

**2011**

# Summary of Benefits

## at Mayo Clinic in Florida

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

| Medical Premiums for 2011                           | Mayo Universal |                | Mayo Choice |                | Mayo Horizon |                |
|---|----------------|----------------|-------------|----------------|--------------|----------------|
|   | Monthly        | Per Pay Period | Monthly     | Per Pay Period | Monthly      | Per Pay Period |
| <b>Full-Time Employee Premiums (0.75 -1.0 FTE)</b>  |                |                |             |                |              |                |
| 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        |
| <b>Part-Time Employee Premiums (0.50 -0.74 FTE)</b> |                |                |             |                |              |                |
| Employee  | \$116          | \$58           | \$42        | \$21           | \$16         | \$8            |
| Employee + Child(ren)*                              | \$221          | \$110.50       | \$79        | \$39.50        | \$31         | \$15.50        |
| Employee + Spouse*                                  | \$244          | \$122          | \$88        | \$44.00        | \$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.

| <b>Dental Plan Options (choose one)</b>             |  |                |  |
|---|--|----------------|--|
|   | Delta Dental   |                | Mayo Reimbursement Account   |
| <b>How the Plans Works</b>                          | This plan gives you maximum flexibility, network savings and a commitment to service. Basic services are covered at 80%. The calendar year maximum benefit is \$1,000 per person.  |                | 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. Not available to participants in Mayo Horizon. |
| <b>Choice of Providers</b>                          | When you choose a dentist that participates in the Delta Dental PPO network, you receive quality care and the highest cost savings on services received. Delta Dental Premier network also provides high quality care and network savings, which can lower your out-of-pocket costs. |                | You have the choice of any provider.   |
| <b>Orthodontic Coverage</b>                         | \$1,500 per person   |                | Mayo makes a one time, lifetime maximum contribution of \$1,500 per employee and eligible dependent.   |
| <b>Dental Plans Premium</b>                         | <b>Delta Dental</b>  |                | <b>Mayo Reimbursement Account</b>  |
|   | Monthly  | Per Pay Period |  |
| <b>Full-Time Employee Premiums (0.75 -1.0 FTE)</b>  |  |                |  |
| Employee  | \$9.00   | \$4.50         | None   |
| Employee + 1  | \$18.00  | \$9.00         | None   |
| Family  | \$26.00  | \$13.00        | None   |
| <b>Part-Time Employee Premiums (0.50 -0.74 FTE)</b> |  |                |  |
| Employee  | \$9.00   | \$4.50         | None   |
| Employee + 1  | \$27.00  | \$13.50        | None   |
| Family  | \$39.00  | \$19.50        | None   |

| <b>Health and Wellness</b>    |  |
|-------------------------------|--|
| Benefit                       | Description of Benefit   |
| <b>Prescription Drug Plan</b> | Employees will receive pharmacy benefits if enrolled in one of the three Mayo Medical Plans.   |
| <b>Wellness Program</b>       | Mayo Clinic offers a health promotion program called LiveWell to promote healthy lifestyles by providing health and wellness activities to Mayo Clinic employees, retirees and dependents. Visit our website at <a href="http://www.LiveWellatMayo.com">www.LiveWellatMayo.com</a> |

| <b>Flexible Spending Account (FSAs)</b> |  |  |
|---|--|--|
| Benefit                                 | Contribution By                            | Description of Benefit   |
| <b>Health Care FSA</b>                  | 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. |
| <b>Dependent Care FSA</b>               | Employee contributes each biweekly payroll | Permits reserve of pretax income (up to \$5,000 maximum annual contribution) to pay for eligible child or other dependent care expenses.   |

## Mayo Provided Time Off - (After 3 months of employment)

| Benefit                      | Description of Benefit   |                   |                    |                   |                    |                           |                |    |      |   |    |      |    |    |       |    |    |       |     |    |       |                       |                |    |      |   |    |       |    |    |       |     |    |       |
|------------------------------|--|-------------------|--------------------|-------------------|--------------------|---------------------------|----------------|----|------|---|----|------|----|----|-------|----|----|-------|-----|----|-------|-----------------------|----------------|----|------|---|----|-------|----|----|-------|-----|----|-------|
| <b>Paid Time Off</b>         | <ul style="list-style-type: none"> <li>A self-managed program of paid time off (PTO) that combines traditional holidays, vacation, and sick time into one account</li> <li>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</li> <li>May accrue up to 1½ times your current annual PTO accrual level</li> <li>Employees may sell back PTO according to the guidelines of the program</li> <li>Employees are permitted reasonable time off with pay for funerals and jury duty as noted in the employee policy manual</li> </ul> <table border="1" data-bbox="824 205 1464 537"> <thead> <tr> <th></th> <th>Years of Service</th> <th>PTO Days (Annual)</th> <th>PTO Per Pay Period</th> </tr> </thead> <tbody> <tr> <td rowspan="5"><b>Non-Exempt Accrual</b></td> <td>After 3 months</td> <td>23</td> <td>7.08</td> </tr> <tr> <td>2</td> <td>28</td> <td>8.62</td> </tr> <tr> <td>10</td> <td>33</td> <td>10.15</td> </tr> <tr> <td>15</td> <td>35</td> <td>10.77</td> </tr> <tr> <td>20+</td> <td>38</td> <td>11.69</td> </tr> <tr> <td rowspan="4"><b>Exempt Accrual</b></td> <td>After 3 months</td> <td>28</td> <td>8.62</td> </tr> <tr> <td>2</td> <td>33</td> <td>10.15</td> </tr> <tr> <td>10</td> <td>35</td> <td>10.77</td> </tr> <tr> <td>15+</td> <td>38</td> <td>11.69</td> </tr> </tbody> </table> |                   | Years of Service   | PTO Days (Annual) | PTO Per Pay Period | <b>Non-Exempt Accrual</b> | After 3 months | 23 | 7.08 | 2 | 28 | 8.62 | 10 | 33 | 10.15 | 15 | 35 | 10.77 | 20+ | 38 | 11.69 | <b>Exempt Accrual</b> | After 3 months | 28 | 8.62 | 2 | 33 | 10.15 | 10 | 35 | 10.77 | 15+ | 38 | 11.69 |
|                              | Years of Service   | PTO Days (Annual) | PTO Per Pay Period |                   |                    |                           |                |    |      |   |    |      |    |    |       |    |    |       |     |    |       |                       |                |    |      |   |    |       |    |    |       |     |    |       |
| <b>Non-Exempt Accrual</b>    | After 3 months   | 23                | 7.08               |                   |                    |                           |                |    |      |   |    |      |    |    |       |    |    |       |     |    |       |                       |                |    |      |   |    |       |    |    |       |     |    |       |
|                              | 2  | 28                | 8.62               |                   |                    |                           |                |    |      |   |    |      |    |    |       |    |    |       |     |    |       |                       |                |    |      |   |    |       |    |    |       |     |    |       |
|                              | 10   | 33                | 10.15              |                   |                    |                           |                |    |      |   |    |      |    |    |       |    |    |       |     |    |       |                       |                |    |      |   |    |       |    |    |       |     |    |       |
|                              | 15   | 35                | 10.77              |                   |                    |                           |                |    |      |   |    |      |    |    |       |    |    |       |     |    |       |                       |                |    |      |   |    |       |    |    |       |     |    |       |
|                              | 20+  | 38                | 11.69              |                   |                    |                           |                |    |      |   |    |      |    |    |       |    |    |       |     |    |       |                       |                |    |      |   |    |       |    |    |       |     |    |       |
| <b>Exempt Accrual</b>        | After 3 months   | 28                | 8.62               |                   |                    |                           |                |    |      |   |    |      |    |    |       |    |    |       |     |    |       |                       |                |    |      |   |    |       |    |    |       |     |    |       |
|                              | 2  | 33                | 10.15              |                   |                    |                           |                |    |      |   |    |      |    |    |       |    |    |       |     |    |       |                       |                |    |      |   |    |       |    |    |       |     |    |       |
|                              | 10   | 35                | 10.77              |                   |                    |                           |                |    |      |   |    |      |    |    |       |    |    |       |     |    |       |                       |                |    |      |   |    |       |    |    |       |     |    |       |
|                              | 15+  | 38                | 11.69              |                   |                    |                           |                |    |      |   |    |      |    |    |       |    |    |       |     |    |       |                       |                |    |      |   |    |       |    |    |       |     |    |       |
| <b>Short-Term Disability</b> | <ul style="list-style-type: none"> <li>Non-Exempt – After 40 hours, 120 hours at full pay plus 400 hours at one-half pay/year during first 5 years of service; 520 hours/year at full pay after 5 years of service.</li> <li>Exempt – After 40 hours, 520 hours full pay/year</li> </ul>   |                   |                    |                   |                    |                           |                |    |      |   |    |      |    |    |       |    |    |       |     |    |       |                       |                |    |      |   |    |       |    |    |       |     |    |       |
| <b>Long-Term Disability</b>  | Protects 65 percent of salary after 91 days of related illness and/or injury.  |                   |                    |                   |                    |                           |                |    |      |   |    |      |    |    |       |    |    |       |     |    |       |                       |                |    |      |   |    |       |    |    |       |     |    |       |

## Financial and Retirement

| Benefit                                    | Contribution By                                    | Description of Benefit   |
|--|--|--|
| <b>Salary Program</b>                      | <b>Mayo</b>  | Mayo Clinic administers a competitive salary program with periodic increases given satisfactory employee and organizational performance.   |
| <b>Mayo Pension Plan</b>                   | <b>Mayo</b>  | 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.  |
| <b>Optional 403(b) Plan or 401(k) Plan</b> | <b>Employee contribution<br/>No employer match</b> | <p>Allows employee to contribute pretax or post-tax Roth dollars to an investment plan administered by Fidelity Investments. You may generally defer up to 50% of salary annually or \$16,500 annually, whichever is less (IRS 2011 limit of \$22,000 if 50 years of age or older).</p> <p>All benefit eligible new hires and newly benefit eligible employees will be automatically enrolled in the plan at a 4% pretax deferral rate. Professional asset management is available for a fee provided by Financial Engines, LLC.</p> |

## Survivor's Benefits and Optional Insurance - (After 3 months of employment)

### Mayo Provided Insurance

| Benefit  | Description of Benefit   |
|--|--|
| <b>Employer paid Term Life Insurance</b>                                       | Benefit equal to three times annual salary (annual salary rounded up to nearest thousand dollars).   |
| <b>Employer paid Accidental Death &amp; Dismemberment Insurance (AD&amp;D)</b> | 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  |
|--|---|---|
| <b>Voluntary Group Universal Life Insurance</b>                            | <b>\$0.06 to \$4.14 per \$1,000 of coverage per month</b> | 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.   |
| <b>Family Life Insurance</b>   | <b>Varies according to spouse's age</b>                   | 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. |
| <b>Voluntary Accidental Death &amp; Dismemberment (AD&amp;D) Insurance</b> | <b>\$0.20 per \$10,000 coverage/month</b>                 | Provides voluntary supplemental AD&D coverage of \$10,000 to \$225,000.   |

|                                  |  |   |
|----------------------------------|--|---|
| <b>Excess Personal Liability</b> | <b>\$22 or \$32 per month</b>              | Through Hirman Insurors, provides protection of \$3 million or \$5 million in umbrella insurance coverage, beyond requisite personal homeowner/renter and automobile insurance limits.                        |
| <b>Long-Term Care Insurance</b>  | <b>Rates based on age at date of issue</b> | Assistance with daily living expenses through CNA Insurance Companies. Available to spouse or same-gender domestic partner, parents, grandparents, in-laws and Mayo retirees.                                 |
| <b>Identity Theft Insurance</b>  | <b>\$69 per year</b>                       | \$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

| <b>Benefit</b>                           | <b>Contribution By</b> | <b>Description of Benefit</b>   |
|--|------------------------|---|
| <b>Adoption Assistance</b>               | <b>Mayo</b>            | Covers up to \$10,000 of eligible legal and agency expenses. Covers \$500 for adoption of a stepchild.  |
| <b>Mayo Dependent Scholarship Plan</b>   | <b>Mayo</b>            | A scholarship may be awarded to eligible biological/legally adopted children and eligible stepchildren whose Mayo-employee parent also satisfies eligibility requirements.  |
| <b>Employee Assistance Program (EAP)</b> | <b>Mayo</b>            | 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

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

## Professional Growth and Development

| <b>Benefit</b>                           | <b>Contribution By</b> | <b>Description of Benefit</b>  |
|--|------------------------|--|
| <b>Management and Employee Education</b> | <b>Mayo</b>            | 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. |
| <b>Tuition Assistance</b>                | <b>Mayo</b>            | 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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DESTINATION

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