Benefits Plan Year 2026

Portland Water District

From Sebago Lake to Casco Bay

Employee Benefit Program

MEDICAL | DENTAL | VISION | FSA | DISABILITY | LIFE | RETIREMENT

Our employees are our most valuable asset.

That's why at Portland Water District (PWD) we are committed to a comprehensive employee benefit program that helps our employees stay healthy, feel secure and maintain a work/life balance.

Stay Healthy

- Medical, Prescription, Dental Care & Vision
- Flexible Spending Accounts
- WHY Reimbursement Program

Feeling Secure

- 457 Deferred Compensation Plan
- Life/Accidental Death and Dismemberment
- Long and Short Term Disability Plans
- Employee Assistance Program (EAP)
- Supplemental Benefits
- Pension Plan

Work/Life Balance

- Earned Paid Leave
- Sick Leave
- Employee Assistance Program (EAP)
- Employee Education and Development

Portland Water District
From Sebago Lake to Casco Bay

Benefits Renewal 2026

https://tinyurl.com/u7dje24b

To view PWD's Benefit Renewal 2026 link for your benefit information, hover over the QR code with the camera on your phone, and click the link that will pop up. You may have to sign in, which would be your PWD email and password. This will bring you to the Benefit Renewal 2026 page. This is the same information you can view at https://pwdorg.sharepoint.com/sites/HumanResources/Benefits Renewal 2026.

From this link, you will be able to view all benefits available to PWD employees, view benefit summaries, enrollment/change forms, reimbursement forms, etc.

You will be able to view this link from anywhere.

If you have any questions, or need assistance, please reach out to Human Resources.

Medical Insurance

Who is Eligible and When:

Eligibility for medical coverage is effective the first of the month following date of hire. Human Resources will meet with you and review your benefit options before your effective date.

Regular nonunion employees working 20 hours or more per week, or union employees working 25 hours or more per week are eligible to participate in the Medical Plan with the PWD. Employee contributions are prorated based on normal scheduled working hours.

Benefits You Receive:

PWD offers comprehensive Medical Benefits to our employees through Harvard Pilgrim. All plans remain unchanged from 2025. You have 4 choices in plans to meet you and your family's health and financial needs. We will continue to offer the HMO, the HMO-HRA plan, the POS and the HMO 2500 medical plans with no change in the benefits from 2025.

HMO Plan

The HMO Plan has the most generous coverage of all the plans and also has the highest weekly employee contribution.

- There is zero deductible and zero co-insurance.
- The out-of-pocket maximum of $2,000 for single and $4,000 for family coverage is in the mid-range of all the plans. Anything in excess of these amounts is paid by the plan.
- Co-pays are the same or lower cost than the other plans, apply to the same services, and count toward the out-of-pocket maximum.
- Preventive office visits are covered in full.
- Imaging, outpatient and inpatient care are covered at 100% with no cost to you.
- You must identify a Primary Care Physician and get referrals for most services. The referrals are for in-network providers. The plan does not cover any cost if out-of-network providers are used.

HMO-HRA (Health Reimbursement Arrangement) Plan

The HMO-HRA plan has an intermediate level of coverage and intermediate weekly employee contribution (less than the HMO and POS plans and more than the HMO 2500). PWD is sharing employee's costs for this plan to encourage participation, so there are important and unique billing requirements for this plan—see below.

- A deductible will apply ONLY if you use inpatient (hospitalization) or outpatient (day surgeries and procedures) services. The deductible is $500 for single or $1,000 for family coverage. (These are the costs to you. The actual plan deductibles are $1,000/$2,000 but PWD is covering 50% of those costs.)
- Co-insurance will apply ONLY if you use inpatient (hospitalization) or outpatient (day surgeries and procedures) services. The co-insurance is 20% of the cost of the inpatient or outpatient service. Anything over 20% is paid by the plan. PWD covers half of the co-insurance.
- The out-of-pocket maximum is the lowest of all the plans due to PWD's cost-sharing. The co-insurance plus deductible plus co-pays will never exceed the out-of-pocket maximum of $1,250 for single or $2,500 for family. Anything in excess of that is paid by the plan. (These are the costs to you. The actual plan out-of-pocket maximums are $2,500/$5,000 but PWD is covering 50% of those costs.)
- Co-pays are the same or lower than the other plans, apply to the same services, and count toward the out-of-pocket maximum.
- Preventive office visits are covered in full.
- Imaging (labs/x-rays) and advanced radiology (MRI, CAT, PET scans) are covered at 100% with no cost to you.
- Inpatient (hospitalization) and outpatient (day surgeries and procedures) are subject to the deductible and 20% co-insurance. PWD covers half of the deductible and co-insurance.
- You must identify a Primary Care Physician and get referrals for most services. The referrals are for in-network providers. The plan does not cover any cost for out-of-network providers.
- IMPORTANT AND UNIQUE TO THIS PLAN, if you receive inpatient or outpatient care, YOU WILL NOT PAY at the time of the service. The bill will go to Harvard Pilgrim and Consumer Health Solutions (CHS), PWD will pay its 50% share, and then you will receive a bill for your 50% of the deductible and co-insurance from the provider.

HMO $2500 Plan

The HMO 2500 has the lowest weekly employee contribution, but services have higher out-of-pocket costs when the plan is utilized. It is designed for employees (or covered family members) who do not anticipate using the plan for many services and want to pay less in payroll contributions. Lower payroll contributions may allow employees to redirect funds saved elsewhere, such as to a 457 plan, or to a medical flexible spending account for expenses that will be incurred during the year.

- A deductible and co-insurance will apply if you use inpatient (hospitalization) or outpatient (day surgeries and procedures) services, or get labs/x-rays or advanced radiology (MRI, CAT, PET scan). The deductible is $2,500 for single or $5,000 for family coverage, higher than for the other plans. The co-insurance is 20% of the cost of the inpatient or outpatient services, labs/x-rays or advanced radiology. Anything over 20% is paid by the plan.
- The out-of-pocket maximum is the highest of all the plans. The co-insurance plus deductible plus co-pays will never exceed the out-of-pocket maximum of $5,000 for single or $10,000 for family coverage. Anything in excess of this is paid by the plan.
- Co-pays are higher than the other plans, apply to the same services, and count toward the out-of-pocket maximum.
- Preventive office visits are covered in full.
- Imaging (labs/x-rays) and advanced radiology (MRI, CAT, PET scans) are subject to the deductible and co-insurance in this plan.
- Inpatient (hospitalization) and outpatient (day surgeries and procedures) are subject to the deductible and co-insurance.
- You must identify a Primary Care Physician and get referrals for most services. The referrals are for in-network providers. The plan does not cover any cost for out-of-network providers.

POS Plan

The benefit design for the POS plan has generous coverage and the second highest weekly employee contribution. The POS is the only plan that covers out-of-network providers, but they are covered at a lower level than in-network providers, so the cost to the user will be higher than for in-network providers.

- There is zero deductible.
- Co-insurance is 10% of the cost of inpatient (hospitalization) or outpatient (day surgeries or procedures) service. Anything over 10% is paid by the plan.
- The out-of-pocket maximum of $1,500 for single and $3,000 for family coverage, which is the second-lowest of all the plans. Anything in excess of this is paid by the plan.
- Co-pays are the same or lower cost than the other plans, apply to the same services, and count toward the out-of-pocket maximum.
- Preventive office visits are covered in full.
- Imaging (labs/x-rays) and advanced radiology (MRI, CAT, PET scans) are covered at 100% with no cost to you.
- Inpatient (hospitalization) and outpatient (day surgeries and procedures) are subject to 10% co-insurance.
- You must identify a Primary Care Physician and get referrals for most services. The referrals are for in-network providers. The plan covers the cost for out-of-network providers at a lower level than in-network providers.

The tables in this Benefit Summary list a partial outline of services. Please refer to the Harvard Pilgrim Schedule of Benefits for a more comprehensive outline of coverage. To change a primary care physician, please call Harvard Pilgrim Health Care at 888-333-4742.

All four plans have the same prescription drug benefits using the Harvard Pilgrim 5 Tier Value Formulary. Please note that there is a separate/additional Out-of-Pocket Max ($1,000/$2,000) for prescriptions drugs. See pages 6 and 7 for details.

Medical Opt-Out

PWD provides a medical opt-out which is available to eligible employees who choose not to participate in PWD's Health Insurance when they have coverage elsewhere. An opt-out would result in a payment to the employee of $131.09 per week. Proof of other health insurance coverage will be required each year to take advantage of this benefit.

Medical Plan Highlights

Harvard Pilgrim

Plan Name	HMO	HMO HRA	HMO 2500	POS
Medical Deductible, Coinsurance and Out-of-Pocket Maximum do not apply to Prescription Drug Plan (Rx)				
				(In-network)
Deductible (single/family)	None	$500*/$1,000*	$2,500/$5,000	None
Out of Pocket Max (single/family)	$2,000/$4,000	$1,250*/$2,500*	$5,000/$10,000	$1,500/$3,000
Coinsurance	0%	10%*	20%	10%
Office Visits				
Preventive Visit	$0	$0	$0	$0
PCP	$20 copay	$20 copay	$35 copay	$20 copay
Specialist	$20 copay	$20 copay	$50 copay	$20 copay
Chiropractor	$20 copay	$20 copay	$35 copay / 40 visits	$20 copay
Acupuncture	$20 copay / 20 visits	$20 copay / 20 visits	$35 copay / 20 visits	$20 copay / 20 visits
Eye Exam	$20 copay / 1 visit	$20 copay / 1 visit	$35 copay / 1 visit	$20 copay / 1 visit
PT, OT, Speech Therapy	$20 copay / 40 visits combined	$20 copay / 60 visits for each therapy type	$35 copay / 60 visits combined	$20 copay / 40 visits combined
Immediate Care				
Urgent Care	$20 copay	$20 copay	Retail Clinic/Free Standing - $35 Copay Hospital - $50 Copay	$20 copay
Emergency Care	$100 copay	$100 copay	$250 copay	$100 copay
Other Services				
Labs/X rays	No charge	No charge	Deductible then 20% Coinsurance	No charge
Advanced Radiology (MRI, CAT, PET Scans)	No charge	No charge	Deductible then 20% Coinsurance	No charge
Outpatient Services	No charge	Deductible then 10%* Coinsurance	Deductible then 20% Coinsurance	10% coinsurance
Inpatient Care	No charge	Deductible then 10%* Coinsurance	Deductible then 20% Coinsurance	10% coinsurance
Prescriptions				
Out of Pocket Max	$1,000/$2,000			
Retail Rx	30-day supply: $5 / $20 / $30 / $50 / 30% to $250 90-day supply: $15 / $60 / $90 / $150 / 30% to $750			
Mail Order Rx	$10 / $40 / $60 / $100 / 30% to $500			
Employee Weekly Contribution Amounts				
	HMO	**HMO-HRA**	**HMO 2500**	**POS**
Employee	$39.43	$24.96	$2.00	$32.01
Employee & Child(ren)	$109.10	$84.88	$24.12	$96.50
Employee & Spouse	$145.17	$114.68	$40.20	$129.60
Family	$195.13	$157.90	$68.65	$176.37

**These are the employee deductible, co-insurance, and out of pocket maximum shares. PWD matches these amounts.*

Prescription Drug Benefits

In 2026 PWD will continue to provide your Prescription Drug benefits through the Harvard Pilgrim Pharmacy Program, with mail order from Optum Rx.

Tier 1: Tier 1 is primarily made up of lower-cost generic drugs. You pay the lowest cost-sharing amount for these drugs.

Tier 2: Tier 2 is primarily made up of higher-cost generic drugs. These drugs contain the same active ingredients as their brand-name counterparts.

Tier 3: Tier 3 is primarily made up of preferred brand-name drugs.

Tier 4: Tier 4 is primarily made up of preferred specialty drugs and non-preferred brand name drugs.

Tier 5: Tier 5 is primarily made up of non-preferred specialty drugs and other selected, high-cost brand-name and generic drugs.

Your prescription drug benefit covers most generic drugs and most brand-name drugs that do not have generic equivalents.

In addition to the medical out-of-pocket max, all plans have an Rx out-of-pocket maximum of $1000 per member and $2000 per family.

Prescription Co-pays

Retail 30-day supply	Retail Retail 90-day supply	Mail Order 90-day supply
Tier 1: $5	Tier 1: $15	Tier 1: $10
Tier 2: $20	Tier 2: $60	Tier 2: $40
Tier 3: $30	Tier 3: $90	Tier 3: $60
Tier 4: $50	Tier 4: $150	Tier 4: $100
Tier 5: 30% to $250	Tier 5: 30% to $750	Tier 5: 30% to $500

(Some retail maintenance medications are available for a 90-day retail supply at two copays)

HP DRUG LOOKUP – Value 5-Tier

How to Look Up a Drug in the Value-5 tier Formulary on the Harvard Pilgrim Website

You can either select "Ask HaPi" per the instructions, below, or you can scroll to the bottom of the Harvard Pilgrim public website https://www.harvardpilgrim.org/public/home and select " Check prescription coverage & cost" under Quick links

1. Go to https://www.harvardpilgrim.org
2. Scroll to the bottom of the page until you see a red colored box on the right that says 'Ask HaPi'.
3. Within that red box, click on "Prescription Drug LookUp."
4. Under "2026 Prescription Drug Plans" click on "Value 5-Tier."
5. You may choose to download a printable pdf which will list the drugs alphabetically or by category, or
6. You may look at the "Prescription Drug List."
7. Type in a drug name.

Prescription Drug Benefits

8. If the drug is covered, it will appear and list Brand and Generic. Click on “Brand” or “Generic” and you will see the tier number for your choice.
9. If a drug is not covered and there is no generic available, please go to https://www.harvardpilgrim.org/public/request-an-exception to learn how you may request an exception and to download an exception form to be completed by you and your physician.
10. If you wish to look up drugs by category, click on “Therapeutic Class” and click on the drug category to make your choice. You may also click on the subcategory to further define your selection but clicking on subcategory is not mandatory.
11. A list of drugs in your chosen category will appear, along with each drug’s tier number

These lists are frequently updated. Please visit harvardpilgrim.org or call Harvard Pilgrim Member Services at 888-333-4742 to learn more.

Convenience Care and Urgent Care

As you know, in a medical emergency, you should always dial 911 or go to the nearest Emergency Room. But, when your condition isn’t life threatening, there are many places where you may seek care that are far less expensive for you than the ER.

Urgent Care and Convenience Care Clinics are becoming a popular alternative for non-emergency care. Their doctors, assistants and nurses treat broken bones, cuts, fevers, and conditions that need immediate care.

To locate Urgent and Convenience Care facilities near you:

1. Go to Find a Provider
2. Find your medical plan from those listed and click on it
3. Type either “Urgent Care” or “Convenience Care Center” in the “search” bar and click “search”
4. Enter your zip code and the distance from your zip code you wish to search (miles from)
5. The list will be posted for your review. Please check back often as the list is frequently updated

Additional Services

Doctor on Demand

For Harvard Pilgrim members, Doctor on Demand can treat many common medical conditions through live online video. See and talk to a board-certified doctor from your home or office through your smartphone, tablet or computer. You can download the app now and be prepared when someone in the family comes down with conditions such as UTI, skin rash, pink eye or influenza. Most prescriptions can be instantly sent to your nearest pharmacy. You'll be glad a doctor is only a few taps away on the day you can barely get out of bed.
Doctor on Demand also offers behavioral health care. The most common conditions that Doctor on Demand treats are depression, relationship issues, workplace stress, social anxiety, addiction, trauma and loss. The service is not meant for crisis or emergency situations. Anyone experiencing a crisis or emergency should call 911 or go to the nearest emergency room. Go to www.doctorondemand.com to start your visit on your computer or to download the app on your smartphone.

New Integrated Approach to Behavioral Health

Harvard Pilgrim members can access a comprehensive network of medical and behavioral health care providers, along with innovative programs and services, to improve both physical and mental well-being in traditional and virtual settings. Harvard Pilgrim's dedicated team will guide you from the first phone call to aftercare planning, to ensure that you receive "whole-person" care through an integrated approach. For more information or to access these services, please call the number on the back of your ID card.

Estimate My Costs

Be sure to register for your member account at harvardpilgrim.org because there are many money saving opportunities on the portal. One of them is "Estimate My Costs." Where you receive medical care can determine what you pay. The cost of a common surgery may vary at two different hospitals, even with the same doctor performing the procedure. An x-ray or MRI at one facility may cost much more than at another facility. Estimate My Costs allows you to search for a medical procedure, type of visit or procedure code. You may compare options based on cost and quality ratings provided for multiple providers and facilities. To get started, log in to your member account at harvardpilgrim.org, click "Tools & Resources" at the top of the page, then click "Estimate My Cost."

Reduce My Costs

Harvard Pilgrim offers a voluntary program which will help you save money with their voluntary "Reduce My Costs" program. If you are scheduled to receive outpatient procedures or diagnostic tests, this program will help you find lower cost providers. Harvard will also reward you for choosing to save money.

1. Call 855-772-8366 whenever your doctor recommends an outpatient test or procedure such as radiology, lab work, mammogram, ultrasound, bone density, colonoscopy, or other non-emergency out-patient tests and procedures.
2. You'll speak with an experienced nurse who will:
   - Compare provider costs and inform you of the lower cost providers in your area.
   - Assist with scheduling or rescheduling your appointment and help with any paperwork.
3. If you're already seeing a lower cost provider, you'll receive a cash reward just for calling.
4. If you decide to receive care from a lower cost provider, you will earn a cash reward depending on the service and the associated cost savings.

Harvard Pilgrim Member Portal

Your online member account has quick, reliable answers to the information you need:

- Look up benefits and claim history along with the status of your deductible and out-of-pocket maximum
- Take advantage of discounts and savings
- Learn how preventive care and conditions are covered
- Access helpful tools and resources to live a healthier life.

Register for the member portal at hphc.org and click on "Member Login."

Additional Services

Harvard Pilgrim App

The Harvard Pilgrim App allows you to:

- Access a virtual ID card with the ability to download to your digital wallet
- Change your primary care physician
- Review claims
- Look up providers
- Check to see if a provider you're referred to is contracted with Harvard Pilgrim
- Ability to log in using facial recognition or touch ID

To get started, download the app via Google Play or the Apple App Store.

Harvard Pilgrim Well-being Program

Earn up to $420 in rewards and reimbursements.

Enroll in the Harvard Pilgrim online Well-being Program and start participating in a variety of single-step and habit building activities, covering a range of topics built around monthly themes including:

- Stress Management
- Healthy eating
- Self-care
- Environmental wellness
- Physical activity
- Health plan literacy
- Volunteerism
- Financial literacy

Earn up to $120 in gift cards. You'll earn rewards incrementally, so the longer you participate in the program the more rewards you earn. Reach all three levels to earn a total of $120 in gift cards. Log in to harvardpilgrim.org/wellbeingforall to start earning rewards. Covered dependents and employees who aren't Harvard Pilgrim members can participate in a separate program, where they can earn points towards monthly gift card drawings.

Harvard Pilgrim Wellness Reimbursement

Harvard Pilgrim offers a $300 Wellness Reimbursement – up to a maximum of $150 per Harvard Pilgrim policy holder (PWD employee) and up to a $150 maximum for a dependent per calendar year. For employees enrolled in single health insurance coverage, the maximum reimbursement amount is $150. The employee or dependent must be a member of both Harvard Pilgrim and a qualified fitness facility for at least four consecutive months. One submission for reimbursement per year to Harvard Pilgrim is permitted.

Wellness reimbursement applies to monthly fees for virtual fitness class subscriptions, membership fees paid toward a full-service health or fitness facility that has cardiovascular and strength-training equipment, and facilities for exercising and improving physical fitness, fitness classes like yoga, Zumba, spin, kick-boxing and more.

Wellness Reimbursement will also include: Seasonal town, club, or school athletic fees; Martial arts, Dance, Gymnastics, Swimming.

Qualified Nutrition Programs which include: Weight Watchers, MyPlate Calorie Counter, Wondr, Noom, Eat Right Now, Savory Living, My Fitness Pal, Lose It?, EatLove, Stronger U, and Dinner Daily.

Qualified mindfulness programs which include: The Mindfulness App, Calm, Ten Percent Happier, Headspace, Meditation Studio and Insight Timer.

For complete guidelines on how to get reimbursed, what does not qualify for reimbursement, what to submit a request, and how long it takes to be reimbursed please go to https://www.harvardpilgrim.org/public/discounts-and-savings/reimbursement-programs or call member services at (888) 333-4742. Validation of qualifying facilities and virtual fitness subscriptions is subject to approval by Harvard Pilgrim.

Additional Services

Harvard Pilgrim Behavioral Health Webpage

The Harvard Pilgrim Behavioral Health Webpage is there to support your emotional and mental well-being. Discover more about common behavioral health needs, when to seek help, how to find behavioral health providers and what you may expect from treatment.
For more information, go to https://www.harvardpilgrim.org/public/behavioral-health

Sanvello App

The Sanvello app is a powerful, science-driven app which provides coping techniques, cognitive behavioral therapy and guided journeys for your behavioral health needs. Sanvello will:

- Track your mood daily
- Teach coping skills
- Allow you to experience guided journeys via audio lessons, activities and other techniques
- Get personalized progress through weekly check-ins
- Participate and connect with others who understand what you're going through and will be there until you feel better.

To get the Sanvello app go to Google Play or iTunes. You will receive a complimentary premium version when you enter your Harvard Pilgrim ID number. You may also go to liveandworkwell.com to browse and explore the app as a guest (access code: HPHC).

Ovia Health

Ovia Health is a series of evidence-based, clinically backed apps offering support to members navigating fertility, pregnancy and early parenting. Apps include:

- Ovia Fertility
- Ovia Pregnancy
- Ovia Parenting

To access Ovia Health go to https://connect.oviahealth.com/en/harvardpilgrim or download from the App Store or Google Play. Select:

- "Try it now" (to create account
- "I have Ovia Health as a benefit"
- "Sign up"
- Health plan and employer
- Enter information and accept terms and conditions

Living Well at Home

Harvard Pilgrim offers virtual well-being classes at no cost.
Visit harvardpilgrim.org/livingwellathome to take the following classes:

- Restorative Yoga
- Vinyasa Flow Yoga
- Strength Training
- Mind the Moment in Everyday Life
- Practice and Reflections
- The Art and Science of Awareness

Additional Services

Exceptional Discounts for Members

Take advantage of discounts on products and services for body and mind. Visit www.harvardpilgrim.org/discounts to discover health savings on:

- Vision
- Healthy Eating
- Holistic Wellness
- Fitness
- Hearing

WHY Reimbursement Program

PWD's WHY Reimbursement Program is designed to help you achieve your health goals. On the first of the month following 30 days of employment, PWD will provide you with a $100 per year reimbursement toward the cost of fitness club membership and wellness classes such as Swimming membership, Aerobic Classes, Tai Chi Classes, and Weight Loss Meetings. Sport club memberships, such as golf, baseball, etc., are not eligible. OR, PWD will offer $100 per year reimbursement toward the purchase of fitness and aerobic equipment such as Treadmills, Lifecycles, Weights and Bench, Bicycles. Sporting equipment, apparel and footwear are not eligible. Employees may combine the 2 options, but the total is $100 per year combined. The amount submitted to PWD for WHY reimbursement for health club membership cannot be submitted to Harvard Pilgrim as part of their fitness reimbursement.

Dana-Farber Connect Program

What is Dana-Farber Direct Connect?

When you are faced with a possible diagnosis of cancer, Dana-Farber Direct Connect is there to provide support and dedicated care coordination during your diagnosis and treatment. Our patient liaisons will help find the right specialist, arrange an appointment tailored to your individual situation, and make sure you have what you need throughout your experience at Dana-Farber. Dana-Farber Direct Connect is offered to Borislow Insurance clients (and associated employees, dependents, and retirees) enrolled in a health plan that is in-network with Dana-Farber.

When should I contact Dana-Farber Direct Connect?

You should contact Dana-Farber Direct Connect when:

- You have been told that you have cancer and would like to **explore treatment options** at Dana-Farber Cancer Institute
- You are currently receiving treatment for cancer elsewhere and would like to **receive a second opinion**
- You have test results that may signal a cancer diagnosis and would like to **be diagnosed** by or treated at Dana-Farber Cancer Institute
- You have personal or family histories of cancers that suggest an inherited genetic component, and would like to **learn more about your hereditary risk and genetic testing** options

- Email DirectConnect@dfci.harvard.edu or call 866-977-3262 (866-977-DANA)
- Find more information at https://www.dana-farber.org/borislowinsurance

Dental Plan

Delta Dental

PWD will continue to offer a Dental plan through Northeast Delta Dental. All dentists are covered, but please remember that you save money by choosing a dentist from the network for your care. Dental benefits are available to all regular non-union employees working 20 hours or more per week, or union employees working 25 hours or more per week. Eligibility for dental coverage is effective the first of the month following date of hire. An overview is below. A complete summary is available from Human Resources.

Benefit Services and Explanations	
Preventive Services	Exams, 4 cleanings/year, x-rays – 100% covered *(no waiting period)*
Deductible	$75 Individual / $225 Family Lifetime Deductible. Waived for Preventive services.
Basic Services	Amalgam (silver) fillings, composite (white) fillings (anterior and posterior), simple extractions – 70% covered *(6 month waiting period)*
Major Services	Oral surgery, root canal, crowns – 50% covered *(12 month waiting period)*
Orthodontia	Children and Adults. $1500 lifetime benefit – 50% covered *(24 month waiting period)*
Annual Maximum	$2000 per person for Preventative, Basic and Major services combined

In 2026 there will be a small increase in what employees pay for dental coverage. For those employees who wish to participate in the dental program, below are the pretax premiums on a monthly and a weekly basis. Rates listed below are for employees working 40 hours per week. Rates are prorated for employees working less than 40 hours per week.

Weekly Dental Contributions	
	Your Weekly Contribution
Single Coverage	$3.38
Two-Person Coverage	$11.33
Three or More Covered	$24.32

Hardware Only Vision Plan

DeltaVision

In 2026, PWD will continue to offer DeltaVision, a voluntary vision plan supported by the EyeMed Vision Care network. Eligibility for vision coverage is effective the first of the month following date of hire. This is a Hardware Only plan, and available to all employees, union employees working a minimum of 25 hours per week and nonunion employees working a minimum of 20 hours per week. A rate table and a plan overview are outlined below and on the next page.

In 2026, there will be no change in what employees pay for this vision plan.

DeltaVision Plan Summary		
	Network Benefit	Non-Network Reimbursement
Frames every 24 months: (any available frame at provider location)	$150 allowance, then 20% off balance	$75
Standard Plastic Lenses every 12 months		
Single/Bifocal/Trifocal	Member pays $20; plan pays balance	$25/$40/$55
Lens Options		
UV coating/Tint/ Standard scratch resistance	Member pays $15 each	None
Standard polycarbonate	Member pays $40	None
Standard anti-reflective coating	Member pays $45	None
Standard progressive	Member pays $85	None
Premium progressive	$55 copay, 80% of charge less $120 allowance	None
Other add-ons and services	20% off retail price	None
Contact Lenses every 12 months; In lieu of spectacle lenses; Allowance covers materials only		
Conventional	$150 allowance, then 15% off balance	$120
Disposable	$150 allowance, member pays balance	$120
Medically necessary	Paid in full	$200
Laser Vision Correction – Lasik or PRK	15% off retail price or 5% off promotional price	None

Weekly Vision Contributions	
	Your Weekly Contribution
Single Coverage	$1.04
Two-Person Coverage	$1.78
Three or More Covered	$3.18

Flexible Spending Accounts

Flexible Spending Accounts (FSA): Medical and/or Dependent Care

In 2026 PWD will continue to offer a Flexible Spending Account (FSA) program to all regular nonunion employees working 20 hours or more per week, or union employees working 25 hours or more per week. Eligibility for Flexible Spending Accounts is effective the first of the month following 30 days of hire. In 2026, our ***NEW*** Flexible Spending carrier is **Consumer Health Solutions (CHS).**

The FSA allows employees to have pre-tax dollars deducted from their salaries to pay for eligible out-of-pocket expenses. The pre-tax contributions made to the FSA can be used to pay for predictable non-reimbursed health care expenses and dependent care expenses during the plan year. Through the FSA program, you can reduce your taxable income without reducing your real income, so that you can keep more of the money you earn. Under IRS rules, any balance remaining in the account at the end of the plan year will be forfeited. For this reason, you should be careful and not to over-fund your account(s).

Participation in the Medical and/or Dependent Care FSA is optional and determined on an annual basis for the plan year. You must enroll for each plan year. You determine how much to contribute to the account, up to a specified maximum, based on anticipated expenses during the plan year. In 2026 we will continue to provide participants with a Flexible Spending debit card.

Please Note: The CARES stimulus act mandates that over-the-Counter medications and supplies are eligible qualified expenses. The IRS mandates that PPE is a qualified eligible expense for FSA Accounts. For a complete list of Over-the Counter items eligible for reimbursement go to:

You are allowed to make contributions to both your Medical Flexible Spending account and your Dependent Care Flexible Spending account, up to the IRS annual limits set for 2026. The medical 2026 FSA IRS Maximum is $3,400 per year. The Dependent Care annual Maximum is $7,500 per year for a married couple filing jointly or $3,750 individually if you each have a separate account.

Wellness

PWD will continue to offer wellness events in 2026, and we encourage you to participate. Wellness is important to you and your family, and over time benefits the health plan, and that helps all of us. Take advantage of the Wellness benefits through programs offered through the Employee Assistance Program (EAP), screenings, and information at the annual wellness fair, the flu shot clinic, reimbursement through the WHY Program, the wellness coach and the many preventive features of the Harvard Pilgrim Health Plans.

Disability Insurance

PWD provides employees working 30+ hours per week long-term disability income benefits through Mutual of Omaha and pays the full cost of this coverage. Eligibility for Life, Long Term Disability and Short Term Disability coverage is effective the first of the month following 30 days of hire. In the event you become disabled from a non-work-related injury or sickness, disability income benefits are provided as a source of income.

Individual short-term disability benefits are available through Mutual of Omaha on a voluntary basis to employees working 30+ hours per week. For newly hired employees, who have not had a chance to accrue a large sick bank, or for employees who may have depleted their sick bank, short term disability provides a way to insure your income should you become incapacitated due to an accident or illness. If you purchase short term disability, your premiums are deducted on an after-tax basis. **The pre-existing condition under this plan is 3/6 which means any condition that you receive medical attention for in the 3 months prior to your effective date of coverage that results in a disability during the first 6 months of coverage, would not be covered.** Eligible employees can enroll at the time of hire subject to a 3/6 month pre-existing condition requirement. Employees who have declined coverage in the past may enroll each year during fall open enrollment, subject to medical questions and subject to a 3/6 month pre-existing condition provision.

	Long Term Disability	Voluntary Short Term Disability
Benefits Begin	180 days after disability begins	1st calendar day for injury 8th calendar day for a disease
Benefits Payable	2-year own occupation, 65+ benefit duration	26 weeks
% of Income Replaced	60% of monthly salary	60% of pre-disability earnings
Maximum Benefit	$5000 per month	$1150 per week

Life and AD&D Insurance

Basic Life Insurance

Life insurance offers you and your family important financial protection. PWD provides employees working 30+ hours per week a life insurance benefit equal to 2x salary to a maximum of $300,000 and pays 50% of the cost of this benefit. Eligible employees pay 50% of the cost. This is a one-time enrollment only! If you do not enroll when initially eligible, you will not be able to receive this benefit without answering additional medical questions and being approved for Evidence of Insurability. The benefits reduce to 65% at age 65 and 50% at age 70. Benefits terminate at retirement unless you exercise the option to individualize the policy. Be sure that you keep your beneficiary information current.

Voluntary Supplemental Term Life Insurance

Employees working 30+ hours per week who would like to supplement their group life insurance benefits may purchase additional coverage Voluntary Life Insurance through Mutual of Omaha.

You can buy Voluntary Life Insurance for yourself, your spouse and your children.

You may purchase coverage in $10,000 increments up to a maximum for $300,000 for yourself, and spouses may elect 100% of the employee's benefit up to 100,000. You may purchase $15,000 for your children. Please note that spouse and dependent coverage is only available if employee has elected coverage.

This plan is rated using the same rates for the employee and spouse. Employee and spouse rates are calculated based on the employee's current age (as of the effective date of the plan). Employee and spouse rates are adjusted once each year on 1/1, the plan anniversary date (for employees advancing to the next age band). Spouse coverage terminates when the employee attains age 70 (regardless of the spouse's actual age).

Employee coverage reduces by 35% of the original amount when you turn 65 and by 50% of the original amount when you turn 70. If your coverage ends because you leave the PWD, you can continue coverage and have it billed directly to your home, by either converting your PWD policy to a whole life policy, or by continuing your term life policy through a process called portability. You have 31 days to convert or apply for portability without answering any medical questions.

Retirement

PWD's Deferred Compensation (457) Plan

PWD's Deferred Compensation (457) Plan offers employees a tax-favored way to contribute to your retirement income. Under the Plan, you can elect to defer from each paycheck a portion of your pay with no current income taxes withheld. You also have a choice of a Roth IRA option in which you pay taxes as you contribute, but your distributions at retirement are tax free. The Plan offers a choice of professionally managed mutual funds from which you may select when making your investment election, as well as professionally managed target date funds. As a participant, you have your own account and the amount within it is determined by the amount of compensation you defer and by the performance of your investment choices.

Employees must participate with a minimum 3% mandatory deferral and are encouraged to contribute more. The District will match 150% of the first 4.5% of compensation. If you elect to contribute 4.5%, then the 150% match will be 6.75% of your pay. You may elect to contribute more than 4.5%, but any amount exceeding this will not be matched by PWD. After successfully completing a 6-month probationary period, the "match" accrued during the prior 6 months will be applied retroactively to your hire date.

You can increase your 457 retirement plan contributions any time you wish! When making a change to the 457, those changes take effect the first of the following month after the change is made. Please visit www.principal.com. If you have never logged on before, the directions can be found on Sharepoint/Departments/ESBenefits/457 Log on info.

PWD's Defined Benefit Plan

Non-union employees hired before 1/1/12 participate in the Defined Benefit Plan for non-union employees. Union employees hired before 1/1/11 participate in the Defined Benefit Plan for bargaining unit employees. (Summary Plan Descriptions are available at Sharepoint). Effective 9/12/22, employees who are participants in either of the Defined Benefit Pension plans are eligible to receive $1,500 in matching contributions from PWD to the 457 plan.

Any bargaining unit employee who is currently eligible and in the bargaining unit defined benefit plan prior to 1/1/11, and transfers or promotes into a non-bargaining unit position on or after 10/17/17, will have the choice of:

- remaining in the bargaining unit defined benefit plan, or
- having their benefit "frozen" at the years of service obtained prior to transferring and participating in the 457 plan. **This choice can only be made once and is irrevocable. For this reason, PWD encourages such employees to seek advice from an independent financial counselor when making this decision.**

If the employee chooses to participate in the 457 Plan upon transfer or promotion into the non-bargaining unit position, the employee must participate with a minimum 3% mandatory deferral, under the same terms noted above under the summary of the 457 Plan. After successfully completing a 6-month probationary period, the "match" accrued during those 6 months will be applied retroactively to the date of the transfer into the new position.

Employee Assistance Program

PWD has contracted with the ESI Employee Assistance Program (EAP), to offer you and your family members the services of an EAP. The program consists of resources and referral services, counseling and support services, online information and interactive tools. All services are free, **confidential**, accessible 24 hours a day, 365 days a year and available to all members of your household, regardless of insurance coverage.

COUNSELING BENEFITS
Help from experienced Masters or Ph.D. level counselors for personal issues such as: relationships/ family, depression/anxiety, grief and more.

PEAK PERFORMANCE COACHING
Personal and professional coaching is available from senior-level ESI coaches. Get one-to-one telephonic coaching and support, as well as online self-help resources and trainings.

TRAINING AND PERSONAL DEVELOPMENT BENEFITS
Over 10,000 free online personal and professional development trainings in a variety of easy to use formats. Some of the topics covered are: debt, budgeting, communication, working remotely, stress management and emotional intelligence.

SELF-HELP RESOURCES
Self-help Resources give you access to a collection of thousands of tools, videos, financial calculators and informative articles covering virtually every issue you might face, including adoption, relationships, legal, financial, cancer and more.

WORK/LIFE BENEFITS
Assistance for financial, legal, and child & elder care.

PERSONAL ASSISTANT
Help for everyday issues, including finding a local medical or dental provider, summer camp options and more.

WELLNESS BENEFITS
Videos and resources to improve you and your family's overall health, including fitness, diet and tobacco cessation.

LIFESTYLE SAVINGS BENEFIT
Includes thousands of discounts, rewards and perks in a variety of categories: Health & Wellness, Auto, Electronics, Apparel, Restaurants, Beauty & Spa, Flowers & Gifts, Sports & Fitness and more! Available benefits are accessible from ESI's Member website.

Contact the EAP toll-free at 800-252-4555.
Or go to www.theEAP.com and create a username and password.

Additional Benefits

Referral Bonus
In appreciation for helping recruit the very best candidates, employees who refer someone that is hired into a full-time, part-time or temporary position lasting 6 months with PWD will receive a $100 referral bonus (less applicable taxes). However, employees are not eligible for this incentive if the candidate is already employed within PWD, or the employee works in Human Resources.

Voluntary Benefits
You may purchase additional Voluntary Benefits (at your own expense) through Colonial Life.

Additional Benefits
Please see Sharepoint for a full list of additional benefits, including employee discounts.

Paid Leave & Time Off

Sick Leave

Sick Leave covers absences for non-union and union employees. For full time employees sick leave will accrue at the rate of 8 hours for each full calendar month of active service, to a maximum of 120 days. Covered absences are temporary medical illness and/or disability of the employee. Short-term absences covered under this policy are for non-occupational illness and/or injury. In addition, a maximum of five days (40 sick pay hours) may be deducted annually from the employee's accrued sick bank to care for an ill immediate family member. Sick Leave runs concurrent with FMLA leave when applicable. Employees must use time from their sick bank first for their own illness or injury. If their sick bank is exhausted or has not yet accrued, accrued vacation time may be substituted.

Holidays

PWD provides thirteen paid holidays each year. This policy applies to non-union and union employees. The holidays observed shall be as follows:

New Year's Day
Martin Luther King's Birthday
Washington's Birthday
Patriot's Day
Memorial Day

Juneteenth
Independence Day
Labor Day
Indigenous Peoples Day

Veteran's Day
Thanksgiving Day
Day after Thanksgiving
Christmas Day

Bereavement Leave

This leave provides time away from work for an employee who has a death in his/her family or spouse's family. Please see leave policy available at Sharepoint.

Earned Paid Leave

Employees will accrue earned paid leave per the following schedule:

Length of Service	Annual Vacation Weeks/Hours	Accrual Rate Hours/Month	Maximum Balance
At hire	Two days deposited (16 hours)	1.333	32 hours
First year	2 weeks (80 hours)	6.667	160 hours
After 1 year	2 weeks plus 2 days (96 hours)	8.000	192 hours
After 3 years	2 weeks plus 4 days (112 hours)	9.333	224 hours
After 5 years	3 weeks plus 2 days (136 hours)	11.333	272 hours
After 7 years	3 weeks plus 4 days (152 hours)	12.667	304 hours
After 10 years	4 weeks plus 1 day (168 hours)	14.000	336 hours
After 15 years	4 weeks plus 2 days (176 hours)	14.667	352 hours
After 20 years	5 weeks (200 hours)	16.667	400 hours

In addition to the accruals above, employees will receive a longevity bonus of **1 additional day** credited to your earned paid leave bank every 5 years beginning on your 25th employment anniversary.

Contacts

Who do I contact with questions or changes to my plans?

Any questions about the available benefits should be addressed to **Human Resources at the contact methods below.** Please remember to contact Human Resources if you have a change of address, phone number, or a significant life change such as: marriage, divorce, addition or deletion of dependents.

Plan / Carrier	Phone Number
Human Resources	207-523-5222
Medical Insurance Harvard Pilgrim Health Care	888-333-4742 www.harvardpilgrim.org
Flexible Spending Accounts Consumer Health Solutions (CHS)	phone: 877-230-8650 x101 www.consumerhealthportal.com
Dental Insurance Northeast Delta Dental	800-832-5700 -or- 603-223-1234 www.nedelta.com
Vision Insurance DeltaVision (through EyeMed)	866-723-0513 www.nedelta.com/DeltaVision
Disability and Life Insurance Mutual of Omaha	800-877-5176 www.mutualofomaha.com/customerservice
Employee Assistance Program (EAP) ESI	800-252-4555 www.theEAP.com *(First time users will need to register to gain access)*

This benefit booklet
is provided to employees of

Portland Water District

From Sebago Lake to Casco Bay

courtesy of

Borislow INSURANCE

This guide is provided for informational purposes only and is intended for your convenience. While every effort has been made to ensure the accuracy of the information, Portland Water District (Plan Sponsor) is not responsible for any errors, omissions, or changes that may occur, whether initiated by Portland Water District or third parties. The terms and conditions of your benefits are more fully defined in the official Subscriber Certificate(s) and applicable riders. In the event of any discrepancy between the information in this guide and the Subscriber Certificate(s) and/or riders, the official plan documents will prevail. Please note that this guide may reference individual policies or voluntary benefits that are available through your employment with the Plan Sponsor. The Plan Sponsor does not sponsor, endorse, or contribute to these voluntary benefits, and they are neither subject to ERISA nor considered part of any official benefits program maintained by the Plan Sponsor. This guide is not a contract and does not create any contractual obligations. Portland Water District reserves the right to modify, amend, or terminate any benefits described herein at its discretion and at any time.

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