



2026

# 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/home](http://hrbenefits.mayo.edu/home) on the Mayo Clinic intranet to learn more about all of the benefits available to you.

Some of the detailed information in this document does not pertain to union-represented employees as stated: The Mayo Pension Plan and employer match in the Mayo 403(b) Plan do not apply to the Rochester SEIU unions.

## Plan Comparison Tool

Mayo Clinic is partnering with Healthee to offer staff a self-guided tool to compare benefit plans and find the best options for you and your family. Scan the QR code to access the Plan Comparison Tool. You will need access to your Mayo Clinic email address to obtain the required verification code.



Scan code or go to [pct.healthee.com](http://pct.healthee.com)



# Table of contents

4 Eligibility

---

4 Dependent Verification

---

5 Enrollment Information

---

6 Medical

---

14 Pre-Tax Saving Accounts

---

17 Dental and Vision

---

21 Voluntary Benefits

---

22 Legal Insurance

---

23 Life Insurance

---

25 Retirement

---

28 Paid Time Away

---

29 Mental Health Support

---

30 Additional Benefits

---

31 Beneficiaries

---

32 Frequently Asked Questions (FAQ)

---

33 Resources

---

# 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:**

- Legally married spouse.
- Biological, legally adopted (or placed for adoption), and stepchildren under age 26.
- Children aged 26 or older who have qualified for Social Security Disability Insurance (SSDI) before age 26. Contact HR Connect for more information on how to provide proof of disability.

# 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. After you complete enrollment, an email will be sent to your Mayo Clinic email address with the link to submit the documentation according to the table below.

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



# Enrollment Information

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. For more information about eligibility and coverage, please review the plan documents available at [jobs.mayoclinic.org/benefits-legal-notice](https://jobs.mayoclinic.org/benefits-legal-notice).

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"> <li>• Medical</li> <li>• Pre-Tax Savings Accounts</li> <li>• Dental/Vision</li> <li>• Voluntary Benefits</li> </ul>	<ul style="list-style-type: none"> <li>• Voluntary Life Insurance</li> <li>• Voluntary Accidental Death and Dismemberment Insurance</li> <li>• Legal Insurance</li> </ul>
Annual Open Enrollment	Typically November 1 - 15	January 1st of the following calendar year	<ul style="list-style-type: none"> <li>• Medical</li> <li>• Pre-Tax Savings Accounts</li> <li>• Dental/Vision</li> </ul>	<ul style="list-style-type: none"> <li>• Voluntary Benefits</li> <li>• Voluntary Life Insurance (certain amounts only)</li> <li>• Legal Insurance</li> </ul>
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"> <li>• Medical</li> <li>• Pre-Tax Savings Accounts</li> <li>• Dental/Vision</li> </ul>	<ul style="list-style-type: none"> <li>• Voluntary Benefits</li> <li>• Voluntary Life Insurance</li> <li>• Legal Insurance</li> </ul>
Automatic Enrollment	Upon becoming benefits-eligible	First day in benefits-eligible position	<ul style="list-style-type: none"> <li>• Employer Paid Life Insurance</li> <li>• Employer Paid Accidental Death and Dismemberment</li> <li>• Identity Theft Protection (Essential)</li> </ul>	<ul style="list-style-type: none"> <li>• Paid Time Away</li> <li>• Mayo 403(b) Plan (after 45 days, except rehires)</li> <li>• Mayo Pension Plan</li> </ul>
No Designated Enrollment Period	Anytime	Date of enrollment/change	<ul style="list-style-type: none"> <li>• Identity Theft Protection (Premier Plus)</li> <li>• Long-Term Care Insurance</li> <li>• Personal Insurance</li> </ul>	<ul style="list-style-type: none"> <li>• Voluntary Life Insurance*</li> <li>• Voluntary Accidental Death and Dismemberment Insurance</li> </ul>

\*Subject to Evidence of Insurability

# 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
<b>Premium</b>	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.
<b>Deductible</b>	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 network status of your provider. In-network and out-of-network deductible amounts will cross over and be counted towards one another.
<b>Copayment</b>	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.
<b>Coinsurance</b>	This is your share of the expense when the plan is paying a percentage, after your deductible is met.
<b>Out-of-Pocket (OOP) Maximum</b>	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 network status of your provider. In-network and out-of-network OOP Maximum amounts will cross over and be counted towards one another.

### COST-SHARING COMPARISON

	MAYO PREMIER	MAYO SELECT	MAYO CUSTOM
<b>Premium</b>	Highest premium	Mid-range premium	Lowest premium
<b>Deductible</b>	Lowest annual deductible. You pay for eligible healthcare expenses until your annual deductible is met.	Mid-range annual deductible. You pay for eligible healthcare expenses until your annual deductible is met.	Highest annual deductible. You pay for eligible healthcare and prescription drug expenses until your annual deductible is met.
<b>Copayment</b>	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 healthcare and prescription drug expenses until your annual deductible is met.
<b>Coinsurance</b>	20% coinsurance for in-network services and 50% coinsurance for out-of-network services*		10% coinsurance for in-network services and 50% for out-of-network services*
<b>Out-of-Pocket Maximum</b>	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 100% for covered services for the remainder of the calendar year unless other benefit limitations apply.		

\* For mental health and chemical dependence services, out-of-network claims will process at in-network benefits, however out-of-network providers may bill you for costs above the non-network provider reimbursement amount.

# 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.



Scan the QR code for more information about 2026 plan options.

	MAYO PREMIER		MAYO SELECT		MAYO CUSTOM	
	Monthly	Per Pay Period	Monthly	Per Pay Period	Monthly	Per Pay Period
<b>EMPLOYEE PREMIUMS (0.75 -1.0 FTE)</b>						
<b>Employee</b>	\$148	\$74	\$85	\$42.50	\$23	\$11.50
<b>Employee + Child(ren)</b>	\$267	\$133.50	\$164	\$82	\$40	\$20
<b>Employee + Spouse</b>	\$330	\$165	\$187	\$93.50	\$45	\$22.50
<b>Employee+ Family</b>	\$437	\$218.50	\$250	\$125	\$56	\$28
<b>EMPLOYEE PREMIUMS (0.50 - 0.74 FTE)</b>						
<b>Employee</b>	\$222	\$111	\$128	\$64	\$35	\$17.50
<b>Employee + Child(ren)</b>	\$401	\$200.50	\$246	\$123	\$60	\$30
<b>Employee + Spouse</b>	\$495	\$247.50	\$281	\$140.50	\$68	\$34
<b>Employee+ Family</b>	\$656	\$328	\$375	\$187.50	\$84	\$42

**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 be added to the cost of the medical plan 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 Clinic’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 by contacting HR Connect.

## Mayo Medical Plan 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-notice/summary-plan-descriptions](http://hrbenefits.mayo.edu/home/legal-notice/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	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
<b>Annual Deductible</b>	\$600 per person	\$1,300 per person	\$1,100 per person	\$2,300 per person	Employee (EE): \$1,800	Employee (EE): \$3,000
	\$1,200 per family	\$2,600 per family	\$2,200 per family	\$4,600 per family	EE+Child(ren): \$3,600	EE+Child(ren): \$6,000
					EE+Spouse: \$3,600	EE+Spouse: \$6,000
					EE+Family: \$3,600	EE+Family: \$6,000
<b>Annual Out-of-Pocket Maximum</b>	\$2,600 per person	\$4,600 per person	\$4,100 per person	\$6,100 per person	\$5,000 per person	\$7,000 per person
	\$5,200 per family	\$9,200 per family	\$8,200 per family	\$12,200 per family	\$10,000 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 the phone number 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.

	MAYO PREMIER		MAYO SELECT		MAYO CUSTOM	
COST-SHARING AMOUNTS	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
<b>Physician Visits</b>						
a. Primary care, express care, urgent care	a. \$0	a. 50%	a. \$0	a. 50%	a. 10%	a. 50%
b. Specialty care	b. 20%	b. 50%	b. 20%	b. 50%	b. 10%	b. 50%
<b>Preventive Care Services</b>	\$0	NC	\$0	NC	\$0	NC
<b>Diagnostic Tests and Labs</b>	20%	50%	20%	50%	10%	50%
<b>Emergency Services</b>						
a. Emergency transportation to nearest qualified facility (includes air ambulance when authorized)	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. 10%	b. 10%
c. Professional services, diagnostic tests, and labs	c. 20%	c. 20%	c. 20%	c. 20%	c. 10%	c. 10%
<b>Hearing Aids</b>	20%	50%	20%	50%	10%	50%
<i>Up to \$5,000 available every three years, includes related expenses.</i>						
<b>Inpatient Hospital Services</b>	20%	50%	20%	50%	10%	50%
<i>Prior authorization required by the plan for out-of-network services.</i>						
<b>Outpatient Hospital and Ambulatory Services</b>	20%	50%	20%	50%	10%	50%
<b>Rehabilitative Therapy, Chiropractic Care and Acupuncture Services</b>						
a. Physical therapy (PT), Occupational therapy, Speech therapy	a. 20%	a. 50%; 20-visit limit for PT	a. 20%	a. 50%; 20-visit limit for PT	a. 10%	a. 50%; 20-visit limit for PT
b. Chiropractic care <i>Limit of 20 spinal manipulations per year</i>	b. 20%	b. 50%	b. 20%	b. 50%	b. 10%	b. 50%
c. Acupuncture <i>Limit of 20 visits per year</i>	c. 20%	NC	c. 20%	NC	c. 10%	NC

NC = Not covered

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

	MAYO PREMIER		MAYO SELECT		MAYO CUSTOM	
COST-SHARING AMOUNTS	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
<b>Continued Care</b>						
Note: Custodial care not covered.						
a. Home healthcare <i>90-day limit per year</i>	a. 20%	a. 50%	a. 20%	a. 50%	a. 10%	a. 50%
b. Home infusion therapy	b. 20%	b. 50%	b. 20%	b. 50%	b. 10%	b. 50%
c. Hospice care	c. 20%	c. 50%	c. 20%	c. 50%	c. 10%	c. 50%
d. Skilled nursing care facility <i>60-day limit per year</i>	d. 20%	d. 50%	d. 20%	d. 50%	d. 10%	d. 50%
<b>Maternity Care Services</b>						
a. Prenatal and postnatal visits	a. \$0	a. 50%	a. \$0	a. 50%	a. 10%	a. 50%
b. Delivery, inpatient services	b. 20%	b. 50%	b. 20%	b. 50%	b. 10%	b. 50%
<b>Fertility Services</b>						
Office visits and outpatient or hospital procedures <i>Up to \$25,000 lifetime maximum</i>	20% for eligible services	NC	20% for eligible services	NC	10% for eligible services	NC
<b>Mental Health and Chemical Dependency Services</b>						
a. Office visits for evaluation and diagnosis	a. \$0	a. 20%*	a. \$0	a. 20%*	a. 10%	a. 20%*
b. Office and outpatient services	b. 20%	b. 20%*	b. 20%	b. 20%*	b. 10%	b. 20%*
c. Inpatient services and residential treatment services	c. 20%	c. 20%*	c. 20%	c. 20%*	c. 10%	c. 20%*
<b>Special Services</b>						
a. Applied Behavior Analysis (ABA) Therapy	a. 20%	a. 50%	a. 20%	a. 50%	a. 10%	a. 50%
b. Chemotherapy/radiation therapy	b. 20%	b. 50%	b. 20%	b. 50%	b. 10%	b. 50%
c. Disposable supplies	c. 20%	c. 50%	c. 20%	c. 50%	c. 10%	c. 50%
d. Durable, non-durable medical equipment	d. 20%	d. 50%	d. 20%	d. 50%	d. 10%	d. 50%
e. Orthotics and prosthetics	e. 20%	e. 50%	e. 20%	e. 50%	e. 10%	e. 50%
f. Tobacco cessation	f. \$0	f. NC	f. \$0	f. NC	f. \$0	f. NC
g. Tobacco Treatment Program	g. \$0	g. NC	g. \$0	g. NC	g. \$0	g. NC

NC = Not covered

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

## Annual Total Risk Perspective

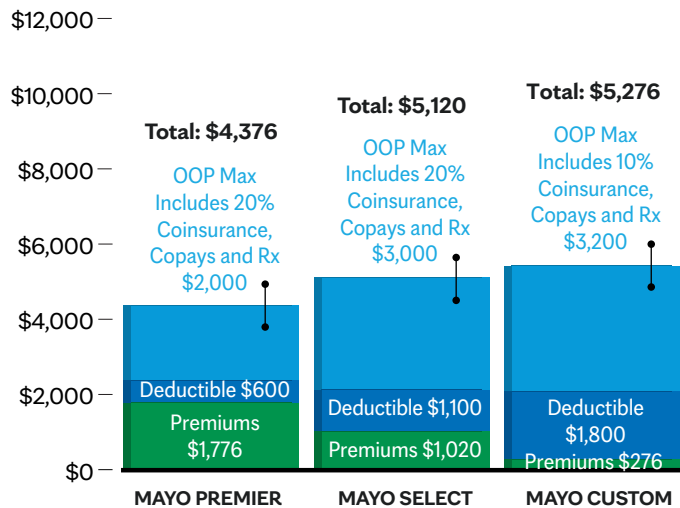
When you consider the three medical plan options from an annual total risk perspective, it can help you determine which plan option is right for you and your eligible dependents.

Keep in mind this is for 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

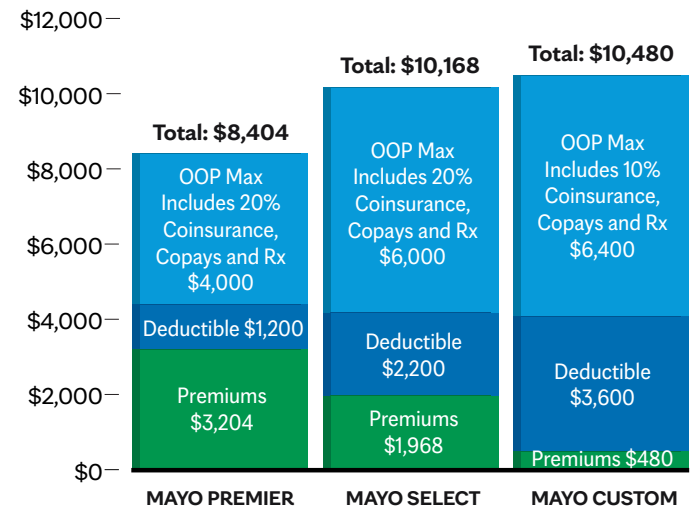
deductible, especially if they only seek preventive care services. We share this information to provide you with peace of mind should an unexpected event occur, or if you are a high utilizer of the medical plan. We believe providing you with the right service at the right time creates a strong benefits foundation to build on.

### OUT-OF-POCKET EXPENSE COMPARISON

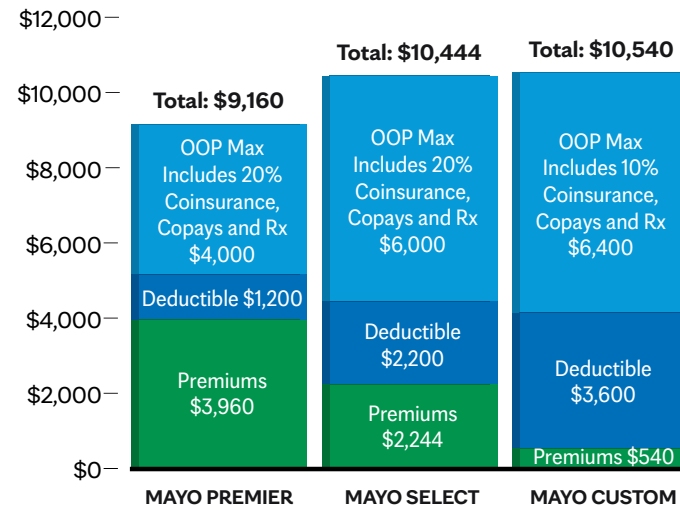
#### EMPLOYEE ONLY COVERAGE (0.75 – 1.0 FTE)



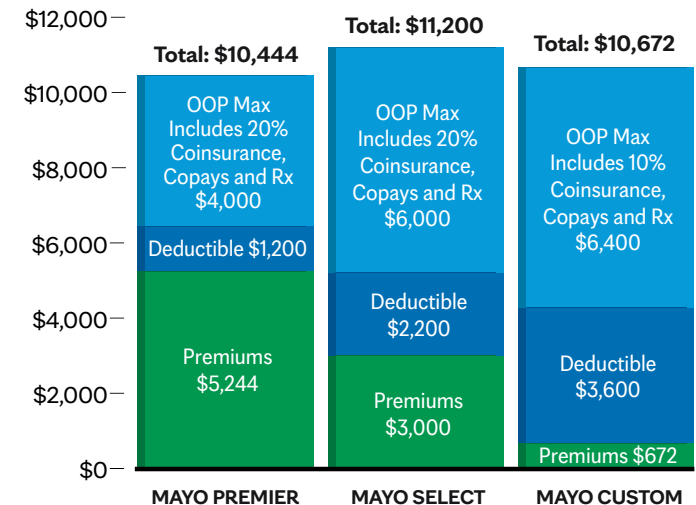
#### EMPLOYEE + CHILD(REN) COVERAGE (0.75 – 1.0 FTE)



#### EMPLOYEE + SPOUSE COVERAGE (0.75 – 1.0 FTE)



#### EMPLOYEE + FAMILY COVERAGE (0.75 – 1.0 FTE)





## Provider Network

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 through the Mayo Medical Plan Network, 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 may be subject to usual and customary charges.



Scan the QR code  
to search for a 2026  
in-network provider.

## 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 an in-network provider. Preventive care services received from an 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 prescription drug coverage. There are cost-sharing differences among the medical plan options which are outlined below. 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.



Scan the QR code to access the Guide to Prescription Drug Coverage.

## Mayo Medical Plan Prescription Drug Coverage

Prescription Drug Coverage	MAYO PREMIER/MAYO SELECT*			MAYO CUSTOM*		
	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)	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)	<b>\$10 maximum</b>	<b>\$10 maximum</b> up to 34-day supply	<b>\$10 maximum</b>	<b>5%</b>	<b>10%</b>	<b>25%</b>
Formulary preferred brand or injectable drug (Tier 2)	<b>25%</b> (\$25 minimum)	<b>30%**</b> (\$25 minimum)	<b>40%</b> (\$25 minimum)	<b>25%</b>	<b>30%**</b>	<b>40%</b>
Formulary non-preferred drug (Tier 3)***	<b>50%</b> (\$25 minimum)	<b>50%</b> (\$25 minimum)	<b>60%</b> (\$25 minimum)	<b>50%</b>	<b>50%</b>	<b>60%</b>
<b>Deductible</b>	None			Combined with medical deductible		
<b>Annual out-of-pocket maximum</b>	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.

\*\*Certain GLP-1 medications used to treat diabetes or weight loss are subject to 25% coinsurance at any Mayo Clinic 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.

### HEALTHCARE FSA

If you choose a Healthcare FSA, your entire contribution amount is available right away to pay for eligible healthcare 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 Healthcare FSA is \$3,300. If both you and your spouse are benefits-eligible staff members at Mayo Clinic, each of you may contribute up to \$3,300.

Up to \$680 of your unused Healthcare FSA balance can be carried over into the following plan year — making enrollment in a Healthcare FSA much less risky. Any remaining balance above \$680 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.

### 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 \$7,500 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.





## Easy and convenient access to your Flexible Spending Accounts

### CONVENIENT ACCESS TO YOUR BENEFITS INCLUDE:

- Debit card available for eligible healthcare 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), HEALTHCARE 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 healthcare 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 by the IRS. The account generally covers most medical care, dental services, vision care and prescription drugs. Fidelity HSAs are subject to a quarterly \$2.75 participant fee if balance is below \$5,000.

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.
- It's a brokerage account which allows you to invest contributions in a variety of investment options and earn growth tax-free.

## IRS GUIDELINES

In order to contribute to an HSA, you must meet the following criteria:

- Not covered by non-HDHP coverage.
- Not enrolled in Medicare.
- Not claimed as a dependent on someone else's tax return.

## Additional information

- Contributions for California and New Jersey residents will be made post-tax.
- Withdrawals from the HSA used for non-eligible expenses are subject to income tax and an additional 20% excise tax.

\* For additional details, visit [irs.gov](https://www.irs.gov), and look for publication 969 or 502.

## HEALTH SAVINGS ACCOUNT 2026 ANNUAL CONTRIBUTION MAXIMUMS\*

COVERAGE LEVEL	ANNUAL MAXIMUM*
Employee	\$4,400
Employee + Child(ren)	\$8,750
Employee + Spouse	\$8,750
Employee + Family	\$8,750

\* 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

You will need to open a Fidelity HSA before contributions can begin. Visit [netbenefits.com](https://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.

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

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.

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

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

## Dental Premiums

	MAYO REIMBURSEMENT ACCOUNT (MRA) <small>Can be elected with Vision Care Plan, but not Delta Dental</small>		DELTA DENTAL STANDARD OPTION <small>Can be elected with Vision Care Plan, but not MRA</small>		DELTA DENTAL DELUXE OPTION <small>Can be elected with Vision Care Plan, but not MRA</small>	
	Monthly	Per Pay Period	Monthly	Per Pay Period	Monthly	Per Pay Period
<b>EMPLOYEE PREMIUMS (0.75 -1.0 FTE)</b>						
<b>Employee</b>	\$4	\$2	\$18	\$9	\$35	\$17.50
<b>Employee + Child(ren)</b>	\$4	\$2	\$29	\$14.50	\$75	\$37.50
<b>Employee + Spouse</b>	\$4	\$2	\$39	\$19.50	\$66	\$33
<b>Employee + Family</b>	\$4	\$2	\$45	\$22.50	\$113	\$56.50
<b>EMPLOYEE PREMIUMS (0.50 -0.74 FTE)</b>						
<b>Employee</b>	\$4	\$2	\$20	\$10	\$40	\$20
<b>Employee + Child(ren)</b>	\$4	\$2	\$40	\$20	\$113	\$56.50
<b>Employee + Spouse</b>	\$4	\$2	\$50	\$25	\$87	\$43.50
<b>Employee + Family</b>	\$4	\$2	\$60	\$30	\$170	\$85

**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.

## Vision Care Plan

The Vision Care Plan, administered by EyeMed, is designed to assist with the cost of routine vision needs. There are two options available, Standard and Deluxe, so you can pick the right option for you and your family's vision needs. With the Standard option, you can get either spectacle lenses or contact lenses in the same year. With the Deluxe option, you can get both in the same year. To get the highest level of benefits, visit a PLUS provider, as indicated in the chart below.

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



Scan the QR code to visit the EyeMed Virtual Benefits Fair, using the code MAYOCLINIC to access plan and provider information.

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.

## Vision Care Plan In-Network Coverage

	STANDARD		DELUXE	
Service	Cost	Frequency	Cost	Frequency
<b>Exam copay</b>	\$0 at PLUS Providers \$10 other providers	Once every plan year	\$0 at PLUS Providers \$10 other providers	Once every plan year
<b>Contact lens fit and follow-up</b>	\$25 Standard \$50 Premium	Once every plan year	\$25 Standard \$50 Premium	Once every plan year
<b>Standard plastic lenses*</b>	\$25	Once every plan year <b>in lieu of contacts</b>	\$25	Once every plan year
Service	Allowance	Frequency	Allowance	Frequency
<b>Frame allowance</b>	\$250 at PLUS providers, \$200 at other providers (20% discount on remaining balance)	Once every other plan year <b>in lieu of contacts</b>	\$250 at PLUS providers, \$200 at other providers (20% discount on remaining balance)	Once every other plan year
<b>Contact lenses allowance</b>	\$250 at PLUS providers, \$200 at other providers (15% discount on remaining balance of conventional contact lenses)	Once every plan year <b>in lieu of lenses and frames services</b>	\$250 at PLUS providers, \$200 at other providers (15% discount on remaining balance of conventional contact lenses)	Once every plan year

\*Includes single vision, bifocal, trifocal, lenticular, and progressive - standard lenses.

## Vision Plan Premiums

	VISION CARE PLAN — STANDARD Can be elected with Delta Dental or MRA		VISION CARE PLAN — DELUXE Can be elected with Delta Dental or MRA	
	Monthly	Per Pay Period	Monthly	Per Pay Period
<b>EMPLOYEE PREMIUMS (0.75 -1.0 FTE)</b>				
<b>Employee</b>	\$7	\$3.50	\$11	\$5.50
<b>Employee + Child(ren)</b>	\$15	\$7.50	\$20	\$10
<b>Employee + Spouse</b>	\$16	\$8	\$24	\$12
<b>Employee + Family</b>	\$21	\$10.50	\$30	\$15
<b>EMPLOYEE PREMIUMS (0.50 -0.74 FTE)</b>				
<b>Employee</b>	\$7	\$3.50	\$11	\$5.50
<b>Employee + Child(ren)</b>	\$15	\$7.50	\$20	\$10
<b>Employee + Spouse</b>	\$16	\$8	\$24	\$12
<b>Employee + Family</b>	\$21	\$10.50	\$30	\$15

**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.

## Additional Dental and Vision Plan Information

### DUAL COVERAGE

Mayo Clinic employees who are married to each other and covered under the Mayo Clinic 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. Each covered person can use the \$1,500 benefit under one plan or the other, but not both, per plan subscriber. For dependent children, if both parents are benefits-eligible Mayo Clinic 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



Scan the QR code to learn more about 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:** Once your submitted claim is approved, a 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
<b>EMPLOYEE PREMIUMS</b>		
<b>Employee</b>	\$5.76	\$2.88
<b>Employee + Child(ren)</b>	\$10.08	\$5.04
<b>Employee + Spouse</b>	\$9.44	\$4.72
<b>Employee + Family</b>	\$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
<b>Employee</b>	Increments of \$10,000	\$50,000
<b>Spouse</b>	Increment of \$10,000	\$50,000, not to exceed 100% of the employee amount
<b>Dependent Child(ren) up to age 26</b>	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		
<b>Child up to age 26</b>	\$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		
<b>Employee</b>	\$9.56	\$4.78
<b>Employee + Child(ren)</b>	\$13.60	\$6.80
<b>Employee + Spouse</b>	\$17.36	\$8.68
<b>Employee + Family</b>	\$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.

# Legal Insurance

The voluntary Legal Insurance plan is offered through ARAG at a monthly premium of \$18.56 (post-tax). With this coverage, you (and your eligible dependents) can take advantage of a wide range of legal coverage and services to protect your family and better navigate life's legal challenges. The plan offers in-network attorney fees that are 100% paid-in-full for many covered matters. Visit [ARAGlegal.com/myinfo](https://ARAGlegal.com/myinfo) (access code 18569mc) to learn more and search for in-network attorneys.

## Legal Insurance through ARAG includes the following services:

- Review or prepare documents.
- Make follow-up calls or write letters on your behalf.
- Represent you if needed.
- Work with you in-person, over the phone or online or to help resolve the matter.

# Beneficiaries

It's important to designate beneficiaries for your life insurance, 403(b)/401(k) and pension benefit plans. 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.
- **403(b)/401(k) Retirement Savings Plan** — Log on to your Fidelity account to enter your beneficiary information in the Your Profile tab.
- **Mayo Pension Plan** — Go to HR Connect, select Your Pension Estimator. After logging in select Profile, My Pension Beneficiaries, , Add/Edit Available Beneficiaries, then Update Beneficiary Designations to designate your beneficiary.



# Life Insurance

Mayo Clinic understands the importance of protecting your family when the unexpected occurs. Life Insurance is a part of the protection that will help bring peace of mind to your family and includes **employer paid life insurance** and **voluntary life insurance**.

## Employer Paid Life Insurance

Employer Paid Life Insurance pays benefits to your designated beneficiaries in the event of your death. This life insurance pays a benefit of two times your annual salary and age reductions apply if you work beyond age 65.

## Voluntary Life Insurance

You have two options for voluntary life insurance so you can choose the option that best meets your life insurance needs. Option 1 includes coverage for you, your spouse, and child(ren). Option 2 only includes coverage for your spouse and child(ren). Review the options below for more information.

### OPTION 1

#### EMPLOYEE GROUP UNIVERSAL LIFE (GUL) INSURANCE

This voluntary insurance pays benefits to your designated beneficiaries in the event of your death for any cause. You may elect coverage equal to one, two, or three times your annual salary. As long as you elect this amount within your first 31 days of eligibility, you are guaranteed coverage.

If you elect four, five, or six times your annual salary in coverage, Evidence of Insurability is required. You will receive Evidence of Insurability information from Prudential at your home address within two weeks of electing coverage. Your coverage will appear as suspended until you complete the Evidence of Insurability process with Prudential.

#### FAMILY LIFE INSURANCE WITH GUL

Family Life Insurance pays benefits to you in the event of your covered family member's death.

#### Spouse Life with GUL

You can elect one or two times your annual salary in coverage but you can't have more coverage on your spouse than you have on yourself. Coverage is guaranteed when elected during your initial enrollment period. Additionally, any coverage requests after your initial enrollment period will require Evidence of Insurability. Age reductions apply after age 65.

#### Child(ren) Life with GUL

You can elect \$10,000 coverage for each eligible child. There is no cost to you and EOI is never required.

#### CASH ACCUMULATION FUND

When you enroll in Group Universal Life (GUL) insurance, Prudential sets up a cash accumulation fund account in your name. Deposits to the account are made from your payroll contributions and the return of excess premiums. You may increase the balance in your fund by contributing an amount equal to one through twelve times your monthly premiums for the GUL insurance. You may increase or decrease your contributions to this fund account at any time during the year in Self-Service.

- Earns a 4 percent interest rate.
- You may withdraw from your fund any time and use the money for any purpose.
- Returns of excess premiums are a non-taxable return of unused contributions and are automatically deposited into your cash accumulation fund.
- Contributions are subject to taxation. Taxes will be deducted from each contribution at the time the money is deposited into your Cash Accumulation Fund. For more information, contact Prudential.

## OPTION 2

### DEPENDENT LIFE INSURANCE

Dependent Life Insurance pays benefits to you in the event of your covered family member's death.

#### Spouse Life without GUL

You can elect coverage in \$25,000 increments, up to \$1.3 million. During your initial enrollment, coverage amounts up to \$100,000 are guaranteed coverage. Any coverage amount above \$100,000 will require Evidence of Insurability. Additionally, any coverage requests after your initial enrollment period will require Evidence of Insurability. Age reductions apply after age 65.

#### Child(ren) Life without GUL

You can elect coverage in \$10,000 increments, up to \$50,000. Evidence of Insurability is never required for child coverage, and if elected, you are expected to cover all eligible children. The premium is \$0.100 per \$1,000 of coverage.

### VOLUNTARY LIFE INSURANCE PREMIUM TABLE

The monthly cost for each \$1,000 of GUL coverage is based on your age as of December 31 of the prior year.

AGE	EMPLOYEE	SPOUSE
Under age 25	\$0.028	\$0.030
25 - 29	\$0.034	\$0.036
30 - 34	\$0.045	\$0.048
35 - 39	\$0.051	\$0.054
40 - 44	\$0.056	\$0.060
45 - 49	\$0.084	\$0.089
50 - 54	\$0.129	\$0.137
55 - 59	\$0.241	\$0.256
60 - 64	\$0.370	\$0.394
65 - 69	\$0.713	\$0.757
70 - 74	\$1.156	\$1.228
75 - 79	\$1.549	\$1.646
80 - 84	\$2.323	\$2.468
85 and older	\$4.489	\$4.770

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

## Accidental Death and Dismemberment (AD&D)

### EMPLOYER PAID AD&D

Employer paid Accidental Death and Dismemberment (AD&D) coverage pays a benefit amount equal to your annual salary to your designated beneficiaries in the event of your accidental death or a percentage of the benefit for a qualified dismemberment based on the type of loss.

### VOLUNTARY AD&D

In addition to your Employer Paid coverage, 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 monthly 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 under the Employer Paid AD&D coverage and any Voluntary AD&D coverage in which you are enrolled is paid to your beneficiary.

### BENEFITS PAYABLE IN THE EVENT OF DISMEMBERMENT

If you suffer dismemberment as a result of an accident, the Employer Paid AD&D coverage and any Voluntary AD&D coverage in which you are enrolled may pay you a percentage of the benefit.

# Retirement

## Defined Benefit Plan — Pension Plan

The Mayo Pension Plan is an employer sponsored defined benefit plan which rewards employees for long service. Contributions to the plan are made by Mayo Clinic, not by you. Your pension benefit can be predicted because it is determined by a formula rather than by investment results.

### VESTING INFORMATION

To receive a pension benefit when your employment with Mayo Clinic ends, you must be vested. Vesting means you have achieved one of two vesting schedules and are entitled to your earned pension benefit. If you leave Mayo Clinic after becoming vested, you have the option to take your benefit as a one-time lump sum payment or convert the accrued benefit to monthly payments for the rest of your life. Vesting requirements are age 28 or older with three years of pension benefit service; or age 21 or older with five years of vesting service and some pension benefit service.

### PENSION PLAN FORMULA

The Stable Lump Sum formula evaluates your salary and service (hours worked) on an annual basis to calculate your lump sum payment payable when your employment ends (unreduced at age 65 and beyond). Your benefit is also converted to monthly annuity options.

**Example:** An individual becomes eligible for the Mayo Pension Plan on January 1. In this calendar year the employee earns an annual salary of \$60,000. Since this employee is a 1.0 FTE they earn one year of pension benefit service and their Base Benefit amount is 18% of that number. Since their annual earnings are under the Social Security Wage Base, there is no Supplement Benefit accrued in this year. The end result for this year for this employee is a \$10,800 lump sum benefit at retirement (unreduced at age 65).

	ANNUAL COMPENSATION Up to Annual 401(a)17 Limit (\$360,000 in 2026)	BASE BENEFIT 18% of Annual Compensation	SUPPLEMENT BENEFIT 8% of Annual Compensation over the Social Security Wage Base (\$184,500 in 2026)	BENEFIT PAYABLE AT RETIREMENT (Unreduced at age 65)
<b>Year 1</b>	\$60,000	x 0.18 = \$10,800	+ \$0.00	= <b>\$10,800</b>
<b>Year 2</b>	\$61,800	x 0.18 = \$11,124	+ \$0.00	= <b>\$11,124</b>
<b>Year 3</b>	\$63,654	x 0.18 = \$11,457	+ \$0.00	= <b>\$11,457</b>

This annual calculation will be done each year going forward for eligible employees. Upon retirement, each year's benefit would be added together to get the total Stable Lump Sum benefit.

### AN EXAMPLE — STABLE LUMP SUM BENEFIT

FULL-TIME EMPLOYEE — Retires on December 31 of Year 3 at age 65						
\$10,800	+	\$11,124	+	\$11,457	=	\$33,381
benefit earned in Year 1		benefit earned in Year 2		benefit earned in Year 3		payable upon retirement (unreduced at age 65)

## Defined Contribution Plan - 403(b)\* /401(k)

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).** To change your contribution amount logon to [netbenefits.com](https://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 75% of your annual salary or the annual IRS limit. The 2026 annual IRS limit is \$24,500. Employees who are age 50 or older are allowed to make a catch-up contribution of \$8,000. Employees who are age 60-63 are allowed to make an additional catch up contribution of \$3,250.

### 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

### EMPLOYER MATCH INFORMATION

Mayo Clinic will also match up to the first 4 percent of your contributions (on a per pay period basis) based on your pension benefit service as shown in the chart below. Matching will increase at intervals to recognize longevity at Mayo Clinic. You become vested in the Mayo Clinic matching contributions after you've earned three years of vesting service.



### Important Information for Rehires

Rehires are not automatically enrolled and you must contact Fidelity Investments to reset your contribution. You are considered a rehire if you have ever previously worked at Mayo Clinic or Mayo Clinic Health System. If you log in upon rehire, and your account shows a contribution percentage, the value is not valid because it was made during your prior employment with Mayo Clinic. You will need to change your contribution percentage to 0% and save, to clear your record. Then, you can enter a new contribution percentage, which will reset your effective date, and restart your contributions.

LENGTH OF PENSION BENEFIT SERVICE	MAYO CLINIC MATCH (%)	EXAMPLE MATCH BASED ON PENSION BENEFIT SERVICE
0-19	50% on the first 4% of employee contribution	\$1.00 employee contribution \$0.50 Mayo match
20-29	75% on the first 4% of employee contribution	\$1.00 employee contribution \$0.75 Mayo match
≥30	100% on the first 4% of employee contribution	\$1.00 employee contribution \$1.00 Mayo match

**Example:** An employee with 2 years of pension benefit service contributes 4% of their \$40,000 salary into their 403(b)/401(k) plan each pay period. What would their match amount be? This employee would contribute \$61.54 per pay period to their 403(b)/401(k) plan. Mayo Clinic will match 50% of this or \$30.77.

\*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.



## Online Resource: Your Pension Estimator

**Your Pension Estimator** is available to pension eligible employees a few weeks after your eligibility date. This tool will assist you in retirement planning by allowing you to estimate your future pension at a retirement date of your choosing.

You can access **Your Pension Estimator** by visiting HR Connect or at [mayoemployees.org](https://mayoemployees.org).

Once you access **Your Pension Estimator**, you can click “Estimate My Pension Benefit” in order to run an estimate. You will be able to print any estimates you run.

## Know the different types of service related to your benefits

**Continuous service** is a period of unbroken service from hire date to termination in a benefits-eligible position. It is combined with age to determine retirement eligibility.

**Vesting service** is all service with Mayo Clinic and all affiliates beginning at age 18. A year of vesting service is completed when you complete 1,000 hours of service during a calendar year. It is used to determine an employee’s right to a benefit in the Mayo Pension Plan and the employer match in the 403(b)/401(k) plans.

**Pension benefit service** is the total number of years and partial years spent in covered employment under the Mayo Pension Plan beginning at age 21. A year of pension benefit service is earned for each full plan year in which you work at least 2,000 hours in covered employment and a partial year if you work at least 1,000 hours. It is used in the pension formula to determine the amount of benefit that is accrued each year.

# Paid Time Away

## Paid Time Off

Paid Time Off (PTO) includes vacation time, holidays, personal time and the waiting period for short-term disability benefits. PTO is accrued each pay period based on the actual number of hours that an employee works.

Recognizing the challenges that come with managing PTO in the early stages of starting at a new organization, Mayo Clinic's PTO policy enables new employees to utilize more PTO than they have accrued, offering the option to have a negative PTO balance up to a limit of -40 hours through their first anniversary at Mayo Clinic.

Unused PTO time rolls over from year to year but the maximum amount of PTO that you can have in your accrual bank is 1.5 times your annual accrual amount. For example, a non-exempt employee who has worked for Mayo Clinic for three years and who works a 40 hour week, can hold up to a maximum of 42 days or 336 hours in their PTO bank before they will need to use some of that time in order to accrue additional hours.

## Short-Term, Long-Term Disability

Benefits-eligible employees are covered by a Short-Term Disability (STD) plan that replaces a portion of their income when they are medically unable to work due to a serious health condition. The first week of disability is a waiting period during which disability benefits are not paid. You can use PTO to satisfy the wait period while you are medically unable to work before STD benefits begin. Following the waiting period you may be eligible to receive a benefit based on your non-exempt or exempt status.

After 13 weeks of being medically unable to work, participants are eligible to apply to receive a Long-Term Disability benefit of 65 percent of their salary.

Both Short- and Long-Term Disability coverage is provided by Mayo Clinic with no premium cost to the employee.

## Paid Parental Leave

Eligible parents are provided with 80 (prorated based on FTE) hours of paid leave hours 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.

### PTO ACCRUAL LEVELS (1.0 FTE)

CATEGORY	YEARS OF SERVICE	PTO IN DAYS	PTO IN HOURS	PTO IN HOURS PER PAY PERIOD	MAXIMUM ACCRUAL
<b>Non-exempt (hourly)</b>	0	23	184	7.08	276
	2	28	224	8.62	336
	10	33	264	10.15	396
	15	35	280	10.77	420
	20+	38	304	11.69	456
<b>Exempt (salary)</b>	0	28	224	8.62	336
	2	33	264	10.15	396
	10	35	280	10.77	420
	15+	38	304	11.69	456
<b>Patient Care RN*</b>	0	23	184	7.08	276
	1	28	224	8.62	336
	4	33	264	10.15	396
	15	35	280	10.77	420
	20+	38	304	11.69	456

### SHORT-TERM DISABILITY BENEFIT LEVELS (1.0 FTE)

CATEGORY	COMPLETED YEARS OF SERVICE	BENEFIT AMOUNT
<b>Non-exempt full-time</b>	0-5	120 hours at full pay plus 400 hours at half pay
<b>Non-exempt full-time</b>	5+	520 hours at full pay
<b>Exempt full-time</b>	0+	520 hours at full pay
<b>Patient Care RN full-time*</b>	0+	520 hours at full pay

\*All non-supervisory RN staff (excluding Arizona and Florida) with positions that require all of the following: RN education, active RN license, and competency to provide direct patient care that impacts patient clinical outcomes. This excludes Directors, Supervisors, Managers, Advanced Practice RNs, Staff Educators, and those who do not have direct patient care.

# Mental Health Support

Our employees are the heart and soul of everything we do at Mayo Clinic. We know mental health is vital to your well-being, both personally and professionally.

We want to ensure you have access to resources wherever you find yourself today, in this moment. Scan the QR code to get started with these mental health resources.



Scan the code to access the mental health website.

## Employee Assistance Program

The EAP is a service offered by licensed mental health clinicians to help address a variety of life and emotional health issues. It is voluntary, confidential and available at no cost to all staff and their families.

Together, support options from the internal Mayo Clinic counseling team and external partner, Headspace, form our comprehensive EAP program to help staff and their families with mental health needs for both personal and work-related issues. The partnership between the internal team and Headspace ensures staff and their family members have flexibility and choice in how they receive support.

### Areas in which the EAP can support you include:

- Alcohol or drug dependency
- Eldercare issues
- Family relationships
- Financial or legal issues
- Mental and emotional health
- Workplace and vocational issues

To get started with EAP services, visit the Employee Assistance Program page on the Mental Health and Well-Being website.

### MAYO CLINIC COUNSELING TEAM

All locations have access to an internal EAP made up of Mayo Clinic staff who are licensed mental health professionals. Mayo Clinic EAP counselors can help you with work-related issues, emotional health, relationship concerns, grief, and substance or other addictions. Seeking support through the Mayo Clinic counselor team, either in-person or virtually, gives you the opportunity to connect with someone who understands Mayo Clinic's culture, values and mission.



### HEADSPACE TEAM

All employees and families have access to Headspace, an external EAP with in-the-moment support for what you're going through.

**Therapy Sessions:** Navigate personal and work-related challenges. Each person is eligible for 8 covered therapy sessions per issue, per year. Ongoing sessions would be billed through your health plan.

**Resources for work and life:** Confidential, time-saving resources to help with financial stress, legal assistance, child and eldercare needs, and more.

**Mental Health Coaching:** Get 1:1 personalized guidance through unlimited text or up to 8 video sessions to support your personal and professional growth.

**Library of self-care content:** Includes programs and exercises for improving sleep, managing stress or anxiety, and an array of other needs.

**Access to psychiatry appointments that would be billed through your health plan:** If you have the Mayo Medical Plan, Headspace psychiatric services are in-network. (Note that psychiatric services are not part of your EAP-covered therapy sessions.)

# Additional Benefits

## 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

Mayo Clinic recognizes the challenges of balancing work and family and provides several benefits through Bright Horizons to help you care for your children, teens, adult and elderly family members. When your regular care arrangements are unavailable and you need to be at work, high-quality back-up child and adult care is available to benefit eligible employees. Learn more at [hrbenefits.mayo.edu/home/work-life-balance](http://hrbenefits.mayo.edu/home/work-life-balance).

## Financial Counseling and Education

LSS Financial Counseling offers free counseling, workshops, and education tailored to your needs. Available to all Mayo Clinic staff and their families, regardless of location or benefits eligibility.

## Identity Theft Protection

To safeguard your personal information against evolving digital threats, Mayo Clinic is providing Norton's LifeLock Benefit Essential plan to all staff and their families at no cost. This employer-paid plan includes a variety of protection features such as credit monitoring, fraud tracking, password manager, and identity theft resolution services.

You will receive an email from Norton with instructions on how to create an account and activate coverage. You can also visit [www.norton.com/ebsetup](http://www.norton.com/ebsetup) to get started with these no-cost features.

Norton also offers the Premier Plus plan for additional identity theft protection, such as scam protection, device security and financial alerts. This plan requires enrollment through Oracle and the monthly premium is \$8.98.

Visit the [Norton employee benefits website](#) for more information or call Norton's Member Support Center at 800-607-9174 for assistance.

## 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 healthcare, assisted living, nursing home and other long term care expenses.

## Mayo Clinic Dependent Scholarship

Eligible Mayo Clinic employees are able to apply for their dependent to obtain a scholarship that awards up to \$3,000 per year for as many as four years of post-high school education. The parent must currently be employed at .8 FTE or higher by Mayo Clinic, and have been employed at .8 FTE or higher continuously for at least two years immediately prior to the application. Applications for the scholarship must have ACT or SAT test scores attached. The parent must remain in a 0.8 FTE status until awards are given.

## 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. Create a Perkspot account with your personal email address and start shopping.

## Personal Insurance

Think Insurance offers a variety of insurances to meet your and your family's personal needs. This includes voluntary Auto and Home Insurance plans, available at a group-discounted rate, as well as a Personal Umbrella Insurance policy for additional liability protection. The umbrella policy provides coverage above and beyond your standard auto and home insurance, with high limits of \$3,000,000 and \$5,000,000, and is designed to supplement your existing plans. Both options come with the benefit of professional, prompt customer service to ensure your peace of mind.

## 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”.

## Workforce Education Investment

The Mayo Clinic Career Investment Program (CIP) provides opportunities for allied health employees to further their education at select academic partners by attaining relevant degrees and certificates aligned with forecasted workforce needs to advance Mayo Clinic’s Bold.Forward. Strategy. Mayo Clinic pays 100% of the tuition for employees who apply and are selected for the Career Investment Program.

---

# Beneficiaries

It’s important to designate beneficiaries for your life insurance, 403(b)/401(k) and pension benefit plans. 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 Insurance Coverage** — Designate and manage your life insurance beneficiaries through your MyPru portal.
- **403(b)/401(k) Retirement Savings Plan** — Log on to your Fidelity account to enter your beneficiary information in the Your Profile tab.
- **Mayo Pension Plan** — Go to HR Connect, select Your Pension Estimator. After logging in select Profile, My Pension Beneficiaries, Add/Edit Available Beneficiaries, to update your beneficiary designation.



# 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 or 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:

- Use the **Chat** feature for immediate assistance from an HR representative Monday–Friday, 8 a.m.–5 p.m. CST
- Click “I Need Help” to submit a question or request to an HR representative.

## 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 Oracle navigation.
- Enrollment in benefit plan(s) if unable to access the Mayo Clinic intranet.

**507-266-0440 | 888-266-0440**  
**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.medicahelp.com/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.

*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.*

## Other Contact Information:

<b>Alluma</b> Mayo Medical Plan prescription drug benefits	877-239-7159 <a href="https://www.allumaco.com">Allumaco.com</a>
<b>ARAG</b> Legal Insurance	800-247-4184 <a href="https://www.araglegal.com/myinfo">ARAGlegal.com/myinfo</a> (access code 18569mc)
<b>Delta Dental</b> Dental Care Plan	800-448-3815 <a href="https://www.deltadentalmn.org">Deltadentalmn.org</a>
<b>EyeMed</b> Vision Care Plan	877-857-2412 <a href="https://www.eyemed.com/member">eyemed.com/member</a>
<b>Fidelity Investments</b> Mayo 403(b)/401(k) Plans and Health Savings Account	800-343-0860 <a href="https://www.netbenefits.com/atwork">NetBenefits.com/atwork</a>
<b>Legacy Services</b> Long-term Care Insurance	800-230-3398 <a href="https://www.legacyltci.com">legacyltci.com</a>
<b>Medica ONESource</b> Reimbursement Accounts	866-839-4015, option 2 <a href="https://www.medicahelp.com/onesourcemhplogin">Medica.com/onesourcemhplogin</a>
<b>Norton</b> Identity Theft Protection	800-607-9174 <a href="https://www.norton.com/ebsetup">norton.com/ebsetup</a>
<b>Prudential</b> Accident Insurance, Critical Illness Insurance, Hospital Indemnity Insurance and Life Insurance	844-656-MAYO (6296) <a href="https://www.mybenefits.prudential.com">mybenefits.prudential.com</a>





# The Vision Story

For as long as we can remember, the very words “Mayo Clinic” have been an icon of American culture and world medicine. They signify the best in healthcare for the individual, the family and society. For decades, the Mayo Clinic model of care has been refined and advanced through the daily collaboration of experts in clinical practice, education and research to keep Mayo Clinic at the cutting edge of medical care while maintaining the patient at the center of our services. We do this because, as Dr. Will Mayo reminds us every day, “the needs of the patient come first.” Accordingly, Mayo Clinic describes its mission as inspiring hope and contributing to health and well-being by providing the best care to every patient through integrated clinical practice, education and research.

Imagery is copyright Mayo Clinic, Getty Images, Shutterstock, or approved for use.

[mayoclinic.org](https://www.mayoclinic.org)

©2026 Mayo Foundation for Medical Education and Research. All rights reserved. MAYO, MAYO CLINIC and the triple-shield Mayo Clinic logo are trademarks and service marks of MFMER.

[Learn more online at mayoclinic.org](https://www.mayoclinic.org)

MC1034-43rev0526