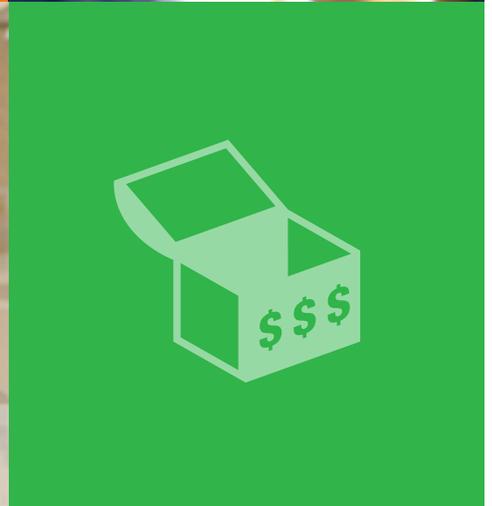
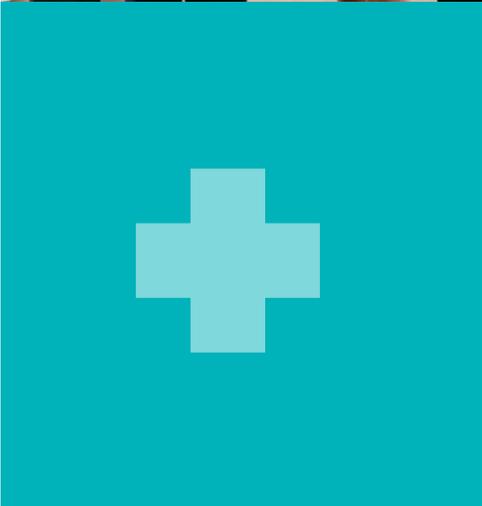
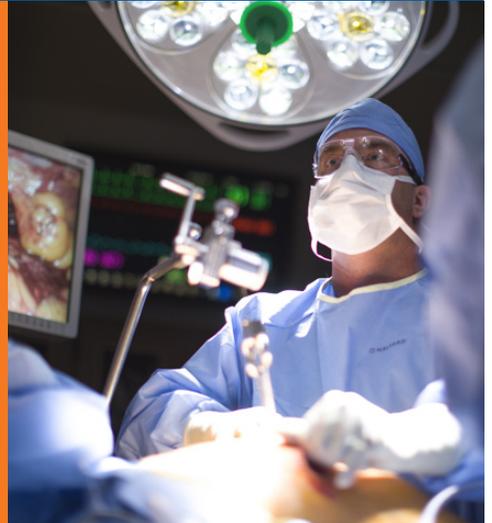


2019 Benefit Highlights

Mayo Clinic Health System Consulting Staff



Working at Mayo Clinic Health System is making a difference. It's providing the highest quality patient care by placing the needs of the patient first. At Mayo Clinic Health System, you'll discover a culture of teamwork, professionalism and mutual respect where you can heal the sick, advance the science, and share the knowledge.

We are excited to share with you in the following pages a highlight of the wide variety of benefits offered to Mayo Clinic Health System staff. 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 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 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 Health System, 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
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%
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%

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

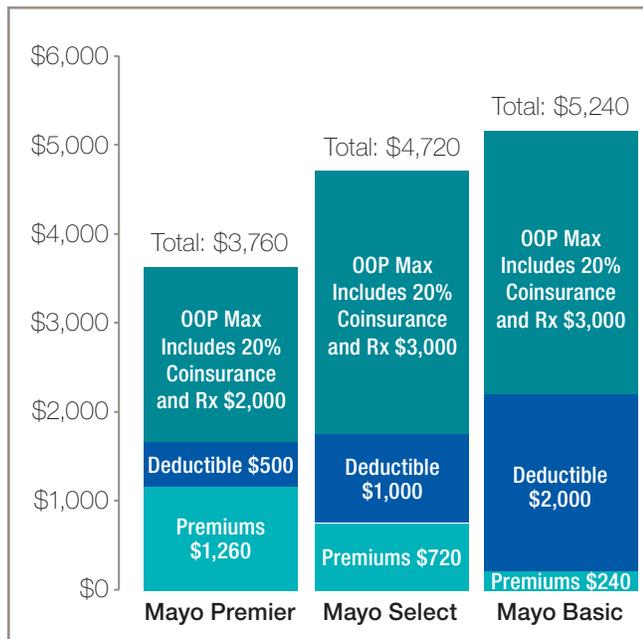
When you consider the three medical plan options from an annual total risk perspective, it can help you determine which plan option is right for you and your eligible dependents.

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

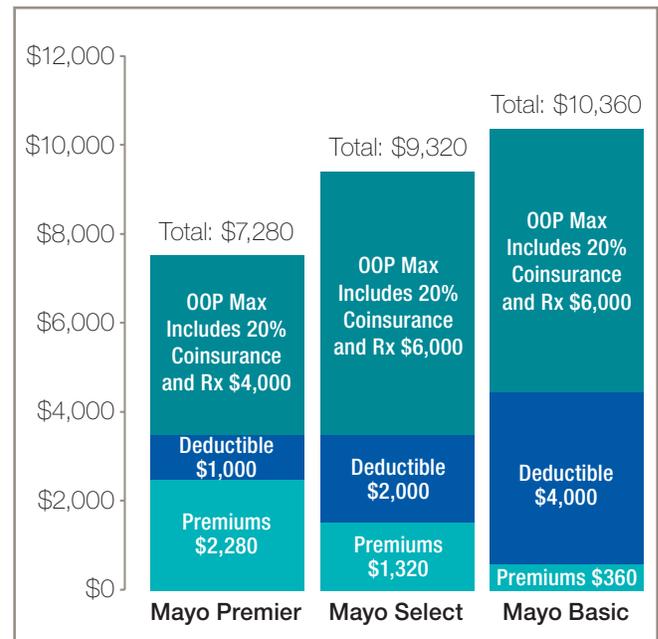
may not even meet or pay any deductible, especially if they only seek preventive care services. We share this information to provide you with peace of mind should an unexpected event occur, or if you are a high utilizer of the medical plan. We believe providing you with the right service at the right time creates a strong benefits foundation to build on.

Out-of-Pocket Expense comparison

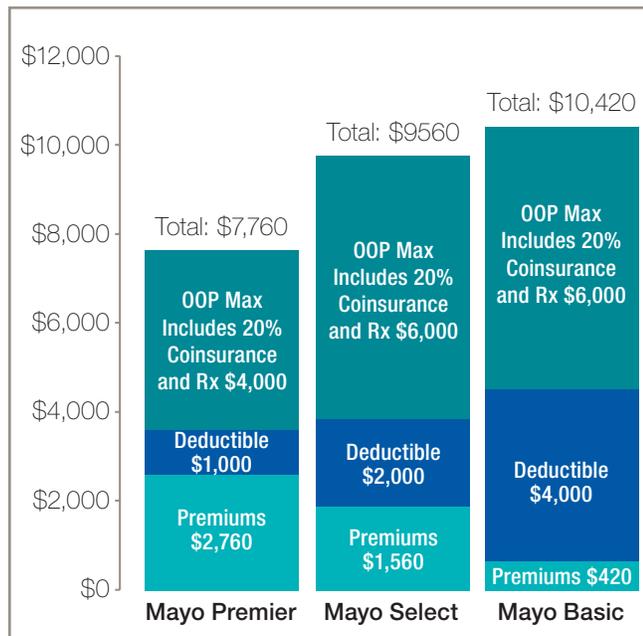
Single Coverage



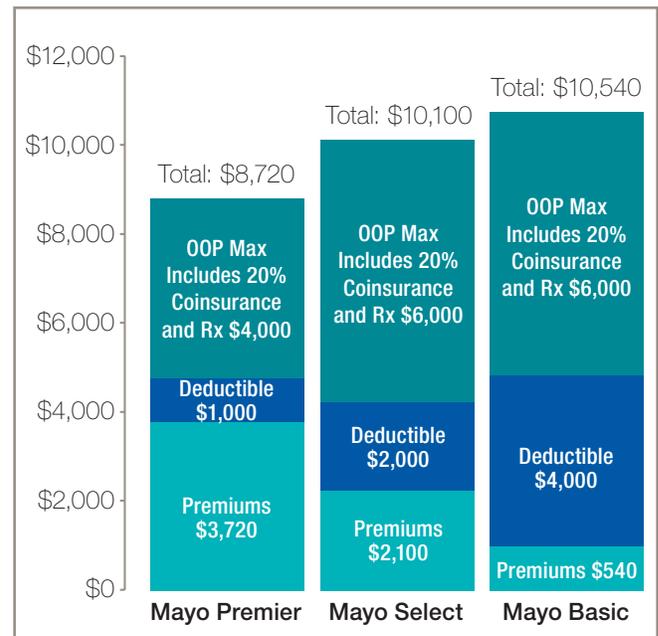
Employee + Child(ren) Coverage



Employee + Spouse Coverage



Family Coverage



Medical Plan Premiums for 2019

Mayo Clinic Health System 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
Full-Time Employee Premiums (0.75 -1.0 FTE)						
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
Part-Time Employee Premiums (0.50 -0.74 FTE)						
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%
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 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 Health System provides two dental options for all benefits-eligible employees to choose from.

Delta Dental

Delta Dental offers two cost-sharing plans 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*
Deductible	\$50 per person / \$150 per family	\$50 per person / \$150 per family	N/A
Annual Maximum (paid by plan)	\$1,000 per person per calendar year	\$2,000 per person per calendar year	\$1,150 per calendar year
Preventive (exams/cleaning)	\$0	\$0	\$0**
Basic Services	20%	10%	\$0**
Major Restorative Services (crowns/inlays)	50%	40%	\$0**
Lifetime Orthodontic Maximum (paid by plan)	\$1,500 per individual per lifetime	\$2,500 per individual per lifetime	\$1,500 per individual per lifetime
Vision Expenses	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
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 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
Full-Time Employee Premiums (0.75 -1.0 FTE)								
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
Part-Time Employee Premiums (0.50 -0.74 FTE)								
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.

TIME AWAY FROM WORK

Short-Term and Long-Term Disability

Short-Term Disability begins immediately and protects 100 percent of your salary for the first six months. If you are unable to perform the duties of your regular occupation beyond six months you may be eligible for a Long-Term Disability benefit that protects 84% of gross income up to age 65.

Vacation

Please refer to local site for more information on vacation policies.

RETIREMENT



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

Pension Plan

Mayo Clinic is one of the few U.S. companies who continue to provide a pension benefit at no cost to their staff. The Mayo Pension Plan is a defined benefit plan where contributions are made by your employer. Your final benefit payout can be predicted because it is determined by a formula rather than by investment results. The longer you work for Mayo Clinic and the more you earn, the better the benefit becomes. An online estimator tool is provided to help employees see just how quickly they can build up a stable monthly income for retirement.

403(b) and 401(k) Retirement plans

The voluntary 403(b) or 401(k) plans allow staff members 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 staff members are automatically enrolled at a 4% contribution rate of salary. Mayo Clinic will match the first 4 percent of staff contributions per pay period (up to IRS annual limits) based on pension benefit service as shown in the chart below.

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

Supplemental Retirement Plan (SRP)

Staff members are eligible to receive a non-qualified retirement plan that provides a benefit beyond the Mayo Pension Plan when salary is greater than the annual compensation limit.

Deferred Compensation 457(b)

Staff members are eligible to participate in a voluntary program that allows individuals the opportunity to defer pre-tax dollars in a Fidelity administered investment program. Enrollment and deferral changes are allowed from May 1 - June 15 each year.

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 INSURANCE



Mayo Clinic Health System offers both employer-paid and voluntary life insurance to care for yourself and loved ones and provide financial security should the unexpected occur.

Employer Paid Life Insurance Coverage

Employer paid life insurance pays a benefit equal to three times your annual salary, up to the plan's maximum salary limit, to your designated beneficiaries in the event of your death for any cause.

Employer Paid Accidental Death & Dismemberment Insurance (AD&D)

Employer Paid AD&D insurance pays a benefit amount equal to your annual salary, up to the plan's maximum salary limit, to your designated beneficiaries in the event of your accidental death or a percentage of the benefit for a qualified dismemberment.

Employee Paid Optional Insurance

Benefit	Employee Cost	Description of Benefit
Voluntary Group Universal Life Insurance	\$0.05 to \$8.00 per \$1,000 of coverage per month (based on age)	Additional voluntary coverage is available to supplement your Employer Paid Life Insurance, you may purchase additional term life insurance from the Voluntary Group Universal Life Insurance Plan. The plan offers a benefit of up to six times your annual salary, payable to your beneficiary in the event of your death from any cause. (For coverage levels greater than two times salary, Evidence of Insurability is required.)
Family Life Insurance	Varies according to spouse's age	When you elect Voluntary Group Universal Life Insurance, you also may participate in Family Term Life Insurance. You can elect a benefit of one or two times your annual salary. You cannot elect a benefit on your spouse that is larger than your benefit. You can elect a benefit of \$10,000 per child. If you have elected spousal coverage, you will not pay an additional premium for child coverage. If you are married but have not elected spousal coverage, you will pay a small premium.
Voluntary Accidental Death & Dismemberment (AD&D) Insurance	\$0.15 per \$10,000 coverage/month	You can purchase additional Voluntary AD&D coverage, in addition to the employer paid AD&D plan, 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.

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 Management Services

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 staff. 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 Health System. Some exceptions may apply in WI because of the Wisconsin State Compensation Fund. Check with your local campus for more information.

Mayo Clinic Dependent Scholarship

Dependents of eligible Mayo Clinic Health System staff members are able to apply for a scholarship that awards \$3,000 per year for as many as four years of post-high school education. Scholarships are awarded based on ACT and SAT test scores. Employee must meet eligibility guidelines prior to dependent applying.

Office of Staff Services

Our mission is to help Consulting Staff address issues of concern in their professional and personal lives. A financial services and benefit team is available to provide benefit counseling and financial planning services at no additional cost to the staff member.

Legal Summary

This is a high-level summary of certain Mayo Clinic Health System 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 Health System 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.