# MAYO CLINIC

### 2011

# Summary of Benefits at Mayo Clinic in Rochester, Minnesota

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Medical and Den al						
	Mayo U	niversal	Mayo	Choice	Мауо	Horizon
Description of Plans			ical services and pres		sharing is reflected i	in employee
	contribut of throug	gh premiums, deduc	tibles, coinsurance ar	id/or copayments.		
	In-Netrork	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Netwo
Co-Insurance	10%	30%	20%	40%	10%	40%
	for most care	fer most care	for most care	for most care	for most care	for most care
Cost Sharing Amounts						
a. Annual Deductible	None	\$250 per ers n;	\$250 per person;	\$575 per person;	Employee:	
Note: Annual deductible must be met before plan benefits will begin.		\$500 p. family	\$500 per family	\$1,150 per family	EE+Spouse	e: \$2,500 en): \$2,500
Under Mayo Universal and Mayo					Family: \$3,	
Choice, copayments do not apply toward deductible and deductible						
does not apply toward Out-of-						
Pocket Maximum.						
b. Annual Out-of-Pocket Maximum	\$1,100 per	\$2,200 per	\$2,200 p	<b>1</b> 2,750 per	Employee:	Employee:
Note: Includes separate annual	person;	person;	person;	person;	\$1,800	\$5,000
limits. Some costs do not apply	\$2,200 per	\$4,400 per	\$4,400 per	\$Founder	EE+Child(ren):	EE+Child(ren)
to these limits. Copayments do not apply toward Out-of-Pocket	family	family	family	f mily	\$3,600 EE+Spouse:	\$6,250 EE+Spouse:
Maximum.					\$3,600	\$6,250
					Samily: \$4,800	Family: \$7,50
c. Mayo provided Health	None	None	None	None	Finn Jyee: \$90	0
Savings Account					iple ee + Ch	ild(ren): \$1800
					Em oyer Sp Famh, φ2F J	ouse: \$1800
Dhysisian Visita					Tanniy. 42-0	
Physician Visits		- 20%	- *0	- 40%	a 10%	
a. Primary care	a. \$0	a. 30%	a. \$0	a. 40%	a. 10%	a. 0%
b. Specialty care	b. \$25	b. 30%	b. \$25	b. 40%	b. 10%	b. 40%
c. Urgent care d. Emergency room	c. \$40	c. 30%	c. \$40	c. 40% d. 40%	c. 10% d. 10%	c. 40.
a. Lineigency 10011	d. \$50	d. 30%	d. \$50	u. 40%	u. 10%	d. 40%
Preventive Care Services	\$0	Not covered	\$0	Not covered	\$0	Not covered

Medical Premiums	Mayo Universal		Mayo Choice		Mayo Horizon	
for 2011	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
Part-Time Employee Premiums (0.50	Part-Time Employee Premiums (0.50 -0.74 FTE)					
Employee	\$116	\$58	\$42	\$21	\$16	\$8
Employee + Child(ren)*	\$221	\$110.50	\$79	\$39.50	\$31	\$15.50
Employee + Spouse*	\$244	\$122	\$88	\$44	\$34	\$17
Family*	\$373	\$186.50	\$135	\$67.50	\$52	\$26

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> <li>Reimburses eligible outpatient dental, optical services, and hearing aid devices (not including fitting or batteries) up to \$1,100 annually</li> <li>Allows unused account funds to accumulate up to a maximum of \$5,000</li> <li>Provides a one-time, lifetime benefit for orthodontic treatment of \$1,500 per eligible plan participant</li> <li>Not available to participants in Mayo Horizon</li> </ul>		
Wellness Program	Mayo Clinic offers a health promotion progam 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 Spend	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.		

Benefit	Description of Benefit				
Paid Time Off	A self-managed program of paid time off (PTO) that combines traditional holidays, vacation, and sick time into one account		Service Year	Annual PTO Days	Accrued Per Pay Period
	· Accrued bi-weekly at a rate based on length	Non-Exempt	0	23	7.08
	of service, employment status (exempt or non-		2	28	8.62
	exempt) and the percent of a full-time work		10	33	10.15
	schedule		15	35	10.77
	May accrue up to 1.5 times your current annual     PTO accrual level		20+	38	11.69
	· Employees may sell PTO according to the	Exempt	0	28	8.62
	guidelines of the program		2	33	10.15
	· Employees are permitted reasonable time off with		10	35	10.77
	pay for funerals and jury duty as noted in the		15+	38	11.69
	employee policy manual	Patient Care RN	0	23	7.08
			1	28	8.62
			4	33	10.15
			15	35	10.77
			20+	38	11.69

Mayo Provided Time Off – continued		
Benefit	Description of Benefit	
Short-Term Disability	<ul> <li>Non-Exempt - 120 hours at full pay plus 400 hours at one-half pay/year during first 5 years of service</li> <li>Exempt and non-exempt employees with greater than 5 years of service; 520 hours full pay/anniversary year.</li> <li>Sixteen hour waiting period</li> <li>Prorated for part time</li> </ul>	
Long-Term Disabi	ity Protects 65 percent of salary after 520 hours of related illness and/or injury.	

Financial and F	Financial and Retirement			
Benefit	Contribution By	Description of Benefit		
Salary Program	Мауо	Mayo Clinic administers a competitive salary program with periodic increases given satisfactory employee and organizational performance.		
Mayo Pension Plan	Мауо	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	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 salary annually or \$16,500 annually, whichever is less (IRS 2011 limit of \$22,000 if 50 years of age or older).		
		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.		

#### Survivor's Benefits and Optional Insurance

Mayo Provided Insurance

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Benefit	Description of Benefit
Employer paid Terr Life Insurance	Benefit equal to three times annual salary (annual salary rounded up to nearest thousand dollars).
Employer paid Accidental Death Dismemberment Insurance (AD&D)	

#### **Employee Paid Optional Insurance**

Benefit	Employee Cost	Description of Benefit
Voluntary Group Universal Life Insurance	\$0.06 to \$4.14 per \$1,000 of coverage per month	Additional voluntary coverage equivalent to one or two times annual salary (rounded up to nearest thousand dollars). Includes long-term cash accumulation option and opportunity to continue coverage after termination or retirement.
Family Life Insurance	Varies according to spouse's age	Provides voluntary coverage for spouse and/or eligible children/stepchildren. Coverage on spouse is 1x or 2x employee's annual salary (not to exceed employee's own Universal Life coverage amount); \$10,000 for each eligible child. Reductions occur after spouse reaches age 65. This plan is available only to participants in Voluntary Group Universal Life Insurance.
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 to dismembered employee.
Excess Personal Liability	\$22 or \$32 per month	Through Hirman Insurors, 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 Clinic retirees.
Auto/Home/ Renter's Insurance	Varies	Personal auto/home and renter's insurance offered through Hirman Insurors. Premiums are paid through payroll deduction.
ldentity 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.

Employee Serv	Employee Services				
Benefit	Contribution By	Description of Benefit			
Adoption Assistance	Мауо	Covers up to \$10,000 of eligible legal and agency expenses. Covers \$500 for adoption of a stepchild.			
Mayo Dependent Scholarship Plan	Мауо	A scholarship may be awarded to eligible biological/legally adopted children and eligible stepchildren whose Mayo-employed parent also satisfies eligibility requirements.			
Employee Assistance Program (EAP)	Мауо	Employees and their family members have access to confidential assessment and referral services regarding personal concerns such as family relationships, financial or legal issues, or alcohol or drug dependency.			
Parking and Commuting		Mayo Clinic provides subsidized bus passes and alternative parking options. Mayo also provides free car-starting and door-unlocking service year-round for your personal safety and security.			

Work-Life Bala	nce	
Benefit	Contribution By	Description of Benefit
Leisure and Lifestyle Activities Program	Мауо	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, auxillians/volunteers, and/or their spouses • Membership fee of \$27 per month per person with incentive opportunities to reduce this fee
Sick Child Care	Мауо	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.

Professional Growth and Development			
Benefit	Contribution By	Description of Benefit	
Management and Employee Education	Мауо	Mayo Clinic supports continual learning and professional development of staff. A variety of in-house programs are offered in business skills, career and self-development, cultural awareness, communication, computer applications, continuous improvement, management skills, and team building, among others.	
Tuition Assistance	Мауо	The Professional Development Assistance Program supports employees' pursuit of education or certification(s) that will enhance their careers and contributions to Mayo Clinic. Employees in a benefit eligible position with one year of employment at Mayo can be reimbursed an annual maximum of \$3,000 for undergraduate credits and \$5,250 for graduate credits.	

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. Some benefits are prorated or have different eligibility for part-time employees.



Job Line: (507) 284-2500 (888) 284-2500 Toll free

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 Mayo Clinic Employee Service Center



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