

**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](http://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](http://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.

**Q.12 Do my medical plan premiums count towards my deductible and out-of-pocket maximums?**

**A12.** No. The expenses that do apply are your deductible and out-of-pocket maximum are your out-of-pocket costs such as copayments and coinsurance amounts.

**Q13. How do I calculate the maximum amount I can contribute to a Flexible Spending Account (HC FSA) or a Health Savings Account (HSA)?**

**A13.** The maximum amount you can contribute to a Health Care FSA in 2021 is \$2,750. If you are receiving a Wellness Reward from your 2020 activities and plan to contribute the maximum allowed, you will need to subtract the amount of the Reward from the total you plan to contribute. For example, if you earned the maximum FSA contribution of \$125 for Single coverage, the maximum you can voluntarily contribute to an HC FSA is \$2,625 (\$2,750 minus \$125).

You would calculate the maximum contribution to an HSA in the same manner. If you were enrolled in Single Coverage in 2020 and expect to receive the maximum Wellness Reward of \$250 from your 2020 activities, you will need to subtract the amount of the Reward from the total you plan to contribution to avoid contributing above the IRS maximum. In this scenario, you could contribute the maximum of \$3,350 (\$3,600 minus \$250). Note: If you are age 55 or older and enroll in the HSA, you are eligible to contribute an additional \$1,000. So, in this example, you would be able to contribute \$4,350.

**Q14. Can you clarify how the dental plan deductible works for families?**

**A14.** The per person deductible in the dental plan is \$50. Once an individual satisfies the deductible, that person's future claims are paid at the set coinsurance levels until the individual annual maximum plan benefit of \$2,500 is reached. The maximum family deductible in the dental plan is \$150. If three or more family members meet a total deductible of \$150 in the Plan Year, the family's claims from that point on through the end of the Plan Year will be covered at the coinsurance levels based on the type of service up to each person's annual maximum benefit of \$2,500 each.

**Q15. What can I do if my spouse's annual enrollment has already closed this year?**

**A15.** Your spouse's annual enrollment is considered a qualifying event that would allow you to make a new election. For example, if your spouse's annual enrollment was held in September and you waived coverage through your spouse's employer and now want to make a new election based on the options Marquette is offering, your spouse would need to contact their employer to ask about making the change. You might be asked to submit documentation of Marquette's annual enrollment dates. If so, your spouse could show their employer the postcard or the flyer you received in the mail to substantiate the dates.

The same process would apply if your spouse's annual enrollment would occur at any other time of year as well.

**Q16. How does enrolling in the Medicare Part D prescription drug plan impact my coverage through Marquette?**

**A16.** Marquette University has determined that the prescription drug coverage offered by any Medicare Prescription Drug Plan or Medicare Advantage Plan is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

If you decide to join a Medicare drug plan, your current Marquette University coverage will not be affected. You can keep your Marquette University coverage and it will coordinate with Part D coverage according to Medicare Secondary Payer Rules. However, if you are enrolled in Medicare Parts A, B or D, you will not be eligible to contribute to a Health Savings Account (HSA).

If you decide to join a Medicare drug plan and drop your current Marquette University coverage, be aware that you and your dependents will not be able to get this coverage back.

**Q17. I don't see any requirements for taking the Biometric Screening or the Health Risk Assessment (HRA). In the past, I've earned points toward my wellness rewards for participating in both programs.**

**A17.** The on campus biometric screening was not offered in 2020 as a step to earn Wellness Rewards for 2021; nor will it be a requirement in 2021 for 2022. However, having a biometric screening is an important part of understanding your health risks and should be included as part of your annual physical exam. Please talk with your Primary Care Provider (PCP) about ordering this test. The results of your biometric screening can be used to complete the online HRA. While completing the HRA is not a requirement, it is a voluntary activity to earn a high-point reward in 2021 toward a wellness incentive for 2022. Points toward your wellness incentive are earned January 1, 2021 – September 30, 2021. You can complete the online HRA using the [Virgin Pulse system](#). For questions contact Virgin Pulse Customer Support at 1-888-671-9395 or [support@virginpulse.com](mailto:support@virginpulse.com).