Q1. Why is Marquette charging spouses more for medical insurance starting in 2021?

A1. Marquette University continually strives to maintain high quality and cost-effective medical coverage for all our employees. While Marquette University continues to offer spouses coverage, we believe that every employer bears the responsibility of providing medical benefits to its own employees. Spouses who have the option to take medical coverage with their own employer will automatically be assessed a $100 monthly spousal surcharge if they remain on Marquette’s medical plan. This charge will only apply if your spouse is eligible for medical coverage through their own employer but chooses instead to enroll in the Marquette Medical Plan.

Q2. How will employees notify Marquette of the other coverage their spouse has available?

A2. The spousal surcharge will automatically be assessed for employees enrolling for Employee + Spouse, or Family medical coverage, effective January 1, 2021 unless you complete the spousal surcharge waiver on the enrollment system during the annual benefit enrollment process. The completion of the waiver will be required each year during the annual benefit enrollment period. Waivers can also be completed on the enrollment system as a result of a qualifying life event (i.e., loss of coverage, marriage, etc.) and will take effect the first of the month following the requested change.

Q3. Am I able to enroll different family members in medical, dental and vision coverage? For example, my children are young and may not need vision coverage yet.

A3. Yes, for example you can enroll your whole family (yourself, spouse and children) in a medical plan, but only yourself and your spouse in dental and vision, if that’s all they require for 2021. However, remember to enroll them the following year if you think they will need coverage at that time.

Q4. Can I make a change during the Plan Year once my elections are made?

A4. Yes, there are certain IRS regulations that allow you to make a change during the Plan Year if you experience a Qualifying Event.

Any change you make due to a qualifying event needs to be consistent with that change. For example, if you were to marry during the Plan Year, you could add your spouse to a plan or waive coverage if you decided to be covered under your spouse’s plan. However, this event would not allow you to move from one medical plan to another. Similarly, if you gave birth to a child, you could add that child to your current plan(s). Please note that any changes need to be made within 30 days of the event.

The list below includes many of those events.

## Qualifying Events

- Marriage, divorce, legal separation or annulment
- Birth or adoption of a child
- Obtaining legal guardianship of a child
- Change in employment status for your spouse or child that affects benefit eligibility, including commencement or termination of employment, or change in worksite
- You or your dependent become eligible or lose eligibility for Medicare or Medicaid
- The death of your spouse or child
• Court ordered coverage of your child by you or your spouse, allowing you to add or drop the child’s coverage
• Loss of eligibility for a child, including graduation or reaching age limitations
• Change in your MU employment or work hours that affects benefits eligibility
• Change in your access to health care due to annual enrollment through your spouse or a substantial mid-year increase in premiums.

Q5. Where can I find a UnitedHealthcare Premium Designated Provider?

A5. Go to umr.com and select the Find a provider tile on the lower left side of the home screen. You can also call the number on the back of your health plan ID card. Premium Designated Providers can be identified with two blue hearts alongside their name.

Q6. What are the advantages of using a UnitedHealthcare Premium Designated Provider?

A6. Where you get care is your personal choice. No two doctors are exactly alike, and you probably think about many factors when choosing a doctor. The UnitedHealth Premium designation can help you make more informed and confident health care decisions.

If you need help in selecting a new doctor, outpatient facility or hospital, let UMR help you find a provider with two Blue Hearts, indicating they provide high quality results.

With these providers, you’re more likely to get the care you need the first time, at the right place. That means:
• Fewer complications.
• Fewer do-over surgeries.
• Fewer unnecessary lab tests, MRIs and medications.

Call the number on the back of your UMR member ID card to get connected to a provider near you. Or search for one by logging into the UMR website at umr.com on your computer or mobile device.

Q7. Is it a good idea to participate in a Flexible Spending Account (FSA)?

A7. The advantage of funding an FSA is that you are able to save for out-of-pocket expenses on a pre-tax basis. During the annual enrollment period, you can elect to fund an amount that you expect to use during the plan year. If you enroll in the health care FSA (available if you enroll in the CPHP or waive medical coverage), you might want to set aside pre-tax money to pay for out-of-pocket expenses such as your copays, deductibles, and coinsurance for medical, dental, vision and prescription drug care.

If you pay for qualified day care services for your dependent child or an elderly parent that allow you (and your spouse, if applicable) to work, go to school, or look for work, you can set aside money through a pre-tax dependent care FSA. You can be reimbursed for those qualified day care expenses.

With either the health care or dependent care FSA, you should only elect an amount for expenses you know you will incur. These accounts are known as “use it or lose it.” Any amounts remaining after year-end and the grace period will be forfeited, so you want to make sure to plan carefully. See the Annual Enrollment Benefit Guide for more details.
Q8. What is a Limited Purpose Flexible Spending Account (FSA)?

A8. You could enroll in this type of account if you are enrolled in either the AHDHP or EHDHP medical plans to pay for out-of-pocket expenses you expect to incur for dental and vision expenses only. See the Annual Enrollment Benefit Guide for more details.

Q9. What are the advantages of contributing to a Health Savings Account (HSA)?

A9. HSAs allow you to set aside pre-tax contributions to pay for eligible expenses you pay for out of your pocket. These include out-of-pocket health care expenses not reimbursed by other sources including deductibles, co-payments, and coinsurance. You can only enroll in the HSA if you are enrolled in the AHDHP or EHDHP medical plan.

Your HSA balance rolls over from one year to the next. It’s also portable, which means if you leave Marquette, the balance in your account goes with you. See the Annual Benefit Enrollment Guide for more details.

Q10. How can I determine what medical plan is best for me?

A10. First, know that all three medical plans are identical in the covered services provided, the national provider network, and include coverage for wellness and preventive care in-network at 100%. The only differences between the plans are premiums, deductibles, copays and out-of-pocket maximums.

There are a variety of resources to help you make a good decision for your personal situation:
1. Scheduling a 30-minute appointment with a Benefits Educator by calling 1-877-759-7668.
2. Use the “Ask Emma” tool on the benefits enrollment system.
3. Referring to the Health Plan Personas examples in the Annual Benefits Enrollment Guide.
4. Call a UMR Plan Advisor to discuss procedures planned for next year.

Q11. Will I receive new ID cards at the start of the new year?

A11. For 2021, you can expect the following:

- Medical: New UMR medical ID cards will be sent to everyone in January 2021.
- Dental: You will only receive a new dental ID card if you are newly enrolling in the plan or if you added or dropped family members for 2021.
- Vision: VSP does not send ID cards to any members. VSP will be using your 9-digit MU Employee ID number as your unique identifier and as the means to determine your eligibility.