





Benefit Orientation
Presented by Marshfield Clinic Human Resources Benefits Team






1

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
- **Benefit Year: April 1, 2024 – March 31, 2025**




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2

Life Insurance



- Marshfield Clinic Health System offers four life insurance policies:
 - Two are Clinic paid
 - Two 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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3

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 needs to be designated




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4

Group Term Life Insurance
(Clinic paid benefit)


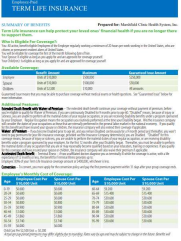
- Marshfield Clinic Health System provides a Group Term Life insurance for all benefit eligible employees:
 - Benefit pays in the event of death on personal or work time
 - Benefit pays due to natural and accidental death
 - Benefit is based on your group/personnel class and is a multiple of your salary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




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5

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



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6

Voluntary Accidental Death and Dismemberment (AD&D)

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Voluntary Accidental Death and Dismemberment (AD&D)

- 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
- Does not need a qualifying event change

7

Benefit Plan Eligibility & Definitions

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Benefit Plan Eligibility & Definitions

Life Changing Events

Benefit Plan Eligibility & Definitions

- Spouse
 - Husband or wife through a legal union
- Domestic Partner
 - Eligible dependent who has met the criteria of declaring a domestic partnership with the employee
- Child
 - Son, daughter, step-child, legal ward, legally adopted child
 - Covered through the end of the month they turn 26 for health, dental and vision

8

Life Changing Events

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Benefit Plan Eligibility & Definitions

Life Changing Events


Benefit Plan Eligibility & Definitions

- Change in status, family, or work allowing changes to some or all plans
- Changes **MUST** be made within 31 days of life changing event in Workday
- Examples:
 - Marriage
 - Birth or Adoption
 - Divorce
 - Involuntary loss of coverage
- Switch Between Plans
 - Each year during open enrollment or during a specific life changing event

9

Additional Information

- If you have dependents with a different last name than you, you will need to provide documentation
 - Birth Certificate
 - 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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10

Spousal or Domestic Partner Surcharge

Spousal Or Domestic Partner Surcharge For Health Insurance

Does your spouse or domestic partner have access to health insurance through their employer?


Yes No

If your answer is the question you are asked, please click on the appropriate button. If you are unsure, please contact your HR representative for assistance. If you are a domestic partner, please contact your HR representative for assistance.

Do you qualify for a waiver of this surcharge?

Yes No

If your answer is the question you are asked, please click on the appropriate button. If you are unsure, please contact your HR representative for assistance. If you are a domestic partner, please contact your HR representative for assistance.



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11

Health Insurance Benefit Summary



Security Health Plan
Promises kept, plain and simple.



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- Security Health Plan administers our health insurance plan
 - To find in-network providers: visit www.securityhealth.org or call 715-221-9555
 - Summary of Benefits & Coverage (SBC's) and Schedule of Benefits (SOB's) are also posted on the benefits library

12

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 Wrap	Yes	Yes	Yes	Yes	No



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13

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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14

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
- Non-preventative Prescriptions are your responsibility up to the deductible. Then subject to copayment tiers.




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15

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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16

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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17

Enrich – Point of Service (POS)

- Review for full breakdown:
 - Summary of Benefits & Coverage
 - Schedule of Benefits
- Non-preventative Pharmacy costs subject to copayment tiers.



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18

Enrich Dependent Wrap Coverage

- Provides out-of-area dependent coverage:
 - 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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19

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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20

Health Insurance Preventive Benefit Summary

- Preventive Benefits with Enrich or Zelis Network providers
 - Wellness visits and Exams for all ages
 - Certain annual screenings
 - Immunizations/Vaccines/Lab services
- Pharmacy Preventive Benefits
 - Examples:
 - Asthma/COPD drugs
 - Blood thinners
 - Diabetes drugs & supplies
 - Heart disease drugs
 - High blood pressure drugs
 - High cholesterol drugs
 - Mental health drugs
 - Osteoporosis drugs
 - Select prenatal vitamins




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21

Health Insurance Prescription Benefit Summary

- Enrich Point of Service (POS)
- Prescription Drug Benefit starts 1st day of coverage
- High Deductible Plans (Enrich Elite, Enrich Plus, Explore)
- Non-preventive Prescription Drug Benefit starts AFTER individual deductible has been met
 - Check to see what your Rx costs!
- Prescriptions for maintenance, preventive and specialty drugs must be filled at a MCHS pharmacy
 - Allowed a one-time fill (up to 30 day supply) with a non-MCHS pharmacy
- Prescriptions are filled with generic drugs if available
- Mail order option available



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22

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 you prescription needs



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23

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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24



Start by calling our 24-hour Nurse Line. Call 1-800-549-3174

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




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25

Medical Premium Rates


- Premiums taken pre-tax twice a month (24 paychecks)
- Level 1 (front)
 - Level 1: 30+ hours (75% FTE and more)
- Level 2 (back)
 - 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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26

Dental Insurance Benefit Summary



- Delta Dental administers our dental insurance plan
- Summary Plan Description is posted on the benefits library
- Apply within 31 days of new hire date/benefit eligible date
- Open enrollment available each year



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27

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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28

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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29

DELTA DENTAL

DeltaVision®



- Delta Dental also administers the *DeltaVision* insurance plan which is through EyeMed
- Summary Plan Description is posted on the benefits library for more information
- Apply within 31 days of new hire date/benefit eligible date
- Open enrollment available each year




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30

DELTA DENTAL
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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31

DELTA DENTAL
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 a screening 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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32

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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33

Premium Information to Take Note of:

- Premiums are 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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34

Health Savings Account (HSA)

Health Savings Account

Health Savings Account
 An employer-sponsored account that allows you to contribute pre-tax dollars to a health savings account (HSA) to pay for qualified medical expenses. The HSA is owned by you and the funds roll over from year to year. You can use the HSA to pay for qualified medical expenses at any time, even after you leave the employer. The HSA is subject to the same rules as a 401(k) or 403(b) plan.

Employment Process
 The HSA is established by the employer. The employer is responsible for the HSA. The HSA is established by the employer. The employer is responsible for the HSA. The HSA is established by the employer. The employer is responsible for the HSA.




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35

Health Savings Account (HSA)

- What expenses are eligible?
 - Medical expenses (deductibles, co-pays)
 - Prescriptions
 - Acupuncture
 - Chiropractic services
 - For a full list, see IRS Publication 502
- **NOT** an insured fund
 - Dollars must be deposited to HSA before you have access to them
- Portable, stays with you even if you leave MCHS
- Post tax-option
 - Save federal and state taxes when you file that year's returns




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36

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
- 2024 Statutory Maximums
 - \$4,150= Single Plan
 - \$8,300 = Employee+1/Employee+Children/Family Plan
 - \$1,000 = Age 55 & Older 'Catch-up' Contribution for employee
- Plan Year is January 1 – December 31




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37

Health Savings Account (HSA)



- How do I sign up?
 - Opening a Health Savings Account (HSA) with Fidelity is a two-step process:
 - 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.
 - 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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38

Flexible Spending Account General Information

MEFSA & LPFSA


- When can I enroll?
 - Within 31 days of your hire date
 - **Actively re-enroll** each year during open enrollment
 - Expenses must be incurred during the 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 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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39

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 \$3,200
 - Use it or lose it
 - Up to \$640 carryover
- Keep track of what you reimburse yourself for
 - Cannot be reimbursed & also claim on taxes
- Insured Fund (pre-loaded)



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40

Medical Expense Flexible Spending Account (MEFSA)

Medical Expense FSA:

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- 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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41

Medical Expense Flexible Spending Account (MEFSA)

Medical Expense FSA:

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- 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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42

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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43

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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44

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 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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45

Dependent Care Flexible Spending Account

- When can I enroll?
 - Within 31 days of your hire date
 - **Actively re-enroll** each year during open enrollment
 - Expenses must be incurred during the 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 re-enrollment




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46

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 also must claim it
 - Must obtain SSN or tax id #




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47

Diversified Benefit Services



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




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48

HSA and Flex Accounts Highlights Summary:

- HSA
 - Benefit 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 \$640 carryover



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49

401(K) Salary Reduction

2021 Salary Reduction Plan (401K) Details
March 1, 2021

Eligibility Criteria
Employees who are employed by Marshfield Clinic Health System on the first day of the calendar year and are not currently participating in any other employer-sponsored 401(k) plan are eligible to participate in the 401(k) plan.


Automatic Enrollment
Employees who are newly hired and do not opt out of the 401(k) plan by the end of the 30-day enrollment period will be automatically enrolled in the 401(k) plan with a default contribution rate of 6%.

Options to Electly Enroll
Employees who are currently enrolled in the 401(k) plan may elect to change their contribution rate or investment options at any time.

Matching Contributions
Marshfield Clinic Health System will match employee contributions up to 6% of the employee's salary.

Annual Contributions
The maximum annual contribution for 2021 is \$20,500 for employees under age 50 and \$13,500 for employees age 50 and over.

Withdrawal Options
Participants may withdraw funds from the 401(k) plan for a variety of reasons, including reaching age 59½, becoming disabled, or reaching normal retirement age.



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- Ways to contribute:
 - Pre-Tax
 - Roth (Post) Tax
 - Combination of Pre-Tax and Roth
 - Note: 2024 MCHS match is temporarily suspended.
 - Will default to 6% personal contribution after 60 days
 - **Must** call Fidelity to opt out of contributing
 - 401K & Retirement plan beneficiaries are entered on Fidelity's website

50

Employee's Retirement Plan (ERP)


Employee's Retirement Plan of Marshfield Clinic Health System (ERP)

Marshfield Clinic Health System fully funds a retirement plan for the benefit of all eligible Marshfield Clinic Health System staff.

Contributions are made annually based on meeting the following criteria: age 18 prior to or on the first day of the calendar year, worked a minimum of 1000 hours during the calendar year (based on the payblocks received in the calendar year) and actively employed as of the last business day of the calendar year.

An eligible participant will receive a contribution equal to 3% of the participant's compensation, plus an additional contribution equal to 3% of the participant's compensation in excess of the Social Security Wage Base. The amount of compensation considered for retirement plan contributions is limited. Marshfield Clinic Health System's compensation limit is reviewed periodically and adjusted as the discretion of the Board of Directors.

All participants are 100% vested in their accounts. Each participant's account has to be approved to be invested. Statements are sent to each plan participant.



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- Must be age 18
 - Must have worked 1000+ hours, and
 - Must be employed as of the last business day of a year to receive contribution for that year
 - Fully funded by MCHS
 - Fully vested
 - Administered by Fidelity
- **Note: ERP distribution is reviewed each year before being approved

51

Meet 1:1 with a Fidelity Retirement Planner

Schedule a complimentary appointment

fidelity.com/schedule

Select Schedule a time to talk and enter Marshfield Clinic into the Employer Name field in the upper left-hand corner of the page to see available dates and times.

Fidelity can help you plan for your financial future, including:

- How to select the contribution amount and investments that are right for you
- Updating your beneficiary designation and preferred email address
- Bringing your retirement savings together
- Help with budgeting all the way to complex financial situations

Investing involves risk, including risk of loss.

Fidelity Brokerage Services LLC, Member NYSE, SIPC
900 Salem Street, Smithfield, RI 02917
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Be sure to consider all your available options and the applicable fees and features of each before moving your retirement assets.


52

Employee Assistance Program

Administered by ComPsych GuidanceResources

- Available 24/7
- Some offers to all our employees and their household family members that are free and confidential:
- Short-term counseling sessions
 - Grief, loss and life adjustments
 - Relationship/marital conflicts
- Legal guidance
 - Divorce, adoption, family law, wills, trusts, etc.
 - Offers one free 30-minute consultation and a 25% reduction in fees
- Financial resources
 - Retirement planning, relocation, mortgages, etc.
- Work-life solutions
 - Finding child and elder care
 - Hiring movers or home repair contractors

COMPSYCH
— The GuidanceResources Company® —


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53

Employee Assistance Program

How to contact ComPsych GuidanceResources

- Call 877-822-1327
- TTY 800.697.0353
- Online www.guidanceresources.com
 - Company Web ID: MARSHFIELD
- Smart Phone Application: *GuidanceNowSM*

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— The GuidanceResources Company® —


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54



PerkSpot

Your Associate Discount Program

- Exclusive discounts both locally and nationally from your favorite brands and companies
- Easy to access and sign up to browse thousands of discounts in a multitude of categories
- Browse from a Laptop or desktop computer
 - 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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55

Short Term Disability

- All employees are eligible the 1st of the month following 90 days of employment
 - Automatically enrolled
 - FMLA approved benefit
- 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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56

Long Term Disability

- 180-day waiting period (Short Term Disability)
- Automatically enrolled when eligible
- FMLA approved benefit
- Benefit is 60% of salary for all staff




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57

Bereavement Leave

- All benefitted staff are eligible for bereavement leave
- Can be used for preparation, travel, or to attend funeral
- # 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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58

Holiday Pay

- 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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59

Paid Time Off

Paid Time Off Benefits Effective January 1, 2023


Paid time off (PTO) is a benefit provided by Marshfield Clinic Health System to eligible employees. The details surrounding PTO are governed by the Paid Time Off Policy.

Some important aspects from the Paid Time Off policy are summarized below:

- Hourly employees earn PTO each pay period based on eligible worked hours during the pay period. Earned hours are awarded on a per pay period basis and can be used in quarter hour increments as soon as allowed in your Workday balance.
- Salaried employees earn PTO each pay period based on PTE. Earned hours are awarded on a per pay period basis and can be used in half or full day increments as soon as reflected in your Workday balance.
- All PTO requests, planned or unplanned, must be approved by the employee's manager.
- Employees are responsible for keeping sufficient hours in their PTO bank for anticipated time off.
- Only unused, earned PTO is defined in the policy to paid out upon applicable transfer or termination of employment.
- Employment cannot be retroactive with the use of PTO.

Paid Holidays are a separate benefit.

- Short term illnesses, planned vacations, & unplanned days off
- Cannot utilize unless it is earned: cannot borrow ahead
- Each manager has their own process of requesting PTO
- PTO earned is reflected in Workday under 'Time Off & Leave' as well as on your paycheck stub in Workday
- PTO is accrued, and based on the time and hours that you work



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60

Paid Time Off- Salaried Staff

- Utilize in 1/2 or full day increments
- Sellback PTO during the month of your anniversary each year
- Must keep 40 hours

Salaried Groups

Group	Completed years of service	Accrual per hour	Annual accrual limit	Maximum balance allowed
Group II	< 10	0.0808	168	368
	10 - 24	0.1000	208	368
	25+	0.1192	248	368
Group Administration & Executive Administration	< 3	0.0808	168	368
	3 - 15	0.1000	208	368
	16 - 24	0.1192	248	368
	25+	0.1385	288	368
Group IA	< 5	0.0808	168	368
	5 - 24	0.1000	208	368
	25+	0.1192	248	368



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61

Paid Time Off- Hourly Staff

Hourly Groups

Group	Completed years of service	Paid time off accrual rate per clocked hour	Annual maximum accrual hours* (based on full pay rate)	Maximum balance allowed*
Group III Hourly	0 - 1	0.085	80	168
	1 - 4	0.085	128	368
	5 - 14	0.088	168	368
	15 - 24	0.100	208	368
Group III Hourly	25+	0.1192	248	368
	< 10	0.0808	168	368
	10 - 24	0.1000	208	368
	25+	0.1192	248	368
Baylar	7/70 schedule (all years of service)	0.0102	42	164
	Weekender < 10 years 24,72/75 schedules	0.0889	72	204
	Weekender < 10 years 24,72/75 schedules	0.0481	90	260

*Paid time off will commence accruing again either 1) at the beginning of the pay period of a new anniversary/first period of paid time off accrual (dependent on total of working 2082 paid hours or 2) once an employee has used paid time off hours and their balance falls below the maximum balance allowed.





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62

Remember

- 31 days to:
 - Enter elections in Workday
 - Effective 1st of the month following hire date
- Provide supporting documentation for spouse/dependents with different last names
- 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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63
