

2022

Benefits Guide



Welcome

Welcome to Mayo Clinic Benefits!

Congratulations on your benefits-eligible position at Mayo Clinic. We are excited to share the wide variety of benefits offered to you and your eligible family members. In reviewing this guide you will find Mayo Clinic's benefit program provides choice, flexibility, and affordability to meet your individual benefit needs.

Review this guide carefully and be sure to complete your enrollment within 31 days of your date of hire or date of transfer into a benefits-eligible position and all benefits plans will be active on your first date of eligibility.

If you are a brand new hire, you can enroll in your benefits online through Self-Service on the Mayo intranet. Contact HR Connect at 507-266-0440 or 1-888-266-0440 (toll-free) if you need enrollment assistance. When you call, you will need your

employee ID and personal identification number (PIN) which you can obtain through Self-Service by clicking "Need PIN." You must call HR Connect to enroll in your benefits if you are:

- ☐ A current employee transferring into a benefits-eligible position
- ☐ A previous employee rehired into a benefits-eligible position
- ☐ Enrolling in a Flexible Spending Account

Visit hrbenefits.mayo.edu on the Mayo Clinic intranet to learn more about all of the benefits available to you.

Some of the detailed information in this document does not pertain to union-represented employees as stated: The Mayo Pension Plan and Mayo 403(b)/401(k) Plans do not apply to Austin United Steel Workers (USW) - Service and Franklin Heating Station. The Mayo Pension Plan and employer match in the Mayo 403(b) Plan do not apply to the Rochester SEIU unions.



Checklist for New Hires

NEW BENEFITS-ELIGIBLE EMPLOYEES



As a new benefits-eligible staff member, you have 31 days from your hire date or employment status change date to complete your benefits enrollment. Use this checklist to guide you through the different decisions you'll need to make when you enroll.

CHOOSE A MEDICAL PLAN OPTION

To learn more about medical plan options, turn to [page 3](#).

- ☐ Mayo Premier
- ☐ Mayo Select
- ☐ Mayo Custom

☐ Add eligible dependents under your medical plan

☐ Provide Social Security numbers for eligible dependents

Mayo Clinic is required by law to submit plan participant Social Security numbers to the Internal Revenue Service to comply with the Affordable Care Act.

VOLUNTARY BENEFITS

To learn more about voluntary benefits, turn to [page 11](#).

- ☐ Critical Illness Insurance
- ☐ Accident Insurance
- ☐ Hospital Indemnity Insurance

☐ Add eligible dependents under your voluntary benefit plans

CHOOSE DENTAL AND/OR VISION PLANS

To learn more about dental and vision plan options, turn to [page 13](#).

- ☐ Mayo Reimbursement Account (MRA)
- ☐ Delta Dental - Standard
- ☐ Delta Dental - Deluxe
- ☐ Vision Care Plan

☐ Add eligible dependents under your dental and/or vision plans

ELECT A PRE-TAX SAVINGS ACCOUNT

To learn more about pre-tax savings accounts, turn to [page 17](#).

- ☐ Health Savings Account
- ☐ Health Care Flexible Spending Account
- ☐ Dependent Care Flexible Spending Account

RETIREMENT

To learn more about retirement plans, turn to [page 20](#).

- ☐ Designate a beneficiary for the Mayo Pension Plan
- ☐ Designate a beneficiary for the Mayo 403(b)/401(k) Plan
- ☐ Re-hires contact Fidelity Investments to begin payroll contributions

ELECT VOLUNTARY LIFE INSURANCE

To learn more about life insurance options, turn to [page 24](#).

- ☐ Voluntary Group Universal Life Insurance
- ☐ Cash Accumulation Fund
- ☐ Family Life Insurance for your Spouse
- ☐ Family Life Insurance for your Child(ren)
- ☐ Voluntary Accidental Death and Dismemberment

☐ Designate a beneficiary for each coverage selected

LEGAL INSURANCE

To learn more about voluntary legal insurance, turn to [page 26](#).

- ☐ Legal Insurance

Eligibility

MAKE SURE YOU AND YOUR LOVED ONES ARE COVERED.

You are a benefits-eligible staff member if you are regularly scheduled to work at least half-time (40 hours) or more per pay period. “Regularly scheduled” means that you are on file with Human Resources as having a work schedule that is 0.5 FTE or more. For example, a 0.4 FTE working extra hours does not qualify as “regularly scheduled.”

For family coverage, eligible family members include:

- Spouse
- Biological or legally adopted children, and stepchildren who are under age 26.
- Disabled children age 26 and older may be eligible for benefits. Contact HR Connect for more information on how to provide proof of disability.



Eligibility Rules for Mayo Custom

You are not eligible to participate in Mayo Custom if you or your spouse are:

- Covered under a health plan that is not a High-Deductible Health Plan (HDHP).
- Claimed as a dependent on another person’s federal tax return.
- A resident of California or New Jersey.
- Participating in a Health Care Flexible Spending Account (FSA).



Medical

Plan Options

THE INFORMATION IN THE CHART BELOW PROVIDES YOU WITH A HIGH-LEVEL REVIEW OF EACH PLAN OPTION.

	MAYO PREMIER	MAYO SELECT	MAYO CUSTOM
Premium	Highest premium	Mid-range premium	Lowest premium
Deductible	Lowest annual deductible. You pay for health care expenses until your annual deductible is met.	Mid-range annual deductible. You pay for health care expenses until your annual deductible is met.	Highest annual deductible. You pay for health care and prescription drug expenses until your annual deductible is met.
Copayment	You will pay a copayment for emergency room visits and certain prescriptions.		No copayment is charged. However, you will pay for most health care and prescription drug expenses until your annual deductible is met.
Coinsurance	All three medical plan options include a 20% coinsurance for Tier 1 and Tier 2 in-network services. For Tier 3 out-of-network services, a 50% coinsurance applies.		
Out-of-Pocket Maximum	Lowest out-of-pocket maximum	Mid-range out-of-pocket maximum	Highest out-of-pocket maximum
When you reach your out-of-pocket maximum, the plan will pay for covered services at 100% for the remainder of the year.			

Note: Covered medical services and prescription drug expenses are combined into one annual out-of-pocket maximum.

TERMINOLOGY

Deductible — The amount that you are responsible for each year before the plan begins to pay for covered services (with the exception of preventive care services, which are covered 100% by the medical plan based on age guidelines). Non-covered items do not count toward the deductible, and your deductible can vary by how many family members are covered and the networks your providers participate in. However, deductible amounts incurred in different network tiers will cross over and be counted in the other network tiers.

Copayment — This is a fixed amount you pay to receive services. Your copayment(s) will count towards your out-of-pocket maximum but not your deductible.

Coinsurance — This is your share of the expense when the plan is paying a percentage. All three medical plan options will cover in-network services at 80% after meeting the deductible. Your coinsurance amount is 20% of allowed charges. Your provider may ask for this amount up front or you may be billed at a later time.

Out-of-Pocket (OOP) Maximum — The annual limit on your expenses for deductible, copayments and coinsurance. Like the deductible, your OOP Maximum will vary depending on how many family members are covered and the networks your providers participate in. However, OOP Maximum amounts incurred in different network tiers will cross over and be counted in the other network tiers. After your expenses have met the OOP Maximum, the plan will pay 100% of covered services for the remainder of the calendar year.

Mayo Medical Plan Premiums

Mayo Clinic reviews the costs of Mayo Medical Plan options annually. Medical premiums are outlined in the table below with both pre-tax monthly and per-pay-period amounts.

	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).

Spousal Surcharge

A \$75 pre-tax monthly surcharge will be added to the medical plan for staff covering a spouse who is offered medical coverage through their employer, does not elect that coverage, and is instead covered under the Mayo Medical Plan. **There are several instances where the spousal surcharge will not apply:**

- Spouses who are not employed (or not employed in a benefits-eligible position)
- Spouses who are employed at Mayo Clinic
- Spouses who elect their employer's coverage and enroll in Mayo's plan as secondary coverage
- Retirees

Note: If spousal employment changes occur after initial enrollment, contact the Office of Staff Services.

The following questions will be asked as part of your enrollment to determine whether the spousal surcharge applies:

- Will you cover your spouse on the medical plan?
- Is your spouse employed outside of Mayo Clinic?
- Is your spouse offered medical coverage through their employer?
- Is your spouse enrolled in medical coverage through their employer?

Summary of Benefits

This table outlines what you would pay for covered services under each plan option. Health plan coverage is for specified medical services and prescription drugs. Cost-sharing is reflected in staff contributions through premiums, deductibles,

coinsurance and/or copayments. Visit hrbenefits.mayo.edu/home/legal-notices/summary-plan-descriptions to review Plan documents which include more detailed information about covered services, benefit limitations, and exclusions.

	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
	\$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+Child(ren): \$3,000	EE+Child(ren): \$4,000	EE+Child(ren): \$6,000
							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



Air Ambulance benefit available for all Mayo Medical Plan members.

Mayo Clinic offers you and your covered dependents access to air ambulance services when you travel more than 150 miles from your home. This service provides access to transportation to a Mayo Clinic facility at no cost to you, when approved by AirMed.

To request air transportation service, call AirMed at one of the phone numbers listed on your medical plan ID card. When you call, your needs will be assessed and, if air transport is approved, all necessary arrangements will be made for you.

	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
Physician Visits									
a. Primary care, express care, urgent care	a. \$0	a. \$0	a. 50%	a. \$0	a. \$0	a. 50%	a. 20%	a. 20%	a. 50%
b. Specialty care	b. 20%	b. 20%	b. 50%	b. 20%	b. 20%	b. 50%	b. 20%	b. 20%	b. 50%
Preventive Care Services	\$0	\$0	NC	\$0	\$0	NC	\$0	\$0	NC
Diagnostic Tests and Labs	20%	20%	50%	20%	20%	50%	20%	20%	50%
Emergency Services									
a. Emergency transportation to nearest qualified facility (includes air ambulance when authorized)	a. \$0	a. \$0	a. \$0	a. \$0	a. \$0	a. \$0	a. \$0	a. \$0	a. \$0
b. Emergency room facility copayment	b. \$100	b. \$100	b. \$100	b. \$100	b. \$100	b. \$100	b. 20%	b. 20%	b. 20%
c. Professional services, diagnostic tests, and labs	c. 20%	c. 20%	c. 20%	c. 20%	c. 20%	c. 20%	c. 20%	c. 20%	c. 20%
Hearing Aids Up to \$5,000 available every three years, includes related expenses.	20%	20%	50%	20%	20%	50%	20%	20%	50%
Inpatient Hospital Services Prior authorization required by the plan for Tier 3 services.	20%	20%	50%	20%	20%	50%	20%	20%	50%
Outpatient Hospital and Ambulatory Services	20%	20%	50%	20%	20%	50%	20%	20%	50%
Rehabilitative Therapy, Chiropractic Care and Acupuncture Services									
a. Physical therapy (PT), Occupational therapy, Speech therapy	a. 20%	a. 20%	a. 50%; 20-visit limit for PT	a. 20%	a. 20%	a. 50%; 20-visit limit for PT	a. 20%	a. 20%	a. 50%; 20-visit limit for PT
b. Chiropractic care Limit of 20 spinal manipulations per year	b. 20%	b. 20%	b. 50%	b. 20%	b. 20%	b. 50%	b. 20%	b. 20%	b. 50%
c. Acupuncture Limit of 20 visits per year	c. 20%	c. 20%	NC	c. 20%	c. 20%	NC	c. 20%	c. 20%	NC

NC = Not covered

Note: The percentages indicate member responsibility after deductible has been met.

COST-SHARING AMOUNTS	MAYO PREMIER			MAYO SELECT			MAYO CUSTOM		
	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
Continued Care									
Note: Custodial care not covered.									
a. Home health care (90-day limit per year)	a. 20%	a. 20%	a. 50%	a. 20%	a. 20%	a. 50%	a. 20%	a. 20%	a. 50%
b. Home infusion therapy	b. 20%	b. 20%	b. 50%	b. 20%	b. 20%	b. 50%	b. 20%	b. 20%	b. 50%
c. Hospice care	c. 20%	c. 20%	c. 50%	c. 20%	c. 20%	c. 50%	c. 20%	c. 20%	c. 50%
d. Skilled nursing care facility (30-day limit per year)	d. 20%	d. 20%	d. 50%	d. 20%	d. 20%	d. 50%	d. 20%	d. 20%	d. 50%
Maternity Care Services									
a. Prenatal and postnatal visits	a. \$0	a. \$0	a. 50%	a. \$0	a. \$0	a. 50%	a. 20%	a. 20%	a. 50%
b. Delivery, inpatient services	b. 20%	b. 20%	b. 50%	b. 20%	b. 20%	b. 50%	b. 20%	b. 20%	b. 50%
Infertility Services									
Office visits and outpatient or hospital procedures Up to \$15,000 lifetime maximum	50% for eligible services	50% for eligible services	NC	50% for eligible services	50% for eligible services	NC	50% for eligible services	50% for eligible services	NC
Mental Health and Chemical Dependency Services									
a. Office visits for evaluation and diagnosis	a. \$0	a. \$0	a. 50%	a. \$0	a. \$0	a. 50%	a. 20%	a. 20%	a. 50%
b. Office and outpatient services	b. 20%	b. 20%	b. 50%	b. 20%	b. 20%	b. 50%	b. 20%	b. 20%	b. 50%
c. Inpatient services and residential treatment services	c. 20%	c. 20%	c. 50%	c. 20%	c. 20%	c. 50%	c. 20%	c. 20%	c. 50%
Special Services									
a. Applied Behavior Analysis (ABA) Therapy Prior authorization required	a. 20%	a. 20%	a. 50%	a. 20%	a. 20%	a. 50%	a. 20%	a. 20%	a. 50%
b. Chemotherapy/radiation therapy	b. 20%	b. 20%	b. 50%	b. 20%	b. 20%	b. 50%	b. 20%	b. 20%	b. 50%
c. Disposable supplies	c. 20%	c. 20%	c. 50%	c. 20%	c. 20%	c. 50%	c. 20%	c. 20%	c. 50%
d. Durable, non-durable medical equipment	d. 20%	d. 20%	d. 50%	d. 20%	d. 20%	d. 50%	d. 20%	d. 20%	d. 50%
e. Orthotics and prosthetics	e. 20%	e. 20%	e. 50%	e. 20%	e. 20%	e. 50%	e. 20%	e. 20%	e. 50%
f. Tobacco cessation	f. \$0	f. \$0	f. NC	f. \$0	f. \$0	f. NC	f. \$0	f. \$0	f. NC
g. Tobacco Treatment Program	g. \$0	g. \$0	g. NC	g. \$0	g. \$0	g. NC	g. \$0	g. \$0	g. NC

NC = Not covered

Note: The percentages indicate member responsibility after deductible has been met.

Annual Total Risk Perspective

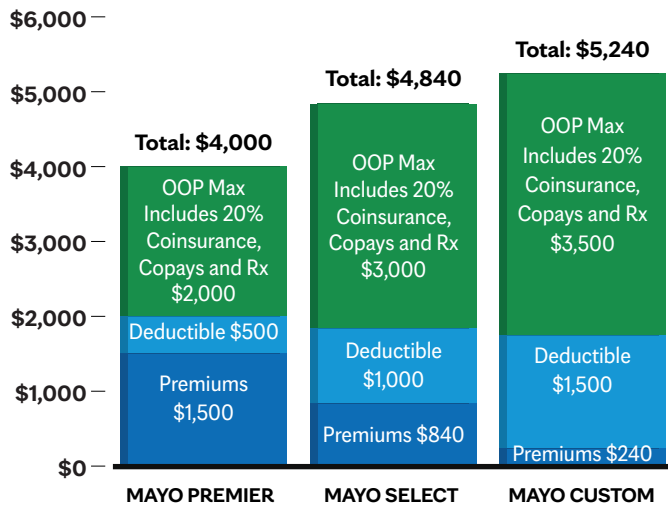
When you consider the three medical plan options from an annual total risk perspective, it can help you determine which plan option is right for you and your eligible dependents.

Keep in mind this is for Tier 1 in-network coverage, and many covered staff members and their dependents do not reach their out-of-pocket maximum. Some may not even meet or pay any

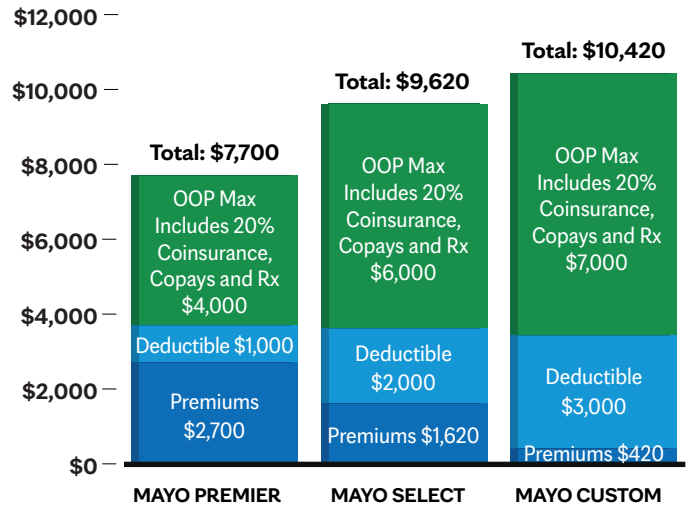
deductible, especially if they only seek preventive care services. We share this information to provide you with peace of mind should an unexpected event occur, or if you are a high utilizer of the medical plan. We believe providing you with the right service at the right time creates a strong benefits foundation to build on.

OUT-OF-POCKET EXPENSE COMPARISON

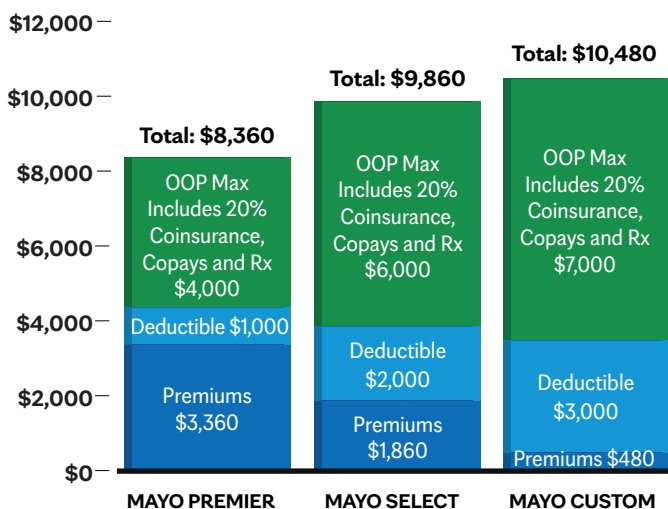
EMPLOYEE ONLY COVERAGE



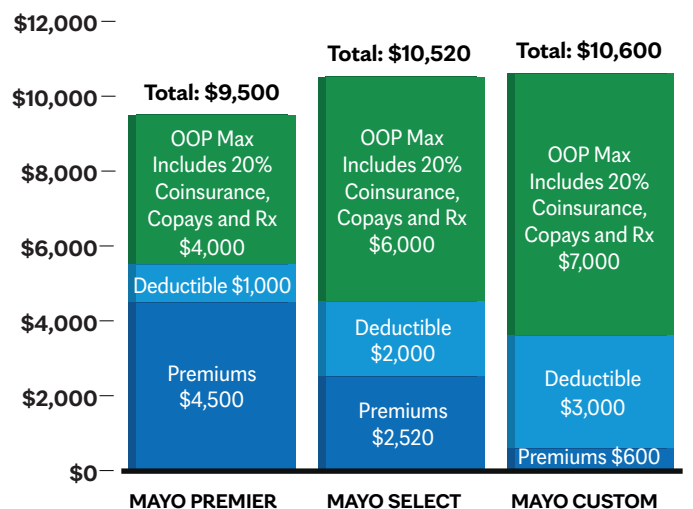
EMPLOYEE + CHILD(REN) COVERAGE



EMPLOYEE + SPOUSE COVERAGE



EMPLOYEE + FAMILY COVERAGE



Provider Networks

The Mayo Medical Plan provides you with a choice to go to an in-network or out-of-network provider to receive care. When you choose an in-network provider, the plan provides a higher level of benefits coverage, meaning lower costs for you.

If you select an out-of-network provider, you will receive a reduced level of benefits and you will be subject to usual and customary charges. You can search for in-network providers at [Medica.com/MayoMedicalPlan](https://medica.com/MayoMedicalPlan).

IN NETWORK PROVIDERS

Click on the tip sheet at right for your state of residency to access a step-by-step guide on finding an in-network provider in your area.

Arizona: medica.com/MayoAZNetworkTipSheet	Minnesota or Wisconsin: medica.com/MayoMNWNetworkTipSheet
Florida: medica.com/MayoFLNetworkTipSheet	Other States: medica.com/MayoOtherNetworkTipSheet

IF THE EMPLOYEE RESIDES IN...	ARIZONA	FLORIDA	MINNESOTA OR WISCONSIN	ALL OTHER STATES OF RESIDENCY
TIER 1 In-Network	Mayo Medical Plan Network (Tier 1 providers)	Mayo Medical Plan Network (Tier 1 providers)	Mayo Medical Plan Network (Tier 1 providers)	Mayo Medical Plan Network (Tier 1 providers)
	Blue Cross Blue Shield of Arizona Network Except for adult services in: Audiology, Oncology, Cardiology, Vascular Surgery, Endocrinology, Nephrology, Hepatology, Plastic Surgery	PHCS Network (Tier 1 providers)		First Health Network
TIER 2 Expanded In-Network	Mayo Medical Plan Network (Tier 2 providers)	Mayo Medical Plan Network (Tier 2 providers)	Mayo Medical Plan Network (Tier 2 providers)	Mayo Medical Plan Network (Tier 2 providers)
	Blue Cross Blue Shield of Arizona Network for adult services in Audiology, Oncology, Cardiology, Vascular Surgery, Endocrinology, Nephrology, Hepatology, Plastic Surgery	PHCS Network (Tier 2 providers)	First Health Network (except certain excluded providers)	
	Outside Arizona: First Health Network	Outside Florida: Zelis National Access Program		
TIER 3 Out-of-Network	Other licensed providers nationwide	Other licensed providers nationwide	Other licensed providers nationwide	Other licensed providers nationwide

Note: You and your eligible family members will be responsible for any charges above usual, customary, and reasonable rates when receiving covered services out-of-network. Such payments will not count toward your deductible and/or out-of-pocket maximum.

Preventive Care Services

To protect the health of you and your family, the Mayo Medical Plan covers specific preventive care services at no cost to you when:

- You visit a Tier 1 or Tier 2 provider. Preventive care services received from a Tier 3 out-of-network provider are not covered by the plan. You will be responsible to pay the full cost of services.
- You receive the service(s) within the age limitations outlined in the [Benefits Booklet](#) of your Mayo Medical Plan option.



WHEN YOUR PREVENTIVE CARE TURNS DIAGNOSTIC

If, in the course of a screening or test, your doctor diagnoses you with a health condition requiring treatment, the services you receive may no longer be considered “preventive.” These services may be considered diagnostic and subject to deductible, coinsurance and/or copayments. In addition, any added tests beyond the age limits listed in the Covered Preventive Care Services chart will be subject to deductible and coinsurance.

Prescription Drug Coverage

At Mayo Clinic, all medical plan options include a prescription plan benefit, which you receive without incurring an additional premium charge. There are some differences among the medical plan options, so carefully review plan information. Under Mayo Premier and Mayo Select, you will pay a copayment for selected products and coinsurance for all

other covered medications. Under Mayo Custom, you will pay a deductible for all services, including prescription drugs, and when your deductible is met, you will pay coinsurance for covered medications. For more detailed information, review the [Guide to 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.

Voluntary Benefits

Critical Illness, Accident, and Hospital Indemnity Insurance

Critical Illness, Accident and Hospital Indemnity Insurance coverages, issued by The Prudential Insurance Company of America (Prudential), pay you for a wide range of illnesses, covered injuries and medical services. These benefit plans provide a lump sum payment that you can use toward expenses associated with a covered illness, injury or hospitalization.

- **Coverage that complements your medical plan:** It pays in addition to what it may or may not cover. There's no coordination of benefits with other coverages, you'll receive the full benefit provided by your plan. 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.
- **A lump sum payment:** Payment is sent directly to you to use however you like—for things like prescriptions, deductibles or co-pays, and non-covered services. You can even use it for everyday expenses like household bills, babysitters, ride shares, and take-out food. You do not have to submit any receipts or medical bills.
- **Guaranteed coverage regardless of your health:** There are no medical questions to answer when you enroll during your initial enrollment period.
- **Coverage for dependents:** When you elect coverage for yourself, you can also elect coverage for eligible dependents.

CRITICAL ILLNESS INSURANCE

Examples of covered medical conditions include, but are not limited to: Alzheimer's disease, cancer—invasive or in situ, coma, coronary artery disease (severe), heart attack, major organ failure, renal (kidney) failure or stroke.

COVERAGE FOR	COVERAGE AMOUNTS	MAXIMUM COVERAGE
Employee	Increments of \$10,000	\$50,000
Spouse	Increment of \$10,000	\$50,000, not to exceed 100% of the employee amount
Dependent Child(ren) up to age 26	Increments of \$5,000	\$25,000, not to exceed 50% of the employee amount

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	



ACCIDENT INSURANCE

Examples of covered injuries and medical services include, but are not limited to: broken tooth, burns (2nd and 3rd degree), concussion, fractures, ambulance, emergency room visit, medical appliances or physical therapy. Benefit amounts are based on type of loss, injury, hospital stay and/or paralysis.

	Monthly	Per Pay Period
EMPLOYEE PREMIUMS		
Employee	\$5.76	\$2.88
Employee + Child(ren)	\$10.08	\$5.04
Employee + Spouse	\$9.44	\$4.72
Employee + Family	\$16.24	\$8.12

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.

HOSPITAL INDEMNITY INSURANCE

Examples of covered medical services include, but are not limited to: hospital admissions, daily in-hospital stays, intensive care unit admission, daily hospital intensive care unit stays. Benefit amounts are based on type of medical service.

	Monthly	Per Pay Period
EMPLOYEE PREMIUMS		
Employee	\$9.56	\$4.78
Employee + Child(ren)	\$13.60	\$6.80
Employee + Spouse	\$17.36	\$8.68
Employee + Family	\$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.

Dental and Vision

Mayo Reimbursement Account (MRA)

The Mayo Reimbursement Account (MRA) is a reimbursement account that Mayo Clinic contributes to on an annual basis. You can use the dollars in the account to reimburse yourself for eligible dental and vision expenses incurred by you and your enrolled dependents. The annual contribution from Mayo Clinic is \$1,150 if eligible in the month of January; for all other eligibility months the contribution is prorated. If you do not spend the funds in your account, they will roll-over from year to year as long as you remain enrolled. In January, no more than \$3,850 of your current balance will be rolled-over to allow the full \$1,150 contribution to be added. The maximum balance amount of the MRA is \$5,000.

When you participate in the MRA, you have the flexibility to choose any dental and vision care provider. You will pay your provider at the time you receive services and submit a claim for reimbursement through Medica ONESource (see [page 20](#) for more information about claims submission).



MAYO REIMBURSEMENT ACCOUNT (MRA)*

Deductible	N/A
Annual Contribution (paid by plan)	\$1,150 per calendar year
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 services are reimbursed with MRA dollars

PRORATED ALLOTMENT OF MRA DOLLARS FOR NEW HIRES AND NEWLY BENEFITS-ELIGIBLE EMPLOYEES:

MONTH OF ELIGIBILITY	MRA PRORATION AMOUNT
January	\$1,150.00
February	\$1,054.17
March	\$958.33
April	\$862.50
May	\$766.66
June	\$670.83
July	\$574.99
August	\$479.16
September	\$383.33
October	\$287.50
November	\$191.67
December	\$95.83

Delta Dental

The Delta Dental plan is a traditional cost-sharing plan with two options, and a participating provider network in which you pay a premium based on who is enrolled in the plan. Preventive exams are covered 100% by the plan twice per year. A deductible and coinsurance applies for basic and major services.

When you select Delta Dental, you have two provider networks options: Delta PPOSM and Delta Dental Premier®. When you

choose a dentist that participates in the Delta Dental PPO network, you receive the highest cost savings on services due to negotiated rates for services, which means your out-of-pocket costs are lowered. Delta Dental Premier network also provides network savings, which can lower your out-of-pocket costs, but the negotiated rates do not provide the same level of discount as the PPO network.

	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

The Vision Care Plan is voluntary for you to enroll in and can assist with the cost of eye exams, lenses, frames, and contact lenses. The plan is administered by Avesis, a national leading vision plan provider with more than 48,000 points of access to provide convenience and choice.

The plan design includes copays for in-network coverage and reimbursements (up to plan limits) for out-of-network coverage. Since you receive plan benefits regardless of the network status of the provider, you have greater choice and flexibility in seeking vision care.

As with any benefit offering, you are encouraged to review the cost and coverage for the Vision Care Plan to determine if it

is right for you and your family members. If you choose not to enroll in the Vision Care Plan, you can continue to submit eligible vision expenses for reimbursement through the Mayo Reimbursement Account (MRA), Flexible Spending Account (FSA), and Health Savings Account (HSA). If you do enroll, the vision plan can work together with the above plans to stretch your vision benefit dollars further.

Important note: Mayo Clinic Health System Optical locations are in-network under the Vision Care Plan. Mayo Clinic Optical locations in Rochester, Arizona, and Florida are out-of-network under the Vision Care Plan.

SERVICE	DOLLARS	FREQUENCY	EXPLANATION
IN-NETWORK COVERAGE			
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	
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 antireflective coating, level 1 and 2 progressives.

**In lieu of spectacle lenses and frames

Dental and Vision Plan Premiums

Dental and vision premiums are outlined in the table below with both pre-tax monthly and per-pay-period amounts. If you choose benefit coverage, the appropriate pre-tax premium rate will be automatically deducted from your paycheck.

	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.

DUAL COVERAGE

Mayo employees who are married to each other and covered under the Mayo benefits program may choose either plan for dental coverage. If couples elect to have coverage under both plans, you are required to use Delta Dental as your primary plan. If double coverage is desired under the MRA, all eligible dependents will be required to be enrolled in both MRA plans to ensure coverage. There is coordination of benefits for both dental plan options. Double coverage is not allowed under Delta Dental or the Vision Care Plan.

ORTHODONTIC COVERAGE

Both the MRA and Delta Dental Standard option offer a lifetime orthodontic benefit of \$1,500 per covered member. For dependent children, if both parents are benefits-eligible Mayo employees, the covered dependent can use the lifetime orthodontic benefit once under each parent. The Delta Dental Deluxe option provides an additional \$1,000 orthodontic benefit once per lifetime. If you choose to enroll in Delta Dental Deluxe at a later date, you would qualify for the additional dollars if in active orthodontic treatment as of January 1 of the new year.

Pre-Tax Saving Accounts

Health Savings Account

The Health Savings Account (HSA), combined with Mayo Custom, helps you meet your current health care needs while saving for future expenses. Your Fidelity HSA is a savings account that can be funded with pre-tax dollars.

You may use the account to pay for both current and future qualified medical expenses as defined under the Internal Revenue Code. The account generally covers most medical care, dental services, vision care and prescription drugs. Fidelity HSAs are subject to a quarterly \$9 administration fee.

Services provided in the plan year, but prior to the activation of your HSA account are not reimbursable with HSA dollars, but do go towards the deductible for Mayo Custom.

ADDITIONAL FEATURES OF AN HSA:

- It is portable. If you leave Mayo Clinic or change medical plans, you can take this account with you to pay for future qualified expenses.
- The balance in your HSA rolls over from year to year.
- It's easy to use. Fidelity gives you several options of how to use the dollars in the account, including a debit card, a checkbook and an online bill-pay tool.

IRS GUIDELINES:

- You are not able to contribute to an HSA if you are age 65 or older.
- You must be enrolled in Mayo Custom for a full plan year in order to remain eligible to contribute to an HSA.
- The penalty for using a HSA for non-eligible expenses is a 20 percent tax.
- For additional details on HSAs, visit [IRS.gov](https://www.irs.gov), and look for publication 969 or 502.

HEALTH SAVINGS ACCOUNT 2022 ANNUAL CONTRIBUTION MAXIMUMS*

COVERAGE LEVEL	ANNUAL MAXIMUM
Employee	\$3,650
Employee + Child(ren)	\$7,300
Employee + Spouse	\$7,300
Employee + Family	\$7,300

* If you are between the ages of 55 and 64, you can make an additional "catch-up" contribution of \$1,000 each year to your HSA.



Opening Your HSA

If you enroll through Self-Service, a Fidelity HSA will be opened for you. The effective date of the HSA is the 1st of the month following your enrollment in Mayo Custom (or the 1st of the current month if you enrolled in Mayo Custom on the 1st of the month.) Your contributions will begin the paycheck following the HSA effective date. Upon receiving Fidelity's confirmation that your account was established, you should go to netbenefits.com to provide additional information and activate your account features.

If you enroll by calling 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. Contributions will begin the month after you enroll (or current month if you enroll on the 1st of the month).

Flexible Spending Accounts

A Flexible Spending Account (FSA) is a voluntary pre-tax savings account that can help you stretch your benefit dollars. Participation in a FSA allows you to set aside pre-tax dollars to help pay for eligible expenses incurred by you or your eligible family members*. The minimum annual contribution amount is \$130. The contribution amount elected is divided by 26 pay periods and deducted from each paycheck.

If you decide to participate in a FSA, it is important to base your contribution amount on your best estimate of expenses for the upcoming calendar year. You may request reimbursement for eligible expenses incurred during the calendar year. Claims may be submitted up to March 31 of the following year.

*Eligible family members are defined as persons who qualify as a dependent on your federal tax returns. You may not file claims for non-tax dependents.

HEALTH CARE FSA

If you choose a Health Care FSA, your entire contribution amount is available right away to pay for eligible health care expenses including but not limited to: deductible, copayments, coinsurance, dental cleanings, and eye exams. Over-the-counter medications are not considered an eligible expense for FSA reimbursement, unless prescribed by a physician or for insulin. For examples of eligible expenses, please utilize IRS Publication 502. The maximum annual contribution for the Health Care FSA is \$2,750. If both you and your spouse are benefits-eligible staff members at Mayo Clinic, each of you may contribute up to \$2,750.

Use it or roll it over. Up to \$500 of your unused Health Care FSA balance can be carried over into the following plan year — making enrollment in an FSA much less risky. Any remaining balance above \$500 will be forfeited. To be eligible for roll-over you must maintain benefits eligibility. The roll-over amount does not count towards the IRS maximum annual contribution.

DEPENDENT CARE FSA

A Dependent Care FSA is used to pay for certain expenses to care for dependents who live with you, and dollars are available as they are contributed. Most commonly, a Dependent Care FSA is used to pay for child care up to age 13; however, it can also be used to pay for care for another dependent living with you (such as a spouse or parent) who is physically or mentally incapable of self-care. The maximum annual contribution for the Dependent Care FSA is \$5,000 per household. Expenses must be employment-related, which means they are necessary to allow you (and your spouse, if married) to work. With this account, no rollover is allowed, so funds must be used for current year expenses.

Expenses that would qualify under the Internal Revenue Code include:

- In-home dependent care
- Nursery schools
- Day care centers
- Other child/adult care providers



Easy and convenient access to your Flexible Spending Accounts

CONVENIENT ACCESS TO YOUR BENEFITS INCLUDE:

- Debit card available for eligible health care expenses. Documentation may be required.
- An option for either direct deposit or check reimbursement directly to you
- 24/7 access to your account online, and by mobile app

How Does a Reimbursement Account Work?

FOR MAYO REIMBURSEMENT ACCOUNT (MRA), HEALTH CARE FLEXIBLE SPENDING ACCOUNT, OR DEPENDENT CARE FLEXIBLE SPENDING ACCOUNT:

- 1 Enroll in your reimbursement account
- 2 Choose your contribution amount (FSA only)
- 3 Incur eligible expenses
- 4 Pay for eligible expenses
- 5 Complete a reimbursement account claim
- 6 Include documentation for your claim
- 7 Submit your claim
- 8 Track your account balances

When you incur eligible expenses, you will need to complete a claim and submit it for reimbursement through Medica ONESource.

For your convenience, we offer three choices for completing and submitting claims:

- The Medica ONESource mobile app.
- Online through the Reimbursement Accounts portal when you sign in to your account at [Medica.com/SignIn](https://medica.com/SignIn).
- The paper Reimbursement Account Claim form, available when you sign in to your account at [Medica.com/SignIn](https://medica.com/SignIn).

Note: If you enroll in a reimbursement account but not the Mayo Medical Plan, you can access account information online at [Medica.com/ONESourceMHPSLogin](https://medica.com/ONESourceMHPSLogin).



Retirement

Defined Benefit Plan — Pension Plan

The Mayo Pension Plan is an employer sponsored defined benefit plan which rewards employees for long service. Contributions to the plan are made by Mayo Clinic, not by you. Your pension payment can be predicted because it is determined by a formula rather than by investment results.

VESTING INFORMATION

To receive a pension benefit when your employment with Mayo Clinic ends, you must be vested. Vesting means you have achieved one of two vesting schedules and are entitled to your earned pension benefit. If you leave Mayo Clinic after becoming vested, you have the option to take your benefit as a monthly payment or in a lump sum. Vesting requirements are age 28 or older with three years of pension benefit service; or age 21 or older with five years of vesting service and some pension benefit service.

PENSION PLAN FORMULA

The Mayo Pension Plan uses an Annual Accumulation formula to determine your benefit, which evaluates your salary and service (hours worked) on an annual basis to calculate your earned monthly benefit.

Example: An individual becomes eligible for the Mayo Pension Plan on January 1. In this calendar year the employee earns an annual salary of \$48,000, or \$4,000 in monthly compensation. Since this employee is a 1.0 FTE they earn one year of pension benefit service. Next we subtract the covered compensation offset which accounts for part of your retirement income being provided by Social Security. It is equal to: the lesser of your monthly compensation or the Social Security Wage Base times 0.6 percent times your pension benefit service. The end result for this year for this employee is \$56, which is payable as a life only annuity beginning at age 65.

AN EXAMPLE — ANNUAL ACCUMULATION PAY FORMULA — FULL-TIME EMPLOYEE (FTE 1.0)

You can see in the example below how this formula works in the next two years as the employee’s salary increases.

MONTHLY COMPENSATION		PENSION PERCENTAGE Pension Benefit Service x 2%		LESS COVERED COMPENSATION OFFSET		BENEFIT PAYABLE EACH MONTH at age 65 in a life only annuity	
Year 1	\$4,000	x	1.0 x 0.02	–	\$4,000 x 0.006 x 1.0	=	\$56
Year 2	\$4,300	x	1.0 x 0.02	–	\$4,300 x 0.006 x 1.0	=	\$60.20
Year 3	\$4,600	x	1.0 x 0.02	–	\$4,600 x 0.006 x 1.0	=	\$64.40

This annual calculation will be done each year going forward for eligible employees. Upon retirement, each year’s benefit would be added together to get the total life only annuity.

AN EXAMPLE — LIFE ONLY ANNUITY EXAMPLE

FULL-TIME EMPLOYEE — Retires on December 31 of Year 3 at age 65					
\$56	+	\$60.20	+	\$64.40	=
benefit earned in Year 1		benefit earned in Year 2		benefit earned in Year 3	\$180.60 per month payable for life



Pension Payment Options

SINGLE LIFE ANNUITY

- Monthly payment to you for the rest of your life
- No further payments after your death

LIFE ANNUITY WITH TERM CERTAIN

- Monthly payment to you for the rest of your life
- If you die prior to the certain period ending, the benefit is paid to your beneficiary for the remainder of the certain period (5 years, 10 years, or 15 years)

JOINT AND SURVIVOR ANNUITY

- Monthly payment to you for the rest of your life
- Upon your death, a percentage of your payment is paid to your designated survivor for the rest of their life (50%, 75%, or 100%)
- If your survivor pre-deceases you, no benefit is payable after your death

JOINT AND SURVIVOR ANNUITY WITH TERM CERTAIN (COMBO)

- Monthly payment to you for the rest of your life
- If both you and your survivor die before the certain period ending, the remaining payments will be paid to a beneficiary until the end of the certain period

LUMP SUM

- Entire benefit payable in one lump sum payment with no further amount due
- Based on interest rates and life expectancy subject to IRS guidelines
- Can be distributed as cash or rollover into a qualified retirement account



Online Resource: Your Pension Estimator

Your Pension Estimator is available to pension eligible employees a few weeks after your eligibility date. This tool will assist you in retirement planning by allowing you to estimate your future pension at a retirement date of your choosing.

You can access **Your Pension Estimator** by visiting **HR Connect** or at mayoemployees.org.

Once you access **Your Pension Estimator**, you can click “Estimate My Pension Benefit” in order to run an estimate. You will be able to print any estimates you run.

Defined Contribution Plan - 403(b)*/401(k)

Mayo Clinic offers benefits-eligible employees the opportunity to invest pre-tax or post-tax Roth dollars to an investment plan administered through Fidelity Investments. **You will be automatically enrolled in a Fidelity Freedom Fund account at a 4% contribution of your bi-weekly salary (after 45 days). Re-hires are not automatically enrolled and you must contact Fidelity Investments to begin the Fidelity contribution.** To change your contribution amount logon to netbenefits.com. You may opt out of this plan at any time.

There are many investment options to choose from, including a self-directed brokerage account. You may generally defer up to 50% of your annual salary or the annual IRS limit. The 2022 annual IRS limits are \$20,500 if you are under age 50 and \$27,000 if you are age 50 or over.

EDELMAN FINANCIAL ENGINES

Asset management services are also available through Edelman Financial Engines, LLC and you are **automatically enrolled** in the Professional Management Program when your account balance reaches \$5.00. The first \$5,000 invested is managed at no charge. You may opt out of this service at anytime by calling 1-888-815-7558

EMPLOYER MATCH INFORMATION

Mayo Clinic will also match up to the first 4 percent of your contributions (on a per pay period basis) based on your pension benefit service as shown in the chart below. Matching will increase at intervals to recognize longevity at Mayo Clinic. You become vested in the Mayo Clinic matching contributions after you've earned three years of vesting service.

LENGTH OF PENSION BENEFIT SERVICE	MAYO CLINIC MATCH (%)	EXAMPLE MATCH BASED ON PENSION BENEFIT SERVICE
0-19	50% on the first 4% of employee contribution	\$1.00 employee contribution \$0.50 Mayo match
20-29	75% on the first 4% of employee contribution	\$1.00 employee contribution \$0.75 Mayo match
≥30	100% on the first 4% of employee contribution	\$1.00 employee contribution \$1.00 Mayo match

Example: An employee with 2 years of pension benefit service contributes 4% of their \$40,000 salary into their 403(b)/401(k) plan each pay period. What would their match amount be? This employee would contribute **\$61.54** per pay period to their 403(b)/401(k) plan. Mayo will match 50% of this or \$30.77.

*Employees who participate in the Mayo 403(b) Plan and also own controlling interest (over 50%) of an outside, for-profit business, must report any contributions made on their behalf to a qualified retirement plan through that business. Please contact HR Connect to report outside for-profit business interests.

**Union-represented employees in the Austin United Steel Workers (USW) - Service should refer to the Summary Plan Description for enrollment information and plan details.



KNOW THE DIFFERENT TYPES OF SERVICE RELATED TO YOUR BENEFITS:

Continuous service is a period of unbroken service from hire date to termination in a benefits-eligible position. It is combined with age to determine retirement eligibility.

Vesting service is all service with Mayo Clinic and all affiliates beginning at age 18. A year of vesting service is completed when you complete 1,000 hours of service during a calendar year. It is used to determine an employee's right to a benefit in the Mayo Pension Plan and the employer match in the 403(b)/401(k) plans.

Pension benefit service is the total number of years and partial years spent in covered employment under the Mayo Pension Plan beginning at age 21. A year of pension benefit service is earned for each full plan year in which you work at least 2,000 hours in covered employment and a partial year if you work at least 1,000 hours. It is used in the pension formula to determine the amount of benefit that is accrued each year.

Paid Time Away

Paid Time Off

Paid Time Off (PTO) includes vacation time, holidays, personal time and the waiting period for short-term disability benefits. PTO is accrued each pay period based on the actual number of hours that an employee works.

Unused PTO time rolls over from year to year but the maximum amount of PTO that you can have in your accrual bank is 1.5 times your annual accrual amount. For example, a non-exempt employee who has worked for Mayo Clinic for three years and who works a 40 hour week, can hold up to a maximum of 42 days or 336 hours in their PTO bank before they will need to use some of that time in order to accrue additional hours.

Short-Term, Long-Term Disability

Benefits-eligible employees are covered by a Short-Term Disability (STD) plan that replaces a portion of their income when they are medically unable to work due to a serious health condition. The first week of disability is a waiting period during which disability benefits are not paid. You can use PTO to satisfy the wait period while you are medically unable to work before STD benefits begin. Following the waiting period you may be eligible to receive a benefit based on your non-exempt or exempt status.

After 13 weeks of being medically unable to work, participants are eligible to apply to receive a Long-Term Disability benefit of 65 percent of their salary.

Both Short- and Long-Term Disability coverage is provided by Mayo Clinic with no premium cost to the employee.

Paid Parental Leave

Eligible parents are provided with 80 (prorated based on FTE) hours of paid leave hours following the birth or placement of adoption for a child(ren). The paid hours may be used in one 80-hour increment or two separate increments totaling 80 hours. All hours must be used within 180 calendar days from the date of birth or adoption placement. Union-represented staff should refer to their contract for eligibility details.

PTO ACCRUAL LEVELS (1.0 FTE)

	YEARS OF SERVICE	PTO IN DAYS	PTO IN HOURS	PTO IN HOURS PER PAY PERIOD	MAXIMUM ACCRUAL
Non-exempt (hourly)	0	23	184	7.08	276
	2	28	224	8.62	336
	10	33	264	10.15	396
	15	35	280	10.77	420
	20+	38	304	11.69	456
Exempt (salary)	0	28	224	8.62	336
	2	33	264	10.15	396
	10	35	280	10.77	420
	15+	38	304	11.69	456
Patient Care RN*	0	23	184	7.08	276
	1	28	224	8.62	336
	4	33	264	10.15	396
	15	35	280	10.77	420
	20+	38	304	11.69	456

SHORT-TERM DISABILITY BENEFIT LEVELS (1.0 FTE)

CATEGORY	COMPLETED YEARS OF SERVICE	BENEFIT AMOUNT
Non-exempt full-time	0-5	120 hours at full pay plus 400 hours at half pay
Non-exempt full-time	5+	520 hours at full pay
Exempt full-time	0+	520 hours at full pay
Patient Care RN full-time*	0+	520 hours at full pay

*All non-supervisory RN staff (excluding Arizona and Florida) with positions that require all of the following: RN education, active RN license, and competency to provide direct patient care that impacts patient clinical outcomes. This excludes Directors, Supervisors, Managers, Advanced Practice RNs, Staff Educators, and those who do not have direct patient care.

Life Insurance

Mayo Clinic understands the importance of protecting your family when the unexpected occurs. Life Insurance is a part of the protection that will help bring peace of mind to your family and includes:

Employer Paid Life Insurance

Employer Paid Life Insurance pays benefits to your designated beneficiaries in the event of your death. This life insurance pays a benefit of three times your annual salary.

Group Universal Life Insurance

This voluntary insurance pays benefits to your designated beneficiaries in the event of your death for any cause. You may elect Group Universal Life (GUL) insurance equal to one or two times your annual salary. As long as you elect this amount within your first 31 days of eligibility, you are guaranteed coverage. You may also apply for life insurance equal to three, four, five, or six times your annual salary by providing Evidence of Insurability to Prudential. To start this application process, visit HR Connect, select Benefits from the Browse HR Service Catalog, select the Life Insurance Enroll/Change/Cancel Request Form, complete the required fields and submit. You may cancel the amount of your GUL coverage at any time.

You pay the cost for any GUL coverage in which you enroll. The monthly cost for each \$1,000 of GUL coverage is based on your age as of January 1 of each year.

AN EXAMPLE

Assume you are age 42, your annual salary is \$50,000 and you are enrolled in GUL coverage for one time the amount of your annual salary. The monthly cost is \$2.80 (50 x \$0.056)



PREMIUM TABLE

AGE	EMPLOYEE	SPOUSE
	MONTHLY COST PER \$1,000 OF INSURANCE	
Under age 25	\$0.028	\$0.030
25 - 29	\$0.034	\$0.036
30 - 34	\$0.045	\$0.048
35 - 39	\$0.051	\$0.054
40 - 44	\$0.056	\$0.060
45 - 49	\$0.084	\$0.089
50 - 54	\$0.129	\$0.137
55 - 59	\$0.241	\$0.256
60 - 64	\$0.370	\$0.394
65 - 69	\$0.713	\$0.757
70 - 74	\$1.156	\$1.228
75 - 79	\$1.549	\$1.646
80 - 84	\$2.323	\$2.468
85 and older	\$4.489	\$4.770

HOW CAN I CALCULATE WHAT MY MONTHLY PREMIUM WILL BE FOR VOLUNTARY GROUP UNIVERSAL LIFE INSURANCE?

Take you annual salary, round to the next thousand, and divide by 1,000. Enter the number here

x

Find the monthly cost per \$1,000 based on your age in the chart above. Enter the number here.

=

The final number is the monthly cost for this amount of coverage.

Cash Accumulation Fund

When you enroll in Group Universal Life (GUL) insurance, Prudential sets up a cash accumulation fund account in your name. Deposits to the account are made from your payroll contributions and the return of excess premiums. You may increase the balance in your fund by contributing an amount equal to one through twelve times your monthly premiums for the GUL insurance. The minimum contribution you may make is \$10 per month. You may increase or decrease your contributions to this fund account at any time during the year.

- Earns a 4 percent interest rate.
- You may withdraw from your fund any time and use the money for any purpose.
- Returns of excess premiums are a non-taxable return of unused contributions and are automatically deposited into your cash accumulation fund.
- Contributions are subject to taxation. Taxes will be deducted from each contribution at the time the money is deposited into your Cash Accumulation Fund. For more information, contact Prudential.

Family Life Insurance

If you are enrolled in Group Universal Life (GUL) insurance, you may also enroll in Family Life Insurance for eligible dependents. Family Life Insurance pays benefits to you in the event of your covered family member's death.

COST AND COVERAGE FOR YOUR SPOUSE

- You may purchase coverage in the amount of one or two times your annual salary
- Cost is based on your spouse's age and your salary according to the table on [page 21](#)

COST AND COVERAGE FOR CHILDREN

- Each eligible child is insured for \$10,000
- There is no cost for this coverage

Accidental Death & Dismemberment (AD&D)

EMPLOYER PAID AD&D

Employer paid Accidental Death and Dismemberment (AD&D) coverage pays a benefit amount equal to your annual salary to your designated beneficiaries in the event of your accidental death or a percentage of the benefit for a qualified dismemberment based on the type of loss.

VOLUNTARY AD&D

In addition to your Employer Paid coverage, you may purchase up to \$225,000 in Voluntary AD&D coverage. Coverage must be purchased in multiples of \$10,000 or \$25,000. The monthly cost is 12 cents per \$10,000 of coverage. If you do not enroll when first eligible, you may enroll at any time.

BENEFITS PAYABLE IN THE EVENT OF DEATH

In the event your death is accidental, the full value of your coverage under the Employer Paid AD&D coverage and any Voluntary AD&D coverage in which you are enrolled is paid to your beneficiary.

BENEFITS PAYABLE IN THE EVENT OF DISMEMBERMENT

If you suffer dismemberment as a result of an accident, the Employer Paid AD&D coverage and any Voluntary AD&D coverage in which you are enrolled may pay you a percentage of the benefit.

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.

Legal Insurance through ARAG includes the following services:

- Review or prepare documents.
- Make follow-up calls or write letters on your behalf.
- Represent you if needed.
- Work with you in-person, over the phone or online or to help resolve the matter.

Beneficiaries

It's important to designate beneficiaries for your life insurance, 403(b)/401(k) and pension benefit plans. Your beneficiaries will receive payment of benefits provided under the plan provisions in the event of your death. Taking a few minutes to designate your beneficiaries now will help ensure that your assets will be distributed according to your direction. It's also important to review your beneficiary elections on a regular basis to ensure they are updated as life changes. Below you will find information on how to update or designate your beneficiary for each of your Mayo Clinic benefits.

- **Life Coverage** — Go to HR Connect, Log into Self-Service, select Bookmarks, Employee Self-Service, Benefits, Beneficiary. Fill in your beneficiary for each coverage listed.
- **403(b)/401(k) Retirement Savings Plan** — Log on to [NetBenefits](#) through Fidelity to enter your beneficiary information in the Your Profile tab.
- **Mayo Pension Plan** — Go to HR Connect, select Your Pension Estimator. After logging in select Profile, My Pension Beneficiaries, Add/Edit Available Beneficiaries, to update your beneficiary designation.

If you have questions regarding your beneficiary elections, contact Office of Staff Services.



Other Benefits

Employee Assistance Program (EAP)

When you have an issue that you or your family need some help dealing with, you are eligible for free and confidential professional support services from the Employee Assistance Program (EAP). The EAP can help you with such issues as:

- Marital and relationship problems
- Depression, stress and anxiety
- Parenting and child-related issues

- Addictions (alcohol, drugs, eating disorders and gambling)
- Grief
- Conflict (at home or work)
- Financial and legal advice/assessment

For more information about the EAP services offered at your site, see contact information below:

EMPLOYEE LOCATION	EAP SERVICE	CONTACT INFO
Rochester, MN	Internal Program	Call 507-266-3330
Arizona Florida Mayo Clinic Ambulance Mayo Clinic Health System Rochester-based employees who live outside of the state of Minnesota	VITAL WorkLife	Call 1-800-383-1908 (toll-free) Visit VITALworklife.com or download VITAL WorkLife App Username: mayoclinic Password: member

Identity Management Services

Employer-paid identity management services are provided by CyberScout. The basic package is provided at no cost to you and includes the following services:

- Proactive services and education to help you stop identity thieves
- Personal identity theft resolution services if you become a victim of identity theft
- Document recovery services in case important documents are stolen or lost in a disaster
- Credit and fraud monitoring package, which includes:
 - Annual credit bureau monitoring, report and score from Experian
 - Continuous scanning of millions of identity records to detect fraudulent charges

TO ENROLL OR FOR MORE INFORMATION

You will receive an email from CyberScout via customer.support@e.cyberscout.com that will contain your unique code for activating your complimentary service. You will not be asked to click on it. Visit idmanagementservices.com to register and activate your free monitoring service using your activation code. When you enroll in the basic package, you will have the option to purchase enhanced levels of monitoring for you and your spouse.

You can call CyberScout at anytime throughout the year to request a new enrollment link via email by calling 866-989-3170.

Adoption Assistance

You are immediately eligible for the Adoption Assistance Plan, which provides financial assistance to help cover the cost of adoption. Reimbursement up to \$10,000 per adoption is available for expenses such as legal and placement agency fees. The plan also provides up to \$500 for the adoption of a stepchild.

Back Up Child and Adult Care

When regular care arrangements are unavailable and you need to be at work, high-quality back-up child and adult care is available in Arizona, Florida and Rochester.

Employee Well-Being

Explore resources and programs to support your personal and professional well-being, allowing you to be your best self as you fulfill Mayo's mission. From newsletters and videos to small group coaching and workshops, you will find resources that equip and empower you. Visit [Well-Being Central](#) or contact well-being@mayo.edu for more information.

Long Term Care Insurance

Employees and their family members can call Legacy Services for assistance in selecting and applying for a Long Term Care policy. Policies can provide coverage for home health care, assisted living, nursing home and other long term care expenses.

Mayo Clinic Dependent Scholarship

Dependents of eligible Mayo Clinic employees are able to apply for a scholarship that awards up to \$3,000 per year for as many as four years of post-high school education. The parent must be currently employed at .8 FTE or higher by Mayo Clinic continuously for at least two years to meet eligibility requirements. Scholarships are awarded based on ACT or SAT test scores. The parent must remain in a 0.8 FTE status until awards are given.

Mayo Clinic Employee Discount Program

The Mayo Clinic Employee Discount Program offers a one-stop shop of thousands of discounts at retailers, restaurants, gyms, travel, movies, hotels and more. Save money on your new car to your next lunch. Go to mc.perkspot.com. Create an account with your personal email address and start shopping.

Personal Insurance

Think Insurance offers voluntary Auto & Home Insurance and Group Personal Umbrella Insurance to meet you and your family's personal insurance needs. These plans are available at a special group discounted rate and include access to professional and prompt customer service.

Pet Insurance

Petco Wellness offers a discount on Petco Pet Insurance and Petco Preventive Care Plans. When you create an account on petcopetwellness.com/mayo-clinic, you will receive free access to Ask-a-Vet consultations and free pet health concierge sessions, as well as 10% off products and services at Petco and Petco.com. During registration you will be prompted for your six-digit Employee ID number which can be found on the back of your employee access badge.

Recognition

Mayo Clinic honors individual and collective achievements that contribute to our mission through various recognition events and activities. Recognition initiatives are focused on recognizing service, excellence, and quality across all of Mayo Clinic. To learn more about recognition programs at your location, visit HR Connect and search "recognition".

Frequently Asked Questions (FAQ)

When is my next opportunity to change my benefit elections?

Open Enrollment occurs each fall and allows you to make changes for the following year. If you experience a mid-year qualifying event (i.e. marriage, birth of child, gain or loss of other coverage) you can make changes within 31 days by contacting HR Connect.

Where can I find my Employee ID and PIN, for if I need to call HR Connect?

You can find your Employee ID number on the back of your badge or by looking yourself up on the Mayo intranet online directory. You can request your PIN through Self-Service. Click Bookmarks, Employee Self-Service, then Need PIN and follow the online prompts.

If I have medical insurance outside of Mayo Clinic, can I still enroll in the other benefits offered?

Yes, each benefit election is separate.

How do I fill a prescription if I haven't received my medical plan ID card yet?

Contact Alluma Customer Service for assistance at 877-239-7159.

My spouse also works at Mayo Clinic. How does this impact my benefit elections?

Mayo Medical Plan – You can each elect your own coverage or be covered under one spouse's plan but you cannot be double covered.

Voluntary Benefits – You can each elect your own coverage or be covered under one spouse's plan but you cannot be double covered.

Dental/Vision – You can each elect your own Mayo Reimbursement Account and list each other (and eligible children) as covered dependents. Or, one spouse can elect the Mayo Reimbursement Account and one spouse can elect Delta Dental, and list each other (and eligible children) as covered dependents. Or, you can elect individual or joint coverage under Delta Dental. You cannot be double covered under Delta Dental or the Vision Care Plan.

Life Insurance – You can each elect your own voluntary coverage or be covered under one spouse's plan but you cannot be double covered by voluntary life insurance.

Legal Insurance – When you elect this plan, it includes coverage for your spouse.

Need Help?

Visit HR CONNECT on the Mayo Clinic intranet to:	Visit HR BENEFITS on the Mayo Clinic intranet to:
<ul style="list-style-type: none">• Access Self-Service and Your Pension Estimator• “Send a Question” to an HR representative for answers	<ul style="list-style-type: none">• Explore benefits content by subject, key word, life event• Review upcoming benefits events

Contact HR CONNECT online or by phone regarding:

- Assistance with Self-Service navigation
- Information on eligible dependents/family members

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:

- | | |
|---|---|
| <ul style="list-style-type: none">• The status of your medical claims• Benefit balances and coverage information | <ul style="list-style-type: none">• Finding an in-network provider• Ordering new medical plan ID 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/signin](https://medica.com/signin)

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
Cyber Scout	866-989-3170	idmanagementservices.com	Identity Management Services
Delta Dental	800-448-3815	Deltadentalmn.org	Dental Care Plan
Fidelity Investments	800-343-0860	NetBenefits.com/atwork	Mayo 403(b)/401(k) Plans and Health Savings Account
Legacy Services	800-230-3398	main.legacyltci.com	Long-term Care Insurance
Medica ONESource	866-839-4015, option 2	Medica.com/onesourcemhpslogin	Reimbursement Accounts
Petco Wellness	858-657-2030	Petcopetwellness.com/mayo-clinic	Petco Pet Insurance and Petco Preventive Care Plans
Prudential	844-656-MAYO (6296)	mybenefits.prudential.com	Critical Illness Insurance, Accident Insurance, Hospital Indemnity Insurance and Life 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.

Notes

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Notes

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The Vision Story

For as long as we can remember, the very words “Mayo Clinic” have been an icon of American culture and world medicine. They signify the best in health care for the individual, the family and society. For decades, the Mayo Clinic model of care has been refined and advanced through the daily collaboration of experts in clinical practice, education and research to keep Mayo Clinic at the cutting edge of medical care while maintaining the patient at the center of our services. We do this because, as Dr. Will Mayo reminds us every day, “the needs of the patient come first.” Accordingly, Mayo Clinic describes its mission as inspiring hope and contributing to health and well-being by providing the best care to every patient through integrated clinical practice, education and research.