1	
Benefits	
MMC-Marquette	
Marshfield Clinic Health System	

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Health Insurance-BCBS

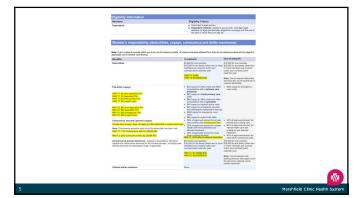
- Choice of 3 plans
- Basic-lowest out of pocket cost share, highest deductible
 Wellness-Middle plan for out of pocket cost share and deductible
 Premium-highest out of pocket cost share, lowest deductible
 Prescription coverage through ARORX for all plans

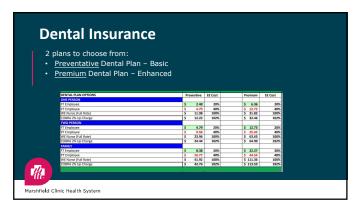
2

				ealth Insurance Rates per month						
EMPLOYEE'S COST PER MONTH	Basic Plan	EE Cost	Wellness Plan	EE Cost Sharing	Premium Plan	EE Cost Sharing				
EMPLOTEE'S COST PER MONTH	\$5000 Ded.	5 K	SS00 Ded.	S S	50 Ded.	- S				
EMPLOYEE	33000 Dea.		3300 Des.	- 74	30 Deti.	- 74				
FT Employee	\$ 106.88	15%	\$ 142.51	20%	\$ 178,14	25%				
PT Employee	\$ 249.40	35%	5 285.02	40%	\$ 356.28	50%				
Weekend Nurse (Full Rabe)	\$ 712.56	100%	\$ 762.59	107%	\$ 750.39	111%				
COBRA 2% Up Charge	\$ 726.81	102%	5 776.74	109%	\$ 806.20	113%				
FE + CHILD(ren)										
FT Employee	5 198,52	15%	5 264.69	20%	\$ 330.87	25%				
PT Employee	\$ 463.21	35%	\$ 529.38	40%	\$ 661.73	50%				
Weekend Nurse (Full Rate)	\$ 1,121,46	100%	\$ 1,418,54	107%	\$ 1,471,35	111%				
COSRA 2% Up Charge	5 1,349,93	102%	\$ 1,446,91	109%	\$ 1,500.78	113%				
FE + SPOUSE	,		,		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
FT Employee	\$ 218.88	15%	\$ 291.84	20%	\$ 364.81	25%				
PT Employee	\$ 510.73	35%	\$ 583.69	40%	\$ 729.61	50%				
WE Nurse (Full Rate)	\$ 1,459.22	100%	\$ 1,564.30	107%	\$ 1,622,69	111%				
COBRA 2% Up Charge	\$ 1,488,40	102%	\$ 1,595.58	109%	\$ 1,655,14	113%				
FAMILY or EE + Spouse + child(ren)										
FT Employee	\$ 310.52	15%	\$ 414.03	20%	\$ 517.53	25%				
PT Employee	\$ 724.55	35%	\$ 828.05	40%	\$ 1,035.07	50%				
WE Nurse (Full Rate)	\$ 2,070.13	100%	5 2,220.24	107%	\$ 2,303.65	111%				
COBRA 2% Up Charge	\$ 2,111.53	102%	5 2,264.64	109%	\$ 2,349.72	114%				
2 PERSON COVERAGE (Both Spouses Employed)										
2 FT Employees (discount of 10%)	\$ 196.99		\$ 262.66		\$ 328.32					
1 FT/1 PT Employees (discount of 7.5%)	\$ 202.47		\$ 269.96		\$ 337.44					
FAMILY COVERAGE (Both Spouses Employed)										
2 FT Employees (discount of 10%)	\$ 279,47		\$ 372.62		\$ 465.78					
1 FT/1 PT Employees (discount of 7.5%)			5 382.97		5 478.72					

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Vision Insurance

- covers \$200 toward contacts or frames, progressive multifocal lenses included
- ${\:\raisebox{3.5pt}{\text{\circle*{1.5}}}}$ Can purchase one pair of glasses or contacts per year per covered member
- Includes eye exam with co-pay of \$10-\$15

Employee only-\$9.94/Month

Employee +1(Can be spouse or child)-19.89/Month

Employee + Family-\$33.01/Month

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Flex Spending Accounts-Medical and **Dependent Care-DBS**

- Employee paid pre-tax dollars for uncovered medical expenses or expenses for daycare for a child or parent
- Need to use the money within the year or you lose it
 Max allowance is \$3,200.00 per year for medical, and \$5,000.00 per year for dependent care
- You submit claims to DBS for payment
- \$640 rollover into 2025



Marshfie**l**d Clinic Health System

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How to Enroll

Login to Workday Home screen shows "Awaiting Your Action"

Click on each tile to review each plan Make sure to elect beneficiaries for Travel Accident Insurance and Company paid Life insurance plans even if waiving other insurance plans



Marshfield Clinic Health System