




Benefit Orientation
Presented by Marshfield Clinic Human Resources Benefits Team


Marshfield Clinic Health System

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Benefits on Demand/Benefit Library



- Please refer to your digital binder on your device
 - Orientation materials:
 - Benefits Library/Presentation
- Library is available 24/7 from work or home
- Forward the link to your home email address for quick access on your desktop or laptop computer
- Access on your smart device by downloading the Workday app.
 - **Domain User:**
marshfieldclinichealthsystems
- You will have **31 days** to enroll in benefits




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Employee Assistance Program

Administered by ComPsych GuidanceResources



- FREE, Confidential and Available 24/7 to all our employees and your household family members, for thousands of topics
 - Short-term counseling sessions for work and/or home life matters
 - Work-life solutions to help with qualified referrals in your area to resources
 - Legal support
 - Offers one free 30-minute consultation and a 25% reduction in fees
 - Financial resources
 - Budgeting, debt management, money concerns, etc.



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Employee Assistance Program

How to contact ComPsych GuidanceResources:



- Call 877-822-1327
 - TTY 800.697.0353
- Online support www.guidanceresources.com
 - Company Web ID: MARSHFIELD
 - For chat options, help sheets, podcasts, videos and more
- Smart Phone Application: *GuidanceNow*



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 PerkSpot

Your Associate Discount Program

- Exclusive discounts both locally and nationally from your favorite brands and companies
- Free and easy to access to sign up:
- View on a Laptop or desktop computer
 - Browse thousands of discounts in a variety of categories
- Sign up and log in at: www.marshfieldclinic.perkspot.com
- Download the PerkSpot Mobile App to use while on the go




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Bereavement Leave

- All benefitted staff are eligible for bereavement leave
- Can be used for preparation, travel, or to attend a funeral within 6 months
- # of days off depends on relationship to deceased
- PTO may be taken in addition to funeral leave if more time is needed
- Employees are encouraged to use the on-line form when requesting Bereavement Leave
- Always work with your manager in requesting the time off work




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Short Term Disability

- Becomes effective the 1st of the month following 90 days in a benefit eligible status
- Automatically enrolled
- FMLA approved benefit – Please work with Absence Management
- 7 calendar day elimination period, 180-day benefit:
 - Can be taken paid or unpaid
- 70% of salary for first 90 days
- 60% of salary for second 90 days




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Long Term Disability


- Becomes effective the 1st of the month following:
 - 180-day waiting period (Short Term Disability)
- Automatically enrolled when eligible
- FMLA approved benefit – Please work with Absence Management
- Benefit is 60% of salary for all staff




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Life Insurance



- Marshfield Clinic Health System offers life insurance policies:
 - Two are Clinic paid
 - Others are employee paid
- Beneficiaries **must** be designated in Workday
 - Primary & Contingent
 - Underage Beneficiaries will not receive policy amount until they reach the age of 18




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Travel Accident Life Insurance
(Clinic paid benefit)

- Marshfield Clinic Health System provides a Travel Accident benefit for physicians and staff:
 - Benefit pays in the event of an accidental death when traveling on approved Clinic business only
 - Benefit is based on your group/personnel class
 - Automatically calculated
 - Beneficiary **must** be designated




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Group Term Life Insurance
(Clinic paid benefit)


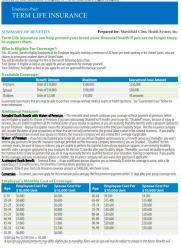
- Marshfield Clinic Health System provides a Group Term Life insurance for all benefit eligible employees:
 - Benefit pays in the event of death on personal or work time
 - Benefit pays due to natural and accidental death
 - Benefit is based on your group/personnel class and is a multiple of your salary
 - Automatically calculated
 - Beneficiary **must** be designated




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Voluntary Supplemental Life Insurance

- Term life insurance policy
 - Paid for by employee (post tax)
 - Pays for natural or accidental death
- Guaranteed coverage (31 days)
 - Employee: up to \$250,000
 - Spouse: up to \$30,000
 - Children: up to \$10,000
- Cannot elect more on spouse/children than self
 - Ex: I elect \$100,000 for spouse, must elect \$100,000 for self
- Beneficiary **must** be designated



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Voluntary Accidental Death and Dismemberment (AD&D)

Marshfield Clinic Health System, Inc.

EMPLOYEE


ELIGIBILITY CRITERIA

COVERAGE

KEY POINTS

AD&D BENEFIT

FAMILY COVERAGE




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- Pays in the event of an accidental death or dismemberment only
 - Employee paid (post tax)
- Employee only or Family Coverage
- Must be elected prior to first of the month you want coverage effective
 - Ex: Skydiving trip planned for July 15th
 - Must elect coverage by June 30th
- Can enroll/drop anytime - some limitations
- No evidence of insurability required
- Beneficiary **must** be designated

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Holiday Pay



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- All benefitted employees are eligible for holiday pay (except those in a baylor schedule)
- MCHS observes 6 ½ holidays
 - New Years Day
 - Memorial Day
 - Independence Day
 - Labor Day
 - Thanksgiving Day
 - Christmas Eve ½ day
 - Christmas Day

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401(K) Salary Reduction

2021 Salary Reduction Plan (401K) Details

Eligibility Criteria

Automatic Enrollment


Options to Elective Enrollment

Matching Contributions

Ways to Contribute

Annual Contribution

Investment Options




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- Ways to contribute:
 - Pre-Tax
 - Roth (Post) Tax
- Combination of Pre-Tax and Roth Post-Tax
 - MCHS will match 100% up to 4%
 - MCHS will also match \$0.50 to every dollar of the next 5th and 6th percent
- Will default to 6% personal contribution after 60 days
- **Must** call Fidelity to opt out of contributing
- 401K Beneficiaries are entered on Fidelity's website – Please designate

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Additional Information

- You **must** provide documentation for dependents:
 - Birth Certificate/Court documents
 - Marriage Certificate
- For domestic partners
 - Employee must submit a declaration of domestic partnership form to Human Resources
 - Form can be found in the benefits library
 - Must be approved by HR prior to the employee electing health, dental or vision insurance coverage for the domestic partner



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Key Definitions:

Premium - The amount you pay for your insurance coverages every month. In addition to your premium, there may be other costs for your health care, including a deductible, copayments, and coinsurance.

Deductible - The amount you pay for covered health care services before your insurance plan starts to pay. Sometimes referred to as 'out-of-pocket'


Coinsurance - The percentage of costs of a covered health care service you pay after you've met your deductible.

Copayment - A fixed amount you pay for a covered health care service after you've met your deductible.

HMO-A type of health plan that limits coverage to care from providers who work for, or contract with the health care organization. It generally won't cover out-of-network care except in emergent, urgent or wrap care situations.

In network - A provider network is a list of health care providers, and hospitals, that a plan contracts with, to provide medical care to its members.

Out of network - A provider that is NOT contracted with the plan, and may charge additional fees.




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Health Insurance Benefit Summary – Benefit year: April 1, 2024 – March 31, 2025

Deductibles, Coinsurance, and Copay Summary

	Enrich HMO HDHP Elite	Enrich HMO HDHP Plus	Enrich Point of Service (POS)		Explore HMO HDHP
			In Network	Out of Network	
Deductibles	\$5,000/\$10,000	\$3,500/\$7,000	\$3,000/\$6,000	\$6,000/\$12,000	\$3,500/\$7,000
Max Out of Pocket	\$5,000/\$10,000	\$3,500/\$7,000	\$9,000/\$18,000	\$18,000/\$36,000	\$3,500/\$7,000
Coinsurance	-	-	20%	40%	-
Primary Care Copay	-	-	\$30	Deductible, coinsurance	-
Specialty Care Copay	-	-	\$60	Deductible, coinsurance	-
Urgent Care Copay	-	-	\$30	\$30	-
Emergency Room Copay	-	-	\$250	\$250	-
Pharmacy Copay	N/A - includes extended preventive drugs	N/A - includes extended preventive drugs	Tier 1 = \$5 Tier 2 = \$40 Tier 3 = \$70 Tier 4 = 30%	N/A	N/A - includes extended preventive drugs
HSA Eligible	Yes	Yes	No	No	Yes
Dependent Waiver	Yes	Yes	Yes	Yes	No



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Enrich – HMO HDHP Elite

- **Provider Network:**
 - MCHS
 - UW Health
 - UnityPoint Health – Meriter
 - Prairie Ridge Health
 - Watertown Regional Medical Center Clinics
- Single Deductible: \$5,000
- Family Deductible: \$10,000
- Single Annual Out of Pocket Limit: \$5,000
- Family Out of Pocket Limit: \$10,000
- Review the Summary of Benefits and Coverage and Schedule of Benefits for full breakdown of coverage
- Non-preventative Prescriptions are your responsibility up to the deductible. Then subject to copayment tiers.



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Enrich – HMO HDHP Plus

- **Provider Network:**
 - MCHS
 - UW Health
 - UnityPoint Health – Meriter
 - Prairie Ridge Health
 - Watertown Regional Medical Center Clinics
- Single Deductible: \$3,500
- Family Deductible: \$7,000
- Single Annual Out of Pocket Limit: \$3,500
- Family Out of Pocket Limit: \$7,000
- Review the Summary of Benefits and Coverage and Schedule of Benefits for full breakdown
- Non-preventative Prescriptions are your responsibility up to the deductible. Then subject to copayment tiers.



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Enrich – Point of Service (POS)

- **In-Network Providers:**
 - MCHS
 - UW Health
 - UnityPoint Health - Meriter
 - Prairie Ridge Health
 - Watertown Regional Medical Center Clinics
 - Other providers contracted with SHP
- **Out-of-Network:**
 - All other providers (Includes Dean, Aspirus, Mayo)
- Single In-network Deductible: \$3,000
- Family In-network Deductible: \$6,000
 - Coinsurance In-network: 20%
- Single Annual In-network Out of Pocket Limit: \$9,000
- Family Annual In-network Out of Pocket Limit: \$18,000
- Single Out-of-network Deductible: \$6,000
- Family Out-of-network Deductible: \$12,000
 - Coinsurance Out-of-network: 40%
- Single Annual Out-of-network Out of Pocket Limit: \$18,000
- Family Annual Out-of-network Out of Pocket Limit: \$36,000



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Enrich – Point of Service (POS)

- Review Summary of Benefits & Coverage and the Schedule of Benefits for full breakdown
- Non-preventative Pharmacy costs subject to copayment tiers day one of health plan coverage.
- Claims processed for out-of-network providers and facilities are based on Usual/Customary/Reasonable (UCR) fee schedule.
 - Costs may be higher for out-of-network providers
 - Can legally charge you above the UCR fee schedule



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Enrich Dependent Wrap Coverage

- Provides out-of-area dependent coverage:
 - Primary plan member must live in and see in-network providers
 - Dependents living outside the service area are provided benefits for covered services from non-affiliated providers
 - Must enter dependents physical address into Workday to receive benefit



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Explore – HMO HDHP

Zelis National Access Program:
1-877-509-1952

- Single Deductible: \$3,500
- Family Deductible: \$7,000
- Single Annual Out of Pocket Limit: \$3,500
- Family Out of Pocket Limit: \$7,000




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Medical Premium Rates

- Premiums taken pre-tax twice a month (24 paychecks)
- **Level 1**
 - Level 1: 30+ hours (75% FTE and more)
- **Level 2**
 - Level 2: 20-29.9 hours (50%-74.9% FTE)
- **Coverage Categories:**
 - Employee
 - Employee + 1 (one child or spouse/domestic partner)
 - Employee plus children (more than one child)
 - Employee plus family (spouse/ domestic partner and at least one child)



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Additional Care Management Services


All programs are available at no additional charge under the MCHS health plans

Omada – whether losing weight, managing diabetes or improving your overall health

Inspira Health – Holistic support for emotional, physical, financial and mental health needs

Freespira – in-home treatment to help reduce or eliminate panic disorders, panic attacks, and PTSD

RX Savings Solutions (RxSS) – offers personalized cost-saving opportunities for your prescription needs



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Urgent/Emergent Care


Urgent/emergent care for all health care plans is covered subject to applicable benefit limitations, deductible, coinsurance and copayment amounts.

Medical emergency definition:

- A condition with acute symptoms of sufficient severity, including severe pain, that with lack of medical attention would likely result in:
 - Serious jeopardy, serious impairment, or serious dysfunction to the individual

Urgent care definition:

- Care that is needed sooner than a routine doctor's visit and does not meet the criteria for medical emergency.
 - Follow-up care needs to be seen with an in-network provider



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Start by calling our 24-hour Nurse Line.
Call 1-800-549-3174 (TTY: 753)


Care My Way-24 hour Nurse Line

- Convenient without leaving home or work
- Call for triage 1-800-549-3174
- A nurse can verify your symptoms and if needed call in a prescription or recommend you to a provider
- For a complete list of conditions Care My Way can treat, go to: www.securityhealth.org/CareMyWay
- No additional cost to employees enrolled in our Health Plan




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Dental Insurance Benefit Summary

- Delta Dental administers our dental insurance plan
- Summary Plan Description is posted on the benefits library as well as their website: www.deltadentalwi.com
- Questions: 800-236-3712
- Coverage year: April 1 – March 31



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Delta Dental

- Covers all participating Dentists across US & Canada
- \$40 individual deductible/\$120 family deductible
 - Applicable to non-preventative services
- Delta pays \$1,500 per person per plan year
 - Excludes ortho (separate coverage)
- Diagnostic/Preventative covered at 100%
- Regular & Special restorative & Prosthetics covered at 80%
- Orthodontia is open to anyone of any age
 - Delta pays 80% of charges until Delta has paid \$2,000
 - Remaining cost is responsibility of patient




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Dental Premium Rates

- Premiums taken pre-tax twice a month (24 paychecks)
- **Level 1**
 - Level 1: 30+ hours (75% FTE and more)
- **Level 2**
 - Level 2: 20-29.9 hours (50%-74.9% FTE)
- **Coverage Categories:**
 - Employee
 - Employee + 1 (one child or spouse/domestic partner)
 - Employee plus children (more than one child)
 - Employee plus family (spouse/ domestic partner and at least one child)



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DeltaVision®




- Delta Dental also administers the **DeltaVision** insurance plan which is through EyeMed
- Summary Plan Description is posted on the benefits library as well as their website: www.deltadentalwi.com/vision
- Questions: 844-848-7090
- Coverage year: April 1 – March 31




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DeltaVision®

- Our network is the **Insight Network**
- Provides in Network coverage, and Out-of-Network benefits for reimbursement
- Includes Diabetic Eye Care Benefits and Laser Vision correction coverage
- Find providers on their website: <https://www.deltadentalwi.com/vision>
 - Or call EyeMed's Customer Care Center at 844-848-7090
 - For Laser vision correction: LASIKPlus at eyemedlasik.com or 800-988-4221




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DeltaVision®

- Delta Vision is a 100% premium paid plan by the Employee
- Employees can continue to see MCHS providers as out-of-network providers:
 - The cost of an Exam at a MCHS provider will be processed as a claim under your employee health insurance plan and your deductible will apply
 - Please remember that all MCHS optical centers offer a 35% employee discount




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Premium Rates for Vision Insurance

Vision Insurance	Employee	
	Per Pay Period	Monthly Cost
DeltaVision		
Single	\$3.22	\$6.44
Employee +1	\$6.44	\$12.88
Employee + Children	\$6.58	\$13.15
Family	\$9.79	\$19.58

- Premiums taken pre-tax twice a month (24 paychecks) and are employee paid
- **Categories:**
 - Employee
 - Employee + 1 (one child or spouse/domestic partner)
 - Employee plus children (more than one child)
 - Employee plus family (spouse/ domestic partner and at least one child)




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Insurance Premium Information to Take Note of:

- Premiums start to be taken out the month in which insurance is effective
- Supplemental Life, Accidental Death & Dismemberment
 - Taken out **post-tax**
- Health, Dental, Vision
 - Taken out **pre-tax**




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Health Savings Account (HSA)

- When can I enroll?
 - At any time while on MCHS's HDHP
 - Expenses must be incurred AFTER your HSA is open and active
- 2025 IRS Statutory Maximums:
 - \$4,300= Single Plan
 - \$8,550 = Employee+1/Employee+Children/Family Plan
 - \$1,000 = Age 55 & Older 'Catch-up' Contribution for employee
- Calendar Year of January 1 – December 31





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Health Savings Account (HSA)

- How do I sign up?
 - Log onto the Fidelity website (www.netbenefits.com) or call them at 1-800-343-0860 and open your HSA
 - You will receive a 9-digit Fidelity HSA account number
 - You will receive a verification email
 - You will be sent a Debit Card
 - Contact Human Resources Benefits to set up your initial HSA payroll deduction letting us know how much you would like to contribute per pay period.
 - PLEASE NOTE! You are the only 'body' reviewing your charges

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Flexible Spending Account General Information

MEFSA & LPFSA


- When can I enroll?
 - Within 31 days of your eligibility/hire date
 - **Actively re-enroll** each year during annual enrollment
 - Expenses must be incurred during the coverage plan year of April 1 – March 31
- When can I make changes?
 - Within 31 days of a life changing event (change must be consistent with event)
 - Each year during annual re-enrollment

Medical Expense FSA:

- A Medical Expense Flexible Spending Account (MEFSA) is available to benefit-eligible employees at the Health System who do not contribute to a Health Savings Account (HSA).
- Contributions are made on a pre-tax basis with a minimum contribution of \$100 and a maximum of \$3,200.
- Participants are able to carry over up to \$640 only to the next plan year.
- Employees do not need to be enrolled in an MCHS health insurance plan to participate in the MEFSA.

Limited Purpose FSA:

- A Limited Purpose Flexible Spending Account (LPFSA) allows a participant to remain HSA eligible and take advantage of a FSA for limited health care expenses.
- Contributions are made on a pre-tax basis with a minimum contribution of \$100 and a maximum of \$3,200.
- Participants are able to carry over up to \$640 only to the next plan year.




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Flexible Spending Account
General Information

- Administered by Diversified Benefit Services (DBS)
- Money is taken pre-tax, before federal, state, and FICA income taxes
 - Minimum of \$100
 - Maximum of \$3,300
 - Use it or lose it
 - Up to \$660 carryover
- Keep track of what you reimburse yourself for
 - Cannot be reimbursed & also claim on taxes
- Insured Fund (pre-loaded)



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Medical Expense Flexible Spending Account (MEFSA)

Medical Expense FSA:

- A Medical Expense Flexible Spending Account (MEFSA) is available to benefit-eligible employees at the Health System who do not contribute to a Health Savings Account (HSA).
- Contributions are made on a pre-tax basis with a minimum contribution of \$100 and a maximum of \$3,200.
- Participants are able to carry over up to \$640 only to the next plan year.
- Employees do not need to be enrolled in an MCHS health insurance plan to participate in the MEFSA.

- What expenses are eligible?
 - Most medical services (deductibles, co-pays)
 - Contact lenses, solution, dental expenses, orthodontia etc.
- What expenses are **NOT** eligible?
 - Cosmetic Services
 - Tummy tucks, teeth whitening, etc.
- Expenses incurred by:
 - You
 - Legal spouse
 - Dependents through end of month they turn 26



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Medical Expense Flexible Spending Account (MEFSA)

Medical Expense FSA:

- A Medical Expense Flexible Spending Account (MEFSA) is available to benefit-eligible employees at the Health System who do not contribute to a Health Savings Account (HSA).
- Contributions are made on a pre-tax basis with a minimum contribution of \$100 and a maximum of \$3,200.
- Participants are able to carry over up to \$640 only to the next plan year.
- Employees do not need to be enrolled in an MCHS health insurance plan to participate in the MEFSA.

- MEFSA Debit Card
 - Once your medical flexible spending account becomes active, DBS will mail you a debit card that you are able to use to pay for eligible medical, dental, and vision expenses
 - Always keep your receipts. All card transactions must be substantiated (verified)



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Limited Purpose Flexible Spending Account (LPFSA)

Limited Purpose FSA:

- A Limited Purpose Flexible Spending Account (LPFSA) allows a participant to remain HSA eligible and take advantage of a FSA for limited health care expenses.
- Contributions are made on a pre-tax basis with a minimum contribution of \$100 and a maximum of \$3,200.
- Participants are able to carry over up to \$640 only to the next plan year.

- Reimbursement only plan
- What expenses are eligible? They are limited!
 - Dental (dental expenses that are not cosmetic)
 - Vision (contact solution, LASIK, glasses, etc.)
 - Orthodontia
- Expenses incurred by:
 - You
 - Legal spouse
 - Dependents through end of month they turn 26



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Dependent Care Flex Spending Account

Dependent Care FSA:

- A Dependent Care FSA enables working parents to pay for child care using pretax earnings.
- Contributions are made on a pre-tax basis with a minimum contribution of \$100 and a maximum of \$5,000.
- The \$640 carry over does not apply to the Dependent Care FSA.

The IRS has guidelines regarding eligible expenses that can be reimbursed through a FSA. Here is a link to IRS Publication 969 outlining that information: <https://www.irs.gov/forms-pubs/about-publication-969>.

Section 125 Dependent Care participants are responsible for completing and attaching form 2441 to their 1040 tax form. Rulings and publications issued by the IRS can be found at www.irs.gov.

- Administered by Diversified Benefit Services (DBS)
- Available to Benefited employees
- Allows you to pay for out-of-pocket Elder or Childcare expenses while you or your spouse work, look for work, or attend school full time
- Expenses incurred by:
 - Any person under 13 who is your tax dependent
 - A disabled person incapable of self-care, who also qualifies as your tax dependent



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Dependent Care Flex Spending Account

Dependent Care FSA:

- A Dependent Care FSA enables working parents to pay for child care using pretax earnings.
- Contributions are made on a pre-tax basis with a minimum contribution of \$100 and a maximum of \$5,000.
- The \$640 carry over does not apply to the Dependent Care FSA.

The IRS has guidelines regarding eligible expenses that can be reimbursed through a FSA. Here is a link to IRS Publication 969 outlining that information: <https://www.irs.gov/forms-pubs/about-publication-969>.

Section 125 Dependent Care participants are responsible for completing and attaching form 2441 to their 1040 tax form. Rulings and publications issued by the IRS can be found at www.irs.gov.

- You determine how much to contribute for the coverage plan year (April 1 – March 31)
- Money is taken pre-tax, before federal, state, and FICA income taxes
- Minimum of \$100, Max of \$5,000 per plan year
- Not an insured fund
 - Dollars must be deducted from your paycheck prior to reimbursement
- Use it or lose it, **NO** carryover




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Dependent Care Flexible Spending Account

- When can I enroll?
 - Within 31 days of your hire date
 - **Actively re-enroll** each year during annual enrollment
 - Expenses must be incurred during the coverage plan year of April 1 – March 31
- When can I make changes?
 - Within 31 days of a life changing event (change must be consistent with event)
 - Each year during annual re-enrollment




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Dependent Care Flexible Spending Account


- Expenses can be incurred by anyone with childcare responsibilities:
 - Housekeeper with nanny responsibilities
 - Babysitter
 - In-home daycare
 - Daycare facility
- Anyone receiving the money you claim, must also claim it
 - Must obtain SSN or tax id #




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Diversified Benefit Services



- DBS Reimbursement Options
- Visit www.dbsbenefits.com to create a user login
 - **Pin:** Marshfield Clinic
- You pay your claims/childcare expenses
- Submit for reimbursement
- DBS reimburses you to the same account your primary paycheck is deposited into



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HSA and Flex Accounts Highlights Summary:

- HSA
 - Calendar year: January 1 – December 31
 - Taken out Pre-tax
 - Not a use it or lose it – stays with you

- MEFSA, LPFSA and Dependent Care Flex
 - Benefit year: April 1 – March 31
 - Taken out Pre-tax
 - Use It or Lose it plans
 - MEFSA and LPFSA do have a \$660 carryover



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Remember

- **31 days to:**
 - Enter your elections in Workday
 - Effective 1st of the month following eligibility/hire date
 - Provide supporting documentation for *all* dependents
 - Complete declaration of domestic partnership form
 - Make changes after life changing events
- Check out the benefits library for more information!
- Contact us with ANY questions!
 - Benefits Ext. 7-9375
 - Email: Benefits (Shared) - benefits@marshfieldclinic.org



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