Employee Assistance Plan
Offered through VITAL WorkLife

For Employees Located Outside of Rochester and Mayo Clinic Health System – SWWI

January 2019
INTRODUCTION

This benefits booklet for the Mayo Clinic Employee Assistance Plan provides information that is applicable to certain employee assistance benefits offered under the Mayo Clinic Health & Welfare Benefits Plan for employees based in locations other than Rochester and Mayo Clinic Health System – SWWI, effective as of January 1, 2019 (the “Plan” or “EAP”). Other portions of the Mayo Clinic Employee Assistance Plan that apply to employees working in Rochester or Mayo Clinic Health System – SWWI are described in a separate document.

The General Information Booklet for the Mayo Clinic Health & Welfare Benefits Plan (the “General Information Booklet”) provides information such as who has the right to amend and terminate the Plan. This benefits booklet, together with the General Information Booklet, constitute the Summary Plan Description for the Plan as of January 1, 2019, and replaces all prior descriptions of the Plan. It is intended to provide a summary of your benefits available under the Plan. If there are any discrepancies between the Summary Plan Description and the governing documents, the plan documents will control.

Mayo Clinic sponsors the Plan to help address and manage life issues and concerns, and also provide confidential and professional counseling meant to help you and your family members deal with personal problems. The EAP is offered through VITAL WorkLife, and services are provided through a network of providers under contract to VITAL WorkLife.

We all have problems at some time in our lives. Usually we are able to handle them ourselves, but sometimes a personal problem gets out of hand. When this happens, it can interfere with relationships, job performance, and physical health. That’s why Mayo Clinic through VITAL WorkLife provides a special service that can be used by you, your spouse and your eligible family members.
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PARTICIPATION

Who is Eligible

If you are classified by a participating employer for payroll and personnel purposes as an employee you are eligible to use EAP services. As noted above, the benefits described in this Plan Document apply to non-Rochester and Mayo Clinic Health System – SWWI employees only. In addition, your eligible family members (spouse and your child or children under the age of 26) are eligible for services. A child whose coverage is required under a Qualified Medical Child Support Order (QMCSO) will be eligible to participate in the Plan. The Plan Administrator will review a child support order and determine whether it is qualified. Upon written request to the Plan Administrator, you may obtain a copy of the procedures governing QMCSOs at no charge.

How to Enroll

As an employee of a participating employer, you are automatically eligible for services provided through the EAP.
EAP BENEFITS

How the EAP Works
The EAP is a confidential and voluntary assessment, counseling, and referral service that is designed to help you and your family resolve personal problems. The EAP’s counseling and coaching services are provided by masters- and doctorate-level licensed professionals. They conduct counseling face-to-face or via phone sessions. They’ll do whatever is most comfortable and convenient for you. Through the EAP, you will also have access to a robust website where you can find information any time, 24 hours a day, seven days a week.

Your Right to Confidentiality
All interactions between you and the EAP are strictly confidential and will not be noted in any official company record, clinical record, or in your personnel file. Information from the EAP may be released only with your written permission, in response to state or federal statute/regulation, or from a court or other legal order. The law may require the release of specific information when the life or safety of a person is seriously threatened.

How to Obtain Covered Services
You and your eligible family members may call the EAP at 1-800-383-1908 (toll-free) to request information or schedule an appointment with an EAP counselor. You can access EAP services at any time, 24 hours a day, seven days a week.

If English is not your primary language, VITAL WorkLife offers over-the-phone interpretation services. VITAL WorkLife also offers extensive online resources at its website, www.VITALWorkLife.com.

Covered Services
Covered services include initial counseling that can take place face-to-face or via phone and, when necessary, additional follow-up care by an EAP provider for counseling related to the following types of issues:

Covered Counseling Services
Examples of personal problems the EAP can help with are:

- Marital and relationship problems
- Parenting and child concerns
- Drug or alcohol use and/or dependence
- Interpersonal conflicts at work or home
- Work/life balance
- Emotional problems such as depression, anxiety, or stress-related issues
- Occupational problems
- Life event issues such as leaving school, entering college, starting a new career, marriage, divorce, retirement
- Bereavement

This is not intended to be an all-inclusive list. Please contact the EAP if you have an issue with which you need assistance.
**Legal Assessment and Referral**

As part of your EAP benefit, VITAL WorkLife offers a no-cost 30-minute telephonic legal consultation per incident; often, this is all that is necessary to address a legal question or concern. Should additional assistance be needed, you will be referred into VITAL WorkLife’s attorney network, and in most cases will be eligible for a 25% discount on fees for ongoing legal assistance.

**Enhanced Financial Resources**

Financial and debt management consulting services include:

- Toll-free information line — Financial counselors address questions on all types of financial issues and follow up by mailing supporting educational materials.
- Financial counseling — Certified Consumer Credit Counselors provide hour-long confidential counseling sessions addressing an individual’s specific concerns and resulting in a written plan of action.
- Debt management plan — VITAL WorkLife counselors are able to work with creditors to provide repayment plans for unsecured debt.
- Bankruptcy Prevention Unit — Specialists ensure consumers understand the ramifications of bankruptcy filing and help determine other options.
- Credit report review — Credit reports and credit scores are provided to the employee for $10 per report and Certified Credit Report Review Specialists are available to clarify the content and discuss options, rights, and responsibilities.
- Housing education — Counselors assist consumers in preparing for home purchase, or options around keeping the home in cases of financial distress.
- Nationwide referral database — VITAL WorkLife maintains a database of non-profit referral sources for consumers in need.
- Educational materials — Available online or in hard copy, VITAL WorkLife has a comprehensive library of financial educational materials in English and Spanish.
- Access to Certified Financial Planners (CFP) who can answer general questions about financial planning and long-term goal setting.
- Strategic financial planning — A $75 counseling session with a CFP who will address specifics of a consumer’s long-term plan, including goals, retirement planning, investment planning, insurance needs and estate planning.

**Online Services**

The EAP offers a wide range of services on its website, including Work & Life content on many topics. Web resources include:

- More than 5,000 articles on various topics
- More than 100 Skill Builders (online self-paced training modules)
- Audio tip files
- Self-search locators
- “Best of Web” resources
- Financial calculators

**Assisted Search**

Your employer’s EAP also may offer assisted search by expert consultants for help locating resources and obtaining referrals for issues surrounding parenting, aging, and daily living. Services are offered by telephone or using Live Connect™ instant messaging technology. You can learn whether Assisted Search is available to you simply by asking about the service during your first call to the EAP.
**Return-to-Work Coaching**

If you are out of work due to disability, face issues related to workers’ compensation, or have lost time from work due to family or personal leave, VITAL WorkLife EAP counselors may reach out to you (with your permission) to let you know of the services available to you and your family members.

**Employee Discounts**

Mayo Clinic and Mayo Clinic Health Systems may provide a variety of discounts on services or products. The discounts are only available to those eligible for the EAP. For example, employees and eligible dependents may be eligible to receive discounts on purchases of eyeglasses and materials at Mayo Clinic Optical Shops. Discounts may vary based upon location and materials. Any discounts are made available directly from Mayo Clinic or a Mayo Clinic Health System practice site and are not accessible by calling the EAP. Please contact Mayo Clinic or a Mayo Clinic Health System practice directly for more information regarding such discounts.

**Additional Services**

VITAL WorkLife may provide additional services including, but not limited to, Critical Incident Response and Well Being Training and Education. These services are provided for an additional fee and are paid for by the requesting department. For more information about available services and pricing, contact VITAL WorkLife directly.

The Plan contains a wellness program component called the Well-Being Index, which is a web-based tool that evaluates multiple dimensions of distress via a questionnaire in an effort to end employment ‘burnout’ for Plan participants, and also provides several other resources. For more information regarding the Well-Being Index, please contact HR Connect at 507-266-0440.

**Limitations**

All EAP services must be received from participating EAP providers or other health care providers as approved or authorized by VITAL WorkLife.

To the extent that a national disaster or other emergency or event not within VITAL WorkLife’s control results in VITAL WorkLife’s offices, personnel, or financial resources being unable to provide or arrange for the provision of covered services, VITAL WorkLife will make a good faith effort to provide EAP services, taking into account the impact of the event, but will not incur any liability or obligation for delay or failure to provide services.

Certain covered services are subject to benefit maximum limitations. You are entitled to a maximum of six in-person sessions per problem (although you have unlimited access to counselors by telephone).

**Exclusions**

Coverage is not provided for services other than those described in “Covered Services,” above.

If your EAP Counselor refers you to another resource for assistance (such as an attorney for legal problems, a financial advisor for money problems or an external counselor or therapist for treatment), you must pay for those services yourself. (Note that mental health treatments may be covered under your medical or health insurance plan). It is your responsibility to verify coverage with your health plan or pay for charges not reimbursed or paid by your plan. The EAP does not cover and does not pay claims submitted by any health care provider or any third party that is not a participating provider or that provides services outside the scope of the EAP, and it is your responsibility to determine whether any referral may be covered by your health plan.

**Participating EAP Providers**

EAP services are provided through a network of participating EAP providers established by VITAL WorkLife. Information on participating EAP providers, including names, addresses, and hours of operation, is available by telephoning the VITAL WorkLife at 1-800-383-1908 (toll-free).
CLAIMS ADMINISTRATION

You (or your authorized representative) may make a claim for benefits under the Plan by providing notice of your claim to the Claims Administrator. The Claims Administrator has the authority to review certain claims and, in connection with this review, to interpret the plan and decide claims-related questions. Because the Plan is a group health plan (as defined under ERISA), special rules apply to claims filed and appealed under the Plan, as described further in this document.

Claims must be submitted in writing. Your claim is not considered submitted until you provide all information that is necessary for determination of your claim.

Notification of Initial Determination

After you make your claim for benefits, you will be notified of the benefit determination within 30 days after receipt of the claim by the Claims Administrator. The Claims Administrator may extend this period for up to 15 days, if necessary. If extra time is needed to process your claim, you will be notified before the end of the initial 30-day period of the circumstances requiring the extension and the date by which the Claims Administrator expects to render a decision. If additional information is needed because necessary information is missing from the request, the notice will specify what information is needed. You must provide the specified information to the Claims Administrator within 45 days after receiving the notice. The determination period will be suspended on the date the Claims Administrator sends a notice of missing information and the determination period will resume on the date you respond to the notice.

Content of Initial Notification

If any part of your claim is denied, you will be notified in writing or electronically. This notice will tell you the reason for the denial, including the provisions of the Plan on which the denial is based. It also will describe any additional information that may be needed to change the decision denying your claim and explain why such information is necessary. Also, the notice will describe the procedures for appealing the decision, including the time limits for doing so, and include a statement of your right to bring a civil action for benefits following an adverse determination on appeal.

In addition, the notification also will explain any rule, guideline, protocol or similar criterion relied upon in making the adverse determination, or include a statement that such a rule, guideline, protocol or similar criterion was relied upon in making the determination and that a copy of such rule, guideline, protocol or other criterion will be provided free of charge upon request (collectively, the “Rule and Guideline Summary”). If the adverse benefit determination is based on a medical necessity or experimental treatment or similar exclusion or limit, the notification also will contain either an explanation of the scientific or clinical judgment for the determination or a statement that such explanation will be provided free of charge upon request (collectively, the “Medical Necessity/Experimental Treatment Summary”).

Appeal of Determination

If you receive an adverse benefit determination, you have 180 days to appeal the decision. Your appeal must be in writing and state that a formal appeal is being requested and include all pertinent information regarding the claim in question. You should describe the reasons why you think the decision on your claim was incorrect.

Appeals should be directed to the Claims Administrator with which you filed your initial claim. You or your authorized representative will be provided, upon request and free of charge, reasonable access to, and copies of, all documents, records and other information related to your claim.

If you do not file an appeal within the time permitted, your claim will be deemed abandoned and you may not reassert it under these procedures or in a court or any other venue. If you fail to raise issues or present evidence on
appeal, you may not be able to raise those issues present that evidence in any later proceeding or judicial review of your claim.

**Content of Appeal Notification**

If your appeal is denied, you will be notified in writing or electronically within 60 days. The denial will tell you the reason for the denial, including the provisions of the Plan on which the denial is based. It also will inform you of your right to receive reasonable access to, and copies of, any documents, records and other information related to your appeal. In addition, the notice will tell you about your right to bring a civil action for benefits. Finally, the notice will contain the Rule and Guideline Summary and Medical Necessity/ Experimental Treatment Summary described above.

**Legal Action**

You may not bring a civil action for benefits unless you have exhausted your administrative review rights under the internal claims procedures for the Plan. No civil action may be brought more than one year after the date on which your claim is denied on final appeal.