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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Marshfield Clinic Health System

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Health Insurance Rates per month
Plan Year: January 1, 2025- December 31, 2025

Full Time Employee	Basic Plan	Wellness Plan	Premium Plan
	$5000 Deductible	$1000 Deductible	$500 Deductible
Employee only	$124.43	$161.47	$202.87
EE + Child(ren)	$232.02	$301.44	$387.82
EE+ Spouse	$255.09	$332.54	$417.92
EE + Family	$362.69	$472.52	$593.87

Part Time Employee	Basic Plan	Wellness Plan	Premium Plan
	$5000 Deductible	$1000 Deductible	$500 Deductible
Employee only	$290.34	$352.76	$455.50
EE + Child(ren)	$541.38	$662.71	$858.95
EE+ Spouse	$595.22	$720.06	$927.71
EE + Family	$846.27	$1,030.01	$1,331.16

WE Name (Full Rate)	Basic Plan	Wellness Plan	Premium Plan
	$5000 Deductible	$1000 Deductible	$500 Deductible
Employee only	$829.54	$881.89	$911.00
EE + Child(ren)	$1,546.80	$1,656.77	$1,717.89
EE+ Spouse	$1,700.63	$1,800.14	$1,855.41
EE + Family	$2,417.92	$2,575.02	$2,662.31

Marshfield Clinic Health System

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△ 44NORTH
ADVISORY PARTNER

MARSHFIELD
007003630 Premium Plan with 44North Seamless HRA
Simply Blue℠ HRA PPO LG
Effective Date: On or after January 2024
Benefits-at-a-glance

This is intended as an easy-to-read summary and provides only a general overview of your benefits. It is not a contract. Additional limitations and exclusions may apply. Payment amounts are based on BCBSM's approved amount, less any applicable deductible and/or copay. For a complete description of benefits please see the applicable BCBSM certificates and riders, if your group is underwritten. If your group is self-funded, please see any other plan documents your group uses. If there is a discrepancy between this Benefits-at-a-Glance and any applicable plan document, the plan document will control.

Preauthorization for Select Services - Services listed in this BAAG are covered when provided in accordance with Certificate requirements and, when required, are preauthorized or approved by BCBSM except in an emergency.

Note: A list of services that require approval **before** they are provided is available online at bcbsm.com/importantinfo. Select *Approving covered services*.

Pricing information for various procedures by in-network providers can be obtained by calling the customer service number listed on the back of your BCBSM ID card and providing the procedure code. Your provider can also provide this information upon request.

Preauthorization for Specialty Pharmaceuticals - BCBSM will pay for FDA-approved specialty pharmaceuticals that meet BCBSM's medical policy criteria for treatment of the condition. The prescribing physician must contact BCBSM to request preauthorization of the drugs. **If preauthorization is not sought, BCBSM will deny the claim and all charges will be the member's responsibility.**

Specialty pharmaceuticals are biotech drugs including high cost infused, injectable, oral and other drugs related to specialty disease categories or other categories. BCBSM determines which specific drugs are payable. This may include medications to treat asthma, rheumatoid arthritis, multiple sclerosis, and many other diseases as well as chemotherapy drugs used in the treatment of cancer, but excludes injectable insulin.

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Dental Insurance

2 plans to choose from:
- Preventative Dental Plan – Basic
- Premium Dental Plan – Enhanced

Plan Year: January 1, 2025- December 31, 2025		
Full Time Employee	**Preventative Plan**	**Premium Plan**
Employee only	$2.61	$6.93
Employee + 1	$5.22	$13.87
Employee + Family	$9.14	$24.27
Part Time Employee	**Preventative Plan**	**Premium Plan**
Employee only	$5.22	$13.87
Employee + 1	$10.44	$27.74
Employee + Family	$18.28	$48.54
WE Nurse (Full Rate)	**Preventative Plan**	**Premium Plan**
Employee only	$13.05	$34.67
Employee + 1	$26.11	$69.35
Employee + Family	$45.69	$121.35

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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

Vision Plan	
One Person	10.82
Two Person	21.64
Family	35.92

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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 $3,300.00 per year for medical, and $5,000.00 per year for dependent care
- You submit claims to DBS for payment
- $660 rollover into 2026

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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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