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Benefits Information on Demand



SANFORD HEALTH
Marshfield Clinic
SharePoint




- MCHS – can reference Benefits Library tab on your desktop
- MMC-D – can reference: Marshfield Medical Center – Dickinson on the SharePoint directory
- Benefit Information is also available 24/7 from work or home through your Workday account on your home laptop/desktop computer
- Access the Workday app on your smart device by downloading and logging in
 - **Domain User:**
marshfieldclinichealthsystems
- You will have **31 days** to enroll in benefits

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Employee Assistance Program

Administered by ComPsych GuidanceResources



— The GuidanceResources Company® —

- 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
 - **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
- 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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Paid Time Off**Paid Time Off Benefits**

Paid time off (PTO) is a benefit provided by Mountfield 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 reflected in your Workday balance.
- Salaried employees earn PTO each pay period based on FTE. 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 unexpected time off.
- Only unused, earned PTO as defined in the policy is paid out upon applicable transfer or termination of employment.
- Employment contract is extended with the use of PTO.

Paid holidays are a separate benefit.

- ❖ If in a state other than WI, additional information may be sent to you. Otherwise:
- PTO can be used for: 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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Paid Time Off- Salaried Staff**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
Group IA	25+	0.1385	288	368
	< 5	0.0808	168	368
	5 - 24	0.1000	208	368
	25+	0.1192	248	368

- Utilize in ½ or full day increments
- Sellback PTO during the month of your anniversary each year
- Must keep 40 hours

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Paid Time Off- Hourly Staff**Hourly Groups**

Group	Completed years of service	Accrual per hour	Annual maximum accrual hours* (per pay period every hour)	Maximum balance allowed
Group III Hourly	0 - 1	.0385	80	368
	1 - 4	.0675	128	368
	5 - 14	.0808	168	368
	15 - 24	.1000	208	368
	25+	.1192	248	368
Group III Hourly	< 10	.0808	168	368
	10 - 24	.1000	208	368
	25+	.1192	248	368
Baylor	770 schedule (all years of service)	.0202	43	164
	Weekender < 10 years 24/32/36 schedules	.0385	77	204
	Weekender 10+ years 24/32/36 schedules	.0480	90	260

* Paid time off will commence accruing again within 12 at the beginning of the pay period of a new anniversary time period if paid time off accrual stopped as a result of reaching 3680 paid hours or 72 once an employee has used paid time off hours and their balance fell below the maximum balance allowed.

- Utilize in ¼ hour increments
- Sellback PTO during the month of your anniversary each year
- Must keep 40 hours

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Short Term Disability

- Becomes effective the 1st 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 1st 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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- 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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[illegible]

- 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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[illegible]

- 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
- 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




- 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



- 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 5th and 6th 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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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 select	Enrich Plus HMO HCAP	Enrich Point of Service		Enlight HMO HCAP
			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
UC Copay	NA	NA	\$30	Deductible, coins	NA
ER Copay	NA	NA	\$250	\$250	NA
Rx 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 you answer to the question is no, and they are not be enrolled on your health insurance plan through their employer, you must pay a \$100 per month surcharge on your health insurance premium. This surcharge is applied to the monthly premium for the spouse or domestic partner who is not enrolled on your health insurance plan.

Please Note: If you have a qualifying life-changing event that makes this surcharge no longer applicable, it is your responsibility to notify the employer. In January, which is after the first day of the surcharge, you must notify the employer of your status. The employer will make the necessary changes that are made to the plan. If you are not notified, the surcharge will be applied.

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

☐ Yes

☐ No

If you answer to the question is no, the surcharge will be applied. You are responsible for notifying the employer of your status. The employer will make the necessary changes that are made to the plan. If you are not notified, the surcharge will be applied.

Please Note: If you have a qualifying life-changing event that makes this surcharge no longer applicable, it is your responsibility to notify the employer. In January, which is after the first day of the surcharge, you must notify the employer of your status. The employer will make the necessary changes that are made to the plan. If you are not notified, the surcharge will be applied.

Please Note: If you have a qualifying life-changing event that makes this surcharge no longer applicable, it is your responsibility to notify the employer. In January, which is after the first day of the surcharge, you must notify the employer of your status. The employer will make the necessary changes that are made to the plan. If you are not notified, the surcharge will be applied.

- 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 1st 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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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
- 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
- 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
- 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 or 1-800-988-4221

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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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Life Changing Events

Benefit Plan Eligibility & Definitions

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

Dependent Definition
 terms

Domestic Partner
A domestic partner is an eligible dependent who has met the criteria of declaring a domestic partnership with the employee. In order to determine if a person qualifies as a domestic partner, the employee must submit a declaration of domestic partnership form to Human Resources (HR). This form can be found on the benefits library and must be approved by HR prior to the employee electing health and/or dental insurance coverage for the domestic partner.

Life Changing Events

family or event, that allows you to make changes to some or all insurance plans without having additional time to complete the enrollment process. In most situations, you have a 30-day period from the event to complete the necessary changes at Workday. After 30 days, restrictions/limitations will either not allow you to make changes, or they will not allow you the next scheduled open enrollment.

Switch Between Plans: Within 30 days of a life-changing event or each year during the annual benefit re-enrollment period, Health and/or dental plan members have the opportunity to switch to any other plan offered in the group. Health System group health/benefit plan members. The effective date will be the first of the month following the date of the event triggering the change. There are no open enrollment effective dates. For this purpose, life-changing events include marriage, divorce, birth/adoptions, death, dependent leaving or reaching majority, disability, loss of dependent, reaching 65 or off the PCS service area, termination or loss of other coverage, court order, reaching Medicare status or exhausting COBRA.

If you have questions regarding what constitutes as a qualifying life-changing event, please contact Human Resources at: 763-367-6264 or ext. 3-6264.

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

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Health Savings Account (HSA)

Health Savings Account

Health Savings Account
A Health Savings Account (HSA) is available to benefit-eligible employees at Marshfield Clinic Health System who are enrolled in the High Deductible Health Plan (cHDP) health insurance plan. Contributions to an HSA are made on a pre-tax basis through payroll deduction.

Fidelity is the administrator for the HSA, and they do charge a \$27 annual fee that is deducted from the participant's HSA account quarterly in \$6.75 increments.

Enrollment Process:

After your benefit election has been approved in Workday and you have received your new Health Plan ID card, you will receive a letter from Fidelity in notification of your eligibility to participate in a HSA.

- Log onto the Fidelity website (www.fidelity.com) or call them at 1-800-343-0860 and open your HSA.
- Fidelity will provide you with a 3-digit Health Savings account number and a PIN. For the account number, you will need to contact the HRIS Benefits department at benefits@maricopahealthfunds.com or call 795-557-9375, to set up your initial HSA contribution per pay period.
- After completing these steps, HSA contributions should appear on your pay stub and in your Fidelity account.

Participants are able to amend their HSA elections at any time.

Total annual contributions are subject to the 401 annual maximums. Here are the 2015 HSA statutory maximum limits:

\$4,300 • Single Plan
\$8,550 • Employee + Unemployed Children, Family Plan
\$10,000 • Age 55 and Older "Catch Up" Contributions

IRS Publication 990 outlines limits at www.irs.gov/irspubs/about-publication-990

- Administered by Fidelity Investments
- Open to eligible MCHS HDHP participants
 - Must not have other impermissible coverage
- Money is taken pre-tax
- No minimum contribution
- Not a use it or lose it plan
- Expenses incurred by:
 - You
 - Legal spouse
 - *Eligible tax dependents

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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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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) 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

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.

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

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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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- 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.

- 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

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- 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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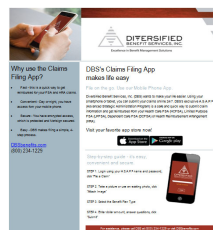
Dependent Care Flexible Spending Account

- 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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Diversified Benefit Services



- DBS Reimbursement Options
- Visit 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 1st 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

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