p align="center">KENTUCKY-Medicaid</p> <p>Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx Phone: 1-855-459-6328 Email: KIHIPP.PROGRAM@ky.gov</p> <p>KCHIP Website: https://kidshealth.ky.gov/Pages/index.aspx Phone: 1-877-524-4718 Kentucky Medicaid Website: https://chfs.ky.gov</p>	<p align="center">NEBRASKA-Medicaid</p> <p>Website: http://www.ACCESSNebraska.ne.gov Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178</p>
<p align="center">LOUISIANA-Medicaid</p> <p>Website: www.medicicaid.la.gov or www.ldh.la.gov/lahipp Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)</p>	<p align="center">NEVADA-Medicaid</p> <p>Medicaid Website: http://dhcfp.nv.gov Medicaid Phone: 1-800-992-0900</p>
<p align="center">MAINE-Medicaid</p> <p>Enrollment Website: https://www.maine.gov/dhhs/ofi/applications-forms Phone: 1-800-442-6003 TTY: Maine relay 711</p> <p>Private Health Insurance Premium Webpage: https://www.maine.gov/dhhs/ofi/applications-forms Phone: -800-977-6740. TTY: Maine relay 711</p>	<p align="center">NEW HAMPSHIRE-Medicaid</p> <p>Website: https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext 5218</p>

NEW JERSEY-Medicaid and CHIP	SOUTH DAKOTA-Medicaid
Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Medicaid Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710	Website: http://dss.sd.gov Phone: 1-888-828-0059
NEW YORK-Medicaid	TEXAS-Medicaid
Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831	Website: http://gethipptexas.com/ Phone: 1-800-440-0493
NORTH CAROLINA-Medicaid	UTAH-Medicaid and CHIP
Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100	Medicaid Website: https://medicaid.utah.gov/ CHIP Website: http://health.utah.gov/chip Phone: 1-877-543-7669
NORTH DAKOTA-Medicaid	VERMONT-Medicaid
Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/ Phone: 1-844-854-4825	Website: http://www.greenmountaincare.org/ Phone: 1-800-250-8427
OKLAHOMA-Medicaid and CHIP	VIRGINIA-Medicaid and CHIP
Website: http://www.insureoklahoma.org Phone: 1-888-365-3742	Website: https://www.coverva.org/en/famis-select https://www.coverva.org/en/hipp Medicaid Phone: 1-800-432-5924 CHIP Phone: 1-800-432-5924
OREGON-Medicaid	WASHINGTON-Medicaid
Website: http://healthcare.oregon.gov/Pages/index.aspx http://www.oregonhealthcare.gov/index-es.html Phone: 1-800-699-9075	Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022
PENNSYLVANIA-Medicaid	WEST VIRGINIA-Medicaid and CHIP
Website: https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx Phone: 1-800-692-7462	Website: https://dhhr.wv.gov/bms/ http://mywvhipp.com/ Medicaid Phone: 304-558-1700 CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
RHODE ISLAND-Medicaid and CHIP	WISCONSIN-Medicaid and CHIP
Website: http://www.eohhs.ri.gov/ Phone: 1-855-697-4347, or 401-462-0311 (Direct RIte Share Line)	Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm Phone: 1-800-362-3002
SOUTH CAROLINA-Medicaid	WYOMING-Medicaid
Website: https://www.scdhhs.gov Phone: 1-888-549-0820	Website: https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/ Phone: 1-800-251-1269

To see if any other states have added a premium assistance program since July 31, 2022, or for more information on special enrollment rights, contact either:

U.S. Department of Labor U.S. Department of Health and Human Services
Employee Benefits Security Administration Centers for Medicare & Medicaid Services
www.dol.gov/agencies/ebsa www.cms.hhs.gov
1-866-444-EBSA (3272)1-877-267-2323, Menu Option 4, Ext. 61565

Notice of Creditable Coverage (Plan PPO 1500 aka Moosehead)

Important Notice from The Town of Bar Harbor About your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with The Town of Bar Harbor 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.

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. The Town of Bar Harbor and MMEHT has determined that the prescription drug coverage offered by the medical plan 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.

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 MMEHT coverage will not be affected. If you do decide to join a Medicare drug plan and drop your current MMEHT coverage, be aware that you and your dependents may 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...

Reach out using the contact information listed below for further information. **NOTE:** You'll get 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 MMEHT changes. You also may request a copy of this notice at any me.

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 Noce. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this noce 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).

Date: January 1, 2024 The
Name of Enty/Sender: Town of Bar Harbor
Contact: Human Resources
Office Address: 93 Cottage St
Bar Harbor, ME 04609

Phone Number: 207-288-5096