



Open Enrollment 2022 Guide

November 1-15, 2021

Welcome to 2022 Open Enrollment! Each year, Mayo Clinic evaluates current benefit plans and determines if any changes will be made for the following year. You are encouraged to review plan information and evaluate your options regarding your 2022 coverage. Mayo Clinic is committed to continue offering high-value benefit options to meet the needs of staff and their family members.

Plan to attend the first-ever **Mayo Clinic Virtual Benefits Fair** on **October 13, 9 a.m. - 4 p.m. CT**. Register now at benefitsfair.mayoclinic.org and plan to attend the live event to chat with benefit plan representatives and watch webinars.



What's New

THREE NEW VOLUNTARY BENEFITS

Mayo Clinic is excited to partner with Prudential to offer three new voluntary benefits including Critical Illness Insurance, Accident Insurance and Hospital Indemnity Insurance. These benefit plans can be elected individually and are designed to provide financial assistance when the unexpected occurs. Plan premiums are located on [page 7](#) of this guide.



You are encouraged to learn more about these new offerings at the online [Prudential Education Center](#).

NEW BENEFITS INTRANET SITE

The new benefits intranet site (hrbenefits.mayo.edu) gives employees the option to search benefits information by category, keyword, alphabetical listing and a new feature called Life Events which groups together all the benefits content you need to review when you experience important events such as pregnancy or retirement.

What's Changing

MAYO MEDICAL PLAN

- Premiums will increase based on plan utilization (see [page 4](#) for new premiums)
- Mayo Basic will become Mayo Custom as the high-deductible health plan option with lower deductible amounts (see [page 5](#) for more details)
- Medica Nurseline will be replaced with Medica CallLink Nurseline
- MaxorPlus national pharmacy network will be replaced with Alluma network, powered by Express Scripts
- Preventive care service schedule will be enhanced as follows:
 - Reducing the age for colon cancer screening from 50 to 45
 - Eliminating the \$10 copay for generic bowel preps

DELTA DENTAL

- Premiums will increase for the Standard and Deluxe options based on plan utilization (see [page 8](#) for new premiums)

PRE-TAX SAVINGS ACCOUNTS

- Participants will be able to rollover their entire remaining 2021 balance in their Health Care and Dependent Care Flexible Spending Accounts as long as still eligible to participate in 2022
- Health Savings Account (only available with Mayo Custom) annual contribution limits will increase to \$3,650 for employee-only coverage and \$7,300 for all other coverage levels (age 55+ catch-up contribution of \$1,000 allowed)

ARAG VOLUNTARY LEGAL INSURANCE

- Covered services will expand to include Diversity & Inclusion legal services as follows: domestic partnership agreement, hospital visitation authorization, funeral directive, and gender identifier change
- Monthly premium will increase to \$17.90

What You Need to Know

- The Medica member portal URL is changing to Medica.com/SignIn. Your current username and password can be used for the new URL.
- All Mayo Medical Plan members will receive new ID cards in late December due to updated branding and changes mentioned above.
- New Medica ONESource Visa debit cards are issued to current Health Care Flexible Spending Account participants based on card expiration date.

Summary

The chart below outlines what you can do during Open Enrollment and what happens if you don't complete Open Enrollment, based on specific benefit plans. Use this summary to help determine if you need to complete Open Enrollment or not. If you'd like to complete Open Enrollment, you can do so through Self-Service November 1-15 and changes go into effect January 1, 2022.

	WHAT CAN I DO DURING OPEN ENROLLMENT?	WHAT HAPPENS IF I DON'T COMPLETE OPEN ENROLLMENT?
Mayo Medical Plan <ul style="list-style-type: none"> • Mayo Premier • Mayo Select • Mayo Custom (Currently Mayo Basic) 	— Add, change, or decline coverage — Add or remove eligible dependents	Your current medical coverage will remain in place for you and your covered dependents.
Spousal Surcharge (Mayo Medical Plan only)	Change your responses to the spousal surcharge questions, which may impact whether or not the spousal surcharge applies in 2022.	Your current spousal surcharge designation will remain in place. If your situation changes during the year, you can contact HR Connect to change your responses.
Critical Illness Insurance Accident Insurance Hospital Indemnity Insurance	Elect coverage.	You will not have this coverage in 2022.
Mayo Reimbursement Account (MRA) Delta Dental - Standard Delta Dental - Deluxe Vision Care Plan	— Add, change, or decline coverage — Add or remove eligible dependents	Your current dental and vision plan coverage will remain in place for you and your covered dependents.
Health Care Flexible Spending Account Dependent Care Flexible Spending Account Health Savings Account	Elect your 2022 contribution amount.	You will not have a 2022 contribution. Elections do not automatically renew for the next year.
Legal Insurance	Elect new coverage or decline current coverage.	Your current Legal Insurance coverage will remain in place.
Pre-elect to sell Paid Time Off (PTO)*	Pre-elect the number of PTO hours you will sell in 2022 at 100% of your hourly rate.	Any PTO hours sold in 2022 will be paid at 85% of your hourly rate.

* Allied Health employees only

Medical

Mayo Medical Plan Premiums for 2022



Click here for more information about your 2022 plan options.

	MAYO PREMIER		MAYO SELECT		MAYO CUSTOM	
	Monthly	Per Pay Period	Monthly	Per Pay Period	Monthly	Per Pay Period
FULL-TIME EMPLOYEE PREMIUMS (0.75 -1.0 FTE)						
Employee	\$125	\$62.50	\$70	\$35	\$20	\$10
Employee + Child(ren)	\$225	\$112.50	\$135	\$67.50	\$35	\$17.50
Employee + Spouse	\$280	\$140	\$155	\$77.50	\$40	\$20
Employee+ Family	\$375	\$187.50	\$210	\$105	\$50	\$25
PART-TIME EMPLOYEE PREMIUMS (0.50 -0.74 FTE)						
Employee	\$190	\$95	\$105	\$52.50	\$30	\$15
Employee + Child(ren)	\$340	\$170	\$205	\$102.50	\$50	\$25
Employee + Spouse	\$420	\$210	\$235	\$117.50	\$60	\$30
Employee+ Family	\$565	\$282.50	\$315	\$157.50	\$75	\$37.50

Note: The premium is taken out of the first two pay periods per month, so the amount shown per pay period is taken out of your paycheck 24 times per year. The amount shown does not include the \$75 per month spousal surcharge (if applicable).



Mayo Medical Plan Cost-Sharing



[Click here for more information about cost-sharing.](#)

	MAYO PREMIER			MAYO SELECT			MAYO CUSTOM		
COST-SHARING AMOUNTS	Tier 1 In-Network	Tier 2 Expanded In-Network	Tier 3 Out-of- Network	Tier 1 In-Network	Tier 2 Expanded In-Network	Tier 3 Out-of- Network	Tier 1 In-Network	Tier 2 Expanded In-Network	Tier 3 Out-of- Network
Annual Deductible	\$500 per person	\$800 per person	\$1,200 per person	\$1,000 per person	\$1,750 per person	\$2,200 per person	Employee (EE): \$1,500	Employee (EE): \$2,000	Employee (EE): \$3,000
							EE+Child(ren): \$3,000	EE+Child(ren): \$4,000	EE+Child(ren): \$6,000
	\$1,000 per family	\$1,600 per family	\$2,400 per family	\$2,000 per family	\$3,500 per family	\$4,400 per family	EE+Spouse: \$3,000	EE+Spouse: \$4,000	EE+Spouse: \$6,000
							EE+Family: \$3,000	EE+Family: \$4,000	EE+Family: \$6,000
Annual Out-of-Pocket Maximum	\$2,500 per person	\$3,500 per person	\$4,500 per person	\$4,000 per person	\$5,000 per person	\$6,000 per person	\$5,000 per person	\$6,000 per person	\$7,000 per person
	\$5,000 per family	\$7,000 per family	\$9,000 per family	\$8,000 per family	\$10,000 per family	\$12,000 per family	\$10,000 per family	\$12,000 per family	\$14,000 per family

Mayo Medical Plan Prescription Drug Coverage



Click here for more information about prescription drug coverage.

	MAYO PREMIER/MAYO SELECT*			MAYO CUSTOM*		
Prescription Drug Coverage	Mayo Clinic Mail Service (up to 90-day supply)	Mayo Clinic Outpatient Pharmacy (up to 90-day supply except where indicated)	Alluma Pharmacy (up to 34-day supply)	Mayo Clinic Mail Service (up to 90-day supply)	Mayo Clinic Outpatient Pharmacy (up to 90-day supply)	Alluma Pharmacy (up to 34-day supply)
Formulary generic (Tier 1)	\$10 maximum	\$10 maximum up to 34-day supply	\$10 maximum	5%	10%	25%
Formulary preferred brand or injectable drug (Tier 2)	25% (\$25 minimum)	30% (\$25 minimum)	40% (\$25 minimum)	25%	30%	40%
Formulary non-preferred drug (Tier 3)**	50% (\$25 minimum)	50% (\$25 minimum)	60% (\$25 minimum)	50%	50%	60%
Deductible	None			Combined with medical deductible		
Annual out-of-pocket maximum	Combined with medical out-of-pocket maximum					

* Certain specialty prescriptions are covered under the Plan only when filled by a Mayo Clinic Specialty Pharmacy, Mayo Clinic Pharmacy Mail Service, or a Mayo Clinic or Mayo Clinic Health System outpatient pharmacy.

** Formulary non-preferred (Tier 3) prescriptions do not apply to the Mayo Premier or Mayo Select plans' out-of-pocket maximums.

Medical Plan Scenarios

Open enrollment allows you to change your Mayo Medical Plan option for the following year. Since health care needs can change year-to-year, it's a good idea to review your options annually to determine which option is best for you. Below you will find scenarios that demonstrate how each of the Mayo Medical Plan options work to meet the needs of three different employees. These are fictional examples and are not intended to be advice or recommendations.

SCENARIO 1	Dominique and her spouse are expecting their third child next year. Due to this large medical expense, they've decided to enroll in Mayo Premier so their out-of-pocket expenses are lower at the time of service. They prefer to pay higher premiums out of her paycheck in exchange for a lower deductible when services are needed. Dominique will elect a 2022 Health Care Flexible Spending Account to use pre-tax dollars for next year's labor and delivery expenses.
SCENARIO 2	Casey and his son each have a few prescriptions per year as well as annual bloodwork for a genetic condition. Casey will enroll in Mayo Select because of the moderate premiums and out-of-pocket expenses. He is comfortable with the moderate premium coming out of his paycheck knowing he has good coverage for their health care costs.
SCENARIO 3	Luis does not have any dependents and is in good health. He chooses Mayo Custom because of the low premium and the ability to contribute pre-tax dollars to a Health Savings Account (HSA) for future expenses. Luis is financially prepared to pay for the higher out-of-pocket expenses if an unexpected medical service is needed.

New Voluntary Benefits



Click here (using Chrome) or scan the QR code below with your mobile device for more information about Voluntary Benefits.



Critical Illness, Accident and Hospital Indemnity Insurance Premiums for 2022

Critical Illness Insurance provides a lump sum payment directly to you upon the first diagnosis of a covered illness for a covered person. You can use the payment for any expenses you choose.

Accident Insurance provides a lump sum payment directly to you when a covered person experiences a qualified loss, injury, hospitalization, or paralysis due to an accident. You can use the payment for any expenses you choose.

Hospital Indemnity Insurance provides a lump sum payment directly to you when a covered person experiences a hospital or ICU admission and stay. You can use the payment for any expenses you choose.

CRITICAL ILLNESS INSURANCE

Monthly Cost per \$1,000 of Coverage		
AGE	EMPLOYEE	SPOUSE
<25	\$0.152	\$0.156
25-29	\$0.200	\$0.192
30-34	\$0.276	\$0.256
35-39	\$0.432	\$0.416
40-44	\$0.636	\$0.608
45-49	\$1.000	\$1.000
50-54	\$1.424	\$1.508
55-59	\$2.000	\$2.308
60-64	\$2.744	\$3.236
65+	\$3.252	\$3.880
Monthly Cost per \$1,000 of Coverage		
Child up to age 26 = \$0.216		\$0.216

ACCIDENT INSURANCE

HOSPITAL INDEMNITY INSURANCE

	Monthly	Per Pay Period	Monthly	Per Pay Period
EMPLOYEE PREMIUMS				
Employee	\$5.76	\$2.88	\$9.56	\$4.78
Employee + Child(ren)	\$10.08	\$5.04	\$13.60	\$6.80
Employee + Spouse	\$9.44	\$4.72	\$17.36	\$8.68
Employee + Family	\$16.24	\$8.12	\$22.40	\$11.20

Note: The premium is taken out of the first two pay periods per month, so the amount shown per pay period is taken out of your paycheck 24 times per year.

IMPORTANT INFORMATION

- Residents of California, Massachusetts, New Jersey, New York, or Washington D.C. must be enrolled in a major medical plan in order to be eligible for these plans.
- When you elect during Open Enrollment, you are guaranteed coverage to begin Jan. 1, 2022 as long as you are in active employment status. If you are in a leave status on this date, your coverage will begin when you actively return to work.

Required Notices



BENEFITS LEGAL NOTICES

It is your right and responsibility to review important legal notices related to your Mayo benefits. For your convenience, these legal notices have been combined into one booklet accessible at mcforms.mayo.edu/mc1000-mc1099/mc1034-77.pdf.

Dental and Vision

Dental and Vision Plan Premiums for 2022

	MAYO REIMBURSEMENT ACCOUNT (MRA) Can be elected with Vision Care Plan, but not Delta Dental		DELTA DENTAL STANDARD OPTION Can be elected with Vision Care Plan, but not MRA		DELTA DENTAL DELUXE OPTION Can be elected with Vision Care Plan, but not MRA		VISION CARE PLAN Can be elected with MRA or Delta Dental	
	Monthly	Per Pay Period	Monthly	Per Pay Period	Monthly	Per Pay Period	Monthly	Per Pay Period
FULL-TIME EMPLOYEE PREMIUMS (0.75 -1.0 FTE)								
Employee	\$4	\$2	\$16	\$8	\$32	\$16	\$9	\$4.50
Employee + Child(ren)	\$4	\$2	\$26	\$13	\$70	\$35	\$16	\$8
Employee + Spouse	\$4	\$2	\$36	\$18	\$62	\$31	\$19	\$9.50
Employee + Family	\$4	\$2	\$41	\$20.50	\$105	\$52.50	\$24	\$12
PART-TIME EMPLOYEE PREMIUMS (0.50 -0.74 FTE)								
Employee	\$4	\$2	\$16	\$8	\$32	\$16	\$9	\$4.50
Employee + Child(ren)	\$4	\$2	\$36	\$18	\$105	\$52.50	\$16	\$8
Employee + Spouse	\$4	\$2	\$47	\$23.50	\$92	\$46	\$19	\$9.50
Employee + Family	\$4	\$2	\$56	\$28	\$160	\$80	\$24	\$12

Note: The premium is taken out of the first two pay periods per month, so the amount shown per pay period is taken out of your paycheck 24 times per year.

Mayo Reimbursement Account (MRA)*

Deductible	N/A
Annual Contribution (paid by plan)	\$1,150 per calendar year per enrolled employee
Preventive (exams/cleaning)	\$0 after reimbursement*
Basic Services	\$0 after reimbursement*
Major Restorative Services (crowns/inlays)	\$0 after reimbursement*
Lifetime Orthodontic Maximum (paid by plan)	\$1,500 per individual per lifetime
Vision Expenses	\$0 after reimbursement*

* Results in \$0 employee responsibility when eligible services are reimbursed with MRA dollars.

Delta Dental

	STANDARD OPTION	DELUXE OPTION
Deductible	\$50 per person / \$150 per family	\$50 per person / \$150 per family
Annual Maximum (paid by plan)	\$1,000 per person per calendar year	\$2,000 per person per calendar year
Preventive (exams/cleaning)	\$0	\$0
Basic Services	20%*	10%*
Major Restorative Services (crowns/inlays)	50%*	40%*
Lifetime Orthodontic Maximum (paid by plan)	\$1,500 per individual per lifetime	\$2,500 per individual per lifetime
Vision Expenses	N/A	N/A

*Percentage you pay after deductible.
Note: This is a summary of benefits only and does not guarantee coverage. For a complete list of covered services and limitations/exclusions, please refer to the Mayo Dental Plan Benefits Booklet.



Vision Care Plan (through Avesis)

SERVICE	DOLLARS	FREQUENCY	EXPLANATION
VISION CARE PLAN IN-NETWORK COVERAGE (WITHIN U.S. ONLY)			
Exam Copay	\$10	Once per 12 months	Includes case history, refraction evaluation, and diagnosis and treatment plan
Material Copay – Spectacle Lenses*	\$25	Once per 12 months	Includes single vision, bifocal, trifocal, level 1 and 2 progressive lenses, and enhanced lens options
Material Copay – Frames		Once per 24 months	Pay one copay if purchasing both lenses and frames at same time
Frames Allowance	\$150	Once per 24 months	Includes product up to \$150 retail value at most optical centers (less at discount retailers)
Contact Lenses Allowance**		Once per 12 months	
VISION CARE PLAN OUT-OF-NETWORK REIMBURSEMENT			
Exam Reimbursement	\$45	Once per 12 months	Includes case history, refraction evaluation, and diagnosis and treatment plan
Material Reimbursement – Spectacle Lenses*	\$25 single, \$45 bi-focal, \$60 tri-focal	Once per 12 months	Member reimbursed for spectacle lenses based on type of lenses listed
Material Reimbursement – Frames	\$65	Once per 24 months	Member reimbursed for either, up to dollar amounts listed
Contact Lenses Reimbursement**	\$130	Once per 12 months	

*Lens package includes adult polycarbonate, standard scratch-resistant coating, ultra-violet screening, solid or gradient tint, standard anti-reflective coating, level 1 and 2 progressives.

**In lieu of spectacle lenses and frames

Note: Mayo Clinic Health System Optical locations are in-network. Mayo Clinic Optical locations in Rochester, Arizona, and Florida are out-of-network.

Pre-Tax Savings Accounts

OPTIONS

PRE – TAX SAVINGS ACCOUNT	ADMINISTERED BY	ANNUAL CONTRIBUTION	ELIGIBLE FOR ROLLOVER?
Health Care Flexible Spending Account (not available with Mayo Custom)	Medica ONESource	\$2,750 per staff member	\$500 per year* (if still eligible to participate)
Dependent Care Flexible Spending Account	Medica ONESource	\$5,000 per household	No*
Health Savings Account (only available with Mayo Custom)	Fidelity Investments	Employee: \$3,650 Employee + Child(ren): \$7,300 Employee + Spouse: \$7,300 Employee + Family: \$7,300 (Age 55+ catch-up contribution of \$1,000 allowed)	Yes

*For Plan year 2021 only, all remaining dollars will rollover to 2022 as long as you remain eligible to participate. For Plan year 2022, normal rollover rules apply.

New HSA Participants

If you complete Open Enrollment through Self-Service, a Fidelity HSA will be opened for you automatically and your contributions will begin the first paycheck in January 2022.

If you complete Open Enrollment by calling HR Connect, you will need to open a Fidelity HSA before contributions

can begin. To open your account, go to netbenefits.com, log-in (or register if you are a first-time user) and select the Open HSA link. You will receive a confirmation from Fidelity that your account was established and your contributions will begin the next paycheck.

Legal Insurance

The voluntary Legal Insurance plan is offered through ARAG at a monthly premium of \$17.90 (post-tax). With this coverage, you (and your eligible dependents) can take advantage of a wide range of legal coverage and services to protect your family and better navigate life's legal challenges. The plan offers in-network attorney fees that are 100% paid-in-full for many covered matters.



SUPPORT **BECAUSE OF YOU** EMPLOYEE GIVING CAMPAIGN

Sign up for payroll deduction at mayoclinic.org/payroll and join your colleagues in supporting our mission as a Mayo Clinic benefactor.

Convenient and powerful, your gift will be deducted automatically each pay period.

Need Help? ?

Visit HR CONNECT on the Mayo Clinic intranet to:

- Access Self-Service to complete Open Enrollment
- “Send a Question” to an HR representative for answers

Visit HR BENEFITS on the Mayo Clinic intranet to:

- Explore benefits content by subject, key word, life event
- Review upcoming benefits events

Contact HR CONNECT online or by phone regarding:

- Open Enrollment support
- Assistance with Self-Service navigation
- Enrollment in benefit plan(s) if unable to access the Mayo Clinic intranet

507-266-0440 | 888-266-0440

Hours: Monday – Friday, 7 a.m. - 6 p.m. CST

When calling HR Connect, you will need your employee ID number and your Personal Identification Number (PIN). If you don't know your PIN, you may request it to be emailed to you through Self-Service, located in HR Connect on the Mayo Clinic intranet.

Contact MEDICA CUSTOMER SERVICE regarding:

- The status of your medical claims
- Finding an in-network provider
- Benefit balances and coverage information
- Ordering new membership cards

866-839-4015

Hours: Monday - Friday 7 a.m. - 8 p.m. CST (closed Thursdays 8 - 9 a.m.); Saturdays 9 a.m. - 3 p.m. CST

[Medica.com/membersite](https://medica.com/membersite) (2021) and [Medica.com/SignIn](https://medica.com/signin) (2022)

When contacting Medica, you will need your member ID number from your Mayo Medical Plan ID card.

Other Contact Information:

Alluma	877-239-7159	Allumaco.com	Mayo Medical Plan prescription drug benefits
ARAG	800-247-4184	ARAGlegal.com/myinfo (access code 18569mc)	Legal Insurance
Avesis	800-828-9341	Avesis.com	Vision Care Plan
Delta Dental	800-448-3815	Deltadentalmn.org	Dental Care Plan
Fidelity Investments	800-343-0860	NetBenefits.com/atwork	Health Savings Account
Medica ONESource	866-839-4015, option 2	Medica.com/onesourcemhpslogin	Reimbursement Accounts
Prudential	844-656-MAYO (6296)	mybenefits.prudential.com	Critical Illness Insurance, Accident Insurance and Hospital Indemnity Insurance

If there are any inconsistencies between this document and the plan document, the plan document is the document that will be relied upon for plan administration and is the document that governs the benefits available.

mayoclinic.org

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