

2011

Summary of Benefits

at Mayo Clinic in Rochester, Minnesota

Mayo School of Graduate Medical Education Appointees, Mayo Graduate School, Pharmacy and Chaplain Residents, Research Associates

Medical and Dental						
Description of Plans	Mayo Universal		Mayo Choice		Mayo Horizon	
	Health plan coverage for specified medical services and prescription drugs. Cost sharing is reflected in employee contributions through premiums, deductibles, coinsurance and/or copayments.					
	<i>In-Network</i>	<i>Out-of-Network</i>	<i>In-Network</i>	<i>Out-of-Network</i>	<i>In-Network</i>	<i>Out-of-Network</i>
Co-Insurance	10% for most care	30% for most care	20% for most care	40% for most care	10% for most care	40% for most care
Cost Sharing Amounts						
a. Annual Deductible <i>Note: Annual deductible must be met before plan benefits will begin. Under Mayo Universal and Mayo Choice, copayments do not apply toward deductible and deductible does not apply toward Out-of-Pocket Maximum.</i>	None	\$250 per person; \$500 per family	\$250 per person; \$500 per family	\$575 per person; \$1,150 per family	Employee: \$1,250 EE+Spouse: \$2,500 EE+Child(ren): \$2,500 Family: \$3,400	
b. Annual Out-of-Pocket Maximum <i>Note: Includes separate annual limits. Some costs do not apply to these limits. Copayments do not apply toward Out-of-Pocket Maximum.</i>	\$1,100 per person; \$2,200 per family	\$2,200 per person; \$4,400 per family	\$2,200 per person; \$4,400 per family	\$2,750 per person; \$5,500 per family	Employee: \$1,800 EE+Child(ren): \$3,600 EE+Spouse: \$3,600 Family: \$4,800	Employee: \$5,000 EE+Child(ren): \$6,250 EE+Spouse: \$6,250 Family: \$7,500
c. Mayo provided Health Savings Account	None	None	None	None	Employee: \$900 Employee + Child(ren): \$1800 Employee + Spouse: \$1800 Family: \$2500	
Physician Visits						
a. Primary care	a. \$0	a. 30%	a. \$0	a. 40%	a. 10%	a. 40%
b. Specialty care	b. \$25	b. 30%	b. \$25	b. 40%	b. 10%	b. 40%
c. Urgent care	c. \$40	c. 30%	c. \$40	c. 40%	c. 10%	c. 40%
d. Emergency room	d. \$50	d. 30%	d. \$50	d. 40%	d. 10%	d. 40%
Preventive Care Services <i>Based on age and frequency determined by the plan.</i>	\$0	Not covered	\$0	Not covered	\$0	Not covered

Medical Premiums for 2011	Mayo Universal		Mayo Choice		Mayo Horizon	
	Monthly	Per Pay Period	Monthly	Per Pay Period	Monthly	Per Pay Period
Full-Time Employee Premiums (0.75 -1.0 FTE)						
Employee	\$77	\$38.50	\$28	\$14	\$11	\$5.50
Employee + Child(ren)*	\$147	\$73.50	\$53	\$26.50	\$21	\$10.50
Employee + Spouse*	\$163	\$81.50	\$59	\$29.50	\$23	\$11.50
Family*	\$249	\$124.50	\$90	\$45	\$35	\$17.50

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.

* Same-gender domestic partners and their children are also eligible for coverage.

Health and Wellness	
Benefit	Description of Benefit
Prescription Drug Plan	Employees will receive pharmacy benefits if enrolled in a Mayo Medical Plan.
Mayo Reimbursement Account	<ul style="list-style-type: none"> Reimburses eligible outpatient dental, optical services, and hearing aid devices (not including fitting or batteries) up to \$1,100 annually Allows unused account funds to accumulate up to a maximum of \$5,000 Provides a one-time, lifetime benefit for orthodontic treatment of \$1,500 per eligible plan participant Not available to participants in Mayo Horizon
Wellness Program	Mayo Clinic offers a health promotion program called LiveWell to promote healthy lifestyles by providing health and wellness activities to Mayo Clinic employees, retirees and dependents. Visit our website at www.LiveWellatMayo.com

Flexible Spending Account (FSAs)		
Benefit	Contribution By	Description of Benefit
Health Care FSA	Employee contributes each biweekly payroll	Permits reserve of pretax income (up to \$5,000 maximum annual contribution) to pay for eligible medical and/or dental expenses incurred but not covered by other insurance or reimbursement plans. Not available to participants in Mayo Horizon.
Dependent Care FSA	Employee contributes each biweekly payroll	Permits reserve of pretax income (up to \$5,000 maximum annual contribution) to pay for eligible child or other dependent care expenses.

Mayo Provided Time Off		
Benefit	Contribution By	Description of Benefit
Short-Term Disability	Mayo	Covers the first three months of disability with full stipend/salary if stipend is paid by Mayo.
Long-Term Disability	\$0.30 per \$100 of monthly benefit	If enrolled in the term life and disability insurance program, long-term disability benefits will commence after the first three months of total disability. Benefit is 180% of stipend/salary subject to a maximum benefit of \$55,000 per year. Term life, dental, hospitalization, major medical insurance coverage may be continued through arrangements with the Department of Human Resources.

Financial and Retirement		
Benefit	Contribution By	Description of Benefit
Mayo Pension Plan (Research Associates only)	Mayo	A defined benefit plan with the purpose of providing income following retirement from a career of service with Mayo Clinic. The benefit payable at termination or retirement is based on a formula using years of service and final average pay. It is offset by a Social Security covered compensation factor. Vesting occurs at age 28 with three or more years of benefit service or with five years of vesting service from age 18 with some benefit service.
Optional 403(b) Plan or 401(k) Plan	Employee contribution No employer match	<p>Allows employee to contribute pretax or post-tax Roth dollars to an investment plan administered by Fidelity Investments. You may generally defer up to 50% of stipend/salary annually or \$16,500 annually, whichever is less (IRS 2011 limit of \$22,000 if 50 years of age or older).</p> <p>All benefit eligible new hires and newly benefit eligible employees will be automatically enrolled in the plan at a 4% pretax deferral rate. Professional asset management is available for a fee provided by Financial Engines, LLC.</p>

Survivor's Benefits and Optional Insurance

Survivors' Benefits

Benefit	Employee Cost	Description of Benefit
Term Life Insurance*	\$2.40 per month/ single coverage \$3.40 per month/ married coverage	Appointee: \$50,000 death benefit Family: \$25,000 death benefit on spouse \$10,000 death benefit on each child
Additional Plan Term Life Insurance	· \$2.40 per month · \$4.80 per month · \$7.20 per month	Must be enrolled in the basic plan to be eligible · Additional \$50,000 death benefit on appointee · Additional \$100,000 death benefit on appointee · Additional \$150,000 death benefit on appointee
Professional Liability Insurance	No cost	Coverage for event regardless of when claim is made
Voluntary Accidental Death & Dismemberment (AD&D) Insurance	\$0.20 per \$10,000 coverage/month	Provides voluntary supplemental AD&D coverage of \$10,000 to \$225,000 if accidental death, or prorated amount for dismemberment
Excess Personal Liability	\$22 or \$32 per month	Through Hirman Insurers, provides protection of \$3 million or \$5 million in umbrella insurance coverage, beyond requisite personal homeowner/renter and automobile insurance limits.
Long-Term Care Insurance	Rates based on age at date of issue	Assistance with daily living expenses through CNA Insurance Companies. Available to spouse or same-gender domestic partner, parents, grandparents, in-laws and Mayo retirees.
Auto/Home/Renter's Insurance	Varies	Personal auto/home and renter's insurance offered through Hirman Insurers. Premiums are paid through payroll deduction.
Identity Theft Insurance	\$69 per year	\$25,000 in expense reimbursement after a \$500 deductible. The plan offers a comprehensive advocacy service throughout the resolution process. All members of household are covered under a single contract.

* Long-Term Disability and Term Life Insurance are both included in the Basic Group and Family Term Life and Disability Insurance Plan. Make one election for this plan and receive both coverages.

Employee Services

Benefit	Contribution By	Description of Benefit
Adoption Assistance	Mayo	Covers up to \$10,000 of eligible legal and agency expenses. Covers \$500 for adoption of a stepchild.
Employee Assistance Program (EAP)	Mayo	Confidential problem identification/assessment services for workplace and/or personal issues.

Work-Life Balance

Benefit	Contribution By	Description of Benefit
Student Services and Activities Program	Mayo	Free and discounted events and services, including movie passes, special attractions, events, group banking, and services discounts (child-care facilities, hotels, etc.)
On-site Fitness Facilities	Employee	The Dan Abraham Healthy Living Center (DAHLC) is comprised of two on-site locations with state-of-the-art equipment, classes, and trained staff. · Available for use by Mayo Clinic staff, retirees, Mayo-program students, auxiliaries/volunteers, and/or their spouses · Membership fee of \$27 per month per person with incentive opportunities to reduce this fee
Sick Child Care	Mayo	Children's R&R is a free, on site sick child care center staffed by nurses.
Back-up Child Care	Mayo and Employee	This program is available to provide employees with a quality child care option at a minimal charge when normal arrangements are temporarily unavailable.
Child and Elder Care Referral	Mayo and Employee	This service offers resources and information related to child care, elder care, education, and adoption.

All conditions of employment include, but are not limited to, hours, benefits and salary that are subject to change by Mayo Clinic at any time. The information herein is abridged for illustrative purposes only. The content of this brochure should not be construed as complete or binding. Benefits are subject to change. The Summary Plan Description is the definitive source of information.



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