


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




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Health Insurance Rates per month

EMPLOYEE'S COST PER MONTH	Basic Plan		Wellness Plan		Premium Plan	
	300000 Duct.	50000 Duct.	30000 Duct.	50000 Duct.	30000 Duct.	50000 Duct.
EMPLOYEE						
FF Employee	\$ 208.88	\$ 142.51	20%	\$ 178.14	25%	
FF Employee (Full Rate)	\$ 308.88	\$ 202.51	40%	\$ 278.14	50%	
WE Nurse (Full Rate)	\$ 712.52	\$ 762.59	107%	\$ 762.59	111%	
COBRA 2% Co-Charge	\$ 702.61	\$ 776.74	105%	\$ 762.29	113%	
1 PERSON						
FF Employee	\$ 198.52	\$ 204.89	20%	\$ 330.97	25%	
FF Employee (Full Rate)	\$ 293.21	\$ 322.38	40%	\$ 431.72	50%	
WE Nurse (Full Rate)	\$ 1,432.40	\$ 1,438.54	101%	\$ 1,437.38	111%	
COBRA 2% Co-Charge	\$ 1,349.53	\$ 1,446.93	105%	\$ 1,390.74	113%	
2 PERSON						
FF Employee	\$ 318.88	\$ 291.84	20%	\$ 368.81	25%	
FF Employee (Full Rate)	\$ 418.88	\$ 408.84	40%	\$ 478.81	50%	
WE Nurse (Full Rate)	\$ 1,439.21	\$ 1,564.50	107%	\$ 1,422.69	111%	
COBRA 2% Co-Charge	\$ 1,488.40	\$ 1,595.18	105%	\$ 1,455.14	113%	
ADDITIONAL PERSON (Spouse/Child/Dependent)						
FF Employee	\$ 318.52	\$ 414.08	20%	\$ 517.58	25%	
FF Employee (Full Rate)	\$ 418.52	\$ 514.08	40%	\$ 617.08	50%	
WE Nurse (Full Rate)	\$ 2,070.13	\$ 2,208.24	107%	\$ 2,203.65	111%	
COBRA 2% Co-Charge	\$ 2,015.50	\$ 2,264.64	105%	\$ 2,249.72	114%	
2 PERSON COVERAGE (Health Spouse Employee)						
FF Employee (minimum of 20%)	\$ 196.50	\$ 202.66		\$ 318.32		
FF Employee (minimum of 25%)	\$ 202.67	\$ 208.56		\$ 337.44		
ADDITIONAL PERSON COVERAGE (Spouse/Child/Dependent)						
FF Employee (minimum of 20%)	\$ 279.47	\$ 372.62		\$ 466.78		
FF Employee (minimum of 25%)	\$ 337.23	\$ 382.97		\$ 478.72		




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Vision Insurance

- covers \$200 toward contacts or frames, progressive multifocal lenses included
- 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


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How to Enroll

Login to Workday
 Home screen shows "Awaiting Your Action"
 My Tasks
 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


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