

The Frequently Asked Questions (FAQs) are categorized by the following topics:

- GENERAL ENROLLMENT QUESTIONS
- MEDICAL, DENTAL & VISION COVERAGE
- FLEXIBLE SPENDING ACCOUNTS (FSAs) & HEALTH SAVINGS ACCOUNTS (HSAs)
- VOLUNTARY BENEFITS (ACCIDENT, OPTIONAL LIFE, LONG-TERM DISABILITY)
- EMPLOYEE WELLNESS

## GENERAL ENROLLMENT QUESTIONS

### Q1. How do I log in to view and enroll in benefits?

**A1.** Benefit information is housed at <https://marquettebenefitsenrollment.com> and you can view your benefits at any time during the year by clicking the “Enroll/View Your Benefits” button. During Annual Enrollment you will be able to make changes to your benefits using this same button. The button will take you right to your information without additional log-in steps provided you are logged-in to a MU system. (You are authenticated as an MU employee once you have logged-in to start your computer or have used email or another MU system which required log-in) If you are not logged into a MU system, you will receive a prompt to provide your email address and password. Please note: all benefit information can be found at this link EXCEPT TIAA retirement information which is contained on the TIAA site.

### Q2. Can I enroll on my own or must I use a Benefits Educator?

**A2.** To enroll in your 2022 plan year benefits you may speak with a Licensed Benefits Educator via a telephonic appointment or you may enroll yourself at your own leisure. You may schedule your appointment beginning October 18 by visiting [www.marquettebenefitsenrollment.com](http://www.marquettebenefitsenrollment.com) or by calling 1-877-759-7668. The appointment will allow you time to ask specific questions regarding the benefits, compare offerings, and make the best decision for your individual needs. You may also visit [www.marquettebenefitsenrollment.com](http://www.marquettebenefitsenrollment.com) and follow the instructions to complete the enrollment yourself beginning October 25.<sup>h</sup>

DirectPath Benefits Educators are licensed, non-commissioned advisors who assist with raising awareness of the employer benefits programs through one-on-one enrollment appointments.

### Q3. What information will I need when enrolling?

**A3.** Along with your personal information, if you would like to enroll a spouse and/or dependent, you must have their Date of Birth and Social Security number in order to complete your enrollment. Once your enrollment is complete, you will need to upload a copy of the marriage certificate and/or birth certificate(s) for enrolled dependents in the online enrollment tool. Also, be sure to review your benefits guide prior to your appointment. You can view the benefits guide or the document upload instructions at [www.marquettebenefitsenrollment.com](http://www.marquettebenefitsenrollment.com).

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

**A5.** 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 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.

#### **Q6. Why is Marquette charging spouses more for medical insurance??**

**A6.** 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. Employees must re-certify their spouse's coverage every year during the annual enrollment period.

**Q7. How will employees notify Marquette of the other coverage their spouse has available?**

**A7.** The spousal surcharge will automatically be assessed for employees enrolling for Employee + Spouse, or Family medical coverage, unless they 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 (e.g., loss of coverage, marriage, etc.) and will take effect the first of the month following the requested change.

**Q8. 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.**

**A8.** 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. However, remember to enroll them the following year if you think they will need coverage at that time.

**Q9. What happens to my current benefits if I don't enroll during OE?**

**A9.** If you do not enroll in your benefits during the enrollment period, your benefits will remain the same for the 2022 plan year. However, there are two exceptions. If you want to fund an FSA or HSA, you will need to re-elect the amount you wish to fund. Those accounts do not carryover from one year to the next. Secondly, if you are covering a spouse, you must complete the spousal surcharge waiver to avoid the penalty.

**Q10. How can I be sure that my elections and dependent information have been successfully updated?**

**A10.** A confirmation statement will be sent to your email address on file once you have completed your 2021 Plan Year enrollment. This confirmation statement will reflect elections you have made at Open Enrollment to be effective as of 1/1/21, as well as reflect enrolled dependents. Please review carefully for accuracy! If you enroll yourself, you will be prompted to print or email yourself the confirmation statement upon completion of the enrollment.

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

**A11.** For 2022, you can expect the following:

- Medical: You will only receive a new medical ID card if you are newly enrolling in the plan, changed plans or added/dropped family members for 2022.
- 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 2022.
- 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.

## **MEDICAL, DENTAL AND VISION COVERAGE**

### **Q12. Who is Tria Health?**

**A12.** Tria Health is a new vendor that will provide condition management services to medical plan members with diabetes, heart disease, high cholesterol, high blood pressure, mental health disorders, Asthma/COPD, osteoporosis or migraines. This is a free and confidential service. Tria Health will identify members through medical and prescription drug claims data and will reach out to them directly to invite them into the program. Members who actively participate in the program will have an opportunity to receive discounted medications and equipment for managing specific chronic conditions.

### **Q13. Where can I find a UnitedHealthcare Premium Designated Provider?**

**A13.** 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.

### **Q14. What are the advantages of using a UnitedHealthcare Premium Designated Provider?**

**A14.** 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.

### **Q.15 Do my medical plan premiums count towards my deductible and out-of-pocket maximums?**

**A15.** 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.

### **Q16. How can I determine what medical plan is best for me?**

**A16.** 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

**Q17. Can you clarify how the dental plan deductible works for families?**

**A17.** 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.

## **FSAs AND HSAs**

**Q18. Is it a good idea to participate in a Flexible Spending Account (FSA)?**

**A18.** 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.

**Q19. What is a Limited Purpose Flexible Spending Account (FSA)?**

**A19.** 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.

**Q20. What are the advantages of contributing to a Health Savings Account (HSA)?**

**A20.** HSAs allow you to set aside pre-tax contributions to pay for eligible expenses you pay for out of your pocket if you are enrolled in a high-deductible health plan. 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.

**Q21. How do I calculate the maximum amount I can contribute to a Flexible Spending Account (HC FSA) or a Health Savings Account (HSA)?**

**A21.** The maximum amount you can contribute to a Health Care FSA in 2022 is \$2,750. If you are receiving a Wellness Reward from your 2021 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 2021 and expect to receive the maximum Wellness Reward of \$250 from your 2021 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 \$3,400 (\$3,650 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 \$4,400.

## **VOLUNTARY BENEFITS (ACCIDENT, OPTIONAL LIFE, LONG-TERM DISABILITY)**

**Q22. What are the advantages of enrolling in Accident Coverage?**

**A22.** By enrolling in Accident Coverage through MetLife, you can receive payments if you or any covered family member were to suffer from an accidental injury, including those from playing organized sports. Injuries range from broken bones to a concussion, and many more. The payment you receive is in addition to the benefits paid under the medical plan. Annual enrollment is the only opportunity you have to enroll in this program; premiums will be deducted from your pay.

**Q23. Describe the Auto/Home Insurance program.**

**A23.** MetLife is offering automobile and homeowners insurance through Farmers Insurance. You can opt in/out at any time throughout the calendar year. Through this program, the benefits include:

- A group discount of up to 15%
- Automatic payment discount
- Good driving rewards
- Loyalty discount
- Multi-policy discounts
- Multi-vehicle savings
- 24/7 customer service

**Q24. Tell me more about the life insurance coverage for spouses and dependent children.**

**A24.** The details of the program are as follows:

- Employees, who are enrolled in the Optional Life Program, can purchase voluntary life insurance through MetLife for their spouse and dependent children age 26 or younger.
- The spouse benefit can be purchased in \$25,000 increments, not to exceed the lesser of \$75,000 or 100% of the employee's Optional Life election, and a flat \$10,000 benefit for each covered child age 26 or younger.
- If the employee is newly enrolling in Optional Life, they are required to go through medical underwriting. Underwriting for their spouse is required if the benefit exceeds \$50,000 during this first Guarantee period. No underwriting is required for children regardless of age.

**Q25. Why did the university move long-term disability coverage from Northwestern Mutual to MetLife?**

**A25.** The Human Resource Department and the Health Care Task Force work together to ensure we offer vendors who provide the best value to employees and the university. Over the summer, they evaluated many vendors who administer long-term disability plans (including Northwestern Mutual) and were able to contract with MetLife to provide the same coverage benefits at a lower cost to employees and the university. Not only will this offering provide a great value, but because MetLife is a familiar name to employees, it offers the security in knowing their program is solid and meets our needs. Only new enrollees will need to complete an Evidence of Insurability. If you were already enrolled with Northwestern Mutual, your coverage will carry over, and an Evidence of Insurability will not be required.

## **WELLNESS PROGRAM**

**Q26. 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.**

**A26.** The on-campus biometric screening was not offered in 2021 as a step to earn Wellness Rewards for 2022; nor will it be a requirement in 2022 for 2023. 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 2022 toward a wellness incentive for 2023. Points toward your wellness incentive are earned January 1, 2022 – September 30, 2022.

**Q27. Why did Marquette change wellness vendors?**

**A27.** The Healthcare taskforce decided to not renew with Virgin Pulse and reviewed several new options for a well-being vendor. The taskforce chose Marquee Health as the new well-being vendor beginning January 2022.

**Q28. What does this mean for you as faculty or staff members?**

**A28.** The program through Marquee Health will have many of the same features, as well as new content. For example:

- The Marquee Health program and activities will have a continued focus on physical, mental, spiritual, emotional and social well-being.
- You are still able to earn wellness points toward your 2023 FSA/HSA contribution.
- You'll be able to earn points through a variety of wellness activities.
- Videos, fitness center discounts and more.

**Q29. Can my spouse who is not a Marquette faculty or staff still participate?**

**A29.** Yes, your spouse can still participate.

**Q30. What if I am not on a Marquette sponsored health plan, can I still participate?**

**A30.** Yes, you and your spouse can still participate. However, neither you nor your spouse can earn FSA/HSA rewards.