



## 2019 Benefit Highlights



**Mayo Clinic School of Graduate Medical Education**  
Residents and Fellows

**Mayo Clinic School of Health Sciences**  
Residents and Fellows

**Research**  
Fellows, Sr. Fellows and Associates

Working at Mayo Clinic is making a difference. It's providing the highest quality patient care by placing the needs of the patient first. At Mayo Clinic, you'll discover a culture of teamwork, professionalism and mutual respect — and most importantly, a life-changing career.

We are excited to share with you in the following pages a highlight of the wide variety of benefits offered to Mayo Clinic employees. This is the first of many tools and resources that we offer to help you manage your health and finances so that you can focus on “the needs of the patient”.

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# ELIGIBILITY

You are a benefits-eligible employee 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 0.5 full-time equivalent (FTE) or higher status. 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.

You are **not** eligible to participate in the Mayo Basic medical plan option 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 Alabama, California, or New Jersey.
- Participating in a Health Care Flexible Spending Account.
- Participating in the Mayo Reimbursement Account (MRA).



# MEDICAL



At Mayo Clinic, the needs of the patient come first — and that includes you and your family. That’s why all Mayo Medical Plan options cover the same services. No need to compare your medical plan options based on services. Instead, look at the cost-sharing amounts — the premiums, deductibles, copayments, and out-of-pocket maximums — to determine what meets your preferences or needs.

Cost-sharing Amounts	Mayo Premier			Mayo Select			Mayo Basic		
	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): \$2,000	Employee (EE): \$2,500	Employee (EE): \$3,500
							EE+Child(ren): \$4,000	EE+Child(ren): \$5,000	EE+Child(ren): \$7,000
	\$1,000 per family	\$1,600 per family	\$2,400 per family	\$2,000 per family	\$3,500 per family	\$4,400 per family	EE+Spouse: \$4,000	EE+Spouse: \$5,000	EE+Spouse: \$7,000
							Family: \$4,000	Family: \$5,000	Family: \$7,000
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	Employee (EE): \$5,000	Employee (EE): \$6,000	Employee (EE): \$7,000
							EE+Child(ren): \$10,000	EE+Child(ren): \$12,000	EE+Child(ren): \$14,000
	\$5,000 per family	\$7,000 per family	\$9,000 per family	\$8,000 per family	\$10,000 per family	\$12,000 per family	EE+Spouse: \$10,000	EE+Spouse: \$12,000	EE+Spouse: \$14,000
							Family: \$10,000	Family: \$12,000	Family: \$14,000

	Mayo Premier			Mayo Select			Mayo Basic		
	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
<b>Physician Visits</b>									
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%
<b>Preventive Care Services</b>	\$0	\$0	NC	\$0	\$0	NC	\$0	\$0	NC
<b>Diagnostic Tests and Labs</b>	20%	20%	50%	20%	20%	50%	20%	20%	50%
<b>Emergency Services</b>									
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%
<b>Inpatient Hospital Services</b> Prior authorization required by the plan for Tier 3 services.	20%	20%	50%	20%	20%	50%	20%	20%	50%
<b>Outpatient Hospital and Ambulatory Services</b>	20%	20%	50%	20%	20%	50%	20%	20%	50%

NC = Not covered

For more detailed information about the Mayo Medical Plan, please review the Summary Plan Description which is available online at the following link. <http://www.mayoclinic.org/jobs/benefits-compensation/summary-plan-descriptions>

## Annual total risk perspective

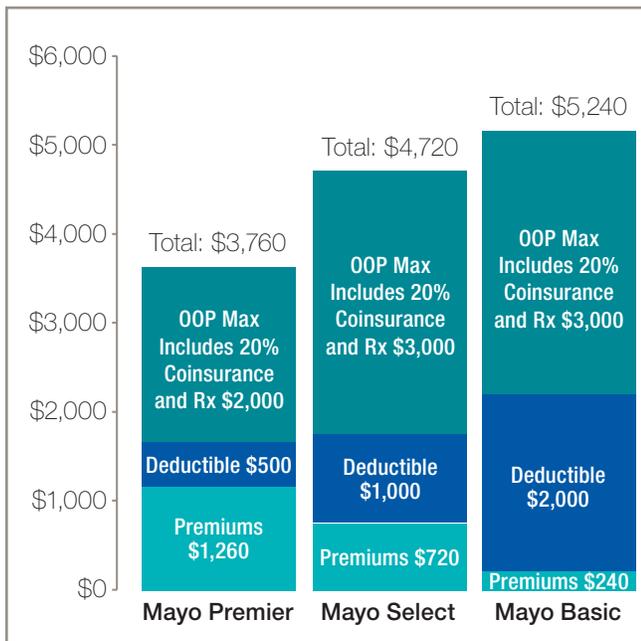
When you consider the three medical plan options from an annual total risk perspective, it can help you determine which plan option is right for you and your eligible dependents.

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

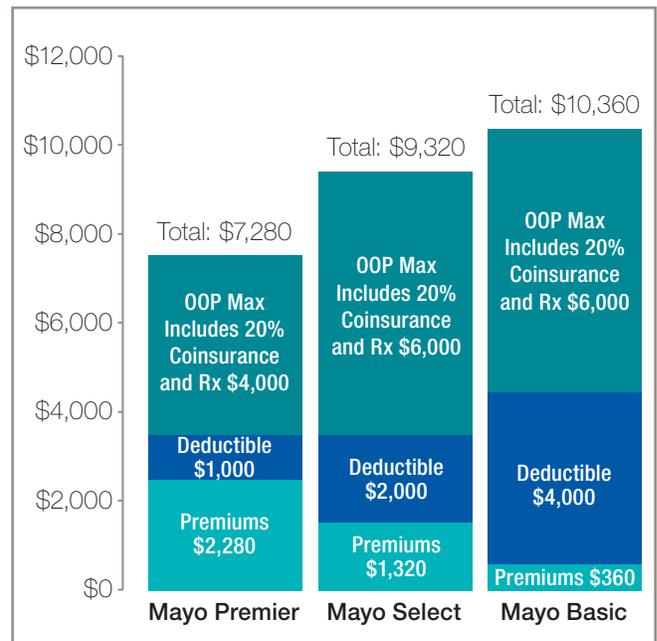
even meet or pay any deductible, especially if they only seek preventive care services. We share this information to provide you with peace of mind should an unexpected event occur, or if you are a high utilizer of the medical plan. We believe providing you with the right service at the right time creates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

### Out-of-Pocket Expense comparison

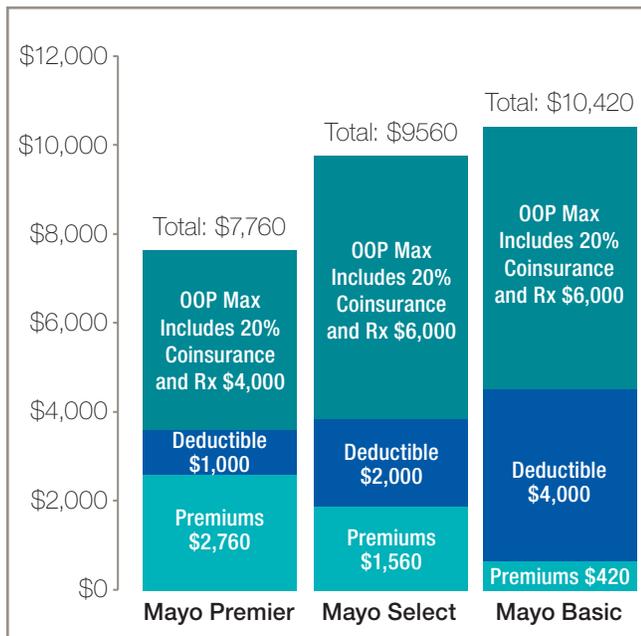
#### Single Coverage



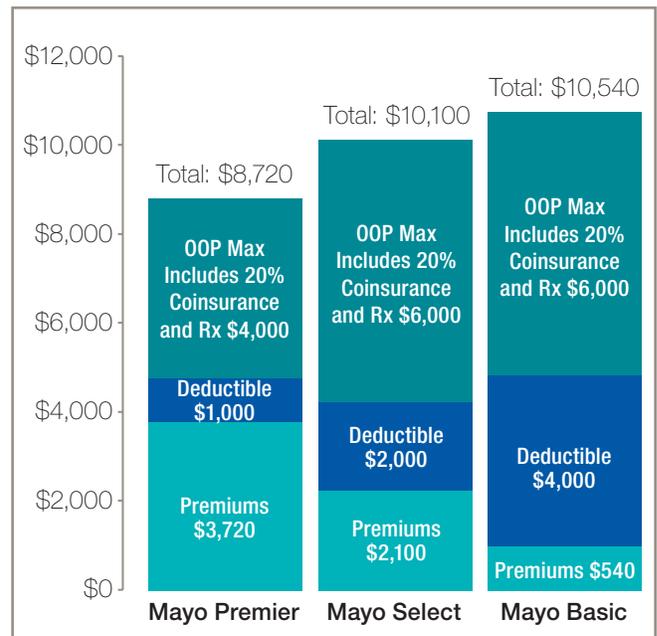
#### Employee + Child(ren) Coverage



#### Employee + Spouse Coverage



#### Family Coverage



## Medical Plan Premiums for 2019

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 Basic	
	Monthly	Per Pay Period	Monthly	Per Pay Period	Monthly	Per Pay Period
<b>Full-Time Employee Premiums (0.75 -1.0 FTE)</b>						
Employee	\$105	\$52.50	\$60	\$30	\$20	\$10
Employee + Child(ren)	\$190	\$95	\$110	\$55	\$30	\$15
Employee + Spouse	\$230	\$115	\$130	\$65	\$35	\$17.50
Family	\$310	\$155	\$175	\$87.50	\$45	\$22.50
<b>Part-Time Employee Premiums (0.50 -0.74 FTE)</b>						
Employee	\$160	\$80	\$90	\$45	\$30	\$15
Employee + Child(ren)	\$285	\$142.50	\$165	\$82.50	\$45	\$22.50
Employee + Spouse	\$345	\$172.50	\$195	\$97.50	\$55	\$27.50
Family	\$465	\$232.50	\$265	\$132.50	\$70	\$35

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

## Mayo Medical Plan prescription drug coverage

Prescription Drug Coverage	Mayo Premier/Mayo Select*			Mayo Basic*		
	Mayo Clinic Mail Service (up to 90-day supply)	Mayo Clinic Outpatient Pharmacy (up to 90-day supply except where indicated)	OptumRx Pharmacy (up to 34-day supply)	Mayo Clinic Mail Service (up to 90-day supply)	Mayo Clinic Outpatient Pharmacy (up to 90-day supply)	OptumRx Pharmacy (up to 34-day supply)
Formulary generic and preferred drug (Tier I)	\$10 maximum	\$10 maximum up to 34-day supply	\$10 maximum	5%	10%	25%
Formulary Brand or injectable drug (Tier II)	25% (\$25 minimum)	30% (\$25 minimum)	40% (\$25 minimum)	25%	30%	40%
Formulary non-preferred drug (Tier III)	40% (\$25 minimum)	40% (\$25 minimum)	50% (\$25 minimum)	40%	40%	50%
Non-formulary drug (Tier IV)**	50% (\$25 minimum)	50% (\$25 minimum)	60% (\$25 minimum)	50%	50%	60%
<b>Deductible</b>	None			Combined with medical deductible		
<b>Annual out-of-pocket maximum</b>	Combined with medical out-of-pocket maximum					

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

\*\* Non-formulary (Tier IV) prescriptions do not apply to the Mayo Premier or Mayo Select plans' out-of-pocket maximums.

# DENTAL AND VISION



Healthy teeth are an important part of wellness. Mayo Clinic provides two dental options for all benefits-eligible employees to choose from.

## Delta Dental

Delta Dental offers two cost-sharing options with a participating provider network. This plan provides flexibility, network savings and preventive services. You can choose between the Standard and Deluxe options.

## Mayo Reimbursement Account (MRA)

The MRA is an annual \$1,150 employer contribution (prorated based on start date) that can be used toward dental and vision expenses. You have the choice of any provider.

	Delta Dental Standard Option	Delta Dental Deluxe Option	Mayo Reimbursement Account*
<b>Deductible</b>	\$50 per person / \$150 per family	\$50 per person / \$150 per family	N/A
<b>Annual Maximum</b> (paid by plan)	\$1,000 per person per calendar year	\$2,000 per person per calendar year	\$1,150 per calendar year
<b>Preventive</b> (exams/cleaning)	\$0	\$0	\$0**
<b>Basic Services</b>	20%	10%	\$0**
<b>Major Restorative Services</b> (crowns/inlays)	50%	40%	\$0**
<b>Lifetime Orthodontic Maximum</b> (paid by plan)	\$1,500 per individual per lifetime	\$2,500 per individual per lifetime	\$1,500 per individual per lifetime
<b>Vision Expenses</b>	N/A	N/A	\$0**

\*Not available if enrolled in Mayo Basic.

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

Month of Enrollment	MRA Proration Amount	Month of Enrollment	MRA Proration Amount	Month of Enrollment	MRA Proration Amount
January	\$1,150	May	\$766.66	September	\$383.33
February	\$1,054.17	June	\$670.83	October	\$287.50
March	\$958.33	July	\$574.99	November	\$191.67
April	\$862.50	August	\$479.16	December	\$95.83

## Vision Care

The Vision Care Plan 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.

Vision Care Plan In-Network Coverage			
Service	Dollars	Frequency	Explanation
<b>Exam Copay</b>	\$10	Once per 12 months	Includes case history, refraction evaluation, and diagnosis and treatment plan
<b>Material Copay – Spectacle Lenses*</b>	\$25	Once per 12 months	Includes single vision, bifocal, trifocal, level 1 and 2 progressive leses, and enhanced lens options
<b>Material Copay – Frames</b>		Once per 24 months	Pay one copay if purchasing both lenses and frames at same time
<b>Frames Allowance</b>	\$150	Once per 24 months	Includes product up to \$150 retail value at most optical centers (less at discount retailers)
<b>Contact Lenses Allowance**</b>		Once per 12 months	

Vision Care Plan Out-of-Network Reimbursement			
<b>Exam Reimbursement</b>	\$45	Once per 12 months	Includes case history, refraction evaluation, and diagnosis and treatment plan
<b>Material Reimbursement – Spectacle Lenses*</b>	\$25 single, \$45 bi-focal, \$60 tri-focal	Once per 12 months	Member reimbursed for spectacle lenses based on type of lenses listed
<b>Material Reimbursement - Frames</b>	\$65	Once per 24 months	Member reimbursed for either, up to dollar amounts listed
<b>Contact Lenses Reimbursement**</b>	\$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 for 2019

Dental and vision premiums are outlined in the table below with both pre-tax monthly and per-pay-period amounts.

	Delta Dental Standard Option		Delta Dental Deluxe Option		Mayo Reimbursement Account (MRA)		Vision Care Plan	
	Can be elected with Vision Care Plan, but not MRA		Can be elected with Vision Care Plan, but not MRA		Can be elected with Vision Care Plan, but not Delta Dental		Can be elected with MRA or Delta Dental	
	Monthly	Per Pay Period	Monthly	Per Pay Period	Monthly	Per Pay Period	Monthly	Per Pay Period
<b>Full-Time Employee Premiums (0.75 -1.0 FTE)</b>								
Employee	\$15	\$7.50	\$30	\$15	\$4	\$2	\$9	\$4.50
Employee + Child(ren)	\$25	\$12.50	\$70	\$35	\$4	\$2	\$16	\$8
Employee + Spouse	\$35	\$17.50	\$60	\$30	\$4	\$2	\$19	\$9.50
Family	\$40	\$20	\$105	\$52.50	\$4	\$2	\$24	\$12
<b>Part-Time Employee Premiums (0.50 -0.74 FTE)</b>								
Employee	\$15	\$7.50	\$30	\$15	\$4	\$2	\$9	\$4.50
Employee + Child(ren)	\$35	\$17.50	\$105	\$52.50	\$4	\$2	\$16	\$8
Employee + Spouse	\$45	\$22.50	\$90	\$45	\$4	\$2	\$19	\$9.50
Family	\$55	\$27.50	\$160	\$80	\$4	\$2	\$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.

## PRE-TAX SAVINGS

### Health Savings Account

A Health Savings Account (HSA) allows participants to set aside pre-tax dollars today to pay for out of pocket medical expenses in the future. IRS guidelines outline eligibility requirements for participating in an HSA. To participate in an HSA, you must be enrolled in the Mayo Basic option.

### Health Care Flexible Spending Account (FSA)\*

The Health Care FSA allows participants to set aside pre-tax income (up to \$2,650 maximum annual contribution per employee) to pay for eligible health care expenses incurred but not covered by other plans. Staff with a Health Care FSA will be allowed to roll-over \$500 per year.

\*Health Care FSA benefit is not available to participants in Mayo Basic.

### Dependent Care Flexible Spending Account (FSA)

The Dependent Care FSA allows participants to set aside pre-tax income (up to \$5,000 maximum annual contribution per household) to pay for eligible child or other dependent care expenses.

# RETIREMENT



Mayo Clinic provides a comprehensive and competitive retirement package that will assist you in achieving personal financial security for your retirement.

## 403(b) and 401(k) Retirement plans

The voluntary 403(b) or 401(k) plans allow employees to contribute pre-tax or post-tax Roth dollars to an investment plan administered by Fidelity Investments. There are many investment options to choose from, including a self-directed brokerage account. You may generally defer up to 50% of annual salary or the annual IRS limit, whichever is less. New employees are automatically enrolled at a 4% contribution rate of salary.

## Financial Engines

Participants in the 403(b)/401(k) plans are automatically enrolled in Personal Asset Management Services from Financial Engines. Your account will be reviewed periodically and your asset allocation will be updated based on your demographic information and current market conditions. Financial Engines provides retirement planning tools and advisors to answer questions and assist in retirement planning. The first \$5,000 is managed at no charge. You may opt out of this service at any time.

# LIFE & DISABILITY INSURANCE



Mayo Clinic offers voluntary insurance options to care for yourself and loved ones and provide financial security should the unexpected occur.

Benefit	Employee Cost	Description of Benefit
<b>Basic Life Insurance</b> Must be enrolled in the Long-Term Disability plan to participate	\$2.40 per month/ single coverage \$3.40 per month/ married coverage	Employee: \$50,000 death benefit Family: \$25,000 death benefit on spouse \$10,000 death benefit for each child
<b>Additional Plan Term Life Insurance</b> Must be enrolled in the basic plan to be eligible	\$2.40 per month \$4.80 per month \$7.20 per month	Additional \$50,000 death benefit on employee Additional \$100,000 death benefit on employee Additional \$150,000 death benefit on employee
<b>Voluntary Accidental Death &amp; Dismemberment (AD&amp;D) Insurance</b>	\$0.15 per \$10,000 coverage/month	You can purchase additional Voluntary AD&D coverage at a rate of \$0.15 per \$10,000 of coverage. Coverage is available in \$10,000 or \$25,000 increments, up to a maximum of \$225,000.
<b>Short-Term Disability</b>	No cost	Short-term disability covers the first three months of disability with full stipend/salary.
<b>Long-Term Disability</b> Must be enrolled in the Term Life Insurance plan to participate	\$0.481 per \$100 of monthly benefit	If you are enrolled in the term life and disability insurance program, long-term disability benefits will commence after the first three months of total disability. Benefit allowable is 180% of stipend/salary subject to a maximum benefit of \$55,000 per year. If disabled term life, dental, hospitalization, major medical insurance coverage may be continued through arrangements with the Department of Human Resources.

# OTHER BENEFITS



## 24-Hour Nurse Line and Air Ambulance

A 24-hour nurse line provides health care decision support and information. Available services also include Air Ambulance Service for emergency medical transportation when you are 150 miles or more from a Mayo Clinic facility. To be eligible for these programs, you must be enrolled in the Mayo Medical Plan.

## Adoption Assistance

The Mayo Clinic Adoption Assistance Plan will reimburse eligible adoption-related expenses up to \$10,000 per adoption. For adoption of a step-child, the maximum benefit is limited to \$500.

## Employee Assistance Plan

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).

## Excess Personal Liability

Plan options provide protection of \$3 million or \$5 million in umbrella insurance coverage, beyond requisite personal homeowner/renter and automobile insurance limits.

## Identity Theft/Fraud Resolution

Mayo Clinic provides access to fraud specialists 24 hours a day to help with fraud resolution. Additionally, a copy of your credit report and single bureau credit monitoring is available at no cost and three bureau credit monitoring is available for \$5.25 per month.

## Long-Term Care Insurance

Several long term care plans are offered to Mayo Clinic employees. Premiums vary according to age and coverage level. Phone consultations are available by appointment with no obligation or fee.

## Malpractice Insurance

Coverage for professional liability exposure through a privately owned insurance company. Coverage is on an occurrence basis which means your professional liability coverage applies if the incident occurs during the term of your Mayo employment. Because of this, tail coverage is not needed if you terminate your employment with Mayo Clinic.

## Professional Development Assistance Plan (PDAP)

After one year of service in a benefits-eligible position, employees are eligible to apply for financial assistance for continuing education and/or certifications. The maximum reimbursement per calendar year is \$5,250 for graduate level courses, \$3,000 for undergraduate level courses and \$300 for certifications.



## **Legal Summary**

This is a high-level summary of certain Mayo Clinic benefits. The summary may or may not be applicable to union employees. It is intended for general information purposes only and should not be considered legal, investment or other benefits advice. This guide is not a legal Summary Plan Description or plan document. If there is a conflict with this information and an official plan document, the official plan document is controlling. Mayo Clinic reserves the right to terminate or amend the Plans at any time, in whole or in part, for any reason. Any such amendment or termination may apply to current and future participants, current and future retirees, covered spouses, beneficiaries and dependents. Please refer to the Summary Plan Description for eligibility requirements for each plan as certain employment categories may or may not be included in coverage.