



**Benefit Orientation**  
Presented by Marshfield Clinic Human Resources Benefits Team

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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
- You will have **31 days** to enroll in benefits

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Employee Assistance Program

Administered by ComPsych GuidanceResources



- FREE, Confidential and Available 24/7 to all our employees and your household family members, for thousands of topics
  - Short-term counseling sessions for work and/or home life matters
  - 5 sessions per topic/per year/per person
  - Work-life solutions to help with qualified referrals in your area to resources
  - Legal support
    - Offers one free 30-minute consultation and a 25% reduction in fees
  - Financial resources
  - Budgeting, debt management, money concerns, etc.



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Employee Assistance Program

How to contact ComPsych GuidanceResources:



- Call 877-822-1327
  - TTY 800.697.0353
- Online support [www.guidanceresources.com](http://www.guidanceresources.com)
  - Company Web ID: MARSHFIELD
  - For chat options, help sheets, podcasts, videos and more
- Smart Phone Application: *GuidanceNow*



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 PerkSpot

Your Associate Discount Program

- Exclusive discounts both locally and nationally from your favorite brands and companies
- Free and easy to access to sign up:
- View on a Laptop or desktop computer
  - Browse thousands of discounts in a variety of categories
- Sign up and log in at: [www.marshfieldclinic.perkspot.com](http://www.marshfieldclinic.perkspot.com)
- Download the PerkSpot Mobile App to use while on the go



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Bereavement Leave

- All benefitted staff are eligible for bereavement leave
- Can be used for preparation, travel, or to attend a funeral within 6 months
- # 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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**Short Term Disability**

- Becomes effective the 1<sup>st</sup> of the month following 90 days in a benefit eligible status
- Automatically enrolled
- FMLA approved benefit – Please work with Absence Management
- 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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**Long Term Disability**

- Becomes effective the 1<sup>st</sup> of the month following:
  - 180-day waiting period (Short Term Disability)
- Automatically enrolled when eligible
- FMLA approved benefit – Please work with Absence Management
- Benefit is 60% of salary for all staff



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**Life Insurance**



- Marshfield Clinic Health System offers life insurance policies:
  - One is Clinic paid
  - Others 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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**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 **must** be designated



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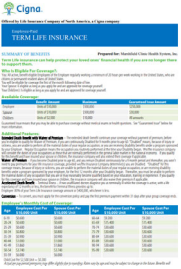
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**Voluntary Supplemental Life Insurance**



- Term life insurance policy
  - Paid for by employee (post tax)
  - Pays for natural or accidental death
- Guaranteed coverage (within first 31 days)
  - Employee: up to \$250,000
  - Spouse: up to \$30,000
  - Children: up to \$10,000 \*\*some restrictions apply
- Cannot elect more on spouse/children than self
  - Ex: I elect \$100,000 for spouse, must elect \$100,000 for self
- Beneficiary **must** be designated



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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 15<sup>th</sup>
    - Must elect coverage by June 30<sup>th</sup>
- Can enroll/drop anytime - some limitations
- No evidence of insurability required
- Beneficiary **must** be designated



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**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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**401(K) Salary Reduction**

2025 Retirement Plan Contributions

**Eligibility Criteria**


**Automatic Enrollment**

**Opt-in or One Consultation**

**Ways to Contribute**

**Match to Health Plan**

**Matching Contributions**



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- Ways to contribute
  - Pre-Tax
  - Roth (Post) Tax
  - Combination of Pre-Tax and Roth Post-Tax
  - Will default to 6% personal contribution after 60 days for those budgeted at a 50% FTE status or higher
- **Must** call Fidelity to opt out of contributing
- 401K Beneficiaries are entered on Fidelity's website – Please designate

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**401(K) Salary Reduction**

2025 Retirement Plan Contributions

**Eligibility Criteria**


**Automatic Enrollment**

**Opt-in or One Consultation**

**Ways to Contribute**

**Match to Health Plan**

**Matching Contributions**



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- Matching Contributions Requirements
  - Budgeted at an FTE of 50% or higher:
    - MCHS will match 100% up to 4%
    - MCHS will also match \$0.50 to every dollar of the next 5<sup>th</sup> and 6<sup>th</sup> percent
  - Budgeted at less than 50% FTE, or work less than 1,000 hours per year:
    - Will not receive a matching contribution
- Contributions subject to IRS annual maximum limits

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**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

Be sure to consider all your available options and the applicable fees and features of each before moving your retirement assets.

**Investing involves risk, including risk of loss.**  
 Fidelity Brokerage Services LLC, Member SIPC  
 900 Salem Street, Smithfield, RI 02917  
 © 2024 FMR LLC. All rights reserved.  
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**Health Insurance Benefit Summary**



**SecurityHealth 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/directory](http://www.securityhealth.org/directory) or call 1-800-570-8760
  - Summary of Benefits & Coverage (SBC's) and Schedule of Benefits (SOB's) are posted on the benefits library
  - Coverage year: April 1 – March 31
    - Begins 1<sup>st</sup> of the month following benefit eligibility/hire date

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**Benefit Plan Eligibility & Definitions**

**Benefit Plan Eligibility & Definitions**  
Life Changing Events

**Eligibility Criteria**

**Eligible Partner**

**Child**

**Life Changing Events**

- 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

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**Additional Information**

- You **must** provide documentation for dependents:
  - Birth Certificate/Court documents
  - 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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**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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**Health Insurance Benefit Summary – Benefit year: April 1, 2025 – March 31, 2026**

	Enrich Elite HMO HCEP	Enrich Plus HMO HCEP	Enrich Point of Service		Enrich HMO HCEP
			In Network	Out of Network	
Deductible	\$5,000/\$10,000	\$3,500/\$7,000	\$3,000/\$6,000	\$6,000/\$12,000	\$3,500/\$7,000
Max Out of Pocket	\$6,000/\$12,000	\$5,000/\$10,000	\$9,000/\$18,000	\$18,000/\$35,000	\$5,000/\$10,000
Co-insurance	20%	20%	20%	40%	20%
Primary Care Copay	NA	NA	\$30	Deductible, coins	NA
Specialty Care Copay	NA	NA	\$60	Deductible, coins	NA
UIC Copay	NA	NA	\$30	Deductible, coins	NA
IR Copay	NA	NA	\$250	\$250	NA
IR Copay	NA – includes extended preventive drugs	NA – includes extended preventive drugs	\$5 – tier 1 \$40 – tier 2 \$70 – tier 3 30% – tier 4	NA	NA – includes extended preventive drugs
HSA Eligible	Yes	Yes	No	No	Yes
Dependent Wrap	Yes	Yes	Yes	Yes	No



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**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
  - Coinsurance : 20%
- Single Annual Out of Pocket Limit: \$6,000
- Family Annual Out of Pocket Limit: \$12,000
- Non-preventative Prescriptions are your responsibility up to the deductible. Then subject to Coinsurance.



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**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
  - Coinsurance : 20%
- Single Annual Out of Pocket Limit: \$5,000
- Family Annual Out of Pocket Limit: \$10,000
- Non-preventative Prescriptions are your responsibility up to the deductible. Then subject to Coinsurance.



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**Enrich – Point of Service (POS) – In Network**

- **In Network Providers:**
  - MCHS
  - UW Health
  - UnityPoint Health - Meriter
  - Prairie Ridge Health
  - Watertown Regional Medical Center Clinics
  - Other providers contracted with SHP
- Single Deductible: \$3,000
- Family Deductible: \$6,000
  - Coinsurance: 20%
- Single Annual Out of Pocket Limit: \$9,000
- Family Annual Out of Pocket Limit: \$18,000
- **Subject to Co-pay:**
  - Primary Care - \$30
  - Specialty Care - \$60
  - Urgent Care - \$30
  - Emergency Room visits - \$250
  - Prescription – based on Tiers
    - MCHS Pharmacy
    - Non-MCHS Pharmacy



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**Enrich – Point of Service (POS) – Out of Network**

- **Out-of-Network:**
  - In Wisconsin – First Health
  - Outside of Wisconsin – Aetna network
  - Or all other providers (includes Dean, Aspirus, Mayo etc.)
- Single Deductible: \$6,000
- Family Deductible: \$12,000
  - Coinsurance: 40%
- Single Annual Out of Pocket Limit: \$18,000
- Family Annual Out of Pocket Limit: \$36,000
- **Subject to Co-pay:**
  - Urgent Care - \$30
  - Emergency Room visits - \$250
  - Prescription – based on Tier
    - MCHS Pharmacy
    - Non-MCHS Pharmacy



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**Enrich – Point of Service (POS)**

- Claims processed for out-of-network providers and facilities are based on a Usual, Customary, Reasonable (UCR) fee schedule.
  - Costs may be higher for out-of-network providers
  - Can legally charge you above the UCR fee schedule



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**Enrich Dependent Wrap Coverage**

- Provides out-of-area dependent coverage:
  - Primary plan member must live in and see in-network providers
  - Must enter dependents physical address into Workday to receive benefit
  - Dependents living outside the service area are provided benefits for covered services from:
    - Within WI – First Health
    - Outside WI – Aetna network
  - Usual, Customary and Reasonable (UCR) fees may apply



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### Explore – HMO HDHP

In Wisconsin – First Health  
Outside Wisconsin – Aetna network

- Single Deductible: \$3,500
- Family Deductible: \$7,000
  - Coinsurance: 20%
- Single Annual Out of Pocket Limit: \$5,000
- Family Annual Out of Pocket Limit: \$10,000

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



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### 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 to this question is yes, and you are not currently covered by your employer's health plan, your partner will include a surcharge to the cost of your health insurance. This surcharge is based on the type of coverage you are enrolled in. For more information, please contact your HR representative.

Have you ever been a spouse or domestic partner of an employee of Marshfield Clinic Health System? If yes, please indicate the date you were no longer a spouse or domestic partner of an employee of Marshfield Clinic Health System.

Yes

No

If you answer to this question is yes, please provide the date you were no longer a spouse or domestic partner of an employee of Marshfield Clinic Health System. This date will be used to determine if you are eligible for a refund of the surcharge.

Yes

No

If you answer to this question is yes, please provide the date you were no longer a spouse or domestic partner of an employee of Marshfield Clinic Health System. This date will be used to determine if you are eligible for a refund of the surcharge.

Yes

No

If you answer to this question is yes, please provide the date you were no longer a spouse or domestic partner of an employee of Marshfield Clinic Health System. This date will be used to determine if you are eligible for a refund of the surcharge.

Yes

No

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Yes

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Yes

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Yes

No

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Yes

No

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Yes

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Yes

No

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Yes

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Yes

No

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Yes

No



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- Surcharge of \$100 monthly for Health Insurance
  - \$50 pre-tax per paycheck
- Only applicable if spouse or domestic partner has access to health coverage through an employer
- Must report this when adding them as a health dependent in Workday
- Employee is responsible for maintaining spouse/domestic partner's eligibility status in Workday
  - No refund
- Potential Waiver – income based
  - Contact our Patient Assistance Center
- Spouse also MCHS employee or enrolled in Medicare? Surcharge is waived

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### Health Insurance Preventive Benefit Summary

- Preventive Benefits with Enrich or Explore Network providers
  - Wellness visits and Exams for all ages
  - Certain annual screenings
  - Immunizations/Vaccines/Lab services
- Pharmacy Preventive:
  - 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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**Health Insurance Prescription Benefit Summary**

- Enrich Point of Service (POS)
- Prescription Drug Benefit starts 1<sup>st</sup> day of coverage
- All prescriptions are subject to co-payment tiers respectively
- High Deductible Health Plans (Enrich Elite, Enrich Plus, Explore)
- Non-preventive Prescription Drug Benefit starts AFTER individual deductible has been met, then subject to Coinsurance up to Max Out of Pocket
  - Check to see what your Rx costs!
- Prescriptions for Specialty drugs must be filled at a MCHS pharmacy for coverage
- Prescriptions are filled with generic drugs if available
- Mail order option available – (877) 509-4980



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**Medical 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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**Urgent/Emergent Care**


**\*\*Urgent/emergent care for all health care plans are 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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**Start by calling our 24-hour Nurse Line.**  
Call 1-800-549-3174 (TTY: 753)

### 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](http://www.securityhealth.org/CareMyWay)
- Subject to deductible



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### Dental Insurance Benefit Summary

- Delta Dental administers our dental insurance plan
- Summary Plan Description is posted on the benefits library as well as their website: [www.deltadentalwi.com](http://www.deltadentalwi.com)
- Questions: 1-800-236-3712
- Coverage year: April 1 – March 31



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### 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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**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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**DeltaVision®**



- Delta Dental also administers the **DeltaVision** insurance plan which is through EyeMed
- Summary Plan Description is posted on the benefits library as well as their website: [www.deltadentalwi.com/vision](http://www.deltadentalwi.com/vision)
- Questions: 1-844-848-7090
- Coverage year: April 1 – March 31



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**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 1-844-848-7090
  - For Laser vision correction: LASIKPlus at [eyemedlasik.com](http://eyemedlasik.com) or 1-800-988-4221



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 **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 an Exam 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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**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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**Insurance Premium Information to Take Note of:**

- Premiums start to be 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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**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
- 2025 IRS Annual Statutory Maximums:
  - \$4,300= Single Plan
  - \$8,550 = Employee+1/Employee+ Children/Family Plan
  - \$1,000 = Age 55 & Older 'Catch-up' Contribution for employee
- Calendar Year of January 1 – December 31



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**Health Savings Account (HSA)**

- How do I sign up?
  - Log onto the Fidelity website ([www.netbenefits.com](http://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
    - You will receive a verification email
    - You will be sent a Debit Card
  - 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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**Flexible Spending Account General Information**

MEFSA & LPFSA


- When can I enroll?
  - Within 31 days of your eligibility/hire date
  - **Actively re-enroll** each year during annual enrollment
  - Expenses must be incurred during the coverage 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 annual 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 \$3,300.
- Participants are able to carry over up to \$660 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 \$3,300.
- Participants are able to carry over up to \$660 only to the next plan year.



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**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 \$3,300
  - Use it or lose it
    - Up to \$660 carryover
- Keep track of what you reimburse yourself for
  - Cannot be reimbursed & also claim on taxes
- Insured Fund (pre-loaded)



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**Medical Expense Flexible Spending Account (MEFSA)**

**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 \$3,300.
- Participants are able to carry over up to \$660 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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**Medical Expense Flexible Spending Account (MEFSA)**

**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 \$3,300.
- Participants are able to carry over up to \$660 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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### 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 \$3,300.
- Participants are able to carry over up to \$660 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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### 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 \$660 carry over does not apply to the Dependent Care FSA.
- Dependent Care FSA follows both plan year and calendar year for annual maximum

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](http://www.irs.gov).

- Reimbursement only plan
- 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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### 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 \$660 carry over does not apply to the Dependent Care FSA.
- Dependent Care FSA follows both plan year and calendar year for annual maximum

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](http://www.irs.gov).

- You determine how much to contribute for the coverage year/calendar year
- 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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Dependent Care Flexible Spending Account

- When can I enroll?
  - Within 31 days of your hire date
  - **Actively re-enroll** each year during annual enrollment
- Expenses must be incurred during the coverage/calendar year
- When can I make changes?
  - Within 31 days of a life changing event (change must be consistent with event)
  - Each year during annual re-enrollment



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



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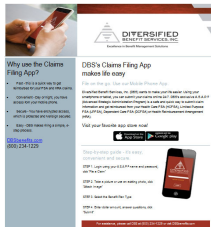
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Diversified Benefit Services



- DBS Reimbursement Options
- Visit [www.dbsbenefits.com](http://www.dbsbenefits.com) to create a user login
  - **Pin:** Marshfield Clinic
- You pay your claims/childcare expenses
- Submit for reimbursement
- DBS reimburses you to the same account your primary paycheck is deposited into



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**HSA and Flex Accounts Highlights Summary:**

- **HSA**
  - Calendar year: January 1 – December 31
  - Not a use it or lose it – stays with you
- **MEFSA, LPFSA**
  - Benefit year: April 1 – March 31
  - Use It or Lose it plans:
    - MEFSA and LPFSA do have a \$660 carryover
- **Dependent Care**
  - Coverage year/calendar year
  - Lose it plan – ZERO carryover



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**Remember**

- **31 days to:**
  - Enter your elections in Workday
    - Effective 1<sup>st</sup> of the month following eligibility/hire date
  - Provide supporting documentation for *all* dependents
  - 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](mailto:benefits@marshfieldclinic.org)



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