



Marshfield Clinic®

HEALTH SYSTEM

Premium Rate Sheet (Level 1) 30+ Hours/week

Plan year: April 1, 2018 – March 31, 2019

Effective date: First of the month following benefit eligibility/start date, assuming enrollment has been completed within 31 days.

- Deductions are taken from the first two paychecks in the month – 24 paychecks per year.
- Total monthly cost is also the COBRA continuation rate.

Health and dental insurance premiums will be paid with pre-tax dollars.

Dependent Definition

Spouse

A spouse is a husband or wife through a legal union (marriage).

Child

- Is a son, daughter, step-child of the employee, legal ward, a legally adopted individual of the employee or an individual who is lawfully placed with the employee for legal adoption by the employee.
- Children are covered from birth through the end of the month they turn age 26 regardless of their student, financial, access to other coverage or marital status.
- Is a grandchild of the employee. Health insurance coverage only continues until the dependent child (as described above) is 18 years of age.

Dental Insurance

Delta Dental Plan	Employee		Employer Monthly Cost	Total Monthly Cost
	Per Pay Period	Monthly Cost		
Level 1 Single	6.62	13.24	24.55	37.79
Level 1 Employee +1	13.17	26.34	48.90	75.24
Level 1 Family	23.94	47.88	88.92	136.80

Dental Com Plan	Employee		Employer Monthly Cost	Total Monthly Cost
	Per Pay Period	Monthly Cost		
Level 1 Single	6.85	13.70	25.43	39.13
Level 1 Employee +1	13.61	27.22	50.54	77.76
Level 1 Family	23.14	46.28	85.93	132.21

Health Insurance

Active Advantage POS	Employee		Employer Monthly Cost	Total Monthly Cost
	Per Pay Period	Monthly Cost		
Level 1 Single	82.74	165.48	524.66	690.14
Level 1 Employee +1	165.48	330.96	1,049.33	1,380.29
Level 1 Family	190.30	380.60	1,206.73	1,587.33

Active Advantage Indemnity	Employee		Employer Monthly Cost	Total Monthly Cost
	Per Pay Period	Monthly Cost		
Level 1 Single	181.20	362.40	524.66	887.06
Level 1 Employee +1	362.39	724.78	1,049.33	1,774.11
Level 1 Family	416.75	833.50	1,206.73	2,040.23

High Deductible Health Plan POS (\$3000/\$6000)	Employee		Employer Monthly Cost	Total Monthly Cost
	Per Pay Period	Monthly Cost		
Level 1 Single	48.02	96.04	528.38	624.42
Level 1 Employee +1	99.76	199.52	1,049.32	1,248.84
Level 1 Family	114.72	229.44	1,206.72	1,436.16

High Deductible Health Plan Indemnity (\$3000/\$6000)	Employee		Employer Monthly Cost	Total Monthly Cost
	Per Pay Period	Monthly Cost		
Level 1 Single	104.01	208.02	524.66	732.68
Level 1 Employee +1	208.02	416.04	1,049.33	1,465.37
Level 1 Family	239.22	478.44	1,206.73	1,685.17

\$100 Spousal Surcharge:

Does your spouse have access to health insurance through his/her own employer?

If so and they are included on your MCHS health insurance plan, your premium will include a \$100 (pre-tax) per month spousal surcharge. You are responsible for maintaining your spouse's eligibility status on the Workday Benefits/Change Dependents event should his/her coverage change at any time throughout the year.



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HEALTH SYSTEM

Dental Insurance

Delta Dental Plan	Employee		Employer Monthly Cost	Total Monthly Cost
	Per Pay Period	Monthly Cost		
Level 2 Single	10.18	20.36	17.43	37.79
Level 2 Employee +1	20.26	40.52	34.72	75.24
Level 2 Family	36.83	73.66	63.14	136.80

Dental Com Plan	Employee		Employer Monthly Cost	Total Monthly Cost
	Per Pay Period	Monthly Cost		
Level 2 Single	10.54	21.08	18.05	39.13
Level 2 Employee +1	20.94	41.88	35.88	77.76
Level 2 Family	35.60	71.20	61.01	132.21

Health Insurance

Active Advantage POS	Employee		Employer Monthly Cost	Total Monthly Cost
	Per Pay Period	Monthly Cost		
Level 2 Single	155.91	311.82	378.32	690.14
Level 2 Employee +1	311.82	623.64	756.65	1,380.29
Level 2 Family	358.59	717.18	870.15	1,587.33

Active Advantage Indemnity	Employee		Employer Monthly Cost	Total Monthly Cost
	Per Pay Period	Monthly Cost		
Level 2 Single	254.37	508.74	378.32	887.06
Level 2 Employee +1	508.73	1,017.46	756.65	1,774.11
Level 2 Family	585.04	1,170.08	870.15	2,040.23

High Deductible Health Plan POS (\$3000/\$6000)	Employee		Employer Monthly Cost	Total Monthly Cost
	Per Pay Period	Monthly Cost		
Level 2 Single	123.05	246.10	378.32	624.42
Level 2 Employee +1	246.10	492.20	756.64	1,248.84
Level 2 Family	283.01	566.02	870.14	1,436.16

High Deductible Health Plan Indemnity (\$3000/\$6000)	Employee		Employer Monthly Cost	Total Monthly Cost
	Per Pay Period	Monthly Cost		
Level 2 Single	177.18	354.36	378.32	732.68
Level 2 Employee +1	354.36	708.72	756.65	1,465.37
Level 2 Family	407.51	815.02	870.15	1,685.17

\$100 Spousal Surcharge:

Does your spouse have access to health insurance through his/her own employer?

If so and they are included on your MCHS health insurance plan, your premium will include a \$100 (pre-tax) per month spousal surcharge. You are responsible for maintaining your spouse's eligibility status on the Workday Benefits/Change Dependents event should his/her coverage change at any time throughout the year.

Premium Rate Sheet (Level 2) 20-29.9 Hours/week

Plan year: April 1, 2018 – March 31, 2019

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Dependent Definition

Spouse

A spouse is a husband or wife through a legal union (marriage).

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