

## SUMMARY OF HEALTH & WELFARE BENEFITS

### MSGME, MGS, & Research Appointees

|                    |  |
|--------------------|--|
| <b>Eligibility</b> | <p>Family Member includes:<br/>Your spouse/same gender domestic partner</p> <p>Disabled child (must complete form for approval)</p> <p>Biological or legally adopted children who are preschool age or full-time students under the age of 30</p> <p>Step-Children, must be financially dependent on you</p> |
|--------------------|--|

### Medical Plan In-Network

| <i>In-Network</i>   | Mayo Universal   | Mayo Choice  | Mayo Horizon  |
|---|--|--|---|
| <b>Co-payment</b> (flat amount you pay per office visit)    | Primary care: \$0<br>Specialty care: \$25<br>Urgent care: \$35<br>Emergency care: \$45 | Primary care: \$0<br>Specialty care: \$25<br>Urgent care: \$35<br>Emergency care: \$45 | None - Usual and customary charges (count towards deductible)   |
| <b>Annual Deductible</b> (required before coinsurance pays) | None   | \$250 per person<br>\$500 per family   | Employee Only: \$1,250<br>Employee + Child(ren): \$2,500<br>Employee + Spouse: \$2,500<br>Employee + Spouse + Children: \$3,400   |
| <b>Coinsurance</b> (% covered after deductible is met)      | Mayo pays 90%<br>You pay 10%   | After you meet deductible:<br>Mayo pays 80%<br>You pay 20%                             | After you meet deductible:<br>Mayo pays 90%<br>You pay 10%  |
| <b>Annual Out-of-Pocket Maximum</b> (includes coinsurance)  | \$1,000 per person<br>\$2,000 per family   | \$2,000 per person<br>\$4,000 per family   | Employee only: \$1,800<br>Employee + Child(ren): \$3,600<br>Employee + Spouse: \$3,600<br>Employee + Spouse + Child(ren): \$4,800 |

### Medical Plan Out-of-Network

| <i>Out-of-Network</i>                                       | Mayo Universal                           | Mayo Choice  | Mayo Horizon  |
|---|--|--|---|
| <b>Co-payment</b> (flat amount you pay per office visit)    | None                                     | None   | None - Usual and customary charges (count towards deductible)   |
| <b>Annual Deductible</b> (required before coinsurance pays) | \$250 per person<br>\$500 per family     | \$550 per person<br>\$1,000 per family                     | Combined with in-network deductible   |
| <b>Coinsurance</b> (% covered after deductible is met)      | Mayo pays 70%<br>You pay 30%             | After you meet deductible:<br>Mayo pays 60%<br>You pay 40% | After you meet deductible:<br>Mayo pays 60%<br>You pay 40%  |
| <b>Annual Out-of-Pocket Maximum</b> (includes coinsurance)  | \$2,000 per person<br>\$4,000 per family | \$2,500 per person<br>\$5,000 per family                   | Employee only: \$5,000<br>Employee + Child(ren): \$6,250<br>Employee + Spouse: \$6,250<br>Employee + Spouse + Child(ren): \$7,500 |

### Mayo Horizon Health Savings Account (HSA)

|  | Employee      | Employee + Child(ren) | Employee + Spouse | Family        |
|--|---------------|-----------------------|-------------------|---------------|
| <b>Mayo Contribution</b>               | \$900         | \$1,800               | \$1,800           | \$2,500       |
| <b>Employee Voluntary Contribution</b> | Up to \$2,100 | Up to \$4,150         | Up to \$4,150     | Up to \$3,450 |
| <b>Maximum 2009 IRS Contribution</b>   | \$3,000       | \$5,950               | \$5,950           | \$5,950       |

### Prescription Drug Coverage 2009

|  | Mayo Universal/Mayo Choice               |  |                                    | Mayo Horizon                             |   |                                    |
|--|--|--|------------------------------------|--|---|------------------------------------|
| <b>Prescription Drug Coverage</b>                    | Mayo Mail Service (up to 100-day supply) | Mayo Outpatient Pharmacy (up to 100-day supply except where indicated) | SXC Pharmacy (up to 34-day supply) | Mayo Mail Service (up to 100-day supply) | Mayo Outpatient Pharmacy (up to 100-day supply) | SXC Pharmacy (up to 34-day supply) |
| <b>Deductible</b>                                    | None                                     |  |                                    | Combined with medical deductible         |   |                                    |
| <b>Formulary generic and preferred drug (Tier I)</b> | \$10 Maximum                             | \$10 Maximum for up to 34-day supply                                   | 25% (\$15 minimum)                 | 5%                                       | 10%   | 25%                                |
| <b>Formulary Brand or</b>                            | 25%                                      | 30%  | 40%                                | 25%                                      | 30%   | 40%                                |

|  |  |                       |                       |   |     |     |
|--|--|-----------------------|-----------------------|---|-----|-----|
| <b>injectable drug (Tier II)</b>               | (\$10 minimum)                         | (\$10 minimum)        | (\$15 minimum)        |   |     |     |
| <b>Formulary non-preferred drug (Tier III)</b> | 40%<br>(\$10 minimum)                  | 40%<br>(\$10 minimum) | 50%<br>(\$15 minimum) | 40%   | 40% | 50% |
| <b>Non-formulary drug (Tier IV)</b>            | 50%<br>(\$10 minimum)                  | 50%<br>(\$10 minimum) | 60%<br>(\$15 minimum) | 50%   | 50% | 60% |
| <b>Annual out-of-pocket maximum</b>            | \$1,500 per person; \$3,000 per family |                       |                       | Combined with medical out-of-pocket maximum |     |     |

### Medical Premiums for 2009

|  | Mayo Universal |                | Mayo Choice |                | Mayo Horizon |                |
|--|----------------|----------------|-------------|----------------|--------------|----------------|
|  | Monthly        | Per Pay Period | Monthly     | Per Pay Period | Monthly      | Per Pay Period |
| <b>Full-Time Employee Premiums (0.75 – 1.0 FTE)</b>  |                |                |             |                |              |                |
| Employee   | \$70           | \$35           | \$28        | \$14           | \$11         | \$5.50         |
| Employee + Child(ren)*                               | \$134          | \$67           | \$53        | \$26.50        | \$21         | \$10.50        |
| Employee + Spouse*                                   | \$148          | \$74           | \$59        | \$29.50        | \$23         | \$11.50        |
| Family*  | \$226          | \$113          | \$90        | \$45           | \$35         | \$17.50        |
| <b>Part-Time Employee Premiums (0.50 – 0.74 FTE)</b> |                |                |             |                |              |                |
| Employee   | \$70           | \$35           | \$28        | \$14           | \$11         | \$5.50         |
| Employee + Child(ren)*                               | \$198          | \$99           | \$78        | \$39           | \$31         | \$15.50        |
| Employee + Spouse*                                   | \$219          | \$109.50       | \$87        | \$43.50        | \$34         | \$17           |
| Family*  | \$334          | \$167          | \$133       | \$66.50        | \$51         | \$25.50        |

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 pay check 24 times per year.

### Mayo Reimbursement Account (MRA) Premium

|   |                                     |                |
|---|-------------------------------------|----------------|
| <b>Annual Mayo Contribution</b>   | \$1,100                             | <b>No cost</b> |
| <ul style="list-style-type: none"> <li>Eligible dental (includes services incurred as result of an accident), optical expenses, and hearing aids</li> </ul> |                                     |                |
| <b>Orthodontic Coverage</b>   | \$1,500 per person per lifetime max |                |
| <b>Carryover (maximum account level)</b>  | \$5,000                             |                |

### DeltaCare Dental Plan (MCF)

|   |   |
|---|---|
| <p>This plan is a dental HMO, and you must choose a general family dentist from the Delta Care Provider Network.</p> <ul style="list-style-type: none"> <li>You pay copayments when you or your family members visit your dentist, and if your dentist provides a referral for you to visit certain dental specialties.</li> <li>Your copayments are made for preventive, basic, and major dental services, according to a fee schedule.</li> <li>You must use dentists and specialists in the network.</li> </ul> <p>Orthodontic coverage within network requires payment of a start-up fee and a payment of \$1,800 for dependent children to age 19, and \$2,000 for adults.</p> | <p>.75 to 1.0 FTE</p> <ul style="list-style-type: none"> <li>\$5 single coverage</li> <li>\$9 employee + 1 coverage</li> <li>\$14 employee + 2 or more dependents coverage</li> </ul> <p>.5 to .74 FTE</p> <ul style="list-style-type: none"> <li>\$5 single coverage</li> <li>\$12 employee + 1 coverage</li> <li>\$17 employee + 2 or more dependents coverage</li> </ul> |
|---|---|

### Life and Disability Insurance

### Premium

|  |  |
|--|--|
| <p><b>Basic Plan</b></p> <p><b>Term Life Insurance</b></p> <ul style="list-style-type: none"> <li>Appointee: \$50,000 death benefit</li> <li>Family: \$25,000 death benefit on spouse<br/>\$10,000 death benefit on each child</li> </ul> <p><b>Disability Income Insurance</b></p> <ul style="list-style-type: none"> <li>First 3 months -- full stipend</li> </ul> <p>Thereafter -- 180% of stipend subject to a maximum benefit of \$55,000 per year.</p> | <p>\$2.40 single</p> <p>\$3.40 married</p> <p>\$.30 per \$100 of monthly benefit (Salary divided by 12, multiplied by 180%, divided by 100, multiplied by \$.30. Maximum premium is \$13.75)</p> |
|--|--|

|  |  |
|--|--|
| <b>Additional Term Life Insurance</b><br>(Must be enrolled in the Basic Plan to be eligible) <ul style="list-style-type: none"> <li>• Additional \$ 50,000 death benefit on appointee</li> <li>• Additional \$100,000 death benefit on appointee</li> <li>• Additional \$150,000 death benefit on appointee</li> </ul> | \$2.40<br>\$4.80<br>\$7.20   |
| <b>Accidental Death and Dismemberment Insurance</b> <ul style="list-style-type: none"> <li>• \$10,000 to \$225,000 @ .20 per month per \$10,000</li> <li>• Must be purchased in multiples of \$10,000 or \$25,000</li> </ul>   | \$ 50,000 -- \$1.00<br>\$100,000 -- \$2.00<br>\$150,000 -- \$3.00<br>\$225,000 -- \$4.50 |

### Other Benefits

|   |   |                             |
|---|---|-----------------------------|
| <b>Identity Theft</b> <ul style="list-style-type: none"> <li>• Offered through Hirman Insurers</li> <li>• Premiums are payroll deducted</li> </ul>  | Voluntary enrollment<br>\$1.79 per pay period<br>(50% of premium which is subsidized by Mayo) |                             |
| <b>403B Fidelity- 1-800-343-0860</b> <ul style="list-style-type: none"> <li>• You are automatically enrolled at a 3% pretax payroll deduction which will be invested in Fidelity's Freedom Fund</li> </ul> <b>Roth 403b/401k Fidelity</b> <ul style="list-style-type: none"> <li>• Post tax contribution</li> </ul> <ul style="list-style-type: none"> <li>• <b>You have 45 days from your benefit eligibility date to:</b> <ul style="list-style-type: none"> <li>• Decline your enrollment, by contacting Fidelity Investments (your account will be established at Fidelity approximately 14 days after your date of your appointment).</li> <li>• Change the percentage level of your contribution</li> <li>• Select specific investment options</li> </ul> </li> </ul> <b>Financial Engines (403B) 1-877-401-5762</b> <ul style="list-style-type: none"> <li>• You are automatically enrolled if contributing to Fidelity.</li> <li>• May opt out of Financial Engines and still contribute to Fidelity</li> <li>• Cost is \$3.00/yr per \$1000 in account</li> <li>• Welcome kit and plan review will be mailed to your home</li> </ul> |   |                             |
| <b>Other Benefits</b><br>Flex Spending Accounts (health care and dependent care) - must sign-up within 31 days<br>Adoption Reimbursement<br>Auto/Home/Renters, Identity Theft, and Excess Pers Liab Ins- Hirman Insurers- (507) 285-3111<br>Long-term Care (CNA)- 1-(888) 653-9400  |   |                             |
| <b>Work Life Option</b><br>Work Life Options provides a wide variety of employee support options; child care, pet care, adult/elder care, and wellness options. (888) 610-2273 <a href="http://www.workoptionsgroup.com">www.workoptionsgroup.com</a>   | Resource – no cost; fee associated with individual services                                   |                             |
| <b>Professional Liability Insurance</b>   | No Cost   |                             |
| <b>Stipends* (Effective date: August 11, 2009 deposit statement) (Bi-weekly gross pay equals stipend divided by 26.1)</b>   |   |                             |
| Graduate level 1 - \$46,653   | Graduate level 4 - \$52,641   | Graduate level 7 - \$58,896 |
| Graduate level 2 - \$48,520   | Graduate level 5 - \$54,912   | Graduate level 8 - \$61,170 |
| Graduate level 3 - \$50,529   | Graduate level 6 - \$57,000   | Graduate level 9 - \$63,376 |
| *Note Stipends and Effective date of Stipends are subject to change.  |   |                             |

**Contacts:**

MMSI 287-3271 or 1-800-635-6671

Human Resources Employee Service Center - 266-0440, or 1-888-266-0440

Human Resources Home page is located at <http://mayoweb.mayo.edu/hr-general/>