

Benefits
MMC-D




Marshfield Clinic Health System

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Voluntary Life Insurance-Lincoln Life

- Can purchase supplemental life insurance at incremental levels for you, a spouse, or dependent child/children
- Employee paid through payroll deductions
- Eligible as of the first day following 90 days of employment
- Must have employee coverage if you want to elect spouse/child coverage(s)
- Spouse coverage can be up to a max of 50% of employee coverage




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Retirement Plan-Lincoln Financial

- Can contribute to either 401k pretax or Roth (after tax) 401k
- MMC-D will contribute 3% of your annual wage for the first year
- Beginning with year 2, MMC-D will match your contribution up to 4%
- Fully vested after 3 years
- Representative: Zaina Mujtaba (708) 310-9756
- Visit www.LincolnFinancial.com to setup your account and to make future changes



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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



Health Insurance Rates per month

EMPLOYEE'S COST PER MONTH	Basic Plan 100% Plan	EE Cost Sharing Wellness Plan 80% Plan	EE Cost Sharing Premium Plan 60% Plan	EE Cost Sharing Premium Plan 100% Plan	EE Cost Sharing Premium Plan 115% Plan
INDIVIDUAL					
FF Employee	\$ 106.48	\$ 142.61	\$ 178.14	\$ 213.67	\$ 249.20
FF Employee (Full Rate)	\$ 332.86	\$ 468.99	\$ 504.52	\$ 540.05	\$ 575.58
COBRA 2% Up-Charge	\$ 728.81	\$ 728.81	\$ 728.81	\$ 728.81	\$ 728.81
DEPENDENT					
FF Employee	\$ 198.52	\$ 264.65	\$ 330.78	\$ 396.91	\$ 463.04
FF Employee (Full Rate)	\$ 634.88	\$ 771.01	\$ 806.54	\$ 842.07	\$ 877.60
COBRA 2% Up-Charge	\$ 1,348.91	\$ 1,348.91	\$ 1,348.91	\$ 1,348.91	\$ 1,348.91
FAMILY OF 3 (Spouse + 1 Child)					
FF Employee	\$ 320.52	\$ 424.65	\$ 528.78	\$ 632.91	\$ 737.04
FF Employee (Full Rate)	\$ 1,016.88	\$ 1,121.01	\$ 1,225.14	\$ 1,329.27	\$ 1,433.40
COBRA 2% Up-Charge	\$ 2,111.53	\$ 2,111.53	\$ 2,111.53	\$ 2,111.53	\$ 2,111.53



**MARSHFIELD
06700330 Premium Plan with 44North Seamless HRA
Simply Blue® HRA PPO LGE**

Effective Date: On or after January 2024

Benefit-at-a-glance

This is intended as an overview summary and provides only a general overview of your benefits. It is not a contract. Additional limitations and descriptions of benefits, plan documents and coverage descriptions are available on the plan website. Please refer to the plan website for a complete description of benefits, plan documents and coverage descriptions. It is the member's responsibility to understand their plan and to ensure that they are enrolled in the correct plan.

Prescription for Select Services - Services listed in this table are covered when provided in accordance with applicable requirements and when appropriate procedures are approved by BCBS as an underlying.

Note: A list of services that require approval before they are provided is available online at [selectservices.com/underwriting](#). Selecting appropriate coverage.

Plan's contribution for certain procedures by in-network providers can be applied to offset the additional service number listed on the back of your BCBS of MA card and is provided for the member's use. That provision can also be used for the dependent's dependent.

Prescription for Specialty Pharmaceuticals - BCBS will pay for FDA-approved specialty pharmaceuticals that meet BCBS' medical policy criteria for specialty drugs. The member's plan will pay for specialty pharmaceuticals that meet BCBS' medical policy criteria for specialty drugs.

Specialty pharmaceuticals are often high-cost drugs, high cost drugs. Members, you are also responsible for ensuring that you are covered under the plan. BCBS reserves the right to change its list of covered services and rates. This may require notification to your broker. Members should also ensure that they are covered under the plan and are notified of any changes.



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Dental Insurance

2 plans to choose from:

- Preventative Dental Plan – Basic
- Premium Dental Plan – Enhanced

DENTAL PLAN OPTIONS	Preventive	EE Cost	Premium	EE Cost
ONE PERSON				
PT Employee	\$ 2.40	20%	\$ 6.36	20%
FT Employee	\$ 4.79	60%	\$ 12.73	60%
WV Name (Flat Rate)	\$ 11.00	100%	\$ 28.82	100%
COBRA 2% Up Charge	\$ 12.22	102%	\$ 32.46	102%
TWO PERSON				
PT Employee	\$ 4.79	20%	\$ 12.73	20%
FT Employee	\$ 9.58	60%	\$ 25.45	60%
WV Name (Flat Rate)	\$ 21.96	100%	\$ 56.63	100%
COBRA 2% Up Charge	\$ 24.44	102%	\$ 64.90	102%
THREE PERSON				
PT Employee	\$ 8.38	20%	\$ 22.27	20%
FT Employee	\$ 16.77	60%	\$ 44.54	60%
WV Name (Flat Rate)	\$ 41.92	100%	\$ 111.36	100%
COBRA 2% Up Charge	\$ 42.76	102%	\$ 113.59	102%

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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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