WAYO CLINIC

Summary of Benefits at Mayo Clinic in Jacksonville, Florida

	Mavo U	niversal	Mavo	Choice	Mavo	Horizon	
Description of Plans	Health plan coverage for specified medical services and prescription drugs. Cost sharing is reflected in employee contributions through premiums, deductibles, coinsurance and some copayments.						
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	
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						<u> </u>	
a. Annual Deductible	None	\$250 per person;	\$250 per person;	\$500 per person;	Employee: \$		
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.		\$500 per family	\$500 per family	\$1,000 per family	EE+Spouse: EE+Child(re Family: \$3,4	n): \$2,500	
b. Annual Out-of-Pocket Maximum	\$1,000 per	\$2,000 per	\$2,000 per	\$2,500 per	Employee:	Employee:	
Note: Includes separate annual limits. Some costs do not apply to these limits. Copayments do not apply toward Out-of-Pocket Maximum.	person; \$2,000 per family	person; \$4,000 per family	person; \$4,000 per family	person; \$5,000 per family	\$1,800 EE+Child(ren): \$3,600 EE+Spouse: \$3,600 Family: \$4,800	\$5,000 EE+Child(ren): \$6,250 EE+Spouse: \$6,250 Family: \$7,500	
c. Lifetime Maximum Benefit	Unlimited	\$1,000,000	Unlimited	\$1,000,000	Unlimited	\$1,000,000	
Note: Includes separate lifetime maximum benefits.							
d. Mayo provided Health Savings Account	None	None	None	None	Employee: \$90(Employee + Chi Employee + Spo Family: \$2500	ld(ren): \$1800	
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. \$35	c. 30%	c. \$35	c. 40%	c. 10%	c. 40%	
d. Emergency room	d. \$45	d. 30%	d. \$45	d. 40%	d. 10%	d. 40%	
Preventive Care Services	\$0	Not covered	\$0	Not covered	\$0	Not covered	
Based on age and frequency determined by the plan.							

Medical Premiums	Мауо	Universal	Mayo Choice		Mayo Horizon	
for 2010	Monthly	Per Pay Period	Monthly	Per Pay Period	Monthly	Per Pay Period
Full-Time Employee Premiums (0.75	-1.0 FTE)					
Employee	\$70	\$35	\$28	\$14	\$11	\$5.50
Employee + Child(ren)*	\$134	\$67	\$53	\$26.50	\$21	\$10.50
Employee + Spouse*	\$148	\$74	\$59	\$29.50	\$23	\$11.50
Family*	\$226	\$113	\$90	\$45	\$35	\$17.50
Part-Time Employee Premiums (0.50	-0.74 FTE)					
Employee	\$105	\$52.50	\$42	\$21	\$16	\$8
Employee + Child(ren)*	\$201	\$100.50	\$79	\$39.50	\$31	\$15.50
Employee + Spouse*	\$222	\$111	\$88	\$44.00	\$34	\$17
Family*	\$339	\$169.50	\$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.

Dental				
	Delta Care		Mayo Reimbursement Account	
How the Plans Works	After a monthly premium, you pay a copayment for preventive, basic, and major dental services.		Annually, Mayo makes a contribution of \$1,100 to your account. You can submit claims for you and your family for eligible dental, vision and hearing aid expenses.	
Choice of Providers	You must use dentists and specialists in the DeltaCare Provider Network.		You have the choice of any provider.	
Orthodontic Coverage	You pay a start up fee and \$1,800 for dependents to age 19 and \$2,000 for adults.		Mayo makes a one time, lifetime maximum contribution of \$150 per employee and eligible dependent.	
Dental Plans	Delta Care Mayo Reimbursement Account		Mayo Reimbursement Account	
Premium	Monthly	Per Pay Period		
Full-Time Employee F	Premiums (0.75 -1.0 FTE)			
Employee	\$5.00	\$2.50	\$0	
Employee + 1	\$9.00	\$4.50	\$0	
Employee + 2	\$14.00	\$7.00	\$0	
Part-Time Employee	Premiums (0.50 -0.74 FTE)			
Employee	\$5.00	\$2.50	\$0	
Employee + 1	\$12.00	\$6.00	\$0	
Employee + 2	\$17.00	\$8.50	\$0	

Health and We	Health and Wellness			
Benefit	Description of Benefit			
Prescription Drug Plan	Employees will receive pharmacy benefits if enrolled in one of the three Mayo medical insurance plans.			
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.			

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 Provide	Mayo Provided Time Off - (After 3 months of employment)					
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 Accrued bi-weekly at a rate based on length of service, employment status (exempt or non-exempt) and the percent of a full-time work schedule May accrue up to 1¹/₂ times your current annual 		Years of Service	PTO Days (Annual)	PTO Per Pay Period	
		Non-Exempt Accrual	After 3 months	23	7.08	
			2	28	8.62	
			10	33	10.15	
			15	35	10.77	
	PTO accrual level		20+	38	11.69	
	Employees may sell back PTO according to the guidelines of the program Employees are permitted reasonable time off with pay for funerals and jury duty as noted in the employee policy manual	Exempt Accrual	After 3 months	28	8.62	
			2	33	10.15	
			10	35	10.77	
			15+	38	11.69	
Short-Term		us 400 hours at one-half	hav/vear during fir	st 5 years of se	ervice: 520 hours/v	
Disability	 Non-Exempt – After 40 hours, 120 hours at full pay plus 400 hours at one-half pay/year during first 5 years of service; at full pay after 5 years of service. Exempt – After 40 hours, 520 hours full pay/year 				, , , , , , , , , , , , , , , , , , ,	
ong-Term Disabilit	y Protects 65 percent of salary after 65 days of related ill	ness and/or injury.				

Financial and F	inancial 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. May generally defer up to 50% of salary annually or \$16,500 annually, whichever is less (IRS 2010 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 - (After 3 months of employment)

Survivor 3 Bene				
Mayo Provided Insurance				
Benefit	Description of Benefit			
Employer paid Term 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)	Benefit equal to one times annual salary (rounded up to nearest thousand dollars) if accidental death, or prorated amount to dismembered employee.			

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 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.

Excess Personal Liability	\$22 or \$32 per month	Provides protection of \$3 million or \$5 million – umbrella coverage beyond requisite personal homeowner's and automobile insurance limits through Hirman Insurors.
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.
Identity Theft Insurance	\$69 per year (\$2.88 per pay period)	\$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 Services

Benefit	Contribution By	Description of Benefit		
Computers @ Home	Employee	This program provides a discount for employees to purchase a new home computer, increases computer skill levels, and facilitates the refurbishing/recycling of old computers.		
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-employee parent also satisfies eligibility requirements.		
Employee Assistance Program	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.		

Work-Life Balance Contribution By Benefit **Description of Benefit** Leisure and Mayo Free and discounted events and services, including movie passes, special attractions, events, group banking, **Lifestyle Activities** and services discounts (child-care facilities, hotels, etc.) Program **Child and Elder** Mayo and Employee Quality child care or elder care option at a minimum charge when normal arrangements are temporarily Care unavailable.

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	Mayo's Professional Development Assistance Program supports employees' pursuit of education that will enhance their careers and contributions to Mayo Clinic. Reimburses up to \$2,500 per year for undergraduate credits and \$3,500 per year 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.



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