

# Mayo Clinic Arizona

## 2009 SUMMARY OF HEALTH & WELFARE BENEFITS

### Mayo School of Graduate Medical Education Appointees

| <u>Medical Plan Options</u>   |   |   | <b>2009 Monthly Premiums</b>  |
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| <b>Eligible Family Members include:</b> <ul style="list-style-type: none"> <li>• Your spouse/same-gender domestic partner</li> <li>• Your unmarried biological or legally adopted children who are preschool age or full-time students under the age of 30.</li> <li>• Stepchildren/children of same-gender domestic partner must also be financially dependent on you (approval process required)</li> </ul> |   |   |   |
| <b>Mayo Universal</b>   |   |   |   |
| <b>Deductible</b>   | <b><u>In-Network(State of AZ)</u></b><br>None   | <b><u>Out-of-Network</u></b><br>\$250 per person            | <b><u>Full-time Employee ( .75-1.0 FTE)</u></b>                           |
|   |   |   | \$ 70.00 employee only  |
|   |   |   | \$134.00 employee + Child(ren)  |
|   |   |   | \$ 148.00 employee + Spouse/<br>Same gender domestic partner              |
|   |   |   | \$ 226.00 employee + Spouse/<br>Same gender domestic partner +<br>Family. |
| <i>Co-pay</i>   | \$0 primary/preventive<br>\$25 specialty<br>\$35 urgent care<br>\$45 emergency  | After you meet your deductible<br>Mayo pays 70% You pay 30% |   |
| <i>Co-insurance</i>   | 90%/10%   | 70%/30%   |   |
| <i>Out-of-pocket maximum</i>  | \$1,000 per person<br>\$2,000 per family  | \$2,000 per person<br>\$4,000 per family                    |   |
| <i>Lifetime maximum</i>   | Unlimited   | \$ 1,000,000  |   |
| <i>Health Savings Account</i>   | Not Available   | Not Available   |   |
| <b>Mayo Choice</b>  |   |   |   |
| <b>Deductible</b>   | <b><u>In-Network (State of AZ)</u></b>  | <b><u>Out- of- Network</u></b>                              | <b><u>Full-time Employee</u></b>  |
|   | \$250 per person<br>\$500 per family  | \$500 per person<br>\$1,000 per family                      | \$ 28.00 employee only  |
| <i>Co-pay</i>   | \$ 0 primary /preventive<br>\$ 25 specialty<br>\$ 35 urgent care<br>\$ 45 emergency room                                    | N/A   | \$ 53.00 employee + Child(ren)  |
|   |   |   | \$ 59.00 employee+ Spouse/<br>same gender domestic partner                |
|   |   |   | \$ 90.00 employee + Spouse/<br>Same gender domestic partner +<br>Family.  |
| <i>Co-insurance</i>   | 80%/20%   | 60%/40%   |   |
| <i>Out-of-pocket maximum</i>  | \$2,000 per person<br>\$4,000 per family  | \$2,500 per person<br>\$5,000 per family                    |   |
| <i>Lifetime Maximum</i>   | Unlimited   | \$1,000,000.00  |   |
| <i>Health Savings Account</i>   | Not Available   | Not Available   |   |
| <b>Mayo Horizon</b>   |   |   |   |
| <b>Annual Deductible</b>  | <b><u>In-Network (State of AZ)</u></b>  | <b><u>Out-of-Network</u></b>                                | <b><u>Full-time Employee</u></b>  |
|   | Employee only: 1,250.00<br>Employee +Child(ren) 2500.00<br>Employee + Spouse 2500.00<br>Employee + Spouse + Family- 3400.00 | same as In network  | \$ 11.00 employee only  |
|   |   |   | \$ 21.00 Employee + Child(ren)  |
|   |   |   | \$ 23.00 employee+ Spouse/<br>same gender domestic partner                |
|   |   |   | \$ 35.00 employee + Spouse/<br>Same gender domestic partner +<br>Family.  |
| <i>Co-pay</i>   | Preventive care: \$0<br>After you meet your deductible<br>Mayo pays 90% You pay 10%   | not covered   |   |

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| <p><i>Co-insurance</i> Mayo Pays 90% /You pay 10%<br/>Based on U &amp; C*</p> <p><i>Out-of-pocket maximum</i> employee only- 1800.00<br/>employee + child(ren) 3600.00<br/>employee+ spouse- 3600.00<br/>employee +spouse+family- 4800.00<br/>7500.00</p> <p><i>Lifetime Maximum</i> Unlimited</p> <p><i>Health Savings Account</i> <u>Mayo Contributes annually:</u><br/>Employee only: \$900<br/>Employee+Child(ren) \$1800.00<br/>Employee +Spouse \$ 1800.00<br/>Employee + Spouse+Family \$ 2500.00<br/><b>Note***</b> Your voluntary contribution:<br/>As you decide up to IRS maximum</p> <p><i>Mayo pays 60%/ You pay 40%</i><br/>Based on U &amp; C*</p> <p>employee only- 5000.00<br/>employee + child(ren) 6250.00<br/>employee+spouse- 6250.00<br/>employee + spouse+family-</p> <p>same as In Network</p> <p><i>*U&amp;C is the abbreviation for “usual and customary” charges. These are fees normally charged for a given service by a provider; customary is a fee in the range of usual fees charged by similar providers in area. Usual and customary services must be reasonable, meaning that according to the review committee, the fee meets the lesser of the two criteria or is justified in the circumstances.</i></p> <p><i>**All costs apply to the out-of-pocket maximum, including the annual deductible, coinsurance and pharmaceutical expenses will apply to the OPM.</i></p> | <p><b><u>Part time Employee (.50-.74 FTE)</u></b><br/>\$ 11.00 employee only<br/>\$ 31.00 Employee + Child(ren)<br/>\$ 34.00 employee+ Spouse/<br/>same gender domestic partner<br/>\$ 51.00 employee + Spouse/<br/>Same gender domestic partner +<br/>family.</p> |
| <p><b>Prescription Drug Plan</b><br/>The prescription drug plan is a coinsurance plan. The coinsurance amount you pay will depend on what pharmacy you use to fill your prescription.<br/><b>The Mayo Clinic Formulary is an approved list of drugs recommended for use throughout the Mayo system. It is also used to determine the amount of coverage.</b></p> <ul style="list-style-type: none"> <li>• <b>The Mayo Mail Order Service:</b><br/>Members will pay 25% for a formulary brand name drug, 40% for formulary non-preferred drug, 50% for a drug not listed in the formulary</li> <li>• <b>Mayo Pharmacies:</b><br/>Members will pay 30% for a formulary brand name drug, 40% for formulary non-preferred drug, 50% for a drug not listed in the formulary</li> <li>• <b>SXC Pharmacy:</b><br/>Members will pay 40% for a formulary brand name drug, 50% for formulary non-preferred drug, 60% for a drug not listed in the formulary</li> </ul>  | <p><b>Must be enrolled in a Medical plan. No additional cost.</b></p>  |

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| <p style="text-align: center;"><b>Delta Dental Plan of Arizona*</b></p> <p style="text-align: center;"><i>(available with Health Tradition Classic or Health Tradition Platinum only, or if medical coverage is waived)</i></p> <ul style="list-style-type: none"> <li>• <b>Dental</b> – up to \$1,000 per member per year for covered dental services.</li> <li>• <b>Orthodontic coverage</b> – up to 50% coverage per person (\$1,500 per person, lifetime maximum)</li> </ul>  | <p><b>Full-time Employee</b></p> <p>\$ 9.00 single<br/> \$18.00 employee + 1<br/> \$26.00 employee + 2 or more</p>   |
| <p style="text-align: center;"><b>Dental /Vision Reimbursement Account*</b></p> <p><b>Annual Mayo Contribution</b> \$1,000 per family-Mayo Universal (or if medical coverage is waived)<br/> \$ 750 per family-Health Tradition Classic/Platinum</p> <ul style="list-style-type: none"> <li>• Covers eligible dental and vision <i>material</i> and related expenses</li> </ul> <p><b>Orthodontic Coverage</b> Up to 50% coverage per person (\$1,500 per person, lifetime max)</p> <p>Balance not used will carry over from year to year to a maximum account level of \$5,000</p>   | <p><b>No cost</b></p>  |
| <p style="text-align: center;"><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><br/> First 3 months – full stipend. Thereafter, 180% of stipend, subject to a maximum benefit of \$55,000 per year.</p>   | <p>\$2.40 single<br/> \$3.40 married</p> <p>\$ .30 per \$100 of monthly benefit<br/> (Salary divided by 12, multiplied by 180%, divided by 100, multiplied by \$.30. Maximum premium is \$13.75)</p> |
| <p><b>Optional Plan Term Life Insurance</b><br/> (Must be enrolled in the Basic Plan to be eligible)</p> <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>  | <p>\$2.40<br/> \$4.80<br/> \$7.20</p>  |
| <p><b>Accidental Death and Dismemberment Insurance</b></p> <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>   | <p>Examples of coverage:<br/> \$ 50,000 -- \$1.00<br/> \$100,000 -- \$2.00<br/> \$150,000 -- \$3.00<br/> \$225,000 -- \$4.50</p>   |
| <p><b>Professional Liability Insurance</b></p>  | <p>No Cost</p>   |
| <p><b>* Could be subject to change in 2009.</b></p>   |  |
| <p><b>Other Benefits</b></p> <ul style="list-style-type: none"> <li>• Flexible Spending Accounts (Healthcare and Dependent Care) - must sign-up within 31 days of appointment start date for the current calendar year.</li> <li>• Adoption Reimbursement – Covers up to \$10,000 of eligible legal and agency expenses for adoption of a child. Covers up to \$500 for adoption of a stepchild.</li> <li>• Auto/Home/Renters, Identity Theft, and Excess Personal Liability Insurance (agent – Hirman Insurers, underwriter – Travelers) 1-800-443-6316</li> <li>• 403B/Tax Deferred Annuity – Fidelity Investments 1-800-343-0860</li> <li>• Long-term Care Insurance (CNA) 1-888-653-9400</li> <li>• Mayo Employees Credit Union 1-800-535-2129</li> <li>• Child care referral service 1-800-535-4599 or 480-829-0500 (www.asccaz.org)</li> </ul> <p>Employee Assistance Program (through CONTACT)</p> |  |

**Employee Service Center (ESC) – 507-26(6-0440), 888-266-0440, or 507-266-0440 (TDD)**

Human Resources Home page is located at [http://mcsweb.mayo.edu/Dept/Human\\_Resources/](http://mcsweb.mayo.edu/Dept/Human_Resources/)

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