



Open Enrollment 2023 Guide

November 1-15, 2022

Welcome to 2023 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 2023 coverage. Mayo Clinic is committed to continue offering high-value benefit options to meet the needs of staff and their family members.

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, 2023.

Learn more at a Benefits University session! Join a live session focused on Open Enrollment and presented by a benefits expert. Click [HERE](#) for virtual meeting information.



Summary of Changes

MAYO MEDICAL PLAN

- Premiums increasing for Mayo Premier and Mayo Select only; \$5 per month for employee-only coverage and \$10 per month for all other coverage levels (see [page 4](#) for new premiums)
- Spousal surcharge increasing to \$100 per month
- Annual deductibles and out-of-pocket (OOP) maximums increasing for Mayo Premier and Mayo Select only; \$100 per person and \$200 per family, across all network tiers (see [page 5](#) for new amounts)

MAYO REIMBURSEMENT ACCOUNT (MRA)

Covered services will expand to include the following:

- Athletic mouth guards
- Eyeglass and contact lens supplies (lens cleaner, contact solution, repair kits)
- Over-the-counter eye drops
- Refractive Surgery (LASIK, Photorefractive keratectomy [PRK])
- RxSight Light Adjustable Lens™ — an option for intraocular lens placed during cataract surgery

DELTA DENTAL

- Premiums increasing for the Standard and Deluxe options \$1 or \$2 per month depending on coverage level (see [page 8](#) for new premiums)

PRE-TAX SAVINGS ACCOUNTS

- Health Care Flexible Spending Account annual contribution limit will increase to \$2,850 per employee
- Health Savings Account (only available with Mayo Custom) annual contribution limits will increase to \$3,850 for employee-only coverage and \$7,750 for all other coverage levels (age 55+ catch-up contribution of \$1,000 allowed)

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.



Current Well-Being and Mental Health Resources

The well-being of every employee matters, which is why Mayo Clinic provides resources to foster your well-being.

Watch this brief [Well-Being Overview](#) video to learn about resources to support your physical, emotional, social, financial and mental well-being. Explore the [Well-Being Central website](#) or click on the topics below to learn more:

- [Well-Being Workshops](#)
- [Virtual Well-Being & Resiliency Coaching Groups](#)
- [Well-Being Champions](#)
- [HELP peer support program](#)
- [Resources to Support Supervisors & Work Unit Well-Being](#)
- [Well-Being @ Work Monthly Newsletter](#)

For mental health support, visit the [mental health website](#) anytime from anywhere to see how you're doing on the OK-ness spectrum and connect with resources, such as:

- Training and Education
- Lend an Ear Modules
- Interactive Skill-Building Modules
- Personal Stories
- Resources to Get Help Now
- Mental Health Benefits by Location



Did you know?

All Mayo Medical Plan members will receive new ID cards late December due to the deductible and out-of-pocket maximum changes.

Overview

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. The chart also includes links to the current Benefits Booklet for each plan listed. 2023 versions will be available at the beginning of the calendar year. Use this summary to help determine if you need to complete Open Enrollment or take no action.



Did you know?

If you are retiring in 2022 you don't need to complete Open Enrollment. Your active benefits will go through the end of the month in which you retire.

	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 	<ul style="list-style-type: none"> — Add, change, or decline coverage — Add or remove eligible dependents 	Your current 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 2023.	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	<ul style="list-style-type: none"> — Add, change, or decline coverage — Add or remove eligible dependents 	Your current coverage will remain in place for you and your covered dependents.
Mayo Reimbursement Account (MRA) Delta Dental - Standard Delta Dental - Deluxe Vision Care Plan	<ul style="list-style-type: none"> — Add, change, or decline coverage — Add or remove eligible dependents 	Your current 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 2023 contribution amount.	You will not have a 2023 contribution. Elections do not automatically renew for the next year.
Legal Insurance	Elect new coverage or decline current coverage.	Your current coverage will remain in place.
Pre-elect to sell Paid Time Off (PTO)*	Pre-elect the number of PTO hours you will sell in 2023 at 100% of your hourly rate.	Any PTO hours sold in 2023 will be paid at 85% of your hourly rate.

* Allied Health employees only

Medical

Mayo Medical Plan Premiums for 2023



Click here for more information about your 2023 plan options.

	MAYO PREMIER		MAYO SELECT		MAYO CUSTOM	
	Monthly	Per Pay Period	Monthly	Per Pay Period	Monthly	Per Pay Period
EMPLOYEE PREMIUMS (0.75 -1.0 FTE)						
Employee	\$130	\$65	\$75	\$37.50	\$20	\$10
Employee + Child(ren)	\$235	\$117.50	\$145	\$72.50	\$35	\$17.50
Employee + Spouse	\$290	\$145	\$165	\$82.50	\$40	\$20
Employee+ Family	\$385	\$192.50	\$220	\$110	\$50	\$25
EMPLOYEE PREMIUMS (0.50 -0.74 FTE)						
Employee	\$195	\$97.50	\$110	\$55	\$30	\$15
Employee + Child(ren)	\$350	\$175	\$215	\$107.50	\$50	\$25
Employee + Spouse	\$430	\$215	\$245	\$122.50	\$60	\$30
Employee+ Family	\$575	\$287.50	\$325	\$162.50	\$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 \$100 per month spousal surcharge (if applicable).

Spousal Surcharge

A \$100 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 HR Connect.

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?



Did you know?

In-network provider options are based on the plan subscriber's state of residency. Staff living in states other than Arizona, Florida, Minnesota, and Wisconsin should use the First Health Network for Tier 1 in-network coverage.

First Health Network:

providerlocator.firsthealth.com/mayo



Mayo Medical Plan Cost-Sharing



Click here for more information about cost-sharing.

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
Annual Deductible	\$600 per person	\$900 per person	\$1,300 per person	\$1,100 per person	\$1,850 per person	\$2,300 per person	Employee (EE): \$1,500	Employee (EE): \$2,000	Employee (EE): \$3,000
	\$1,200 per family	\$1,800 per family	\$2,600 per family	\$2,200 per family	\$3,700 per family	\$4,600 per family	EE+Child(ren): \$3,000	EE+Child(ren): \$4,000	EE+Child(ren): \$6,000
Annual Out-of-Pocket Maximum	\$2,600 per person	\$3,600 per person	\$4,600 per person	\$4,100 per person	\$5,100 per person	\$6,100 per person	EE+Spouse: \$3,000	EE+Spouse: \$4,000	EE+Spouse: \$6,000
	\$5,200 per family	\$7,200 per family	\$9,200 per family	\$8,200 per family	\$10,200 per family	\$12,200 per family	EE+Family: \$3,000	EE+Family: \$4,000	EE+Family: \$6,000

Mayo Medical Plan Prescription Drug Coverage



Click here for more information about prescription drug coverage.

Prescription Drug Coverage	MAYO PREMIER/MAYO SELECT*			MAYO CUSTOM*		
	Mayo Clinic Mail Service (up to 90-day supply)	Mayo Clinic Outpatient Pharmacy (up to 90-day supply except where indicated)	Alluma Network 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 Network 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 Maya 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. Maya will elect a 2023 Health Care Flexible Spending Account to use pre-tax dollars for next year's labor and delivery expenses.

SCENARIO 2 Sam and his son each have a few prescriptions per year as well as annual bloodwork for a genetic condition. Sam 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 Amir 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. Amir is financially prepared to pay for the higher out-of-pocket expenses if an unexpected medical service is needed.

Voluntary Benefits



Click here for more information about Voluntary Benefits.

Critical Illness, Accident and Hospital Indemnity Insurance Premiums for 2023

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 voluntary benefits during Open Enrollment, you are guaranteed coverage to begin Jan. 1, 2023 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.



Did you know?

Life insurance is not part of Open Enrollment because you can request changes to your coverage anytime. Requests for new or higher coverage will require Evidence of Insurability. Click [HERE](#) to start a request today.

Dental and Vision

Dental and Vision Plan Premiums for 2023



Did you know?

You can enroll in a dental or vision plan even if you waive the Mayo Medical Plan. They are separate elections so you can enroll in only the coverage you need.

	MAYO REIMBURSEMENT ACCOUNT (MRA) <small>Can be elected with Vision Care Plan, but not Delta Dental</small>		DELTA DENTAL STANDARD OPTION <small>Can be elected with Vision Care Plan, but not MRA</small>		DELTA DENTAL DELUXE OPTION <small>Can be elected with Vision Care Plan, but not MRA</small>		VISION CARE PLAN <small>Can be elected with MRA or Delta Dental</small>	
	Monthly	Per Pay Period	Monthly	Per Pay Period	Monthly	Per Pay Period	Monthly	Per Pay Period
EMPLOYEE PREMIUMS (0.75 -1.0 FTE)								
Employee	\$4	\$2	\$17	\$8.50	\$33	\$16.50	\$9	\$4.50
Employee + Child(ren)	\$4	\$2	\$27	\$13.50	\$71	\$35.50	\$16	\$8
Employee + Spouse	\$4	\$2	\$37	\$18.50	\$63	\$31.50	\$19	\$9.50
Employee + Family	\$4	\$2	\$42	\$21	\$107	\$53.50	\$24	\$12
EMPLOYEE PREMIUMS (0.50 -0.74 FTE)								
Employee	\$4	\$2	\$17	\$8.50	\$33	\$16.50	\$9	\$4.50
Employee + Child(ren)	\$4	\$2	\$37	\$18.50	\$107	\$53.50	\$16	\$8
Employee + Spouse	\$4	\$2	\$48	\$24	\$93	\$46.50	\$19	\$9.50
Employee + Family	\$4	\$2	\$57	\$28.50	\$162	\$81	\$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
Maximum Account Balance	\$5,000
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.



Did you know?

You can use the Delta Dental Mobile App to access your plan information, find a dentist, estimate costs, and view your id card anytime, anywhere.

Download the app through the Apple App Store or Google Play.



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.

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.



Did you know?

It's easier than ever to get the legal help you need. You can start a case **ONLINE**, through the ARAG Legal app, or by calling Customer Care. Coverage is immediate and does not require a claim/reimbursement process. Use the access code 18569mc if prompted.

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	\$2,850 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: \$3,850 Employee + Child(ren): \$7,750 Employee + Spouse: \$7,750 Employee + Family: \$7,750 (Age 55+ catch-up contribution of \$1,000 allowed)	Yes

New HSA Participants

If you complete Open Enrollment through Self-Service (and accept the Terms & Conditions), a Fidelity HSA will be opened for you automatically. After receiving your medical plan ID card from Medica, visit netbenefits.com to **Activate** your account features and your contributions will begin the first paycheck in January 2023.

If you complete Open Enrollment by contacting HR Connect, you will need to open a Fidelity HSA before contributions can begin. After you receive your medical

plan ID card from Medica, go to netbenefits.com, log-in (or register if you are a first-time user) and select **Open HSA**. You will receive a confirmation from Fidelity that your account was established and your contributions will begin the first paycheck in January 2023.

Note: Failure to activate or open your HSA will delay the start of your contributions. If you activate or open your HSA after January 1, 2023, your contributions will begin the following paycheck.



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
- Use the “Chat” feature for immediate assistance from an HR representative Monday-Friday, 8 a.m. - 5 p.m. CST
- “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 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, your date of birth, last four digits of your Social Security number, and your home address.

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 a.m. - 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
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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