

The Diagnostic & Treatment Center (DTC) and Marshfield Clinic Health System (MCHS) Benefit Comparison, as of 12/1/2020

The Diagnostic & Treatment Center	Marshfield Clinic Health System, Inc.
<p>Benefit Eligibility Eligibility for DTC benefits is the first of the month following 30 days of employment Full-Time and 7/70: ≥ 0.9 FTE (≥ 72 hppp) Not eligible for Voluntary Life/STD Part-Time Level 1: 0.89-0.75 FTE (71.9-60 hppp) Not eligible for Voluntary Life/STD Part-Time Level 2: 0.74-0.5 FTE (59.9-40 hppp) Not eligible for Voluntary Life/STD Part-Time Level 3: ≤ 0.49 FTE (< 40 hppp) Eligible for Flex, 401(k) and Profit Sharing, Pet Insurance, PTO, EAP and Holidays Casual status eligible for EAP, 401(k) and Profit Sharing and mandated benefits</p> <ul style="list-style-type: none"> • hppp = hours per pay period • 7/70 Employees work a schedule of three, 10-hour days in one week of a pay period and four, 10-hour days in the other week of a pay period. • Casual Employees must work at least 50 percent of the work hours offered in a six-month period to maintain casual status; additional department requirements may also apply 	<p>Benefit Eligibility Full versus Part-time Status For purposes of health and dental insurance benefits</p> <ul style="list-style-type: none"> • Level 1 applies if scheduled to work 30+ hours per week. • Level 2 applies if scheduled to work 20-29.99 hours per week in a position that is regular or temporary for more than 6 months <p>Benefits begin first of the month following date of eligibility Benefits prorated based on FTE/Scheduled Weekly Hours or a percent of salary include group term life, short and long term disability, PTO, holidays, 401(k) and ERP</p> <p>Benefit status includes scheduled to work 20+ hours per week in a regular or temporary status. Temporary status must be for more than 6 months</p> <p>Health Insurance Only status: Scheduled to work 30+ hours per week for up to 6 months</p> <p>Casual status is eligible for EAP, Travel/Accident and mandated benefits</p>
<p>Doubled Insured Cannot be double insured</p>	<p>Double Insured Cannot be double insured under a MCHS benefit plan</p>
<p>Pay Periods The DTC has a biweekly pay cycle. Payday is Friday. The pay date includes compensation for hours worked the previous two (2) weeks. Weeks run from Sunday through Saturday. September 18, 2020, paycheck represents pay for August 30, 2020 through September 12, 2020.</p>	<p>Pay Periods Marshfield Clinic has a biweekly pay cycle. Payday is Friday. The pay date includes compensation for hours worked the previous two (2) weeks. Weeks run from Sunday through Saturday. September 11, 2020, paycheck represents pay for August 23, 2020 through September 5, 2020. Direct deposit of the paycheck is required. Multiple bank deposits available</p>
<p>Eligible Dependents</p> <ul style="list-style-type: none"> • Spouse, husband or wife through a legal union (marriage); Child is a son, daughter, step-child of the employee, a legal ward, a legally adopted child • Coverage ends at end of month in which child turns 26 	<p>Eligible Dependents</p> <ul style="list-style-type: none"> • Spouse, husband or wife through a legal union (marriage); Domestic Partner with verified Declaration of Domestic Partnership; Child is a son, daughter, step-child of the employee, a legal ward, a legally adopted child • Coverage ends at end of month in which child turns 26

Dental Insurance

Provider: Delta Dental
 Eligible employees working 20+ hours/week
 One Plan Offered
 \$25.00 single deductible/\$75 family deductible
 \$1000 individual annual maximum
 100% coverage for diagnostic and preventive service
 80% and 60% basic services;
 80% and 60% major services;
 50% child ortho
 Coverage is for children up to age 19 only at 50% with a maximum of \$1,500 lifetime
 No adult ortho offered
 Deduction taken from 24 paychecks

Current employee monthly premium shares (i.e., monthly employee cost):

LEVEL – STATUS	DENTAL PLAN
Single – Full-Time or 7/70	\$8.22
Single – Part-Time Level 1	\$12.33
Single – Part-Time Level 2	\$20.55
Family – Full-Time or 7/70	\$24.35
Family – Part-Time Level 1	\$36.52
Family – Part-Time Level 2	\$60.87

Health Insurance

Provider: Security Health Plan
 Two (2) fully insured health insurance plans offered
 Deduction taken from 24 paychecks

Dental Insurance

Two (2) dental plan options; Dental Com Plan and Delta Dental
 Eligible employees working 20+ hours/week
 Dental Com \$0 Deductible Dental Clinic of Marshfield providers ONLY
 100% coverage for diagnostic and preventive service
 90% all other services except ortho
 50% child and adult ortho until patient pays \$2,500 then insurance covers 100% of remaining ortho costs
 No annual max

Dental Insurance	Employee		Employer Monthly Cost	Total Monthly Cost
	Per Pay Period	Monthly Cost		
Dental Com Plan				
Single	6.92	13.83	25.69	39.52
Employee +1	13.74	27.48	51.05	78.53
Employee + Children	17.15	34.30	63.70	98.00
Family	24.72	49.44	91.81	141.25

Delta Dental:

\$40.00 single deductible/\$120 family deductible
 \$1500 individual annual maximum
 100% coverage for diagnostic and preventive service
 80% all other services except ortho
 80% child and adult ortho up to \$2000 lifetime limit

Dental Insurance	Employee		Employer Monthly Cost	Total Monthly Cost
	Per Pay Period	Monthly Cost		
Delta Dental Plan				
Single	6.68	13.36	24.80	38.16
Employee +1	13.35	26.70	49.62	76.32
Employee + Children	16.21	32.42	60.19	92.61
Family	25.07	50.14	93.14	143.28

MC pays 65% of the premium for a full-time participant, 26.9% for part-time participants. Deduction taken from 24 paychecks

Health Insurance

Six (6) health insurance options. Two plans with 3 network coverage options for HMO, POS or Indemnity. The Clinic contributes a set dollar amount towards a full-time family, employee+1, employee+children and single plan The participant pays the premium difference. Deduction taken from the first two paychecks of the month; x 24 pay periods

Standard

\$300/\$600 deductible then 20% up to \$2500/\$5000
 \$30 Copay for office visits/routine exams
 Rx benefit tiers: \$10/\$20/\$40 Copay

HDHP

\$2850/\$5650 deductible
 Deductible applies to office visits/routine exams
 Rx benefit tiers: Deductible Applies

Current employee monthly premium shares (i.e., monthly employee cost):

LEVEL – STATUS	STANDARD PLAN Premium	HIGH DEDUCTIBLE HEALTH PLAN (HDHP) Premium	HEALTH SAVINGS ACCOUNT (HSA) (part of HDHP) Employer Contribution
Single – Full-Time or 7/70	\$245.60	\$0.00	\$250 Per Year*
Single – Part-Time Level 1	\$368.40	\$266.66	\$0.00
Single – Part-Time Level 2	\$614.02	\$444.44	\$0.00
1+1 – Full-Time or 7/70	\$491.21	\$0.00	\$500 Per Year**
1+1 – Part-Time Level 1	\$736.83	\$533.34	\$0.00
1+1 – Part-Time Level 2	\$1,228.04	\$888.91	\$0.00
Family – Full-Time or 7/70	\$638.59	\$0.00	\$500 Per Year**
Family – Part-Time Level 1	\$957.87	\$693.36	\$0.00
Family – Part-Time Level 2	\$1,596.46	\$1,155.59	\$0.00

*\$10.41 per pay period
 **\$20.83 per pay period

Active Advantage (in-network)

\$1300/\$2600 deductible then 20% up to \$2500/\$5000
 Rx benefit available immediately - \$5, \$10, \$60 & 25%
 MOOP = \$6550/\$13,100
 HDHP \$3000/\$6000
 \$3000/\$6000 deductible
 Rx benefit is the same and starts after deductible has been met)
 MOOP = \$5000/\$10,000

MOOP = Maximum out of pocket with deductibles, coinsurance and copays.

Health Insurance	Employee		Employer Monthly Cost	Total Monthly Cost
	Per Pay Period	Monthly Cost		
Active Advantage POS				
Single	101.23	202.46	562.26	764.72
Employee +1	202.47	404.94	1,124.52	1,529.46
Employee + Children	214.52	429.04	1,181.82	1,610.86
Family	233.91	467.82	1,307.64	1,775.46
Active Advantage Indemnity				
Single	210.33	420.66	562.26	982.92
Employee +1	420.66	841.32	1,124.52	1,965.84
Employee + Children	453.89	907.78	1,181.82	2,089.60
Family	489.15	978.30	1,307.64	2,285.94
Active Advantage HMO				
Single	82.40	164.80	562.26	727.06
Employee +1	164.79	329.58	1,124.52	1,454.10
Employee + Children	174.84	349.68	1,181.82	1,531.50
Family	190.17	380.34	1,307.64	1,687.98
High Deductible Health Plan POS (\$3000/\$6000)				
Single	64.82	129.64	562.26	691.90
Employee +1	129.64	259.28	1,124.52	1,383.80
Employee + Children	136.27	272.54	1,181.82	1,454.36
Family	150.72	301.44	1,307.64	1,609.08
High Deductible Health Plan Indemnity (\$3000/\$6000)				
Single	124.80	249.60	562.26	811.86
Employee +1	249.60	499.20	1,124.52	1,623.72
Employee + Children	265.70	531.40	1,181.82	1,713.22
Family	288.56	577.12	1,307.64	1,884.76
High Deductible Health Plan HMO (\$3000/\$6000)				
Single	47.78	95.56	562.26	657.82
Employee +1	95.55	191.10	1,124.52	1,315.62
Employee + Children	100.44	200.88	1,181.82	1,382.70
Family	111.08	222.16	1,307.64	1,529.80

<p>Critical Illness Insurance Provider: Colonial 100% Employee Paid Rates Subject to Underwriting Accident insurance helps offset unexpected medical expenses. Critical Illness provides lump-sum benefits related to a covered critical illness.</p>	<p>Critical Illness Insurance Not available</p>																				
<p>Identify Theft Not available</p>	<p>Identify Theft Provider: Cigna</p>																				
<p>HRA Not available</p>	<p>HRA Not available</p>																				
<p>Voluntary Pet Insurance Provider: VPI/Nationwide Eligible: Full-Time, 7 /70, Part-Time Level 1, 2 & 3 Rates depend on type of pet, pet age, breed, plan selection, and other circumstances – 100% employee paid</p>	<p>Voluntary Pet Insurance Not available</p>																				
<p>Wellness Program Not available</p>	<p>Wellness Program Voluntary for SHP participants. Health risk assessment available. Does not include lab but lab is part of the annual preventive screening. Incentives not included</p>																				
<p>Health Savings Account Associated Bank Employer Contributions Employer contributions: Single – Full-time or 7/70 - \$250.00/year 1 + 1 – Full-time or 7/70- \$500.00/year Family – Full-time or 7/70 - \$500.00/year</p> <table border="1" data-bbox="109 1036 936 1149"> <thead> <tr> <th colspan="4">Employee HSA Annual Maximum Contribution (does not include Employer's contribution)</th> </tr> </thead> <tbody> <tr> <td>Limited Family/Family--FT&7/70</td> <td>\$6,600.00</td> <td>Limited Family/Family--FT&7/70—Catch Up</td> <td>\$7,599.84</td> </tr> <tr> <td>Limited Family/Family--PT1&PT2</td> <td>\$7,099.92</td> <td>Limited Family/Family--PT1&PT2—Catch Up</td> <td>\$8,100.00</td> </tr> <tr> <td>Single--FT&7/70</td> <td>\$3,300.00</td> <td>Single--FT&7/70—Catch Up</td> <td>\$4,299.84</td> </tr> <tr> <td>Single--PT1&PT2</td> <td>\$3,549.84</td> <td>Single--PT1&PT2—Catch Up</td> <td>\$4,549.92</td> </tr> </tbody> </table>	Employee HSA Annual Maximum Contribution (does not include Employer's contribution)				Limited Family/Family--FT&7/70	\$6,600.00	Limited Family/Family--FT&7/70—Catch Up	\$7,599.84	Limited Family/Family--PT1&PT2	\$7,099.92	Limited Family/Family--PT1&PT2—Catch Up	\$8,100.00	Single--FT&7/70	\$3,300.00	Single--FT&7/70—Catch Up	\$4,299.84	Single--PT1&PT2	\$3,549.84	Single--PT1&PT2—Catch Up	\$4,549.92	<p>Health Savings Account Fidelity Investments is the sole pre-tax HSA provider. Eligibility is based on enrollment in a Clinic group HDHP. Clinic does not contribute or match HSA contributions</p>
Employee HSA Annual Maximum Contribution (does not include Employer's contribution)																					
Limited Family/Family--FT&7/70	\$6,600.00	Limited Family/Family--FT&7/70—Catch Up	\$7,599.84																		
Limited Family/Family--PT1&PT2	\$7,099.92	Limited Family/Family--PT1&PT2—Catch Up	\$8,100.00																		
Single--FT&7/70	\$3,300.00	Single--FT&7/70—Catch Up	\$4,299.84																		
Single--PT1&PT2	\$3,549.84	Single--PT1&PT2—Catch Up	\$4,549.92																		
<p>Vision Care Provider: Delta Vision Preventive screening eye exams covered by health insurance plan</p>	<p>Vision Care Vision care plan not provided. Informal plan consists of discounts when purchasing items from the Clinic optical and optometry departments and the tax savings received when using a FSA or HSA Preventive screening eye exams covered by health insurance plan</p>																				

SERVICES/MATERIAL	PARTICIPATING PROVIDER	NON-PARTICIPATING PROVIDER
Examination	Covered in full	Up to \$35
Frames	\$130 allowance + 20% off balance	Up to \$45
Lenses (Standard Plastic)	<ul style="list-style-type: none"> • Single Vision: Covered in full • Bifocal: Covered in full • Trifocal: Covered in full 	<ul style="list-style-type: none"> • Single Vision: Up to \$25 • Bifocal: Up to \$40 • Trifocal: Up to \$55
Contact Lenses (Materials Only)	<ul style="list-style-type: none"> • Conventional: \$120 allowance + 15% off balance • Disposable: \$120 allowance • Medically Necessary: covered in full; authorization required 	<ul style="list-style-type: none"> • Conventional: Up to \$64 • Disposable: \$64 • Medically Necessary: \$200; authorization required
Contact Lens Fit & Follow-Up	<ul style="list-style-type: none"> • Standard Contact Lenses: paid in full • Premium Contact Lenses: 10% discount off retail + \$55 allowance 	<ul style="list-style-type: none"> • Standard Contact Lenses: \$40 • Premium Contact Lenses: \$40
Frequency	Exams/Lenses or Contact Lenses/Frames – 12/12/12 months	

Current employee monthly premium shares (i.e., monthly employee cost):

BENEFIT CLASS	VISION PLAN
Full-Time, 7/70, Part-Time Level 1, & Part-Time Level 2 Employees	<ul style="list-style-type: none"> • Single - \$12.08 • Limited Family - \$23.01 • Family - \$36.09

Flexible Spending Accounts
 Plan Year – January 1 – December 31
 Provider: Benefit Advantage/TASC
 Offered to Part-Time Level 3
 Medical \$2,750 and Dependent Care \$5,000

Flexible Spending Accounts
 MEFSA, LPFSA, and Dependent Care Plans with Diversified Benefit Services (DBS). No employer contributions. Plan year is April 1 – March 31

Group Term Life Insurance
 Provider: Mutual of Omaha (Employer Paid)
 Available to Full-Time, 7/70 and Part-Time Level 1
 Coverage is available the first of the month following 30 days of eligibility
 100% Employer Paid
 1.5 times employee’s annual base salary
 Maximum coverage limit of \$200,000
 All employees in same group
 Voluntary life insurance is available for employees, spouses, and dependents with rates depending on amount of coverage requested and age of applicant

Group Term Life Insurance
 Provider is Cigna Insurance. Employer paid. The benefit is awarded based on a multiple of salary rounded up to the next \$5000 increment and up to a maximum benefit based on personnel classification. Age reduction begins at age 65.
 Group III – X 1.25 – Maximum \$100,000
 Group II & IH – X 1.50 – Maximum \$200,000
 Group IA & Admin – X 1.75 – Maximum \$300,000

<p>Voluntary Term Life Insurance includes Will Preparation; Hearing Discount Program; Worldwide Travel Assistance if Voluntary Life is elected.</p>	
<p>Voluntary Life Insurance Available to Part-Time Level 2 Employees Provider: Colonial Premiums are subject to underwriting Premium is paid by the participant</p>	<p>Supplemental Life Insurance Provider: Cigna Insurance Participants can apply for up to \$500,000 for self and spouse, each. Premium is paid by the participant. Premiums for the employee and spouse are based on the employee's age. Benefit not restricted to a multiple of salary for employee or spouse. Spouse benefit cannot exceed employee's benefit. Dependents eligible to age 19, through age 23 if financially dependent and a full-time student</p>
<p>Voluntary AD&D Not available</p>	<p>Voluntary AD&D Provider: Berkley Participant paid. In \$50,000 increments up to a maximum benefit of \$500,000. Benefit not limited to a multiple of salary.</p>
<p>Short Term Disability Provider: Mutual of Omaha Available to Full-Time, 7/70 and Part-Time Level 1 Standard waiting period first of month after 30 days 100% employer paid Fully insured 7 calendar day waiting period for illness No waiting period for accident Benefit paid by Mutual of Omaha but earnings captured on W-2 by The DTC 60% of earnings, up to \$1,000 maximum per week, Up to 13 weeks</p> <p>Voluntary Short Term Disability Available to Part-Time Level 2 Employees Provider: Colonial Premiums are subject to underwriting Premium is paid by the participant</p>	<p>Short Term Disability Cigna provides an advice to pay benefit that is paid through Workday. Premiums are 100% employer paid. 7 calendar day elimination period. Benefit payable for up to 180 days. 70% pre-disability earnings first 3 months and then 60% second 3 months.</p>
<p>Long Term Disability Provider: Mutual of Omaha Available to Full-Time, 7/70 and Part-Time Level 1 90-day waiting period 100% employer paid Fully Insured 60% of earnings, up to \$6,000 maximum per month</p>	<p>Long Term Disability Provider: Cigna Insurance Employer paid; 60%. 180-calendar day elimination period. Hourly: Effective after 1 year of employment. Salaried: Effective first of the month following 180 days. Available to benefit eligible staff working 20+ hours per week.</p>

Paid Time Off

PTO year is based on anniversary date. The DTC has a PTO donation program for anyone that has exhausted their personal PTO and had an approved FMLA, personal or medical leave.

Exempt and Non-Exempt Staff:

PTO accrues per pay period and can be used as soon as it is accrued.

Employees may carry over up to a maximum of 10 days (80 hours) of PTO from one anniversary year to the next on FTE (80 hours x FTE = carryover maximum).

Following is the maximum PTO, in days, for Full-Time Employees, per anniversary year:

Year(s)	Nonexempt	Exempt
1-4	Up to 17 Days	Up to 20 Days
5	Up to 20 Days	Up to 23 Days
7	Up to 21 Days	Up to 24 Days
9	Up to 22 Days	Up to 25 Days
11	Up to 23 Days	Up to 26 Days
15	Up to 25 Days	Up to 28 Days
25	Up to 30 Days	Up to 33 Days

7/70 employees receive 40 hours of PTO each anniversary year regardless of length of employment.

Directors and Officers:

Year(s)	Directors
1-4	Up to 20 Days
5	Up to 23 Days
7	Up to 24 Days
9	Up to 25 Days
11	Up to 26 Days
15	Up to 28 Days
25	Up to 33 Days

Year(s)	Officers
1-4	Up to 23 Days
5	Up to 26 Days
7	Up to 27 Days
9	Up to 28 Days
11	Up to 29 Days
15	Up to 31 Days
25	Up to 36 Days

Paid Time Off

PTO year for salaried employees starts January 1

Group III/Hourly Staff: Paid leave is earned each pay period based on counted hours during the pay period. Earned hours are awarded on a per-pay-period basis and can be used as soon as reflected in Workday balance.

Hourly Groups				
Group	Completed years of service	Paid time off accrual rate per counted hour	Annual maximum accrual hours* (based on 2080 paid hours)	Maximum balance allowed*
Group III Hourly	0 - 1	.0385	80	120
	1 - 4	.0615	128	168
	5 - 14	.0808	168	208
	15 - 24	.1000	208	248
	25+	.1192	248	288
	7/70 schedule (all years of service)	.0202	42	82
	24 hours/weekend schedule < 10 years	.0256	48	88
	24 hours/weekend schedule 10+ years	.0320	60	100
	36 hours/weekend schedule < 10 years	.0347	72	102
	36 hours/weekend schedule 10+ years	.0433	90	130

Group IIIH Staff: Paid leave is earned each pay period based on counted hours during the pay period. Earned hours are awarded on a per-pay-period basis and can be used as soon as reflected in Workday balance.

Group IIIH Hourly	< 10	.0808	168	208
	10 - 24	.1000	208	248
	25+	.1192	248	288
	7/70 schedule (all years of service)	.0202	42	82
	24 hours/weekend schedule < 10 years	.0256	48	88
	24 hours/weekend schedule 10+ years	.0320	60	100
	36 hours/weekend schedule < 10 years	.0347	72	102
	36 hours/weekend schedule 10+ years	.0433	90	130

Exempt Staff: Paid leave is awarded January 1 assuming continuous FTE status and employment through December 31. Balance is prorated when a change in status occurs.

Schedule C Salaried Benefit Status		
Group	Completed Years of Service	Annual Maximum Accrual Hours (Prorated for less than 1.0 FTE status and partial years)
Group II	< 10	168
	10 – 24	208
	25+	248
Group IA	< 5	168
	5 – 24	208
	25+	248
Group Admin. & Exec. Admin.	< 3	168
	3 – 15	208
	16 – 24	248
	25+	288

Holidays

Treated as a separate time off benefit Holidays observed include New Years, Memorial Day, Independence Day, Labor Day, Thanksgiving, Christmas Eve Day, Christmas Day and Floating Holiday.
 Employees may receive a floating holiday of up to eight hours, based on FTE, in lieu of a Christmas Eve holiday. An employee must start employment by December 24 of the current year to receive a floating holiday for that year; the floating holiday must be used by January 31 of the following year.

Holidays

Treated as a separate time off benefit. 6 ½ holidays are observed. Holidays are calculated based on scheduled weekly hours. Holidays are loaded into Workforce during the pay period of the holiday. Staff who work the holiday are eligible to have the holiday moved to the PTO account for later use. Holidays observed include New Years, Memorial Day, Independence Day, Labor Day, Thanksgiving, ½ day Christmas eve, Christmas day.

Retirement Plans Recordkeeper – Fidelity

All employees including casuals are eligible except for temporary employees

401(k): First of the month following 30 days of employment

Dollar for dollar employer match to a maximum of five percent; no vesting schedule; match made on a per-pay period basis

Profit Sharing:

Eligibility is the first of the month following two years of employment.

The DTC Profit Sharing Plan is a discretionary profit sharing component as part of 401(k) plan; The DTC, at its discretion, contributes three percent of an employee's eligible wages into the 401(k) plan; no vesting schedule; contribution made on a per-pay period basis.

Retirement Plans Recordkeeper - Fidelity

401(k): Eligibility requirements are age 21 and benefit status or worked 1000+ hours in an anniversary year. Participant can contribute up to the IRS maximums of \$19,500 or \$26,000, if age 50+. Clinic matches the first 6% of savings \$0.50 on the dollar up to an annual compensation limit of \$285,000.

Employee's Retirement Plan of Marshfield Clinic (ERP): The Clinic fully funds the ERP. Eligibility requirement; age 21, worked 1000 hours during the plan/calendar year and active as of the last business day of the plan/calendar year. Participant is 100% vested. The Clinic contributes 3% of compensation + 3% over social security wage base up to \$285,000 of annual income.