



STATE OF MAINE
DEPARTMENT OF ADMINISTRATIVE & FINANCIAL SERVICES
Bureau of Human Resources
Office of Employee Health and Wellness
61 State House Station
Augusta, ME 04333-0061



Janet T. Mills, Governor
Kirsten LC Figueiroa, Commissioner

Shonna Poulin-Gutierrez, Executive Director

RE: Grant-Funded Teacher Retiree Health Insurance Program Rate Notice

This letter is intended to advise you of a **Grant-Funded Teacher Retiree Health Insurance Program Rate change**. **Please review this letter carefully as there are actions items needing follow-up each and every month.**

The contribution percentage for **Fiscal Year 2026** (July 1, 2025 – June 30, 2026) is **2.86%** of applicable earnings. **Please make this change effective July 1, 2025.**

Payments are due each month for the previous month's contributions. (e.g. Due August for the July 1-July 31 contribution)

Please make checks payable to:

TREASURER, STATE OF MAINE
Employee Health and Wellness
61 State House Station
Augusta, Me 04333-0061

A **Contribution Report** providing employee specific detail for the monthly payment must accompany every payment. This report is **required**. **Attached we have provided a list of required information that we will need on the reports.**

If you have any questions, please contact:

Office of Employee Health & Wellness
61 State House Station
Augusta, ME 04333-0061
Ph: 207-624-7759



Contribution Report Checklist

The Contribution Report is **required** to include the following information:

- School District or Specific School Name**
- Check Number, Check Date, & Check Amount**
- Name of Contact Person, Phone Number, & E-Mail Address**
- The name of the program **MUST** be labeled on the report.
- Month** for which payment is being made.
- Alphabetical** listing (by last name) of individual covered employees.
- An adjoining** column showing the dollar amount of the monthly gross wages subject to grant monies for those individuals, with the **column total at the bottom**.
- The Gross Wage Total** at the bottom of the column is to be multiplied by the contribution percentage **(2.86%)** and this amount **must equal** the amount of the check.
- If grant funding runs out or there are no eligible participants** for that month resulting in a month(s) when no contribution check will be sent, **please send notification to that effect via E-Mail or Regular Mail.**

Our Contact Information:

E-mail: tina.saseung@maine.gov

Address: Office of Employee Health & Wellness
61 State House Station
Augusta, ME 04333-0061
Ph: 207-624-7759