

2024 ANNUAL ENROLLMENT GUIDE

Your To-Do List:

- ✓ Evaluate and enroll – read the 2024 enrollment materials on the Human Resources website for the details.
- ✓ Make a medical plan election. Select one of the new medical plans or waive medical coverage. ***If you do nothing, you will have no medical coverage in 2024.***
- ✓ Select a Primary Care Provider (PCP) for yourself and each family member you plan to cover. You can make this designation during annual enrollment.
- ✓ Starting Oct. 16, you can schedule a benefit educator appointment for a set time (8 a.m.–8 p.m.) during annual enrollment. Schedule this confidential, 30-minute phone or virtual appointment with a benefits educator by calling (877) 759-7668 or by going to marquettebenefitsenrollment.com. You can also self-enroll during annual enrollment.



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2024 ANNUAL BENEFITS ENROLLMENT

Monday, Oct. 23, 8 a.m., through Monday, Nov. 6, 4 p.m.

WHAT YOU NEED TO DO:

Review the 2024 changes to make sure you understand how these will impact your personal situation. You are encouraged to enroll in the plan(s) and coverage tiers that work best for you.

WHEN YOU CAN ENROLL OR MAKE CHANGES:

Annual Enrollment begins Monday, Oct. 23, at 8 a.m. CDT and ends Monday, Nov. 6, at 4 p.m. CT.

WHY IT'S IMPORTANT:

It's your once-a-year opportunity to review 2024 plan changes, evaluate your options, and make changes to your plans and whom you cover. Changes will take effect on Jan. 1, 2024, and remain in effect through Dec. 31, 2024.

Coverage	Do I Need to Take Action?	Defaults if you do nothing
Medical	Yes , you will need to enroll in one of the new medical plan offerings (or waive coverage) and are encouraged to designate a PCP at the time of enrollment. If covering a spouse, see below.	NO MEDICAL COVERAGE FOR 2024
Covering a spouse?	Yes , you will need to re-certify your spouse's access to other coverage through their employer.	\$100/mo. spousal surcharge will apply
Dental	No , unless you want to newly enroll/disenroll in dental coverage or the family members you cover.	Your previous dental election and the eligible family members you cover will remain the same.
Vision	No , unless you want to newly enroll/disenroll in vision coverage or the family members you cover.	Your previous dental election and the eligible family members you cover will remain the same.
Health Care Flex Spending Account (FSA)	Yes , if you want to fund an FSA for your 2024 out-of-pocket health care costs and are in the CPHP (or on a spouse's non-high-deductible health plan).	\$0 as you are required to make a new election each plan year.
Limited Purpose Health Care FSA	Yes , if you want to fund an FSA for your 2024 out-of-pocket dental and vision expenses and are enrolled in a high-deductible medical plan.	\$0 as you are required to make a new election each plan year.
Dependent Care Flexible Spending Account (FSA)	Yes , if you want to fund an FSA for your 2024 out-of-pocket dependent care expenses.	\$0 as you are required to make a new election each plan year.
Health Savings Account (HSA)	Yes , if you want to fund an HSA for future out-of-pocket health care expenses and are enrolled in a high-deductible medical plan.	\$0 as you are required to make a new election each plan year. However, you can enroll at any time throughout the year. Your contribution will begin as soon as administratively possible.

HOW:

You can enroll one of two ways:

- Self-enroll online starting Oct. 23 by going to marquettebenefitsenrollment.com. Step-by-step instructions can be found on the enrollment site.
- Schedule a confidential, 30-minute phone or virtual appointment with a benefits educator by calling (877) 759-7668 or by going to marquettebenefitsenrollment.com. Starting Oct. 16, you can schedule a benefit educator appointment for a set time (8 a.m.–8 p.m.) during annual enrollment.

Important: If enrolling a spouse and/or child(ren) in Marquette benefits, you will need their Social Security numbers and dates of birth. You will also need to upload a copy of the marriage certificate and/or adoption/birth certificate for these dependents to the online enrollment tool by Nov. 6, 2023. You will not be able to complete your enrollment without this information.

Note: You do not need to re-upload certificates that were uploaded previously (during the previous years' enrollment process).

DEAR COLLEAGUE:

Welcome to the 2024 annual benefits enrollment. This guide is designed to provide you with information you'll need to make important decisions about your benefits for the coming year. Please take time to review this guide as there are key changes that will require you to take action during the enrollment period.

Marquette is committed to providing competitive and comprehensive benefits that address the diverse needs of our employees. Human Resources, together with the Health Care Task Force (a team made up of faculty and staff representatives) worked on this year's offerings with the goal of ensuring that employees continue to have access to quality care, choice of plans and providers, and affordable options. The changes in this year's plan designs help us mitigate the increasing costs of health care for our employees and their families.

Importantly, the Task Force believes that a relationship with a Primary Care Provider (PCP) is vital to ensure the highest quality of personalized medical care. Your PCP works with you as a key point of contact to help guide your care and to ensure you are receiving the right care when you need it. Through annual physicals, wellness visits, routine and diagnostic tests, vaccinations, and medication management, your PCP knows you and can tailor your care to fit your particular needs. Our 2024 medical plan design, then, requires those enrolled in a medical plan to identify a PCP. To further reinforce the value of having a PCP, all wellness participants will have the opportunity to earn 200 wellness points for having an annual PCP visit during the 2023-2024 wellness year.

In 2024, we are introducing two new medical plans: the PPO and HDHP. Everyone who wants medical coverage in 2024 must enroll during annual enrollment. You'll need to determine if you want to pay more in a monthly premium and less when you need care, or less in a monthly premium but more when you need care when determining what plan to elect. See chart on page 13 for help selecting a plan.

Each plan offers a 3-tiered benefit. Your benefit level is determined by the provider you use. Your Tier 1 providers are part of the NexusACO network and provide the best benefits and least out-of-pocket cost.

In addition to the new medical plans and NexusACO network changes, we are excited to offer programs that can help qualified members financially when faced with specialized treatment. They include:

- **Samaritan Fund:** Representatives at the Samaritan Fund help find medical plans that offer the most coverage for the lowest price for a qualified member facing a difficult illness, and as a replacement for the plans offered through Marquette University.
- **Safety Net benefit:** A pilot program that provides financial assistance to employees with a qualified annualized salary and who met the deductible for the plan and tier they are enrolled in for 2024.
- **Specialty Access Program:** This program provides assistance to the member by evaluating alternative methods to help pay for specialty medications while ensuring the member is adhering to their recommended course of treatment.

Please see details about these programs and more inside this Annual Enrollment Guide, and don't forget to take action by November 6!

Lynn Mellantine
Assistant Vice President, Human Resources

TOTAL REWARDS OF WORKING AT MARQUETTE UNIVERSITY



WHAT'S NEW FOR 2024

Marquette University is making the following changes for 2024 to continue to offer employees choice, quality, and affordability.

CHANGES TO MEDICAL PLANS

- Marquette University will be offering two new medical plans: PPO and HDHP. The previous CPHP, AHDHP, and EHDHP plans will no longer be available.
- Each plan offers a 3-tiered benefit. Your benefit level is determined by the provider you use: Tier 1, Tier 2 or a provider out-of-network. The PPO and HDHP plans provide an enhanced benefit to members who utilize Tier 1 providers.
- Although medical premiums increased to align with increasing health care costs, plan design changes and the addition of the NexusACO network helped manage the increase.

• CHANGES TO MEDICAL NETWORK — NexusACO

- UnitedHealthcare® NexusACO is a network available with a tiered benefit plan design. You can use any provider for your care, but using Tier 1 providers provides the best benefit and least out-of-pocket cost.
 - In Southeastern Wisconsin, Tier 1 includes providers from Advocate Aurora, Froedtert (except Froedtert South), Children's Wisconsin and the Medical College of Wisconsin.
 - Tier 2 includes other providers in the UHC Choice Plus network (same network as 2023).
 - Members can use out-of-network providers but at a higher out-of-pocket cost.
 - If receiving care outside of Southeastern Wisconsin, look for a Tier 1 provider in the national NexusACO network in your area to receive the Tier 1 benefit.

PRIMARY CARE PROVIDER (PCP) DESIGNATION

- During enrollment, employees will be asked to designate a Primary Care Provider (PCP) for themselves and all enrolled family members. Each family member can designate a unique PCP.
- Members do not need a referral from their PCP to receive care from a specialist.
- Each family member will receive an ID card that will include their PCP designation.

MY WELLNESS PROGRAM

- The period to earn points will begin Oct. 1, 2023, and will end Aug. 15, 2024.
- Members can earn 200 points during the Wellness Year for having an annual primary care visit and receive an additional 50 points for dental, vision or age/gender-specific screenings.

PHYSICAL THERAPY (PT) — CHANGE FOR BOTH PLANS

- A \$35 fee per visit will apply when receiving services at the Marquette University Physical Therapy Clinic for members enrolled in the PPO or HDHP medical plan. The fee will not apply to your deductible, coinsurance or out-of-pocket maximum.
- FSA/HSA dollars can be used to pay the \$35 fee.
- Marquette University Physical Therapy (PT) provides cost-effective and quality on-site care to employees and their family members. No PCP referral is necessary.

NEW PROGRAMS FOR 2024

SAMARITAN FUND

Marquette University is excited to announce its new partnership with the Samaritan Fund Program. This program supports those who have serious medical conditions or high-cost medications that may be financially difficult, even with insurance in place.

- All employees and family members who participate in the university's medical plan are eligible to apply for assistance. If accepted, you would get an individual health insurance plan combined with financial assistance that will leave you with little to no out-of-pocket costs for insurance premiums or care. If not accepted, you remain on the university's medical plan you enrolled in for 2024.
- Please direct any questions on this program to the Samaritan Fund Program team via phone at (866) 764-9290 or via email at service@samaritanfundprogram.com.
- **Contact Samaritan Fund to apply prior to the close of open enrollment, Nov. 6, 2023.**

SAFETY NET PROGRAM

The university created this pilot program to provide financial assistance to employees with a qualified annualized salary and who met the deductible for the plan and coverage tier they are enrolled in for 2024. The Safety Net amount covers all eligible Tier 1 claims incurred within the university's medical plan (not dental or vision) above the deductible.

To qualify you must:

- Be an active employee enrolled in one of the university's medical plans for calendar year 2024.
- Have an annualized salary on Jan. 1, 2024, or at the time of hire during 2024, that is less than or equal to \$38,617 (based on the 2024 ACA Index).
- Meet the deductible of the enrolled medical plan and coverage tier and participate in the Specialty Access Program (see below) if applicable.
- **Must apply no later than December 31, 2024.**

SPECIALTY MEDICATIONS — FUNDING ASSISTANCE

The university has added a Specialty Access Program through Navitus to assist members with specialty medication costs.

- If you are taking or using eligible specialty medications, you must participate in this program. **Navitus will be contacting members who are currently utilizing eligible specialty medications in the coming weeks by U.S. mail.**
- You will need to complete the program application with Navitus to qualify for the benefit. If eligible, you may be able to receive assistance with the cost of your specialty medication(s).

BENEFIT PLAN CONSIDERATIONS

Annual Enrollment provides a once-a-year opportunity to newly enroll in, change plans or who you cover, or waive benefits for the 2024 Plan Year. The chart below shows all the benefits you should consider during this annual enrollment period.

Benefit	Description	Paid By	2024 Cost
Medical	Coverage for eligible medical and prescription drug expenses	Shared (pre-tax)	See page 9
Dental	Coverage for eligible dental expenses	Shared (pre-tax)	See page 9
Vision	Coverage for eligible vision expenses	Shared (pre-tax)	See page 9
HSA	Allows you to set aside pre-tax dollars to reimburse eligible medical, prescription drug, dental and vision expenses if enrolled in HDHP	Contributions: You (pre-tax) Marquette (wellness only)	Contributions: Up to \$4,150 – Employee only \$8,300 – Other tiers Additional \$1,000 if 55+
FSA: Health Care	Allows you to set aside pre-tax dollars to reimburse eligible medical, prescription drug, dental, and vision expenses if enrolled in the PPO or waived coverage	Contributions: You (pre-tax) Marquette (wellness only)	Contributions: Up to \$3,050 per employee per calendar year
FSA: Limited Purpose Health Care	Allows you to set aside pre-tax dollars to reimburse eligible dental and vision only expenses if enrolled in the HDHP or a non-high deductible health plan outside of Marquette	Contributions: You (pre-tax)	Contributions: Up to \$3,050 per employee per calendar year
FSA: Dependent Care	Allows you to set aside pre-tax dollars to reimburse dependent childcare expenses if enrolled in any medical plan or waived coverage	Contributions: You (pre-tax)	Contributions: Up to \$5,000 per household per calendar year
Basic Life/AD&D Insurance	Insurance protection in the event of your death or dismemberment Coverage amount: 1x annual salary rounded up to nearest \$1,000	Marquette (for FT employees); You (for PT employees)	\$0.113 per \$1,000 of coverage
Optional Life Insurance	Insurance protection in the event of your death or dismemberment Coverage amount: 1x, 2x or 3x your annual salary rounded up to nearest \$1,000	You (after-tax)	Varies based on age and coverage amount
Voluntary Spouse or Dependent Life Insurance	Spouse benefit of \$25,000 increments, not to exceed the lesser of \$75,000 or 100% of the employee election; child(ren) benefit of \$10,000	You (after-tax)	Varies based on age and coverage amount
Accident Coverage	As long as policy and certificate requirements are met, it pays a dollar amount for injuries sustained in an accident. Benefits are paid regardless of what is covered by medical insurance. Payments are made directly to you to spend as you choose.	You (after-tax)	Varies based on coverage amount
Critical Illness	Upon diagnosis, it provides you with a lump-sum payment of \$15,000 or \$30,000 in initial benefits with a total benefit amount of 3x the initial benefit amount (\$45,000 or \$90,000) in the event that you or an enrolled dependent experience more than one covered condition.	You (after-tax)	Varies based on age and covered amount selected
Hospital Indemnity	As long as policy and certificate requirements are met, it typically pays a flat amount upon your hospital admission and a daily amount paid for each day of your hospital stay. It also provides payment if you're admitted to, or have to stay in, an Intensive Care Unit (ICU).	You (after-tax)	Varies based on coverage selected (Low or High Plan)
Long-Term Disability (Full-Time Only)	Income protection in the event of your disability Coverage amount: 65% of pre-disability earnings to maximum at \$12,000/month; 180-day Elimination Period; Includes retirement contribution and cost of living benefits	Shared (after-tax)	\$0.392 per \$100 of covered monthly earnings (shared equally between you and Marquette)
Group Legal	Attorney access to assist with various legal matters	You (after-tax)	\$21.00 per month

The Plan classifies an employee as an “eligible employee” when that person has a minimum of a 9-month continuous assignment and:

- Is regularly scheduled to work for Marquette for at least 20 hours per week or has an academic appointment for a minimum of 6 credit hours in two consecutive academic year semesters; or
- Is covered under a Collective Bargaining Agreement with the Plan holder that specifies a different definition of health care benefit eligibility.

(Note: Long-Term Disability (LTD) is offered to full-time benefit eligible employees only)

BENEFIT PLAN ELIGIBILITY

Dependent children can be covered under the medical, dental and vision plans. Eligible dependents include:

Dependent Eligibility by Insurance Plan		
	Eligible Ages	Notify HR Within 30 Days When
Medical	0 – 26	<ul style="list-style-type: none"> Your dependent turns age 26 Your dependent should no longer be covered under the Marquette University plan
Dental	0 – 19 (Up to age 25 if enrolled in school full time)	<ul style="list-style-type: none"> If your dependent turns age 19 and does not continue as a full-time student Your dependent graduates from college Your dependent, full-time student turns age 25
Vision	0 – 19 (Up to age 25 if enrolled in school full time)	<ul style="list-style-type: none"> If your dependent turns age 19 and does not continue as a full-time student Your dependent graduates from college Your dependent, full-time student turns age 25

QUALIFYING EVENTS

During annual enrollment, the changes you make for the coming year will be in effect for the entire Plan Year. However, there are certain regulations that allow you to make a change during the Plan Year if you experience a Qualifying Event. The list below includes many of those events.

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 have 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.

- Marriage, divorce, legal separation or annulment
- Give birth or adopt of a child
- Assumption of 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 work site
- You or your dependent becomes eligible or loses 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 Marquette employment or work hours that affects the benefits eligibility
- Change in your access to health care due to annual enrollment through your spouse or a substantial mid-year increase in premiums.

DID YOU KNOW?

If you are having trouble deciding what medical plan might be best for you, you can schedule a phone or virtual appointment with a benefits educator by calling (877) 759-7668, use the "Ask Emma" tool on the enrollment system, or see the comparison chart on page 13.

2024 MONTHLY PRE-TAX RATES

Medical, Dental and Vision Insurance Rates shown are for full-time employees and are effective Jan. 1, 2024, through Dec. 31, 2024.

PPO			
Medical Care Coverage	Employee	Marquette University	Total
Employee Only	\$270.00	\$489.00	\$759.00
Employee + Spouse*	\$580.00	\$1,243.00	\$1,823.00
Employee + Child (ren)	\$490.00	\$1,029.00	\$1,519.00
Family*	\$762.00	\$1,820.00	\$2,582.00

HDHP			
Medical Care Coverage	Employee	Marquette University	Total
Employee Only	\$60.00	\$605.00	\$665.00
Employee + Spouse*	\$132.00	\$1,463.00	\$1,595.00
Employee + Child (ren)	\$114.00	\$1,215.00	\$1,329.00
Family*	\$198.00	\$2,062.00	\$2,260.00

Delta Dental			
Dental Coverage	Employee	Marquette University	Total
Employee Only	\$12.92	\$33.90	\$46.82
Employee + Spouse	\$27.98	\$65.68	\$93.66
Employee + Child (ren)	\$31.20	\$92.16	\$123.36
Family	\$38.74	\$132.18	\$170.92

VSP Vision			
Vision Coverage	Employee	Marquette University	Total
Employee Only	\$2.76	\$8.30	\$11.06
Employee + Spouse	\$6.38	\$16.84	\$23.22
Employee + Child (ren)	\$5.32	\$14.58	\$19.90
Family	\$7.98	\$25.16	\$33.14

*Spousal surcharge of \$100/month will apply if your spouse has other employer-provided medical coverage available.

NOTE: Employees who work less than 12 months per year pay premiums as follows: January 1 - May 31 at 1.4x the employee rate, June 1 - July 31 no deduction, August 1 - December 31 at 1x the employee rate. Eligible part-time employees who work less than 30 hours, pay the total (Employee + Marquette University) cost.

COMPARE YOUR MEDICAL PLAN OPTIONS

Marquette University offers two medical plan options to best fit your needs:

- PPO Plan
- HDHP Plan

Monthly premiums are determined by the coverage selected: employee only, employee plus spouse, employee plus child(ren) or the family plan. Both medical plans are identical in the covered services provided, the provider networks, and include in-network coverage for wellness and preventive care at 100%. The only differences between the plans are premiums, deductibles, co-pays and out-of-pocket maximums.

	PPO Plan			HDHP Plan		
	Tier 1 (Nexus ACO)	Tier 2 (Choice Plus)	Out-of- Network	Tier 1 (Nexus ACO)	Tier 2 (Choice Plus)	Out-of- Network
Deductible						
Per Person	\$1,500		\$3,000	\$3,600		\$7,500
Per Family (two or more family members)	\$3,000		\$6,000	\$7,200		\$15,000
Coinsurance	90%	70%	50%	90%	70%	50%
Out-of-Pocket Maximum						
Per Person	\$5,000		\$12,000	\$6,000		\$15,000
Per Family (two or more family members)	\$10,000		\$24,000	\$12,000		\$30,000
Preventive Care	100%	100%	Ded/Coins	100%	100%	Ded/Coins
Primary Care	\$0	\$50	Ded/Coins	Ded/100%	Ded/Coins	Ded/Coins
Specialist	\$50	\$100	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins
Urgent Care	\$100	\$100	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins
Emergency Room	\$300			Ded/Coins		
Hospital Inpatient	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins	Ded/Coins
PT (Outside MU PT Clinic)	Ded/90%		Ded/Coins	Ded/90%		Ded/Coins
Prescription Drugs – Deductible / Coinsurance						
Tier 1	90%			90%		
Tier 2	70%			70%		
Tier 3	60%			60%		

Coinsurance rates listed are the percentage that Marquette University pays.

NexusACO NETWORK

UnitedHealthcare® NexusACO is a network available with a tiered benefit plan design. You can use any provider for your care, but using Tier 1 providers provides the best benefit and least out-of-pocket cost.

TIER 1 Tier 1 Provider

Tier 1 (Lowest-cost option):

Those utilizing in-network care from Tier 1 providers can take advantage of greater medical benefits with lower costs. Look for the Tier 1 symbol when doing a provider search at [umar.com](https://www.umar.com) under the UnitedHealthcare NexusACO 2024 network option.

Tier 1 provider systems in Southeastern Wisconsin are: Advocate Aurora, Froedtert (excluding Froedtert South), Children's Wisconsin and the Medical College of Wisconsin.



Outside of Southeastern Wisconsin:

If receiving care outside of Southeastern Wisconsin, look for a Tier 1 provider in the national NexusACO network in your area to receive the Tier 1 benefit.



Tier 2:

Tier 2 includes other providers in the UnitedHealthcare Choice Plus network (same network as 2023). Those utilizing care from Tier 2 providers will also receive a better value for health care benefits compared to out-of-network providers.

Tier 2 providers include providers that are in the current UnitedHealthcare Choice Plus network (same as 2023), but not in Tier 1, such as those in Ascension, ProHealth Care, Marshfield Clinics, and all other Choice Plus providers.

Out-of-Network Providers:

Members can use out-of-network providers but at a higher out-of-pocket cost.

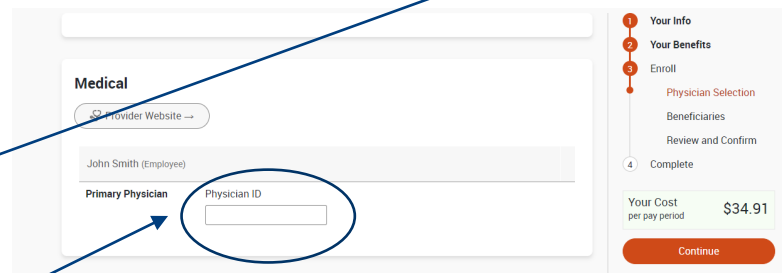
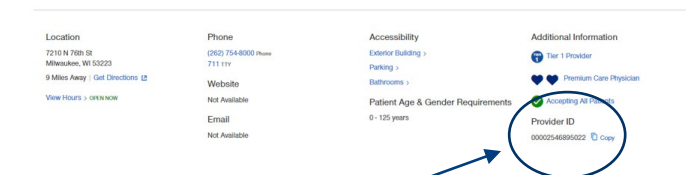
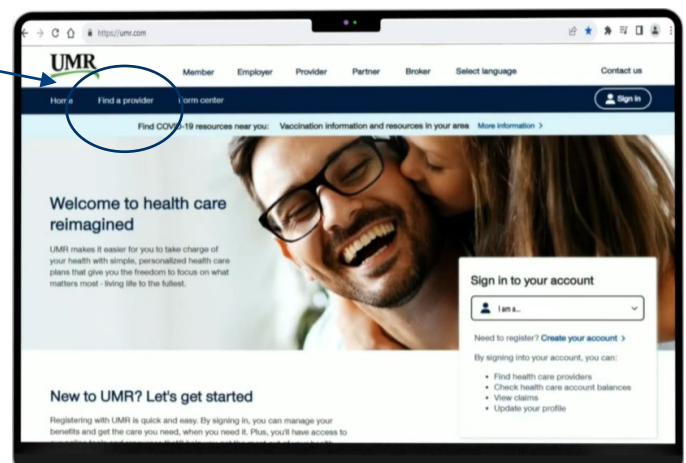
DESIGNATING A PRIMARY CARE PROVIDER (PCP)

When enrolling in either medical plan for 2024, you are required to designate a PCP and encouraged to do so during annual enrollment. A PCP can be a physician, nurse practitioner or physician assistant in the following specialties: family practice, general practice, nonspecialized internal medicine, mental health, pediatrics, or obstetrics/gynecology.

During the Annual Enrollment process you will be asked to provide a 14-digit Provider ID for each family member enrolling in medical coverage. The Provider ID can be found on umr.com.

It is important you do not log in to your [umar.com](https://www.umar.com) account when searching for your provider, but instead follow the instructions provided below:

1. Go to UMR.com (www.umar.com)
2. Click on the "Find a Provider" tab
3. In the Provider Network Search:
 - Elect the UnitedHealthcare NexusACO Network 2024.
 - Click "Search."
 - Ensure you are viewing the NexusACO Network.
4. In a new browser, you will see a UnitedHealthcare search engine.
 - If the location prefills to something other than your city/state, click on the link titled "Change Location" to conduct a search in your desired location.
 - You can now search for a provider by entering last name/first name in the search bar or you can search for a provider from a list of all providers by choosing the "People" button.
 - If the provider has a Tier 1 Provider label, they are Tier 1. If the provider does not specify a tier but they are listed as in-network, they are a Tier 2 Provider.
5. Once you've located a provider, click on the link of the provider's name.
 - Locate the provider ID number.
 - Copy the entire series of numbers, including any leading zeroes.
 - Enter the provider ID into the benefit enrollment system.



SELECTING A MEDICAL PLAN



It can be confusing when trying to determine what benefits are best for you. Below is some information and tips that will give you some guidance when choosing your medical plan. While both plans cover the same types of services, how and what you pay for your care can differ by the plan you choose. Seeing the differences side-by-side might be a helpful way to decide which is plan is best for you. In addition, you can schedule time with a benefits educator by calling (877) 759-7668 or use the "Ask Emma" tool on the benefits enrollment system.

Plan Feature	PPO	HDHP	Notes
Monthly Premiums	\$270 (employee only coverage)	\$60 (employee only coverage)	You'll pay more each month when you elect the PPO plan, but your expenses will be less than the HDHP when you need care.
Deductibles	\$1,500 (employee only)	\$3,600 (employee only)	You'll need to meet the deductible in the HDHP before the Plan begins to pay for your expenses. In the PPO, you'll need to meet the deductible for all expenses except provider office visits. However, in both plans, preventive care is covered at 100%.
Office Visits	\$0 for a Tier 1 PCP visit \$50 for a Tier 2 PCP visit \$50 Tier 1 specialist visit \$100 Tier 2 specialist visit	You must meet the deductible before the Plan begins to pay for your claims.	Look back at your past year's health care experience to consider how often you see a provider and what type of provider you typically see.
Coinsurance	Your share: 10% when you use Tier 1 providers. 30% when you use Tier 2 providers. 50% when you use providers outside the NexusACO or UHC Choice Plus networks.	Your share: 10% when you use Tier 1 providers. 30% when you use Tier 2 providers. 50% when you use providers outside the NexusACO or UHC Choice Plus networks.	Once your deductible is met in either plan, claims are paid based on the provider you are using (e.g., Tier 1, Tier 2 or Out-of-Network provider).
Out-of-Pocket (OOP) Maximums	\$5,000 (employee only coverage)	\$6,000 (employee only coverage)	This is the maximum amount you will need to pay out-of-your pocket for Tier 1 & Tier 2 claims and prescription drug costs. Once you've met the OOP max, your claims will be covered at 100% for the remainder of the calendar year. <i>(Note: If you qualify for the Safety Net program, your OOP max is reduced.)</i>

SELECTING A MEDICAL PLAN (CONT.)

Examples of how claims are paid in the PPO and the HDHP are shown below:

Example 1: Tier 1 Preventive Care Visit for \$125

Claims Process	PPO	HDHP
Deductible	Not applicable (N/A). Preventive Care is covered at 100%.	Not applicable (N/A). Preventive Care is covered at 100%
Copayment	N/A	N/A
Coinsurance	N/A	N/A
Your total cost for this claim	\$0	\$0

Example 2: Tier 1 Provider Specialist Visit for an Illness for \$125

Claims Process	PPO	HDHP
Deductible	N/A	\$125
Copayment	\$50	N/A
Coinsurance	N/A	N/A until the deductible is met
Your total cost for this claim	\$50	\$125

Example 3: Tier 1 Outpatient Hospital Bill for \$9,000

Claims Process	PPO	HDHP
Deductible	\$1,500	\$3,600
Copayment	N/A	N/A
Coinsurance	$\$7,500 * 10\% = \750	$\$5,400 * 10\% = \540
Your total cost for this claim	$\\$1,500 + \\$750 = \\$2,250$	$\\$3,600 + \\$540 = \\$4,140$

PRESCRIPTION DRUG BENEFITS

Marquette University's prescription drug program is part of the medical plan and is administered by Navitus Health Solutions. Prescription drugs are subject to the medical deductible and then to three tiers of coinsurance up to the medical out-of-pocket maximum. Once you reach the medical out-of-pocket maximum, the plan will pay 100% of your eligible medical and prescription costs for the remainder of the calendar year.

The prescription drug program provides you with savings when you purchase prescriptions from participating pharmacies. The Navitus Network includes many independent stores, as well as widely known chains.



CONVENIENT LOW-COST RETAIL AND MAIL-ORDER OPTIONS

- The drug plan offers Postal Prescription Services (PPS), a subsidiary of The Kroger Company (the parent of Pick 'N Save and Metro Market), as its mail-order pharmacy.
- Prescriptions can be mailed to your home, or you can pick up your prescription at a Kroger pharmacy at the same low mail-order price. Not only does the prescription come directly to your home, but you may be able to order up to a 90-day supply at a reduced cost.
- To get started, complete the mail-order enrollment process online at ppsrx.com. You may also contact PPS Customer Care by phone at (800) 552-6694.

PRESCRIPTION CARD

The prescription card is the same as your medical insurance card.

When the pharmacist enters your prescription, the Navitus system will tell the pharmacist if your deductible has been met.

Once your deductible has been met, their system will calculate the appropriate coinsurance you need to pay, and your pharmacist will charge you for that amount.

SPECIALTYRx

- Navitus SpecialtyRx works with their specialty partner, Lumicera Health Services, to offer services with the highest standard of care.
- Specialty drugs are typically high-cost medications used to treat complex, chronic conditions like cancer, rheumatoid arthritis, and more.
- You will get one-on-one service with skilled pharmacists. With Navitus SpecialtyRx, there is no delivery charge, and the medication is sent right to your door or prescriber's office. Local courier service is available for emergency, same-day medication needs.
- To start using Navitus SpecialtyRx, call toll-free (855) 847-3553. Lumicera will work with your prescriber for current or new specialty prescriptions.
- ***See the new requirements for specialty drugs on the next page.***

6 for \$6 Program at Costco

- This program, through Navitus, features 40+ generic medications available to members for \$6 for a 6-month supply. It's an exclusive partnership between Navitus and Costco Pharmacy.
- This program is available at Costco's 547+ retail pharmacy locations nationwide. You do not need to hold a Costco membership to participate.

SPECIALTY ACCESS PROGRAM

Specialty prescription drugs are not commonly prescribed but are expensive to employees and their family members.

To assist Marquette members with the cost of these specialty medications, the university has partnered with the Navitus Specialty Pharmacy, Lumicera, to help members apply for patient assistance programs that give access to specialty medications at little to no member cost. The name of the program is referred to as the Specialty Access Program.



How Specialty Access Program Works – NEW REQUIREMENTS FOR 2024

If you are taking or using an eligible specialty medication, you must participate in the program. Lumicera will be contacting members who are currently utilizing eligible specialty medications in the coming weeks by U.S. mail. If you are eligible, you may be able to receive assistance with the cost of your specialty medication(s).

A specialist will assist you with enrolling in the program and collecting all necessary income and identification information. During the enrollment process, the specialist will work with you to ensure you continue to receive your specialty medication(s).

What information will I be asked to provided? Will my information be kept private?

You may be asked to provide income and identification documentation to Lumicera on an annual basis, including, but not limited to:

- Your most recent W-2 or 1040 federal tax form
- Driver's license
- Additional household information such as your Social Security information, pension, IRA income and/or wages

Your prescriber may also be required to provide additional forms and information. All information provided will follow Lumicera's strict privacy and security guidelines. The information is only used to enroll you in the program and will not be shared.

Do I need to participate in the program?

Yes, the program is designed to save employees and their family members expenses associated with specialty medications. If you do not provide the required information to complete enrollment in the program, you can still receive your specialty medication, but you will be responsible for the entire cost of the medication.

What medications are included in the program?

Medications included in this program are indicated as "Tier S" on the prescription drug formulary. A formulary is a list of medications covered by insurance. You can review the formulary on the secure member portal at www.Navitus.com/members.

Tria Health is available to all medical plan members. With this free and confident benefit, employees can speak with a pharmacist expert to help you optimize the medications you're taking and better manage your health as well as your health care budget. Your pharmacist will make sure the medications you're taking are safe, effective and affordable as your first line of defense against costly chronic disease.

Tria Health is especially helpful to members who have any of the following chronic conditions:

- Diabetes
- Heart Disease
- High Cholesterol
- High Blood Pressure
- Mental Health
- Asthma/COPD
- Osteoporosis
- Migraines

WHY SHOULD I PARTICIPATE?

Pharmacists are the experts in how medications work and can provide valuable feedback to you and your provider(s). Your Tria Health pharmacist can help:

- Provide personalized care throughout the year without shuffling you in and out of your provider's office
- Make sure your medications are working as intended
- Answer any questions you have about your health
- Coordinate care with your provider(s)
- Help you save money



Save on your prescription medications by talking to Tria Health's pharmacists!

Simply by speaking with a Tria Health pharmacist, you can receive the following discounts on your maintenance medications used to treat your chronic condition(s):

- Pay \$0 for your Tier 1 medications (mostly generics) - no deductible or coinsurance.
- Pay only 10% coinsurance - no deductible - for your Tier 2 medications, including insulin and other brand drugs that treat diabetes, heart disease and respiratory conditions.
- Qualified participants receive a free diabetes blood glucose meter and testing supplies to better manage your diabetes!
- Qualified participants receive a free blood pressure cuff to better manage your blood pressure!

To contact Tria Health, you can visit them online at www.triahealth.com, or by phone at (888) 799-8742.

UMR TOOLS & RESOURCES

TELADOC

Teladoc is a convenient way to interact with a provider via live, two-way video on a computer or mobile device to address a medical situation and in some cases receive a prescription.

Costs for these visits for 2024 are listed below. Go to [Teladoc.com](https://www.teladoc.com) to set up an account or download the Teladoc app today!

Everyday Care:

- PPO: \$10/visit; HDHP: \$49 or less/visit
- Talk to a licensed provider for non-emergency conditions 24/7
- Flu, sinus infections, sore throats, and more

Dermatology:

- PPO: \$10/visit; HDHP: \$85 or less/consult
- Upload images of a skin issue online and get a custom treatment plan within two days
- Eczema, acne, rashes, and more

Mental Health Care

- PPO: \$10/visit
- HDHP: \$90 or less/therapist visit
- \$220 or less/psychiatrist first visit
- \$100 or less/psychiatrist ongoing visits
- Talk to a therapist 7 days a week (7:00 a.m. to 9:00 p.m. local time)

CARE MANAGEMENT

UMR Care Management is a staff of experienced, caring registered nurses who help you get the most out of your health plan benefits. They work with you, your providers and other medical experts to get the services that best meet your needs. Their expert nurses can guide you before, during and after your medical care.

Nurse case managers will assist with your medical care and treatment by:

- Helping negotiate treatment from the beginning of your care to recovery.
- Helping you look at treatment needs and options under the direction of your provider.
- Serving as your advocate with your benefits administrator.
- Providing an understanding of any complex claim issues and helping you understand your health benefits.

UMR's Care Management services can save you money and prevent delays in your medical claim processing.

PLAN ADVISOR

Plan Advisor is a service available to all Marquette members. Just call the number on the back of your UMR ID card for:

- Customer service for medical services and claims questions with emphasis on first call resolution
- Navigation and assistance establishing a primary care provider (PCP)
- Provider appointment scheduling and transferring medical care
- Telemedicine promotion and registration assistance
- Network information – guiding and encouraging members to use Tier 1 providers; the highest quality, most affordable provider for your needs
- Education on available disease management maternity and care management programs
- Education and navigational help using [umar.com](https://www.umar.com) and the digital tools and resources

ON-SITE SERVICES

MARQUETTE UNIVERSITY PHYSICAL THERAPY (PT) CLINIC

Marquette University Physical Therapy (PT) provides cost-effective and quality on-site care to employees and their family members. The Marquette University Physical Therapy Clinic is a full-service physical therapy and rehabilitation clinic open to the public. They offer the expertise of specialty-trained, licensed physical therapists and evidence-based care backed by the latest research and experts from our nationally ranked academic program.

Changes for 2024, regardless of the Marquette medical plan the member is enrolled in:

- A \$35 fee per visit will apply when receiving services at the Marquette University Physical Therapy Clinic.
 - No additional fees or costs, above the \$35 fee per visit, will be incurred by employee, spouse or dependent, unless the services are not medically necessary or outside the scope of physical therapy. In addition, the cost of supplies, durable medical equipment or orthotics are not covered by the fee.
 - Dry needling is covered as part of the \$35 fee per visit.
- This \$35 fee per visit cannot be applied to your deductible, coinsurance or out-of-pocket maximum.
- HSA/FSA dollars can be used to pay the \$35 fee.
- No Primary Care Provider (PCP) referral is necessary.
- You can receive physical therapy services from other network providers (not only the MU PT Clinic); however, the level of benefit is determined by the provider you use and is subject to deductible and coinsurance. The service outside of the MU PT Clinic would likely result in an employee cost greater than the \$35 fee per visit.

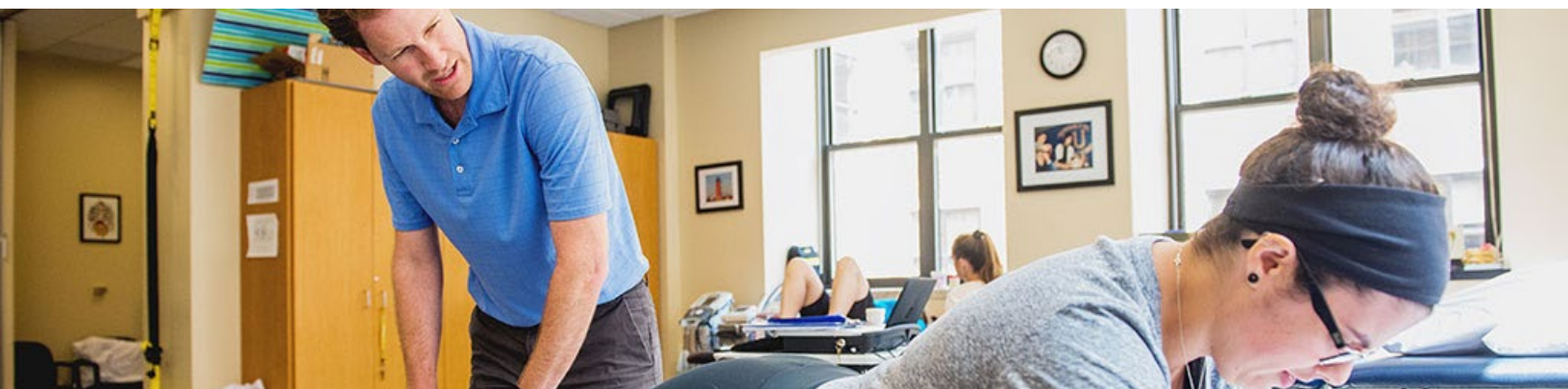
Please note:

Free scoliosis screening is now available for pre-teen or teenagers.

Contact Information

On-campus location: Cramer Hall, 604 N. 16th St., Room 215

Call for an appointment: (414) 288-1400



ON-SITE SERVICES

MARQUETTE UNIVERSITY SCHOOL OF DENTISTRY

For more than 100 years, the Marquette University School of Dentistry has provided an excellent clinically based dental education to dental students while delivering top-notch oral health care to patients and our Marquette employee community.

Our Faculty Practice clinic offers dental care by dental school faculty in a state-of-the-art facility attached to the dental school.

Contact Information

Dental School please call (414) 288-6790

Dental School Faculty Practice please call (414) 288-0788

On-campus location: 1801 West Wisconsin Ave. Milwaukee, WI 53233

SPEECH AND HEARING CLINIC

The Speech and Hearing Clinic offers specialized speech and hearing services that are utilized as practicum experience for students in training. They include speech and/or language evaluation, speech therapy, language therapy, and hearing rehabilitation. The Speech and Hearing Clinic accepts applications for service to persons of all ages with all types of speech and language problems. Marquette employees and their family members may utilize the services of the Speech and Hearing Clinic. For details, call the clinic directly.

Contact Information

On-campus location: Cramer Hall, 604 N. 16th St., Room 125

Call for an evaluation: (414) 288-7426

COUNSELING AND TESTING SERVICES

The Center for Psychological Services (CPS) offers testing and counseling services to Marquette employees as well as the general community. These services are offered through the clinical psychology training program. The graduate students administer these services under the guidance of licensed clinical psychology faculty.

Clinics available at CPS:

- Anxiety and Depression Clinic
- Assessment Clinic
- Attention-Deficit/Hyperactivity Disorder (ADHD) Clinic
- Autism Clinic
- Couples and Families Clinic
- Pediatric Behavioral Health Clinic
- Tourette's & OCD-Spectrum Clinic

Contact Information

On-campus location: Cramer Hall, 604 N. 16th Street, Room 307

Call (414) 288-3487 to schedule a phone consultation.

DENTAL BENEFITS

Marquette offers a comprehensive dental plan administered by Delta Dental.

When you need dental services, you have a variety of providers from which to choose:

- **Delta Dental's PPO plan** offers you a variety of choices from a network of dentists. You also have the flexibility to visit any licensed dentist — even out-of-network dentists — but you can maximize your savings and benefits by visiting a PPO network dentist who has agreed to lower fees. In other words, your out-of-pocket expense is much less.
- **Delta Dental Premier Dentists** are contracted to accept direct payment from Delta Dental. They have also agreed not to charge you any amount that exceeds the agreed-upon amount aside from deductibles, co-payments and fees for procedures not covered.
- **Marquette University School of Dentistry** is committed to providing quality dental care while training the next generation of dental health care providers. Our School of Dentistry is a state-of-the-art educational facility where the faculty and dental students provide the highest quality of comprehensive dental care at affordable prices to the community.

THE DENTAL PLAN INCLUDES:

- Evidence-based Integrated Care Plan (EBICP): This program provides additional benefits for persons with medical conditions that have oral health implications. Learn more at: deltadentalwi.com/your-health/medical-conditions.
- Check-up Plus: You can obtain diagnostic and preventive services without the costs of those services applying to your individual annual maximum.

	EMPLOYEE	MARQUETTE UNIVERSITY	TOTAL
Employee Only	\$12.92	\$33.90	\$46.82
Employee + Spouse	\$27.98	\$65.68	\$93.66
Employee + Child (ren)	\$31.20	\$92.16	\$123.36
Family	\$38.74	\$132.18	\$170.92

NOTE: Employees who work less than 12 months per year may pay premiums as follows: January 1 - 31 at 1.4x the employee rate; June 1 - July 31 no deduction; August 1 - December 31 at 1x employee rate. Eligible part-time employees who work at least 20 hours per week, but less than 30 hours, pay the total (Employee + Marquette University) cost.



DENTAL BENEFITS (CONT.)

	Delta Premier or PPO Dentist	Marquette School of Dentistry Faculty	Marquette School of Dentistry Student
Individual Annual Maximum	\$2,500		
Deductible			
Per Person	\$50	\$0	\$0
Per Family (three or more family members)	\$150	\$0	\$0
Diagnostic and Preventive Services			
Exams	100%	100%	100%
Cleanings	100%	100%	100%
Fluoride Treatments	100%	100%	100%
X-rays	100%	100%	100%
Space Maintainers	100%	100%	100%
Sealants	100%	100%	100%
Emergency Treatment to Relieve Pain	100%	100%	100%
Deductible Applies?	No	No	No
Basic and Major Services			
Fillings	80%	90%	100%
Endodontics	80%	90%	100%
Periodontics	80%	90%	100%
Extractions	80%	90%	100%
Occlusal Guards	80%	90%	100%
Crowns, Inlays, Onlays	50%	80%	100%
Bridges and Dentures	50%	80%	100%
Implants	50%	80%	100%
Deductible Applies?	Yes	No	No
Orthodontic Services			
Plan Coinsurance	50%	60%	100%
Individual Lifetime Maximum	\$2,500	\$2,500	\$2,500
Children Eligible to Age	19	19	19
Full-Time Students Eligible to Age	25	25	25
Adult Ortho	Yes	Yes	Yes
Deductible Applies?	No	No	No

Coinurance rates listed are the percentage that Marquette University pays.

VISION BENEFITS



Marquette University offers a stand-alone vision plan administered by Vision Service Plan (VSP). One routine eye exam is covered at 100% every year.

FINDING A VSP PROVIDER

To find a VSP network provider, you can either visit VSP's website at vsp.com or call (800) 877-7195. There is no ID card for VSP vision insurance. Simply call a VSP network provider to schedule an appointment. Be sure to tell the provider you are a VSP member when making your appointment. The provider's office will ask for your nine-digit Marquette University ID, your name (as the insured member) and date of birth. The provider and VSP handle the rest.

	EMPLOYEE	MARQUETTE UNIVERSITY	TOTAL
Employee Only	\$2.76	\$8.30	\$11.06
Employee + Spouse	\$6.38	\$16.84	\$23.22
Employee + Child (ren)	\$5.32	\$14.58	\$19.90
Family	\$7.98	\$25.16	\$33.14

NOTE: Employees who work less than 12 months per year pay premiums as follows: January 1 - May 31 at 1.4x the employee rate; June 1 - July 31 no deduction; August 1 - December 31 at 1x the employee rate. Eligible part-time employees who work at least 20 hours per week, but less than 30 hours, pay the total (Employee + Marquette University) cost.

SERVICE	VSP PROVIDER	OTHER PROVIDERS	FREQUENCY
Vision Exam			
	Covered in Full	Covered up to \$44	One each Plan Year
Prescription Glasses			
Single Vision Lenses	Covered in Full	Covered up to \$32	One each Plan Year
Lined Bifocal Lenses	Covered in Full	Covered up to \$48	One each Plan Year
Lined Trifocal Lenses	Covered in Full	Covered up to \$64	One each Plan Year
Progressive Lenses	Covered in Full after \$40 copay	Covered up to \$48	One each Plan Year
Polycarbonate Lenses for Dependent Children	Covered in Full	Not Covered	One each Plan Year
Frames	Covered in Full up to \$225 (featured brands) or \$175 (other brands)	Covered up to \$38.25	One every other Plan Year
Contact Lens Care (instead of glasses)			
Contacts	Covered in Full up to \$175	Covered up to \$100	One each Plan Year
Contact Lens Exam (fitting and evaluation)	Up to \$20 Co-pay	Not Covered	One each Plan Year
Primary Eye Care			
Treatment and Diagnosis of Eye Conditions	Covered in Full	Not Covered	As Needed
Extra Discounts and Savings			
Glasses and Sunglasses	\$0 co-pay for a second pair of lenses 20% savings on additional glasses and sunglasses, including lens enhancements, from any VSP provider within 12 months of your last Vision Exam		
Retinal Screening	\$0 co-pay on annual routine retinal screening as an enhancement to a Vision Exam		
Laser Vision Correction	Average 15% off regular price or 5% off promotional price; discounts only available from contracted facilities		

FLEXIBLE SPENDING ACCOUNTS (FSAs)



Employees can contribute pre-tax dollars to a Flexible Spending Account (FSA) to pay for eligible out-of-pocket expenses on a pre-tax basis. If you wish to participate in a health care or dependent care FSA, you must enroll during annual enrollment, when you become newly eligible, or if you experience a qualifying event. Annually, you choose the dollar amount you want to contribute. Your contributions are deducted pre-tax, in equal amounts, from each paycheck throughout the year. WEX administers FSA and HSA reimbursements. You can contact WEX at (866) 451-3399.

HEALTH CARE FSA

Health Care FSAs can be used for eligible health care expenses including amounts paid for the diagnosis, cure, treatment or prevention of disease and for treatments affecting any part/function of the body. See IRS Publication 969, Health Savings Accounts and Other Tax Qualified Health Plans ([irs.gov](https://www.irs.gov)) for more details and annual amount maximums.



LIMITED PURPOSE FSA

Employees enrolled in the high deductible plan may want to contribute to the Limited Purpose FSA. This allows you to set aside pre-tax money to pay for eligible dental and vision expenses only.

DEPENDENT CARE FSA

Dependent Care FSAs can be used for eligible expenses you incur for qualified day care services for your child under the age of 13, which allow you (and your spouse, if applicable) to work, go to school full time or be looking for employment. If you are caring for an elderly parent who is your tax dependent, expenses for their care during your workday or school day are also eligible. See IRS Publication 503, Child and Dependent Care Expenses ([irs.gov](https://www.irs.gov)) for more details and annual maximums.

A typical FSA participant can save \$559* a year!

How it works:

Assume you earn \$50,000 a year and have \$1,500 in eligible expenses.

	With FSA	No FSA
Annual Pay	\$50,000	\$50,000
Pre-tax FSA Contribution	-\$1,500	-\$0
Taxable Income	=\$48,500	=\$50,000
Federal Income and Social Security Taxes	-\$10,658	-\$11,217
After-tax Dollars Spent on Eligible Expenses	-\$0	\$-1,500
Spendable Income	=\$37,842	=\$37,283
Your Tax Savings With FSA	\$559	\$0

*Sample tax savings for a single taxpayer with no dependents, actual savings will vary based on your individual tax situation. Consult a tax professional for more information.



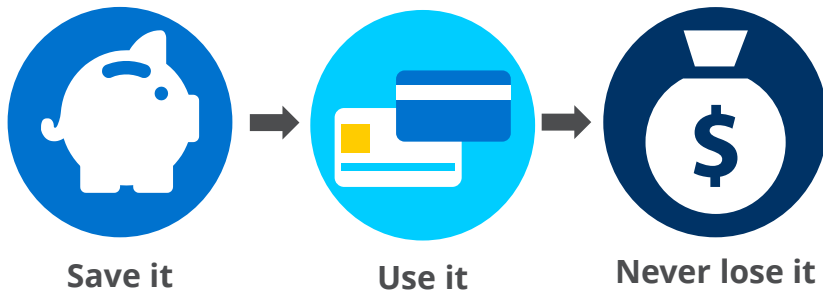
IMPORTANT NOTES:

- The FSA is “use it or lose it,” which means that amounts in the account(s) at the end of the plan year can’t be carried over to the next year. However, the Marquette University FSA has a 2½ month grace period. This means you have until March 15 of the next calendar year to incur and file claims for reimbursement.
- Changes to the Health Care FSA can be made due to a qualifying event or during the annual enrollment period.
- Changes to the Dependent Care FSA can be made when you change day care providers, your child turns 13 or the cost of qualified day care expenses changes significantly.

HEALTH SAVINGS ACCOUNTS (HSAs)

A Health Savings Account (HSA) is a tax-advantaged personal health care account. You can contribute funds into an HSA on a pre-tax basis to save for current and future medical expenses, putting you in charge of how you spend your health care dollars. For 2024, the maximum you can contribute to your HSA is \$4,150 (employee only) or \$8,300 (if covering more than one person). Employees age 55 and older can contribute an additional \$1,000 in catch-up contributions.

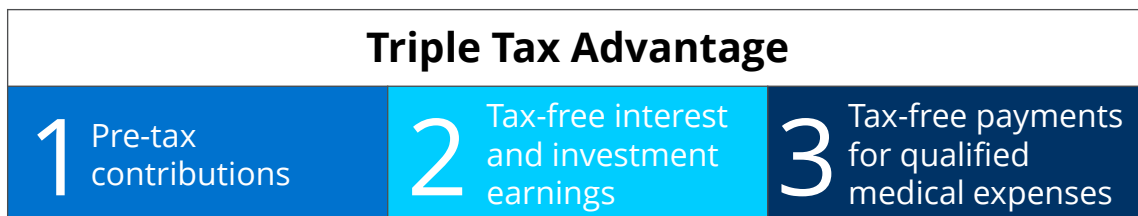
These accounts are funded through voluntary payroll deductions on a pre-tax basis, so no employment or federal incomes taxes are deducted from these contributions. The interest on these contributions is tax-free. Distributions may be tax-free if you use the contributions to pay for qualified medical expenses. An HSA is portable; it stays with you if you change employers or leave the workforce. WEX administers FSA and HSA reimbursements. You can contact WEX at (866) 451-3399.



HOW IT WORKS:

Save it.

An HSA allows you to start saving for health expenses by contributing funds tax-free. There are three ways you can save:



Use it.

As you save money in your HSA, you can use it to pay for things like prescriptions, deductibles and eye exams as long as they are qualified health care expenses. See IRS Publication 969, Health Savings Accounts and Other Tax Qualified Health Plans ([irs.gov](https://www.irs.gov)) for more details.

Never lose it.

Unused funds roll over from year to year, and unlike an FSA, there are no “use it or lose it” rules. So, if you change jobs, change health care plans or retire, it doesn’t matter, it’s yours...for life!

Notes: The money you save into an HSA is exempt from federal income tax and state income taxes (in most states), and even earns interest. Also, the IRS requires documentation to ensure the expense meets the criteria of the pre-tax account.

FSA's & HSAs AT-A-GLANCE

	Health Care Flexible Spending Account (FSA)	Limited Purpose Health Care FSA	Dependent Care FSA	Health Savings Account (HSA)
Plan Eligibility	Enrolled in the PPO medical plan or non-high-deductible plan outside Marquette.	Enrolled in the HDHP	Regardless of medical plan election, allows you to set aside pre-tax dollars to pay for dependent care expenses.	Enrolled in the HDHP
Annual Maximums	\$3,050	\$3,050	\$5,000 (per household)	\$4,150 (Employee Only) \$8,300 (Covering more than one person) \$1,000 additional catch-up contribution for members age 55+
Marquette Contributions	Earned through Wellness Program	N/A	N/A	Earned through Wellness Program
Eligible Expenses	Eligible out-of-pocket medical, prescription drug, dental and vision expenses such as deductibles, co-pays and coinsurance	Eligible out-of-pocket dental and vision expenses such as deductibles, co-pays and coinsurance	Eligible day care expenses for a dependent child under 13 or for an elderly parent who you claim as a tax dependent	Eligible out-of-pocket medical, prescription drug, dental and vision expenses such as deductibles, co-pays and coinsurance
Limitations	"Use it or lose it" rule; claims must be incurred and filed by plan year-end. Marquette allows a grace period to March 15 of the following year to incur and file claims.	"Use it or lose it" rule; claims must be incurred and filed by plan year-end. Marquette allows a grace period to March 15 of the following year to incur and file claims.	"Use it or lose it" rule; claims must be incurred and filed by plan year-end. Marquette allows a grace period to March 15 of the following year to incur and file claims.	Contributions roll over from one year to the next. Must be in a high-deductible health plan; cannot be someone else's tax dependent or enrolled in Medicare.
Contributions	Pre-tax payroll contributions	Pre-tax payroll contributions	Pre-tax payroll contributions	Pre-tax payroll contributions
Taxability	Reimbursements are not taxable for eligible expenses.	Reimbursements are not taxable for eligible expenses.	Reimbursements are not taxable for eligible expenses.	Reimbursements are not taxable for eligible expenses; 20% tax for non-eligible reimbursements.

NOTE: If you are enrolling in the HDHP and you have a balance in a Health Care FSA, you (and Marquette) are not able to contribute funds to your HSA until the end of the FSA runout period.

Marquette University values your success, health and well-being. The My Wellness program provides a wellness program that rewards you for evaluating, and making simple, sustainable changes to improve your life.

My Wellness continues to focus on physical, financial, emotional, and spiritual wellness. Employees, and their spouse enrolled in the medical plan with Marquette, will continue to have the opportunity to earn FSA or HSA dollars based on their participation in the program and their election the following year. The program opportunities and point structures are easy to understand and track on the Marquette My Wellness Portal.

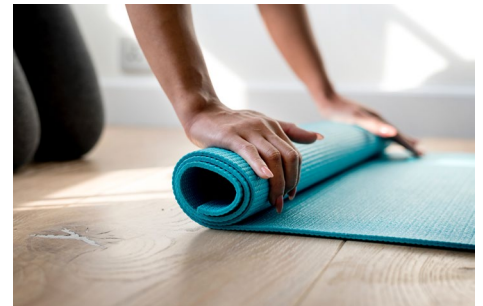
WHAT'S NEW IN WELLNESS

To emphasize the importance of seeing your PCP, participants can earn 200 points for visiting your PCP this year.

The new wellness year will be Oct. 1, 2023, through Aug. 15, 2024.

HOW TO ENROLL IN MY WELLNESS PROGRAM

- Visit mywellportal.com.
- New users will select 'Register for a new account.'
- Enter the code 'marquette.'
- Create an account (create username and password of your choice).
- On the following page, employees will enter their MU ID.
- Spouses will enter the employee's MU ID + S + DOB (DOB = spouse's DOB in format dd/mm/yyyy).
- Select the 'My Wellness' tile on the homepage to enroll in the 2024 program.



Earn points from **Oct. 1, 2023, through Aug. 15, 2024**, to qualify for wellness rewards to be applied in **January 2025**.

2024 Wellness Rewards

Earn 2024 Raffle Entries
Earn 2025 FSA/HSA Contributions

	PPO Plan		HDHP Plan		All Participants Raffle Entries
	Employee Only FSA Contribution	EE +Spouse, EE + Child(ren) or Family FSA Contribution	Employee Only HSA Contribution	EE + Spouse, EE + Child(ren) or Family HSA Contribution	
Level 1: 100 points	\$37.50	\$75.00	\$75.00	\$150.00	1 Entry
Level 2: 200 points	\$75.00	\$150.00	\$150.00	\$300.00	3 Entries
Level 3: 300 points	\$100.00	\$200.00	\$200.00	\$400.00	5 Entries
Level 4: 400 points	\$125.00	\$250.00	\$250.00	\$500.00	10 Entries
Annual Maximum	\$125.00	\$250.00	\$250.00	\$500.00	

LIFE INSURANCE AND MORE

BASIC LIFE INSURANCE

- The basic life insurance benefit is equal to 100% of your annual salary rounded to the next highest \$1,000 for full-time benefit eligible employees and is fully paid by Marquette University.
- Part-time, benefit eligible employees (those who work at least 20 hours per week but less than 37.5 hours per week) can enroll and will pay the full cost.

ACCIDENTAL DEATH AND DISMEMBERMENT (AD&D) INSURANCE

- If an employee's death occurs due to an accident, the benefit will be payable at two times the employee's annual salary. The AD&D coverage is included with your basic life insurance.
- Travel Protection is also offered under AD&D insurance through MetLife. Pack your travel assistance ID card and leave travel worries at home. This service offers you and your dependents medical, travel, legal, financial and concierge services, 24 hours a day, 365 days a year, while traveling internationally or domestically. With one quick toll-free phone call to the alarm center, you will receive assistance in obtaining the help you need through more than 600,000 prequalified providers worldwide.

OPTIONAL LIFE INSURANCE FOR EMPLOYEES, SPOUSES AND DEPENDENT CHILDREN

- Employees can purchase additional life insurance in the amount of an additional one, two, or three times their salary rounded up to the nearest \$1,000 for a combined basic life and optional life amount of \$1,000,000. Any amount over \$500,000, newly electing the benefit during annual enrollment, or changing from one to three times your salary, will require Statement of Health. If a Statement of Health is required, the benefit enrollment system will direct you to a MetLife webpage.
- 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 \$10,000 in coverage can be purchased for dependent child(ren) age 26 or younger. Statement of Health for spouse is required, not required for children.

BENEFITS TO ACCOMPANY BASIC LIFE AND AD&D COVERAGE

POLITICAL AND NATURAL DISASTER EVACUATION

- Transportation to evacuate when officials in a foreign country have declared a natural disaster.
- Transportation to evacuate an employee or dependents where government or embassy officials in a foreign country declare certain categories of people should leave the country.

EXPANDED TELECONSULTATION SERVICES

- Within the domestic U.S. and Canada, access to virtual consultation with licensed medical providers 24/7.

MEDICAL EVACUATION/REPATRIATION

- Increase from \$500,000 to \$1,000,000 per incident for medical evacuation/repatriation or repatriation of remains.

DIGITAL ESTATE PLANNING

- Access to create and execute key estate planning documents online by just answering a few questions.

VOLUNTARY BENEFITS

ACCIDENT INSURANCE

This benefit is offered through MetLife. MetLife Accident Insurance supplements existing medical coverage and helps provide financial support to pay for out-of-pocket expenses such as deductibles, co-payments, and non-covered medical services related to injuries sustained in an accident. Benefits are paid regardless of what is covered by medical insurance. Payments are made directly to you to spend as you choose.

Benefits may be paid for:

- Surgery
- Hospital admission
- Dislocations
- Fractures
- Organized sports activity injury
- Concussion
- Burns
- Loss of a limb or paralysis
- Surgery
- Wellness health screening

Accident Plan	
Type	Your Monthly (12) Cost
Employee Only	\$11.77
Employee + Spouse	\$23.18
Employee + Child(ren)	\$27.75
Family	\$32.82



CRITICAL ILLNESS

This benefit is offered through MetLife. Upon diagnosis, it provides you with a lump-sum payment of \$15,000 or \$30,000 in initial benefits, with a total benefit amount of three times (3x) the initial benefit amount (\$45,000 or \$90,000) if you or a loved one experiences more than one covered condition.

Critical Illness - Monthly Premium for \$1,000 of Coverage

Attained Age	Employee Only	Employee + Spouse	Employee + Child(ren)	Employee + Spouse / Children
<25	\$0.40	\$0.90	\$0.90	\$1.40
25-29	\$0.50	\$0.90	\$0.90	\$1.40
30-34	\$0.60	\$1.20	\$1.10	\$1.60
35-39	\$0.70	\$1.50	\$1.20	\$2.00
40-44	\$1.10	\$2.20	\$1.60	\$2.70
45-49	\$1.50	\$3.10	\$2.00	\$3.60
50-54	\$2.10	\$4.40	\$2.60	\$4.90
55-59	\$2.90	\$6.10	\$3.40	\$6.60
60-64	\$4.10	\$8.50	\$4.60	\$9.00
65-69	\$5.90	\$12.30	\$6.40	\$12.80
70+	\$8.50	\$17.50	\$9.00	\$18.00



VOLUNTARY BENEFITS (CONT.)

HOSPITAL INDEMNITY

If policy and certificate requirements are met, MetLife pays you a flat amount upon your hospital admission and a daily amount for each day of your hospital stay. It also provides payment to you if you're admitted to or must stay in an intensive care unit (ICU).

Hospital Indemnity – Low Plan	
Type	Your Monthly (12) Cost
Employee Only	\$18.40
Employee + Spouse	\$43.90
Employee + Child(ren)	\$33.80
Family	\$59.30

Hospital Indemnity – High Plan	
Type	Your Monthly (12) Cost
Employee Only	\$28.70
Employee + Spouse	\$70.80
Employee + Child(ren)	\$52.20
Family	\$94.30

MetLaw LEGAL PLAN

MetLaw—Hyatt Legal Services is a voluntary group legal plan that provides employees with convenient, professional legal counsel for a variety of legal matters. During phone or office consultations, the attorney will review the law, discuss your rights and responsibilities, explore your options, and recommend a course of action.

Enrollment is required for the full calendar year. More than 11,000 attorneys participate nationwide, and the attorneys have an average of 23 years of experience. The after-tax premiums are a flat fee of \$21 per month via payroll deduction.

Farmers Insurance AUTO AND HOMEOWNERS INSURANCE

The Farmers auto and homeowners insurance program gives employees the access to value-added features and benefits including special group discounts on auto and home insurance specially designed to fit your lifestyle and budget. Enrollment in coverage can be made at any time during the year.

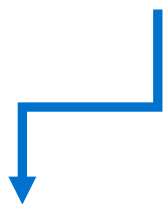
The type of policies available through the program include:

- Auto Insurance
- Home Insurance
- Condo
- Recreational Vehicle
- Personal Property

To enroll, call (800) 438-6381 and use discount code 09D (numeric 0) or go to myautohome.farmers.com and use employer name "Marquette University."



DISABILITY BENEFITS



Short-term Disability (STD) (Provided at no cost by Marquette)



Long-term Disability (LTD) (Voluntary benefit; Marquette and employees share the cost 50/50)

Non-Exempt (Hourly) Employees

- Full-time regular non-exempt employees are eligible for STD benefits after one year of service. Benefits begin on the 61st continuous working day of absence.
- STD covers illnesses or injuries that meet the criteria under the Family and Medical Leave Act (FMLA).
- Medical documentation must be provided upon request, and on a regular basis, to support the continued absence.
- STD days accrue at two days per month of continuous service.
- STD days are paid at 100%.
- Maximum of 70 working days can accrue.
- STD days are separate from sick days.

Exempt (Salaried) Employees

- Benefit-eligible employees, including faculty, are eligible for STD benefits after one full year of service.
- STD covers illness or injuries that meet the criteria under the Family and Medical Leave Act (FMLA).
- Medical documentation must be provided upon request, and on a regular basis, to support the continued absence.
- STD days are paid at 75% of salary and can be replaced with days earned at 100%.
- Additional STD days accrue at one day per month and are equal to 100% pay.
- Maximum of 130 working days can accrue.

Marquette University's employee leaves are managed by Flores Leaves Solutions. To request a leave, complete the [New Leave Request form](#) or contact Carrie, our Flores Leave Solutions administrator, directly at (414) 482-6503 or carrie@leavesolutions.com.

All benefit-eligible full-time limited term and full-time regular employees, working 37.5 hours per week with at least a nine-month assignment, are eligible for coverage.

- Coverage becomes effective on the first of the month following date of hire/change in eligibility.
- If you do not enroll on or before the 30th calendar day after your date of hire/change in eligibility, you will need to provide a Statement of Health to MetLife. If a Statement of Health is required, the benefit enrollment system will direct you to a MetLife webpage.
- When an employee becomes totally disabled due to sickness and/or injury and beginning after 180 days of continued disability, the covered employee can receive a benefit up to 65% of their base monthly salary to a maximum of \$12,000 per month.
- Covered employees may be eligible for a retirement plan contribution of 13% of pre-disability income, up to \$999 per month.
- Employees who are eligible for dependent tuition benefits upon the onset of their long-term disability status are eligible for continued dependent tuition benefits per the provisions of the tuition benefit policy.
- MetLife administers this benefit and processes claims for long-term disability, as well as approves or denies coverage.

EMPLOYEE ASSISTANCE PROGRAM (EAP)



Marquette University partners with LifeMatters to offer an EAP. LifeMatters is a confidential, voluntary program provided at no cost to you and gives you access to a network of highly trained, professional therapists that handle short-term issues. If you require more frequent or ongoing counseling services, they will help determine the best treatment plan and assist in coordinating care with your health plan.

LifeMatters offers you, your immediate family members, and members of your household, support and direction with personal or job-related matters, such as, but not limited to:

- Relationship
- Family conflicts
- Parenting concerns
- Grief
- Anxiety
- Depression
- Confusion
- Stress
- Child or elder care concerns
- Low self-esteem or insecurity

Services included in the EAP:

- 6 face-to-face visits per situation
- Unlimited phone consultation
- WorkLife Service – financial or legal consultation
- Online and assisted searches

WorkLife Services:

- Financial consultation and resources to set up a budget, obtain and review credit report information, or assist with debt management and consolidation.
- Legal consultation with an attorney either over the phone or face-to-face for consumer law, traffic citations and fender benders, family law, or estate planning.

Visit mylifematters.com for flyers, webinars, or podcasts related to:

- Stress, child and elder care, home improvement, personal security, adoption assistance, education, etc.

Accessing LifeMatters Services:

- **Telephone Access.** Call (800) 634-6433
- **Web Access.** mylifematters.com
 - Password MU1
- **Text.** Simply text “Hello” to 61295 to chat with a counselor.
- **Video Counseling.** Schedule a video counseling appointment at mylifematters.com.
- **The LifeMatters App.** Download the app for quick, convenient access to LifeMatters services.

DEFINITIONS

DEDUCTIBLE: The amount you owe for covered health care services before your health insurance begins to pay.

COINSURANCE: Your share of the costs of a covered health care service, calculated as a percent of the allowed amount for that service, usually paid after the deductible has been satisfied.

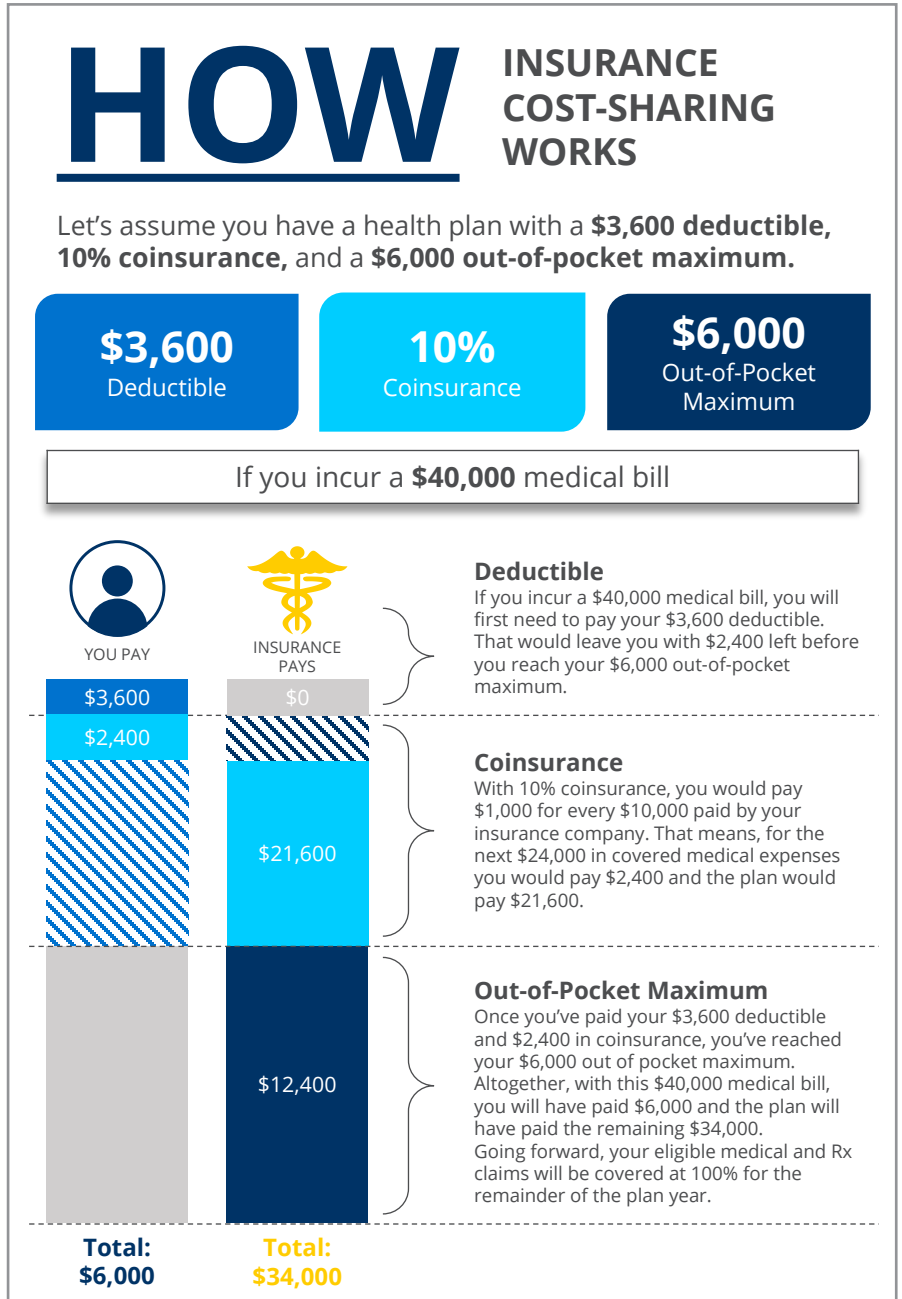
CO-PAY: A fixed amount you pay for a covered health care service, usually when you receive the service.

OUT-OF-POCKET (OOP) MAXIMUM: The most you pay during a policy period. When you've reached your OOP max, the plan will pay 100% of covered health care services for the remainder of the plan year. OOP max includes the deductible, coinsurance, and co-pays.

FLEXIBLE SPENDING ACCOUNT (FSA): An FSA allows you to use pre-tax dollars to pay for eligible expenses, including medical, dental, vision and prescription drug expenses. You must use all the money in your account before the plan year ends; otherwise, it will be forfeited. Marquette University allows a grace period to March 15 of the following year to incur and file claims.

HEALTH SAVINGS ACCOUNT (HSA):

An HSA allows you to save for current and future health expenses with pre-tax dollars. Your HSA is portable, which means you can take it with you even if you leave or retire from Marquette University. You can use your HSA funds to cover qualified expenses not covered by the health plan, including medical, dental, vision and prescription drug expenses.



DEFINITIONS (CONT.)

PREVENTIVE CARE: You and your covered family members are eligible for important preventive services that can help you avoid illness and improve your health at no additional cost to you. See your plan's summary plan description for more information.

IN-NETWORK: Doctors, clinics, hospitals and other providers with whom the health plan has an agreement to care for its members. Health plans cover a greater share of the cost for in-network health providers than for providers who are out-of-network.

OUT-OF-NETWORK: Treatment received from doctors, clinics, hospitals and other providers who are not in-network. A health plan may cover these costs, but covered employees will pay more out-of-pocket to use out-of-network providers than for in-network providers.

ANNUAL ENROLLMENT: A time during the year when you may modify your benefit elections, unless you have a qualifying life event. This occurs each fall and all changes are effective January 1.

PREAUTHORIZATION: Needed for procedures that might be unique or out of the norm, such as an MRI or brain scan. There may be a penalty if you do not get a preauthorization. If you are unsure if you need a preauthorization, call UMR directly.

QUALIFYING LIFE EVENT: Includes marriage, divorce, birth/adoption of a child, spousal loss of insurance coverage, etc.; you can enroll or remove dependents and spouses within 30 days of the qualifying event.

GENERIC DRUG: A drug product that is comparable to a brand-name drug in dosage form, strength, route of administration, quality and performance characteristics, and intended use.

PREFERRED DRUG: These are drugs for which generic equivalents are not available. They have been in the market for a long time and are widely accepted. They typically cost more than generics, but less than non-preferred brand-name drugs.

NON-PREFERRED DRUG: A drug product that is not included in the list of preferred medications that a committee of pharmacists and doctors deems to be the safest, most effective and most economical.

SPECIALTY DRUG: High-cost prescription medications used to treat complex, chronic conditions like cancer, rheumatoid arthritis and multiple sclerosis.



PROVIDER DIRECTORY

BENEFIT PROVIDER	PHONE	WEBSITE/EMAIL
MEDICAL INSURANCE: UMR (Network: NexusACO and UnitedHealthcare Choice Plus)	(800) 207-3172	umr.com
PRESCRIPTION DRUGS: Navitus (Network: Navitus Select)	(866) 333-2757	navitus.com
MAIL ORDER PHARMACY: Postal Prescription Service	(800) 552-6694	ppsrx.com
SPECIALTY PRESCRIPTION DRUGS: Lumicera	(855) 847-3553	lumicera.com
CHRONIC CONDITION MANAGEMENT: Tria Health	(888) 799-8742	triahealth.com
DENTAL: Delta Dental	(800) 236-3713	deltadentalwi.com
VISION: VSP	(800) 877-7195	vsp.com
WELLNESS PROGRAM	(800) 882-2109	marquette.mywellportal.com
HEALTH SAVINGS ACCOUNT (HSAs) FLEXIBLE SPENDING ACCOUNTS (FSAs) HEALTH CARE & DEPENDENT CARE: WEX	(866) 451-3399	wexinc.com
EMPLOYEE ASSISTANCE PROGRAM (EAP): LifeMatters	(800) 634-6433 24/7 access	mylifematters.com
FMLA/SHORT-TERM DISABILITY: Flores Leave Solutions	(414) 482-6503	carrie@leavesolutions.com
LONG-TERM DISABILITY: MetLife	(800) 300-4296	metlife.com
LIFE AND AD&D INSURANCE: MetLife	(800) 638-6420	lifeclaimsubmit@metlife.com
ACCIDENT, CRITICAL ILLNESS, HOSPITAL INDEMNITY: MetLife	(800) 438-6388	metlife.com
LEGAL SERVICES: MetLaw Hyatt Legal Services	(800) 821-6400	member.legalplans.com
AUTO & HOMEOWNERS INSURANCE: Famers Insurance	(800) 438-6381 Discount code: 09D (numeric 0)	myautohome.farmers.com Employer: Marquette University
RETIREMENT 403(b) PLAN: TIAA	(800) 842-2776	tiaa.org/public/tcm/marquette
HUMAN RESOURCES - BENEFITS	(414) 288-7305	benefits@marquette.edu

DISCLAIMER

The information provided in this Guidebook is advisory. Separate plan documents explain each benefit in more detail, and the various benefits are controlled by the language of the plan documents, which can be accessed through the HR website at: <https://www.marquette.edu/human-resources/employees/>. Additionally, benefits in the Collective Bargaining Agreements take precedence over this guide. Benefits may be modified, added, or terminated at any time, at the Company's discretion, or by the insurance company. This information is provided for general information purposes only and should not be considered legal or tax advice or legal or tax opinion on any specific facts or circumstances. Readers and participants are urged to consult their legal counsel and tax advisor concerning any legal or tax questions that may arise. Any tax advice contained in this communication (including any attachments) is not intended to be used, and cannot be used, for purposes of (i) avoiding penalties imposed under the U. S. Internal Revenue Code or (ii) promoting, marketing or recommending to another person any tax-related matter.



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