



Mayo Clinic School of Graduate Medical
Education Residents and Fellows

Mayo Clinic School of Health Sciences
Residents and Fellows

Research Fellows, Sr. Fellows
and Associates

2024

Benefits Guide



Welcome

Welcome to Mayo Clinic Benefits!

Congratulations on your benefits-eligible position at Mayo Clinic. We are excited to share the wide variety of benefits offered to you and your eligible dependents. In reviewing this guide you will find Mayo Clinic's benefit program provides choice, flexibility, and affordability to meet your personal benefit needs.

Review this guide carefully and be sure to complete your enrollment within 31 days of your date of hire or date of transfer into a benefits-eligible position and all benefits plans will be active on your first date of eligibility.

You'll have a Journeys task in Oracle Self-Service to complete related to your initial benefits enrollment. Contact HR Connect at 507-266-0440 or 1-888-266-0440 (toll-free) if you need enrollment assistance.

Visit hrbenefits.mayo.edu on the Mayo Clinic intranet to learn more about all of the benefits available to you.

Eligibility

You are a benefits-eligible staff member if your full-time equivalent (FTE) is .5 or higher in a regular status position.

DEPENDENT ELIGIBILITY RULES

When you enroll in a benefit plan, you can add the following eligible dependents to coverage:

- Spouse
- Children under age 26 including biological, step, and legally adopted (or placed for adoption)
- Children age 26 or older who have been deemed disabled by the Social Security Administration prior to turning 26. Contact HR Connect for more information on how to provide proof of disability.

ELIGIBILITY RULES FOR MAYO CUSTOM

You are not eligible to participate in Mayo Custom 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.
- Participating in a Health Care Flexible Spending Account (FSA).



Dependent Verification

During the enrollment process, if you enroll a family member (spouse or child[ren]), you will be asked to submit documentation to verify that relationship within 31 days of your date of hire. An email will be sent to your Mayo Clinic email address with the link to submit the documentation according to the table below.

REQUIRED DOCUMENTS FOR DEPENDENTS

SPOUSE	CHILD	STEPCHILD
<p>Government-issued marriage certificate AND one of the following that contains both your and your spouse's name:</p> <ul style="list-style-type: none"> • Joint checking account, or joint credit account statement (dated within the past 60 days). • Mortgage statement (dated within the past 60 days). • Page one of your federal or state tax return, which lists your spouse, from one of the prior two years. <p>Please blackout any sensitive information (such as Social Security numbers and financial information).</p> <p><i>Note: If you were married in the last 6 months, only a marriage certificate required.</i></p>	<p>One of the following:</p> <ul style="list-style-type: none"> • Government-issued birth certificate. • Notarized proof of maternity or paternity. • Report of Birth Abroad of a U.S. Citizen. • Divorce decree showing children born to the marriage. • Adoption papers, such as an adoption decree or a placement form. <p><i>Note: If the child was born in the last six months, a hospital record of birth can be submitted as acceptable proof.</i></p>	<p>One of the documents listed under "Child" above AND Documents listed under "Spouse" The listed spouse must be the parent of the stepchild.</p>

Enrollment

As a new benefits-eligible staff member, you are in your initial enrollment period. Refer to the guidelines below for more information about your initial enrollment period and other opportunities to change your benefit elections.

ENROLLMENT TYPE	ENROLLMENT PERIOD	EFFECTIVE DATE	BENEFIT PLANS
Initial Enrollment	Within 31 days of the first day in your benefits-eligible position	First day in benefits-eligible position	<ul style="list-style-type: none"> • Medical • Pre-Tax Savings Accounts • Dental/Vision • Voluntary Benefits • Voluntary Life Insurance • Voluntary Accidental Death & Dismemberment Insurance • Legal Insurance
Annual Open Enrollment	Typically November 1 - 15	January 1st of the following calendar year	<ul style="list-style-type: none"> • Medical • Pre-Tax Savings Accounts • Dental/Vision • Voluntary Benefits • Legal Insurance
Mid-Year Enrollment	Within 31 days of a qualifying event (i.e. marriage, birth of child, divorce)	Date of qualifying event	<ul style="list-style-type: none"> • Medical • Pre-Tax Savings Accounts • Dental/Vision • Voluntary Benefits • Voluntary Life Insurance • Legal Insurance

Table of Contents

5 **Medical**

13 **Pre-Tax Saving Accounts**

16 **Dental and Vision**

20 **Voluntary Benefits**

22 **Retirement**

23 **Life and Disability**

24 **Beneficiaries**

25 **Other Benefits**

27 **Frequently Asked Questions**

28 **Resources**

Medical

Mayo Medical Plan Options

Choosing the right medical plan option is an important decision, which is why Mayo Clinic is providing this information to help you make an informed decision for you and your eligible dependents.

PLAN TERMINOLOGY

	DESCRIPTION
Premium	The amount you pay per month to be enrolled in your chosen medical plan option. Mayo Medical Plan premiums are pre-tax deductions, which means you don't pay income tax on the dollars.
Deductible	The amount that you are responsible for each year before the plan begins to pay for covered services (with the exception of preventive care services, which are covered 100% by the plan based on age guidelines). Non-covered items do not count toward the deductible, and your deductible can vary by how many family members are covered and the networks your providers participate in. Deductible amounts incurred in different network tiers will cross over and be counted in the other network tiers.
Copayment	This is a fixed amount you pay to receive services. Your copayment(s) will count towards your out-of-pocket maximum but not your deductible.
Coinsurance	This is your share of the expense when the plan is paying a percentage, after your deductible is met.
Out-of-Pocket (OOP) Maximum	The annual limit on your expenses for deductible, copayments and coinsurance. Like the deductible, your OOP Maximum will vary depending on how many family members are covered and the networks your providers participate in. However, OOP Maximum amounts incurred in different network tiers will cross over and be counted in the other network tiers. After your expenses have met the OOP Maximum, the plan will pay 100% of covered services for the remainder of the calendar year.

COST-SHARING COMPARISON

	MAYO PREMIER	MAYO SELECT	MAYO CUSTOM
Premium	Highest premium	Mid-range premium	Lowest premium
Deductible	Lowest annual deductible. You pay for health care expenses until your annual deductible is met.	Mid-range annual deductible. You pay for health care expenses until your annual deductible is met.	Highest annual deductible. You pay for health care and prescription drug expenses until your annual deductible is met.
Copayment	You will pay a copayment for emergency room visits and certain prescriptions.		No copayment is charged. However, you will pay the full cost for most health care and prescription drug expenses until your annual deductible is met.
Coinsurance	All three medical plan options include a 20% coinsurance for most Tier 1 and Tier 2 in-network services. For Tier 3 out-of-network services, a 50% coinsurance applies for covered services.		
Out-of-Pocket Maximum	Lowest out-of-pocket maximum	Mid-range out-of-pocket maximum	Highest out-of-pocket maximum
	When you reach your out-of-pocket maximum, the plan will pay for covered services at 100% for the remainder of the calendar year.		

Note: Covered medical services and prescription drug expenses are combined into one annual out-of-pocket maximum.

Mayo Medical Plan Premiums

Mayo Clinic 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.



[Click here for more information about your 2024 plan options.](#)

	MAYO PREMIER		MAYO SELECT		MAYO CUSTOM	
	Monthly	Per Pay Period	Monthly	Per Pay Period	Monthly	Per Pay Period
EMPLOYEE PREMIUMS (0.75 -1.0 FTE)						
Employee	\$141	\$70.50	\$81	\$40.50	\$22	\$11
Employee + Child(ren)	\$255	\$127.50	\$157	\$78.50	\$38	\$19
Employee + Spouse	\$315	\$157.50	\$179	\$89.50	\$43	\$21.50
Employee+ Family	\$418	\$209	\$239	\$119.50	\$54	\$27
EMPLOYEE PREMIUMS (0.50 - 0.74 FTE)						
Employee	\$212	\$106	\$122	\$61	\$33	\$16.50
Employee + Child(ren)	\$383	\$191.50	\$236	\$118	\$57	\$28.50
Employee + Spouse	\$473	\$236.50	\$269	\$134.50	\$65	\$32.50
Employee+ Family	\$627	\$313.50	\$359	\$179.50	\$81	\$40.50

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 paycheck 24 times per year. The amount shown does not include the \$100 per month spousal surcharge (if applicable).

Spousal Surcharge

A \$100 pre-tax monthly surcharge will apply 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

Spousal surcharge determination is part of your online benefits enrollment. If your spousal surcharge eligibility changes, you can update your spousal surcharge designation through Oracle by reporting the appropriate life event or contacting the Office of Staff Services.

Mayo Medical Plan Cost-Sharing



Click here for more information about cost-sharing.

This table outlines what you would pay for covered services under each plan option. Health plan coverage is for specified medical services and prescription drugs. Cost-sharing is reflected in staff contributions through premiums, deductibles, coinsurance and/or copayments. Visit hrbenefits.mayo.edu/home/legal-notices/summary-plan-descriptions to review Plan documents which include more detailed information about covered services, benefit limitations, and exclusions.

COST-SHARING AMOUNTS	MAYO PREMIER			MAYO SELECT			MAYO CUSTOM		
	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	\$600 per person	\$900 per person	\$1,300 per person	\$1,100 per person	\$1,850 per person	\$2,300 per person	Employee (EE): \$1,600	Employee (EE): \$2,000	Employee (EE): \$3,000
	\$1,200 per family	\$1,800 per family	\$2,600 per family	\$2,200 per family	\$3,700 per family	\$4,600 per family	EE+Child(ren): \$3,200	EE+Child(ren): \$4,000	EE+Child(ren): \$6,000
Annual Out-of-Pocket Maximum	\$2,600 per person	\$3,600 per person	\$4,600 per person	\$4,100 per person	\$5,100 per person	\$6,100 per person	\$5,000 per person	\$6,000 per person	\$7,000 per person
	\$5,200 per family	\$7,200 per family	\$9,200 per family	\$8,200 per family	\$10,200 per family	\$12,200 per family	\$10,000 per family	\$12,000 per family	\$14,000 per family



Air Ambulance benefit available for all Mayo Medical Plan members.

Mayo Clinic offers you and your covered dependents access to air ambulance services when you travel more than 150 miles from your home. This service provides access to transportation to a Mayo Clinic facility at no cost to you, when approved by AirMed.

To request air transportation service, call AirMed at one of the phone numbers listed on your medical plan ID card. When you call, your needs will be assessed and, if air transport is approved, all necessary arrangements will be made for you.

COST-SHARING AMOUNTS	MAYO PREMIER			MAYO SELECT			MAYO CUSTOM		
	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%
Hearing Aids	20%	20%	50%	20%	20%	50%	20%	20%	50%
<i>Up to \$5,000 available every three years, includes related expenses.</i>									
Inpatient Hospital Services	20%	20%	50%	20%	20%	50%	20%	20%	50%
<i>Prior authorization required by the plan for Tier 3 services.</i>									
Outpatient Hospital and Ambulatory Services	20%	20%	50%	20%	20%	50%	20%	20%	50%
Rehabilitative Therapy, Chiropractic Care and Acupuncture Services									
a. Physical therapy (PT), Occupational therapy, Speech therapy	a. 20%	a. 20%	a. 50%; 20-visit limit for PT	a. 20%	a. 20%	a. 50%; 20-visit limit for PT	a. 20%	a. 20%	a. 50%; 20-visit limit for PT
b. Chiropractic care <i>Limit of 20 spinal manipulations per year</i>	b. 20%	b. 20%	b. 50%	b. 20%	b. 20%	b. 50%	b. 20%	b. 20%	b. 50%
c. Acupuncture <i>Limit of 20 visits per year</i>	c. 20%	c. 20%	NC	c. 20%	c. 20%	NC	c. 20%	c. 20%	NC

NC = Not covered

Note: The percentages indicate member responsibility after deductible has been met.

COST-SHARING AMOUNTS	MAYO PREMIER			MAYO SELECT			MAYO CUSTOM		
	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
Continued Care									
Note: Custodial care not covered.									
a. Home health care <i>90-day limit per year</i>	a. 20%	a. 20%	a. 50%	a. 20%	a. 20%	a. 50%	a. 20%	a. 20%	a. 50%
b. Home infusion therapy	b. 20%	b. 20%	b. 50%	b. 20%	b. 20%	b. 50%	b. 20%	b. 20%	b. 50%
c. Hospice care	c. 20%	c. 20%	c. 50%	c. 20%	c. 20%	c. 50%	c. 20%	c. 20%	c. 50%
d. Skilled nursing care facility <i>30-day limit per year</i>	d. 20%	d. 20%	d. 50%	d. 20%	d. 20%	d. 50%	d. 20%	d. 20%	d. 50%
Maternity Care Services									
a. Prenatal and postnatal visits	a. \$0	a. \$0	a. 50%	a. \$0	a. \$0	a. 50%	a. 20%	a. 20%	a. 50%
b. Delivery, inpatient services	b. 20%	b. 20%	b. 50%	b. 20%	b. 20%	b. 50%	b. 20%	b. 20%	b. 50%
Fertility Services									
Office visits and outpatient or hospital procedures <i>Up to \$15,000 lifetime maximum</i>	50% for eligible services	50% for eligible services	NC	50% for eligible services	50% for eligible services	NC	50% for eligible services	50% for eligible services	NC
Mental Health and Chemical Dependency Services									
a. Office visits for evaluation and diagnosis	a. \$0	a. \$0	a. 20%*	a. \$0	a. \$0	a. 20%*	a. 20%	a. 20%	a. 20%*
b. Office and outpatient services	b. 20%	b. 20%	b. 20%*	b. 20%	b. 20%	b. 20%*	b. 20%	b. 20%	b. 20%*
c. Inpatient services and residential treatment services	c. 20%	c. 20%	c. 20%*	c. 20%	c. 20%	c. 20%*	c. 20%	c. 20%	c. 20%*
Special Services									
a. Applied Behavior Analysis (ABA) Therapy	a. 20%	a. 20%	a. 50%	a. 20%	a. 20%	a. 50%	a. 20%	a. 20%	a. 50%
b. Chemotherapy/radiation therapy	b. 20%	b. 20%	b. 50%	b. 20%	b. 20%	b. 50%	b. 20%	b. 20%	b. 50%
c. Disposable supplies	c. 20%	c. 20%	c. 50%	c. 20%	c. 20%	c. 50%	c. 20%	c. 20%	c. 50%
d. Durable, non-durable medical equipment	d. 20%	d. 20%	d. 50%	d. 20%	d. 20%	d. 50%	d. 20%	d. 20%	d. 50%
e. Orthotics and prosthetics	e. 20%	e. 20%	e. 50%	e. 20%	e. 20%	e. 50%	e. 20%	e. 20%	e. 50%
f. Tobacco cessation	f. \$0	f. \$0	f. NC	f. \$0	f. \$0	f. NC	f. \$0	f. \$0	f. NC
g. Tobacco Treatment Program	g. \$0	g. \$0	g. NC	g. \$0	g. \$0	g. NC	g. \$0	g. \$0	g. NC

NC = Not covered

*Tier 3 out-of-network claims will process at Tier 2 in-network benefits, however out-of-network providers may bill you for costs above the non-network provider reimbursement amount.

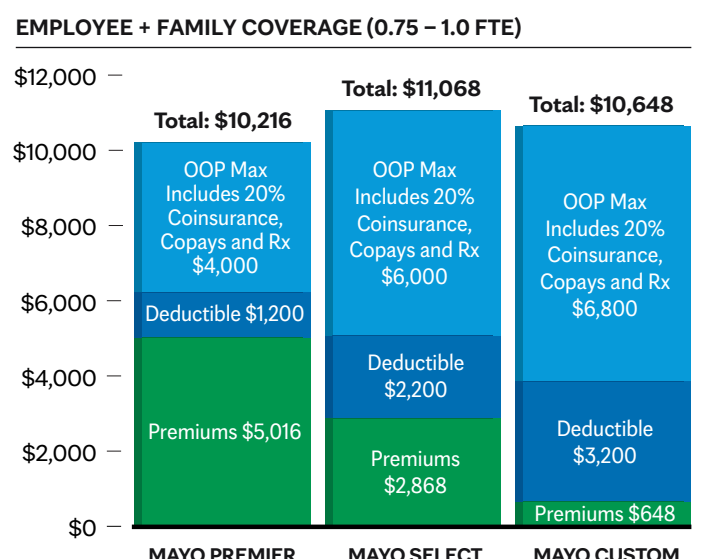
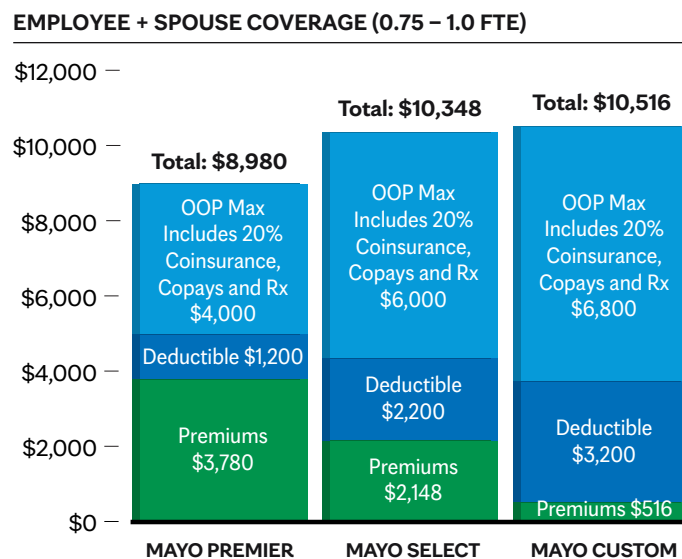
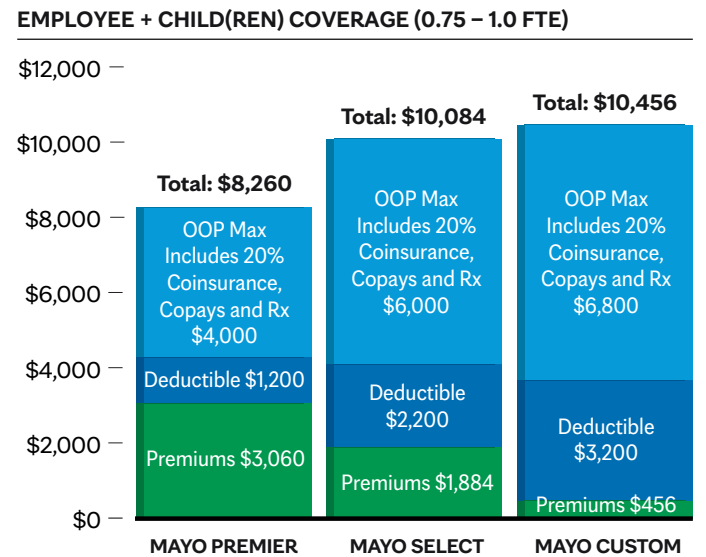
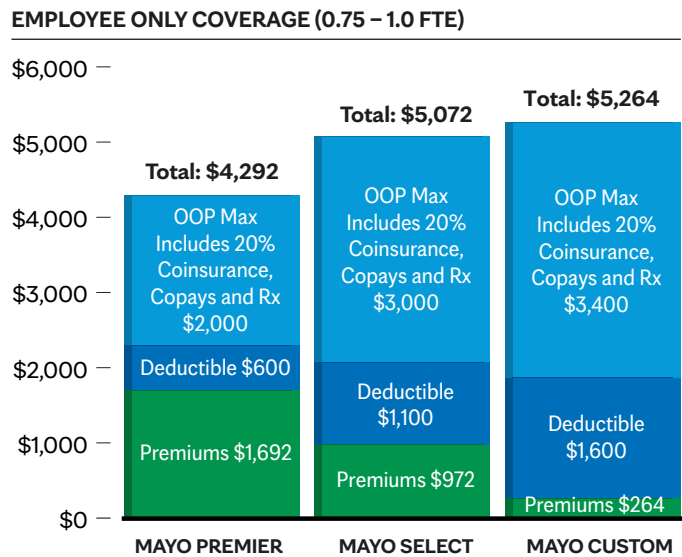
Annual Total Risk Perspective

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



Provider Networks

The Mayo Medical Plan provides you with a choice to go to an in-network or out-of-network provider to receive care. When you choose an in-network provider, the plan provides a higher level of benefits coverage, meaning lower costs for you.

If you select an out-of-network provider, you will receive a reduced level of benefits and you will be subject to usual and customary charges. You can search for in-network providers at medica.com/mayomedicalplan.

IN NETWORK PROVIDERS

Click on the tip sheet at right for your state of residency to access a step-by-step guide on finding an in-network provider in your area.

Arizona: medica.com/MayoAZNetworkTipSheet	Minnesota or Wisconsin: medica.com/MayoMNWINetworkTipSheet
Florida: medica.com/MayoFLNetworkTipSheet	Other States: medica.com/MayoOtherNetworkTipSheet

IF THE EMPLOYEE RESIDES IN...	ARIZONA	FLORIDA	MINNESOTA OR WISCONSIN	ALL OTHER STATES OF RESIDENCY
Tier 1 In-Network	Blue Cross Blue Shield of Arizona Network Except for adult services in: Audiology, Oncology, Cardiology, Vascular Surgery, Endocrinology, Nephrology, Hepatology, Plastic Surgery	PHCS Network (Tier 1 providers)	Mayo Medical Plan Network (Tier 1 providers)	First Health Network
	Mayo Medical Plan Network (Tier 1 providers)	Mayo Medical Plan Network (Tier 1 providers)		Mayo Medical Plan Network (Tier 1 providers)
Tier 2 Expanded In-Network	Blue Cross Blue Shield of Arizona Network for adult services in Audiology, Oncology, Cardiology, Vascular Surgery, Endocrinology, Nephrology, Hepatology, Plastic Surgery	PHCS Network (Tier 2 providers)	First Health Network (except certain excluded providers)	Mayo Medical Plan Network (Tier 2 providers)
	Outside Arizona: First Health Network	Outside Florida: Zelis National Access Program	Mayo Medical Plan Network (Tier 2 providers)	
	Mayo Medical Plan Network (Tier 2 providers)	Mayo Medical Plan Network (Tier 2 providers)		
Tier 3 Out-of-Network	Other licensed providers nationwide	Other licensed providers nationwide	Other licensed providers nationwide	Other licensed providers nationwide

Note: You and your eligible family members will be responsible for any charges above usual, customary, and reasonable rates when receiving covered services out-of-network. Such payments will not count toward your deductible and/or out-of-pocket maximum.

Preventive Care Services

To protect the health of you and your family, the Mayo Medical Plan covers specific preventive care services at no cost to you when:

- You visit a Tier 1 or Tier 2 provider. Preventive care services received from a Tier 3 out-of-network provider are not covered by the plan. You will be responsible to pay the full cost of services.
- You receive the service(s) within the age limitations outlined in the [Benefits Booklet](#) of your Mayo Medical Plan option.



WHEN YOUR PREVENTIVE CARE TURNS DIAGNOSTIC

If, in the course of a screening or test, your doctor diagnoses you with a health condition requiring treatment, the services you receive may no longer be considered “preventive.” These services may be considered diagnostic and subject to deductible, coinsurance and/or copayments. In addition, any added tests beyond the age limits listed in the Covered Preventive Care Services chart will be subject to deductible and coinsurance.

Prescription Drug Coverage

At Mayo Clinic, all medical plan options include a prescription plan benefit, which you receive without incurring an additional premium charge. There are some differences among the medical plan options, so carefully review plan information. Under Mayo Premier and Mayo Select, you will pay a copayment for selected products and coinsurance for all

other covered medications. Under Mayo Custom, you will pay a deductible for all services, including prescription drugs, and when your deductible is met, you will pay coinsurance for covered medications. For more detailed information, review the [Guide to Prescription Drug Coverage](#).

	MAYO PREMIER/MAYO SELECT*			MAYO CUSTOM*		
Prescription Drug Coverage	Mayo Clinic Mail Service (up to 90-day supply)	Mayo Clinic Outpatient Pharmacy (up to 90-day supply except where indicated)	Alluma Network Pharmacy (up to 34-day supply)	Mayo Clinic Mail Service (up to 90-day supply)	Mayo Clinic Outpatient Pharmacy (up to 90-day supply)	Alluma Network Pharmacy (up to 34-day supply)
Formulary generic (Tier 1)	\$10 maximum	\$10 maximum up to 34-day supply	\$10 maximum	5%	10%	25%
Formulary preferred brand or injectable drug (Tier 2)	25% (\$25 minimum)	30% (\$25 minimum)	40% (\$25 minimum)	25%	30%	40%
Formulary non-preferred drug (Tier 3)**	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, Mayo Clinic Pharmacy Mail Service, or a Mayo Clinic or Mayo Clinic Health System outpatient pharmacy.

** Formulary non-preferred (Tier 3) prescriptions do not apply to the Mayo Premier or Mayo Select plans' out-of-pocket maximums.

Pre-Tax Saving Accounts

Flexible Spending Accounts

A Flexible Spending Account (FSA) is a voluntary pre-tax savings account that can help you stretch your benefit dollars. Participation in a FSA allows you to set aside pre-tax dollars to help pay for eligible expenses incurred by you or your eligible family members*. The minimum annual contribution amount is \$130. The amount you elect at enrollment will be divided by the number of remaining pay periods in the calendar year and deducted from each paycheck pre-tax.

If you decide to participate in a FSA, it is important to base your contribution amount on your best estimate of expenses for the remainder of the calendar year. Claims may be submitted up to March 31 of the following year.

*Eligible family members are defined as persons who qualify as a dependent on your federal tax returns. You may not file claims for non-tax dependents.

DEPENDENT CARE FSA

A Dependent Care FSA is used to reimburse yourself for eligible employment-related daycare expenses, and dollars are available as they are contributed. Most commonly, a Dependent Care FSA is used to pay for child care up to age 13; however, it can also be used to pay for care for another dependent living with you (such as a spouse or parent) who

is physically or mentally incapable of self-care. The maximum annual contribution for the Dependent Care FSA is \$5,000 per household. Expenses must be employment-related, which means they are necessary to allow you (and your spouse, if married) to work. With this account, no rollover is allowed, so funds must be used for current year expenses.

HEALTH CARE FSA

If you choose a Health Care FSA, your entire contribution amount is available right away to pay for eligible health care expenses including but not limited to: deductible, copayments, coinsurance, dental cleanings, and eye exams. For examples of eligible expenses, please utilize IRS Publication 502. The maximum annual contribution for the Health Care FSA is \$3,050. If both you and your spouse are benefits-eligible staff members at Mayo Clinic, each of you may contribute up to \$3,050.

Up to \$500 of your unused Health Care FSA balance can be carried over into the following plan year — making enrollment in a Health Care FSA much less risky. Any remaining balance above \$500 will be forfeited. To be eligible for roll-over you must maintain plan eligibility. The roll-over amount does not count towards the IRS maximum annual contribution.





Easy and convenient access to your Flexible Spending Accounts

CONVENIENT ACCESS TO YOUR BENEFITS INCLUDE:

- Debit card available for eligible health care expenses. Documentation may be required.
- An option for either direct deposit or check reimbursement directly to you
- 24/7 access to your account online, and by mobile app



How Does a Reimbursement Account Work?

FOR MAYO REIMBURSEMENT ACCOUNT (MRA), HEALTH CARE FLEXIBLE SPENDING ACCOUNT, OR DEPENDENT CARE FLEXIBLE SPENDING ACCOUNT:

- 1 Enroll in your reimbursement account
- 2 Choose your contribution amount (FSA only)
- 3 Incur eligible expenses
- 4 Pay for eligible expenses
- 5 Complete a reimbursement account claim
- 6 Include documentation for your claim
- 7 Submit your claim
- 8 Track your account balances

When you incur eligible expenses, you will need to complete a claim and submit it for reimbursement through Medica ONESource.

For your convenience, we offer three choices for completing and submitting claims:

- The Medica ONESource mobile app.
- Online through the Reimbursement Accounts portal when you sign in to your account at [Medica.com/SignIn](https://medica.com/signin).
- The paper Reimbursement Account Claim form, available when you sign in to your account at [Medica.com/SignIn](https://medica.com/signin).

Note: If you enroll in a reimbursement account but not the Mayo Medical Plan, you can access account information online at [Medica.com/ONESourceMHPSLogin](https://medica.com/ONESourceMHPSLogin).

Health Savings Account

The Health Savings Account (HSA), combined with Mayo Custom, helps you meet your current health care needs while saving for future expenses. Your Fidelity HSA is a savings account that can be funded with pre-tax dollars.

You may use the account to pay for both current and future qualified medical expenses as defined under the Internal Revenue Code. The account generally covers most medical care, dental services, vision care and prescription drugs. Fidelity HSAs are subject to a quarterly \$6 administration fee.

Services provided in the plan year, but prior to the activation of your HSA account are not reimbursable with HSA dollars, but do go towards the deductible for Mayo Custom.

ADDITIONAL FEATURES OF AN HSA:

- It is portable. If you leave Mayo Clinic or change medical plans, you can take this account with you to pay for future qualified expenses.
- The balance in your HSA rolls over from year to year.
- It's easy to use. Fidelity gives you several options of how to use the dollars in the account, including a debit card, a checkbook and an online bill-pay tool.

IRS GUIDELINES:

- Contributions for California and New Jersey residents will be made post-tax
- You are not able to contribute to an HSA if you are age 65 or older.
- You must be enrolled in Mayo Custom for a full plan year in order to remain eligible to contribute to an HSA.
- The penalty for using a HSA for non-eligible expenses is a 20 percent tax.
- For additional details on HSAs, visit [irs.gov](https://www.irs.gov), and look for publication 969 or 502.

HEALTH SAVINGS ACCOUNT 2024 ANNUAL CONTRIBUTION MAXIMUMS*

COVERAGE LEVEL	ANNUAL MAXIMUM
Employee	\$4,150
Employee + Child(ren)	\$8,300
Employee + Spouse	\$8,300
Employee + Family	\$8,300

* If you are between the ages of 55 and 64, you can make an additional "catch-up" contribution of \$1,000 each year to your HSA.

New HSA Participants

If you complete enrollment through Self-Service, you will have two options to enroll in your HSA. If you enroll in the SimpleHSA (and accept the Terms & Conditions), a Fidelity HSA will be opened for you automatically. Visit netbenefits.com to activate your account features and your contributions will begin the paycheck following the HSA effective date (the 1st of the month following your enrollment in Mayo Custom).

If you enroll through Self-Service and enroll in the Full HSA or by contacting HR Connect, you will need to open

a Fidelity HSA brokerage account with Fidelity before contributions can begin. Visit netbenefits.com, log-in (or register if you are a first-time user) and select Open HSA. You will receive a confirmation from Fidelity that your account was established and your contributions will begin the following paycheck.

Note: Failure to activate or open your HSA will delay the start of your contributions.

Dental and Vision

Mayo Reimbursement Account (MRA)

The Mayo Reimbursement Account (MRA) is a reimbursement account that Mayo Clinic contributes to on an annual basis. You can use the dollars in the account to reimburse yourself for eligible dental and vision expenses incurred by you and your enrolled dependents. The annual contribution from Mayo Clinic is \$1,150 if eligible in the month of January; for all other eligibility months the contribution is prorated. If you do not spend the funds in your account, they will roll-over from year to year as long as you remain enrolled. In January, no more than \$3,850 of your current balance will be rolled-over to allow the full \$1,150 contribution to be added. The maximum balance amount of the MRA is \$5,000.

When you participate in the MRA, you have the flexibility to choose any dental and vision care provider. You will pay your provider at the time you receive services and submit a claim for reimbursement through Medica ONESource (see [page 14](#) for more information about claims submission).



MAYO REIMBURSEMENT ACCOUNT (MRA)*

Deductible	N/A
Annual Contribution (paid by plan)	\$1,150 per calendar year
Preventive (exams/cleaning)	\$0 after reimbursement*
Basic Services	\$0 after reimbursement*
Major Restorative Services (crowns/inlays)	\$0 after reimbursement*
Lifetime Orthodontic Maximum (paid by plan)	\$1,500 per individual per lifetime
Vision Expenses	\$0 after reimbursement*

* Results in \$0 employee responsibility when services are reimbursed with MRA dollars

PRORATED ALLOTMENT OF MRA DOLLARS FOR NEW HIRES AND NEWLY BENEFITS-ELIGIBLE EMPLOYEES:

MONTH OF ELIGIBILITY	MRA PRORATION AMOUNT
January	\$1,150.00
February	\$1,054.17
March	\$958.33
April	\$862.50
May	\$766.66
June	\$670.83
July	\$574.99
August	\$479.16
September	\$383.33
October	\$287.50
November	\$191.67
December	\$95.83

Delta Dental

The Delta Dental plan is a traditional cost-sharing plan with two options, and a participating provider network in which you pay a premium based on who is enrolled in the plan. Preventive exams are covered 100% by the plan twice per year. A deductible and coinsurance applies for basic and major services.

When you select Delta Dental, you have two provider networks options: Delta PPOSM and Delta Dental Premier®. When you

choose a dentist that participates in the Delta Dental PPO network, you receive the highest cost savings on services due to negotiated rates for services, which means your out-of-pocket costs are lowered. Delta Dental Premier network also provides network savings, which can lower your out-of-pocket costs, but the negotiated rates do not provide the same level of discount as the PPO network.

	STANDARD OPTION	DELUXE OPTION
Deductible	\$50 per person / \$150 per family	\$50 per person / \$150 per family
Annual Maximum (paid by plan)	\$1,000 per person per calendar year	\$2,000 per person per calendar year
Preventive (exams/cleaning)	\$0	\$0
Basic Services	20%*	10%*
Major Restorative Services (crowns/inlays)	50%*	40%*
Lifetime Orthodontic Maximum (paid by plan)	\$1,500 per individual per lifetime	\$2,500 per individual per lifetime
Vision Expenses	N/A	N/A

*Percentage you pay after deductible.

Note: This is a summary of benefits only and does not guarantee coverage. For a complete list of covered services and limitations/exclusions, please refer to the Mayo Dental Plan Benefits Booklet.



Vision Care Plan

The Vision Care Plan is voluntary for you to enroll in and can assist with the cost of eye exams, lenses, frames, and contact lenses. The plan is insured through 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 (within the U.S.) and reimbursements (up to plan limits) for out-of-network coverage. Since you receive plan benefits regardless of the network status of the provider, you have greater choice and flexibility in seeking vision care.

As with any benefit offering, you are encouraged to review the cost and coverage for the Vision Care Plan to determine if it

is right for you and your family members. If you choose not to enroll in the Vision Care Plan, you can continue to submit eligible vision expenses for reimbursement through the Mayo Reimbursement Account (MRA), Flexible Spending Account (FSA), and Health Savings Account (HSA). If you do enroll, the vision plan can work together with the above plans to stretch your vision benefit dollars further.

Important note: Mayo Clinic Health System Optical locations are in-network under the Vision Care Plan. Mayo Clinic Optical locations in Rochester, Arizona, and Florida are out-of-network under the Vision Care Plan.

SERVICE	DOLLARS	FREQUENCY	EXPLANATION
IN-NETWORK COVERAGE			
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	
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

Dental and vision premiums are outlined in the table below with both pre-tax monthly and per-pay-period amounts. If you choose benefit coverage, the appropriate pre-tax premium rate will be automatically deducted from your paycheck.

	MAYO REIMBURSEMENT ACCOUNT (MRA) Can be elected with Vision Care Plan, but not Delta Dental		DELTA DENTAL STANDARD OPTION Can be elected with Vision Care Plan, but not MRA		DELTA DENTAL DELUXE OPTION Can be elected with Vision Care Plan, but not MRA		VISION CARE PLAN Can be elected with MRA or Delta Dental	
	Monthly	Per Pay Period	Monthly	Per Pay Period	Monthly	Per Pay Period	Monthly	Per Pay Period
EMPLOYEE PREMIUMS (0.75 -1.0 FTE)								
Employee	\$4	\$2	\$17	\$8.50	\$33	\$16.50	\$9	\$4.50
Employee + Child(ren)	\$4	\$2	\$27	\$13.50	\$71	\$35.50	\$16	\$8
Employee + Spouse	\$4	\$2	\$37	\$18.50	\$63	\$31.50	\$19	\$9.50
Employee + Family	\$4	\$2	\$42	\$21	\$107	\$53.50	\$24	\$12
EMPLOYEE PREMIUMS (0.50 -0.74 FTE)								
Employee	\$4	\$2	\$17	\$8.50	\$33	\$16.50	\$9	\$4.50
Employee + Child(ren)	\$4	\$2	\$37	\$18.50	\$107	\$53.50	\$16	\$8
Employee + Spouse	\$4	\$2	\$48	\$24	\$83	\$41.50	\$19	\$9.50
Employee + Family	\$4	\$2	\$57	\$28.50	\$162	\$81	\$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.

DUAL COVERAGE

Mayo employees who are married to each other and covered under the Mayo benefits program may choose either plan for dental coverage. If couples elect to have coverage under both plans, you are required to use Delta Dental as your primary plan. If double coverage is desired under the MRA, all eligible dependents will be required to be enrolled in both MRA plans to ensure coverage. There is coordination of benefits for both dental plan options. Double coverage is not allowed under Delta Dental or the Vision Care Plan.

ORTHODONTIC COVERAGE

Both the MRA and Delta Dental Standard option offer a lifetime orthodontic benefit of \$1,500 per covered member. For dependent children, if both parents are benefits-eligible Mayo employees, the covered dependent can use the lifetime orthodontic benefit once under each parent. The Delta Dental Deluxe option provides an additional \$1,000 orthodontic benefit once per lifetime. If you choose to enroll in Delta Dental Deluxe at a later date, you would qualify for the additional dollars if in active orthodontic treatment as of January 1 of the new year.

Voluntary Benefits

Accident, Critical Illness, and Hospital Indemnity Insurance

Accident, Critical Illness, and Hospital Indemnity Insurance coverages, issued by The Prudential Insurance Company of America (Prudential), pay you for a wide range of illnesses, covered injuries and medical services. These benefit plans provide a lump sum payment that you can use toward expenses associated with a covered injury, illness or hospitalization.

- **Coverage that complements your medical plan:** It pays you for out of pocket medical expenses and personal expenses not covered by your medical plan. There’s no coordination of benefits with other coverages, you’ll receive the full benefit provided by your plan. Residents of California, Massachusetts, New Jersey, New York, or Washington D.C. must be enrolled in a major medical plan in order to be eligible for these plans.

- **A lump sum payment:** Payment is sent directly to you to use however you like—for things like prescriptions, deductibles or co-pays, and non-covered services. You can even use it for everyday expenses like household bills, babysitters, ride shares, and take-out food. You do not have to submit any receipts or medical bills.
- **Coverage regardless of your health:** There are no medical questions to answer when you enroll during your initial enrollment period.
- **Coverage for dependents:** When you elect coverage for yourself, you can also elect coverage for eligible dependents.

Note: If you are in a leave status on your benefits-eligible start date, coverage will begin when you actively return to work.

ACCIDENT INSURANCE

Examples of covered injuries and medical services include, but are not limited to: broken tooth, burns (2nd and 3rd degree), concussion, fractures, ambulance, emergency room visit, medical appliances or physical therapy. Benefit amounts are based on type of loss, injury, hospital stay and/or paralysis.

	Monthly	Per Pay Period
EMPLOYEE PREMIUMS		
Employee	\$5.76	\$2.88
Employee + Child(ren)	\$10.08	\$5.04
Employee + Spouse	\$9.44	\$4.72
Employee + Family	\$16.24	\$8.12

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.



CRITICAL ILLNESS INSURANCE

Examples of covered medical conditions include, but are not limited to: Alzheimer’s disease, cancer–invasive or in situ, child autism, coma, coronary artery disease (severe), heart attack, major organ failure, post-traumatic stress disorder (PTSD), renal (kidney) failure or stroke.

COVERAGE FOR	COVERAGE AMOUNTS	MAXIMUM COVERAGE
Employee	Increments of \$10,000	\$50,000
Spouse	Increment of \$10,000	\$50,000, not to exceed 100% of the employee amount
Dependent Child(ren) up to age 26	Increments of \$5,000	\$25,000, not to exceed 50% of the employee amount

Monthly Cost per \$1,000 of Coverage		
AGE	EMPLOYEE	SPOUSE
<25	\$0.152	\$0.156
25-29	\$0.200	\$0.192
30-34	\$0.276	\$0.256
35-39	\$0.432	\$0.416
40-44	\$0.636	\$0.608
45-49	\$1.000	\$1.000
50-54	\$1.424	\$1.508
55-59	\$2.000	\$2.308
60-64	\$2.744	\$3.236
65+	\$3.252	\$3.880
Monthly Cost per \$1,000 of Coverage		
Child up to age 26		\$0.216

HOSPITAL INDEMNITY INSURANCE

Examples of covered medical services include, but are not limited to: hospital admissions, daily in-hospital stays, intensive care unit admission, daily hospital intensive care unit stays. Benefit amounts are based on type of medical service.

	Monthly	Per Pay Period
EMPLOYEE PREMIUMS		
Employee	\$9.56	\$4.78
Employee + Child(ren)	\$13.60	\$6.80
Employee + Spouse	\$17.36	\$8.68
Employee + Family	\$22.40	\$11.20

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.



Retirement

Defined Contribution Plan - 403(b)*

Mayo Clinic offers benefits-eligible employees the opportunity to invest pre-tax or post-tax Roth dollars to an investment plan administered through Fidelity Investments. **You will be automatically enrolled in a Fidelity Freedom Fund account at a 4% contribution of your bi-weekly salary (after 45 days). Re-hires are not automatically enrolled and you must contact Fidelity Investments to elect a new Fidelity contribution.** You are considered a rehire if you have ever previously worked at Mayo Clinic or Mayo Clinic Health System location. To change your contribution amount logon to netbenefits.com. You may opt out of this plan at any time.

There are many investment options to choose from, including a self-directed brokerage account. You may generally defer up

to 50% of your annual salary or the annual IRS limit. The 2024 annual IRS limits are \$23,000 if you are under age 50 and \$30,500 if you are age 50 or over.

EDELMAN FINANCIAL ENGINES

Asset management services are also available through Edelman Financial Engines, LLC and you are **automatically enrolled** in the Professional Management Program when your account balance reaches \$5.00. The first \$5,000 invested is managed at no charge. You may opt out of this service at anytime by calling 1-888-815-7558

*Employees who participate in the Mayo 403(b) Plan and also own controlling interest (over 50%) of an outside, for-profit business, must report any contributions made on their behalf to a qualified retirement plan through that business. Please contact HR Connect to report outside for-profit business interests.

Life and Disability

Mayo Clinic understands the importance of protecting your family when the unexpected occurs. Life Insurance and disability coverage is a part of the protection that will help bring peace of mind to your family and includes:

Short-Term Disability

The short-term disability (STD) plan replaces your income 100% for up to thirteen weeks when you are medically unable to work due to a serious health condition. This benefit is provided at no cost to you.



Voluntary Basic Life & Long-Term Disability Plan

The Voluntary Basic Life & Long-Term Disability Plan through Prudential includes life insurance and long-term disability. It is one plan that includes both coverages. When you enroll in the Basic Life & Disability Plan, you can elect additional life insurance on yourself, up to \$200,000 in total coverage, as well as the option to elect coverage on a spouse (\$25,000) and child(ren) (\$10,000).

	WHO'S COVERED	COVERAGE AMOUNT	MONTHLY PREMIUM
Basic Life & Disability Plan	Employee Only	\$50,000	\$2.40
	Family		
	— Spouse only — Child(ren)	\$25,000 \$10,000	\$1.00 No cost
	Disability (for employee only) — Long-Term	180% of annual salary, up to \$55,000 maximum per year	\$0.481 per \$100 of coverage
Additional Life Insurance	Employee Only	Additional \$50,000	\$2.40
	Employee Only	Additional \$100,000	\$4.80
	Employee Only	Additional \$150,000	\$7.20

Voluntary Accidental Death & Dismemberment (AD&D)

Accidental Death & Dismemberment (AD&D) coverage pays a benefit amount to your designated beneficiaries in the event of your accidental death or a percentage of the benefit for a qualified dismemberment.

You may purchase up to \$225,000 in Voluntary AD&D coverage. Coverage must be purchased in multiples of \$10,000 or \$25,000. The cost is 12 cents per \$10,000 of coverage. If you do not enroll when first eligible, you may enroll at any time.

BENEFITS PAYABLE IN THE EVENT OF DEATH

In the event your death is accidental, the full value of your coverage in which you are enrolled is paid to your beneficiary.

BENEFITS PAYABLE IN THE EVENT OF DISMEMBERMENT

If you are dismembered as a result of an accident, a portion of the Voluntary AD&D coverage in which you are enrolled may pay you a percentage of the benefit.



Beneficiaries

It's important to designate beneficiaries for your life insurance and Mayo 403(b) Plan. Your beneficiaries will receive payment of benefits provided under the plan provisions in the event of your death. Taking a few minutes to designate your beneficiaries now will help ensure that your assets will be distributed according to your direction. It's also important to review your beneficiary elections on a regular basis to ensure they are updated as life changes. Below you will find information on how to update or designate your beneficiary for each of your Mayo Clinic benefits.

- **Life Coverage** — Designate and manage your life insurance beneficiaries through your MyPru portal at prudential.com/mybenefits.
- **403(b) Retirement Savings Plan** — Log on to [NetBenefits](#) through Fidelity to enter your beneficiary information in the Your Profile tab.

Other Benefits

Employee Assistance Program (EAP)

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). The EAP can help you with such issues as:

- Marital and relationship problems
- Depression, stress and anxiety
- Parenting and child-related issues
- Addictions (alcohol, drugs, eating disorders and gambling)
- Grief
- Conflict (at home or work)
- Financial and legal advice/assessment

For more information about the EAP services offered at your site, see contact information below:

EMPLOYEE LOCATION	EAP SERVICE	CONTACT INFO
Rochester, MN	Internal Program	Call 507-266-3330
Arizona* Florida Mayo Clinic Ambulance Mayo Clinic Health System Rochester-based employees who live outside of the state of Minnesota	VITAL WorkLife	Call 1-800-383-1908 (toll-free) Visit VITALworklife.com or download VITAL WorkLife App Username: mayoclinic Password: member

*Internal Program also available to Arizona employees

Identity Management Services

Employer-paid identity management services are provided by Cyberscout. The basic package is provided at no cost to you and includes the following services:

- Proactive services and education to help you stop identity thieves
- Personal identity theft resolution services if you become a victim of identity theft
- Document recovery services in case important documents are stolen or lost in a disaster
- Credit and fraud monitoring package, which includes:
 - Annual credit bureau monitoring, report and score from Experian
 - Continuous scanning of millions of identity records to detect fraudulent charges

TO ENROLL OR FOR MORE INFORMATION

You will receive an email from Cyberscout via info@email.cyberscout.com that will contain your unique registration link for activating your complimentary service. You can also visit yourbenefit.cyberscout.com/activate to register and activate your free monitoring service using your activation code. When you enroll in the basic package, you will have the option to purchase enhanced levels of monitoring for you and your spouse.

You can call Cyberscout at anytime throughout the year to request a new enrollment link via email by calling 866-989-3170.

Adoption Assistance

You are immediately eligible for the Adoption Assistance Plan, which provides financial assistance to help cover the cost of adoption. Reimbursement up to \$10,000 per adoption is available for expenses such as legal and placement agency fees. The plan also provides up to \$500 for the adoption of a stepchild.

Back Up Child and Adult Care

When regular care arrangements are unavailable and you need to be at work, high-quality back-up child and adult care is available in Arizona, Florida and Rochester.

Employee Well-Being

Explore resources and programs to support your personal and professional well-being, allowing you to be your best self as you fulfill Mayo's mission. From newsletters and videos to small group coaching and workshops, you will find resources that equip and empower you. Visit [Well-Being Central](#) or contact well-being@mayo.edu for more information.

Long Term Care Insurance

Employees and their family members can call Legacy Services for assistance in selecting and applying for a Long Term Care policy. Policies can provide coverage for home health care, assisted living, nursing home and other long term care expenses.

Mayo Clinic Employee Discount Program

The Mayo Clinic Employee Discount Program offers a one-stop shop of thousands of discounts at retailers, restaurants, gyms, travel, movies, hotels and more. Save money on your new car to your next lunch. Go to mc.perkspot.com. Create an account with your personal email address and start shopping.

Paid Parental Leave

Eligible parents are provided with 80 (prorated based on FTE) hours of paid leave following the birth or placement of adoption for a child(ren). The paid hours may be used in one 80-hour increment or two separate increments totaling 80 hours. All hours must be used within 180 calendar days from the date of birth or adoption placement. Union-represented staff should refer to their contract for eligibility details.

Personal Insurance

Think Insurance offers voluntary Auto & Home Insurance and Group Personal Umbrella Insurance to meet you and your family's personal insurance needs. These plans are available at a special group discounted rate and include access to professional and prompt customer service.

Recognition

Mayo Clinic honors individual and collective achievements that contribute to our mission through various recognition events and activities. Recognition initiatives are focused on recognizing service, excellence, and quality across all of Mayo Clinic. To learn more about recognition programs at your location, visit HR Connect and search "recognition".

Frequently Asked Questions (FAQ)

If I have medical insurance outside of Mayo Clinic, can I still enroll in the other benefits offered?

Yes, each benefit election is separate.

How do I fill a prescription if I haven't received my medical plan ID card yet?

Contact Alluma Customer Service for assistance at 877-239-7159.

Which plans come with an ID card and when will I receive them?

The following benefit plans come with an ID card: Mayo Medical Plan, Delta Dental, Vision Care Plan, and Legal Insurance. Plan ID cards typically arrive within two weeks of the date you enroll.



My spouse also works at Mayo Clinic. How does this impact my benefit elections?

Mayo Medical Plan – You can each elect your own coverage or be covered under one spouse's plan but you cannot be double covered.

Voluntary Benefits – You can each elect your own coverage be covered under one spouse's plan but you cannot be double covered.

Dental/Vision – You can each elect your own Mayo Reimbursement Account and list each other (and eligible children) as covered dependents. Or, one spouse can elect the Mayo Reimbursement Account and one spouse can elect Delta Dental, and list each other (and eligible children) as covered dependents. Or, you can elect individual or joint coverage under Delta Dental. You cannot be double covered under Delta Dental or the Vision Care Plan.

Legal Insurance – When you elect this plan, it includes coverage for your spouse.

Life Insurance – You can each elect your own voluntary coverage or be covered under one spouse's plan but you cannot be double covered by voluntary life insurance.

Resources

Visit HR CONNECT on the Mayo Clinic intranet to:

- Access Self-Service to complete your Initial Enrollment
- Use the “Chat” feature for immediate assistance from an HR representative Monday-Friday, 8 a.m. - 5 p.m. CST
- “Send a Question” to an HR representative for answers

Visit HR BENEFITS on the Mayo Clinic intranet to:

- Explore benefits content by subject, key word, life event
- Review upcoming benefits events

Contact HR CONNECT regarding:

- Enrollment support
- Assistance with Self-Service navigation
- Enrollment in benefit plan(s) if unable to access the Mayo Clinic intranet

507-266-0440 | 888-266-0440

Hours: Monday – Friday, 7 a.m. - 6 p.m. CST

When calling HR Connect, you will need your person number, your date of birth, last four digits of your Social Security number, and your home address.

Contact MEDICA CUSTOMER SERVICE regarding:

- The status of your medical claims
- Benefit balances and coverage information
- Finding an in-network provider
- Ordering new membership cards

[Medica.com/SignIn](https://www.medicacom/signin)

866-839-4015

Monday - Friday 7 a.m. - 8 p.m. CST

(closed Thursdays 8 a.m. - 9 a.m.)

Saturdays 9 a.m. - 3 p.m. CST

When contacting Medica, you will need your member ID number from your Mayo Medical Plan ID card.

Other Contact Information:

Alluma Mayo Medical Plan prescription drug benefits	877-239-7159 Allumaco.com
ARAG Legal Insurance	800-247-4184 ARAGlegal.com/myinfo (access code 18569mc)
Avesis Vision Care Plan	855-214-6777 Avesis.com
Cyberscout Identity Management Services	866-989-3170 yourbenefit.cyberscout.com/activate
Delta Dental Dental Care Plan	800-448-3815 Deltadentalmn.org
Fidelity Investments Mayo 403(b)/401(k) Plans and Health Savings Account	800-343-0860 NetBenefits.com/atwork
Legacy Services Long-term Care Insurance	800-230-3398 legacyltci.com
Medica ONESource Reimbursement Accounts	866-839-4015, option 2 Medica.com/onesourcemhpslogin
Prudential Accident Insurance, Critical Illness Insurance, Hospital Indemnity Insurance and Life Insurance	844-656-MAYO (6296) mybenefits.prudential.com

If there are any inconsistencies between this document and the plan document, the plan document is the document that will be relied upon for plan administration and is the document that governs the benefits available.