

2025 Benefits Overview



As a Vanderbilt University Medical Center employee, you make a difference to our patients and their families by bringing compassion and care to those in need of hope and healing. VUMC extends this culture of caring to you and your family by providing a comprehensive and flexible benefits package to help you lead longer and healthier lives. Read this overview carefully and choose the best benefits for you and your family.

How to find Benefits help

There are two ways to get answers to your Benefits questions:

- Visit the Workday Help Center to find answers to frequently asked questions in the self-help articles, or you can click on Create Case to get help from a HR Specialist. Workday Help is a quick way to get answers to your HR-related questions. It also gives you one place to track, communicate about, and view more information about the case.
- Should you still need additional assistance regarding how to enroll in your benefits, you can call the Employee Service Center at 615.343.7000.

About this booklet

This document provides information about your benefit options. It is not meant to replace the summary plan descriptions (SPDs), which are the governing documents for VUMC benefits. You can find SPDs and other plan documents in the Benefits section of the HR website. Prices are valid for the 2025 plan year.

Benefits at a Glance (example for new full-time regular staff)

Benefit	Takes Effect	Enrollment
Health, dental and vision	Your hire date	Auto-enrolled in Plus medical plan after 30 days if you take no action
403(b) Retirement Plan	You can contribute right away. Employer match eligibility varies.*	Auto-enrolled after one year
Life insurance	Your hire date	Auto-enrolled in basic life insurance
Long-term disability	First of the month after 30 days of employment*/eligibility	Auto-enrolled in buy-up
Accidental Death & Dismemberment (optional)	Your hire date	Self-enrollment
Short-term disability	Buy-up coverage begins the first of the month following 30 days of employment/eligibility	Auto-enrolled in buy-up coverage after 30 days
Flexible Spending Accounts & Health Savings Account	First of the month following 30 days of employment/eligibility	Self-enrollment
Tuition assistance	3 months from your hire date*	Self-enrollment

*Examples shown are for regular, full-time staff. Some programs' guidelines and eligibility vary for faculty, house staff and post-docs. Refer to your faculty manual for guidance.

Salary and ABBR

Benefits are tied to your Annual Base Benefits Rate, or ABBR. For most employees, your ABBR is equal to your annual salary.

Eligibility

Who is eligible?

Vanderbilt University Medical Center is pleased to offer a comprehensive and flexible benefits package. Use the information below and this chart to determine who is eligible for each type of benefit.

Fully benefits-eligible employees
















If you work at least 30 hours a week and are a regular, full-time staff or faculty member, then you are eligible for most benefits beginning on your hire date.

Partially benefits-eligible employees









Partially benefits-eligible employees and their dependent children are eligible for VUMC health plan coverage. If you are a monthly paid employee not already eligible for benefits, or a weekly or biweekly paid employee who is regularly scheduled to work 20 to 29 hours per week, then you are partially benefits-eligible. TempForce (temporary), adjunct, and flex are also partially benefits-eligible if they meet the previous requirements.



Fully benefits-eligible employees

- | | | | |
|--|---|---|---|
|  Health Plan |  AD&D |  Life insurance |  Discounts |
|  Prescription plan |  Retirement plan |  Pet insurance |  Auto/home insurance |
|  Dental plan |  Short-term disability |  flexPTO |  FSAs |
|  Vision plan |  Long-term disability |  Go for the Gold | |

Partially benefits-eligible employees

- | | | |
|--|--|---|
|  Health Plan |  Pet insurance |  Discounts |
|  Prescription plan |  flexPTO (except Tempforce) |  Auto/home insurance |
|  Retirement plan |  Go for the Gold | |

Health plan

Explore your options

The VUMC Health Plan is designed to give you and your family excellent care and great value, with convenient access to compassionate, high-quality providers.

First, you need to choose a medical plan that fits your needs. Think about your health care needs and those of your family. Consider things like how often you go to the doctor, if you need to see specialists, and any regular medications you take.

Once you have picked your plan, you can then start using the network of providers to get the best value.

VUMC offers three health plan options: Plus Plan, Select Plan and the Health Savers plans. All three are strong, high-quality options and provide the same services and networks of providers.

The Health Savers Plan is the only qualified high deductible health care plan (HDHP) option offered by VUMC. Under the Health Savers Plan, you can open an HSA account that allows you to save, invest and budget for qualified healthcare expenses on a pretax basis.

The differences come in the cost-sharing amounts — meaning the premiums, deductibles, copayments and out-of-pocket maximums.



Preventative Care

All plan options provide 100 percent coverage for preventive care and screenings, with no deductible or copay required, as long as the service meets the guidelines for a preventive care service, is not for screening of a diagnosis, and is done at a Tier 1 or 2 provider.

ID Cards

You will receive one ID card if you enroll in any health plan option. This card doubles as both your Meritain health plan ID card as well as your Navitus ID card for prescription drugs.

Health plan

VUMC Health Plans: What's the difference??

VUMC offers three health plan options:

Plus Plan (optional health care FSA)

Select Plan (optional health care FSA)

Health Savers Plan plan with Health Savings Account (HSA)

All three options include preventative care and screenings, mental health care, home health care and chiropractic care.

Note: Size of illustration indicates differences in cost.

The difference in plans is the costs you pay for the plan and for services.



Cost of Premiums

A premium is what you pay to have health insurance. At VUMC, premiums are based on your annual salary. The more money you make, the higher your premium costs. The amount you pay also depends on the plan you choose and the number of dependents you choose to cover. Your premium is automatically deducted from your paycheck.



Networks

All three health plans have two networks: Tier 1, which includes VUMC and Vanderbilt Health Affiliated Network providers and offers the biggest savings, and Tier 2, which includes Aetna preferred providers and offers moderate savings. All other providers are considered out-of-network and will cost you the most money.



Amount You'll Pay Out of Pocket

In addition to premiums, there are other costs associated with your health care plan. Each plan includes a deductible – the amount you must pay before the insurance plan begins to pay for certain services, such as surgery or tests. You may also be responsible for paying a coinsurance. Coinsurance is the amount you pay for certain services after you've met your deductible and after the health plan has paid its portion of the bill.



Pharmacy

All three health plans include prescription drug coverage administered by Navitus Health Solutions. The main difference is prescription drugs are included in the deductible for Health Savers plan members – meaning you pay the total cost of a prescription until your deductible is met.

Prescriptions

You pay lower costs for generic, generic maintenance, and brand name medications if you're filling a prescription at VUMC versus filling at a non-VUMC pharmacy. While Vanderbilt pharmacies give you the best pricing, we know that sometimes you need to use a non-Vanderbilt pharmacy. You can fill prescriptions at Walgreens at lower rates than other non-Vanderbilt pharmacies.

Tobacco-free credit

You can receive a \$20 per month tobacco-free credit toward premiums if you and your covered dependents commit to a tobacco-free lifestyle.

Flexible spending accounts

If you choose to participate in a health care or dependent day care flexible spending account (FSA) for 2025, you must enroll and provide the amount to deduct. Otherwise, you will not be able to participate in an FSA for 2025.

Go for the Gold

Earn up to \$240 a year by completing all steps of Go for the Gold. The Wellness Credit you earn will be placed into your Aetna Health Plan Account or Health Savings Account, depending on which plan you select. Learn more on the Health and Wellness website.

Health Savings Account

The Health Savers Plan comes with an HSA account. VUMC deposits \$750 for an individual or \$1,500 for spouse and family coverage into the HSA account in equal amounts throughout the year. You can use these funds to meet your deductible.

Using the Tier I: VUMC/VHAN Affiliates

	Plus Plan Health Plan Option	Select Plan Health Plan Option	Health Savers Plan Health Plan Option
Annual deductible	Individual: \$750 Family maximum: \$1,400	Individual: \$700 Family maximum: \$1,400	Employee only: \$1,800 Employee plus: Individual: \$3,300, Family: \$3,500
Coinsurance	20% after deductible	10% after deductible	10% after deductible
Out-of-pocket limit	Individual: \$4,000 Family maximum: \$7,500	Individual: \$3,500 Family maximum: \$7,000	Individual: \$6,500 Family maximum: \$12,500
Preventive visit	\$0	\$0	\$0
Telehealth and eVisits	\$5 copay (only at VUMC providers)	\$5 copay (only at VUMC providers)	10% after deductible
Sick visit, specialist visit, mental health visit	\$25 copay	\$25 copay	10% after deductible
Urgent care visit*	\$50 copay	\$50 copay	10% after deductible
Emergency room visit*	\$125 copay	\$125 copay	10% after deductible
Hospital inpatient, outpatient, diagnostic testing	20% after deductible	10% after deductible	10% after deductible
Skilled nursing, home health, hospice, therapy	20% after deductible	10% after deductible	10% after deductible

The Health Savers Plan comes with an HSA account. If you elect employee-only coverage, VUMC deposits \$750 into the HSA account in equal amounts throughout the year. If you elect spouse or family coverage, VUMC deposits \$1,500 into the HSA account in equal amounts throughout the year. You can use these funds to meet your deductible. Certain out-of-network services require prior authorization or else the out-of-pocket limit does not apply.

*Labs, tests, and imaging subject to deductible and coinsurance.

Using the Tier 2: Aetna Preferred Network

	Plus Plan Health Plan Option	Select Plan Health Plan Option	Health Savers Plan Health Plan Option
Annual deductible	Individual: \$2,650 Family maximum: \$5,300	Individual: \$2,200 Family maximum: \$4,400	Employee only: \$3,000 Employee plus: Individual: \$3,300, Family: \$6,000
Coinsurance	60% after deductible	60% after deductible	60% after deductible
Out-of-pocket limit	Individual: \$6,000 Family maximum: \$10,000	Individual: \$6,000 Family maximum: \$10,000	Individual: \$6,500 Family maximum: \$12,500
Preventive visit	\$0	\$0	\$0
Telehealth and eVisits	\$60 copay	\$60 copay	60% after deductible
Sick visit, specialist visit, mental health visit	\$60 copay	\$60 copay	60% after deductible
Urgent care visit*	\$75 copay	\$75 copay	60% after deductible
Emergency room visit*	\$125 copay	\$125 copay	10% after deductible
Hospital inpatient, outpatient, diagnostic testing	60% after deductible	60% after deductible	60% after deductible
Skilled nursing, home health, hospice, therapy	60% after deductible	60% after deductible	60% after deductible

The Health Savers Plan comes with an HSA account. If you elect employee-only coverage, VUMC deposits \$750 into the HSA account in equal amounts throughout the year. If you elect spouse or family coverage, VUMC deposits \$1,500 into the HSA account in equal amounts throughout the year. You can use these funds to meet your deductible. Certain out-of-network services require prior authorization or else the out-of-pocket limit does not apply.

*Labs, tests, and imaging subject to deductible and coinsurance.

Using Tier 3: Out of Network

	Plus Plan Health Plan Option	Select Plan Health Plan Option	Health Savers Plan Health Plan Option
Annual deductible	Individual: \$5,000 Family maximum: \$10,000	Employee only: \$5,000 Employee plus: Individual: \$5,000, Family: \$10,000	Employee only: \$5,000 Employee plus: Individual: \$5,000, Family: \$10,000
Coinsurance	70% after deductible	70% after deductible	70% after deductible
Out-of-pocket limit	Individual: \$8,500 Family maximum: \$16,500	Individual: \$8,500 Family maximum: \$16,500	Individual: \$11,000 Family maximum: \$21,500
Preventive visit	70% after deductible	70% after deductible	70% after deductible
Telehealth	70% after deductible	70% after deductible	70% after deductible
Sick visit, specialist visit, mental health visit	70% after deductible	70% after deductible	70% after deductible
Urgent care visit*	70% after deductible	70% after deductible	70% after deductible
Emergency room visit*	\$125 copay	\$125 copay	10% after deductible
Hospital inpatient, outpatient, diagnostic testing	70% after deductible	70% after deductible	70% after deductible
Skilled nursing, home health, hospice, therapy	70% after deductible	70% after deductible	70% after deductible

The Health Savers Plan comes with an HSA account. If you elect employee-only coverage, VUMC deposits \$750 into the HSA account in equal amounts throughout the year. If you elect spouse or family coverage, VUMC deposits \$1,500 into the HSA account in equal amounts throughout the year. You can use these funds to meet your deductible. Certain out-of-network services require prior authorization or else the out-of-pocket limit does not apply.

*Labs, tests, and imaging subject to deductible and coinsurance.



Prescription Drug Plan

Prescription drug benefit

Navitus Health Solutions administers the prescription drug benefit for VUMC health plan members. The prescription drug benefit is a multi-level formulary (i.e, list of covered drugs) with a recommended generic program. For members of the Plus and Select plans, the prescription drug benefit includes a copay for Level 1 drugs and coinsurance for Level 2, 3 and specialty drugs. If you select the Health Savers Plan, you will be required to pay the full amount of your prescription drug costs until you meet your deductible.

- ▶ VUMC pharmacies offer the best price for prescriptions. You can also take advantage of the Vanderbilt Mail Order Pharmacy, meaning your medications will be shipped for free. Visit vumc.org/rx-outpatient/employee-home-delivery-service to learn more.
- ▶ There is a calendar year prescription coinsurance and copay limit of \$2,500 for individuals or \$5,000 for families for Plus and Select members. Not all prescription drugs are covered by the VUMC Health Plan. Some prescription drugs require prior authorization from Navitus Health Solutions before the prescription can be filled. If you fill a prescription at an out-of-network pharmacy, you won't receive the prescription benefit. Visit navitus.com for more information.

2025 Pharmacy Plan Design (Select & Plus)				
30-day fills	VUMC Pharmacy	Walgreens Pharmacy	Retail Network Pharmacy	Vanderbilt Mail Order/Pick Up
Maintenance generic drugs	\$1 copay	\$12 copay	\$20 copay	\$3 copay
Level 1	\$5 copay	\$12 copay	\$20 copay	\$15 copay
Level 2	30% coinsurance w/\$75 max	30% coinsurance w/\$100 max	50% coinsurance w/\$125 max	30% coinsurance w/\$150 max
Level 3	50% coinsurance w/\$100 max	50% coinsurance w/\$125 max	70% coinsurance w/\$150 max	50% coinsurance w/\$250 max
Specialty	10% coinsurance w/\$125 max	Not available	Not available	Not available

2025 Pharmacy Plan Design (Health Savers Plan)

In the **Health Savers Plan**, the employee is responsible for the full cost of prescriptions until the deductible is met.

Health Savers Plan Pharmacy Deductible	
Deductible (Employee Only)	Employee Only: \$1,800
Deductible (Employee +)	Individual: \$3,300 Family: \$3,500

Drug Level	VUMC Pharmacy	Walgreens Pharmacy	All other non-preferred pharmacies
Maintenance generic drugs	30% after deductible (max \$5)	N/A	N/A
Tier 1	30% after deductible (max \$5)	35% after deductible (max \$12)	70% after deductible (max \$20)
Tier 2	50% after deductible (max \$75)	55% after deductible (max \$100)	70% after deductible (max \$125)
Tier 3	70% after deductible (max \$100)	75% after deductible (max \$125)	90% after deductible (max \$150)
Specialty	10% after deductible (max \$125)	N/A	N/A

VanderbiltRX

Vanderbilt pharmacies offer convenience with the VanderbiltRx app, which allows you to:

- Have an up-to-date list of your prescriptions in your pocket.
- Refill by simply scanning your prescriptions.
- Never miss a dose. Get reminders when its time to take your meds.
- Get a message when your prescription is ready.

The app works at these Vanderbilt pharmacies:

- The Vanderbilt Clinic
- Medical Center East
- Monroe Carell Jr. Children's Hospital at Vanderbilt
- Vanderbilt Health One Hundred Oaks



How to get started:

The app is accessible via the web and on mobile. Visit www.VanderbiltRx.com to use the tool or for instructions on how to download the app to your mobile device.

One of the pharmacy team members can help you with questions about your medication(s), refills or shipments.

Call the pharmacy at 615.875.4999.



Dental Plans

VUMC offers three dental plans: Cigna Dental Care (DHMO), BlueCross BlueShield Dental (PPO), and Delta Dental (PPO). The dental plan is a benefit paid for by employees and runs on a rolling cycle, based on date of service, instead of a calendar year.

Services	Cigna Dental Care (DHMO)	BlueCross BlueShield Dental (PPO)	Delta Dental
Preventive Care	No cost (or low cost) preventive care such as cleanings and exams.	100% Diagnostic & Preventive – cleanings, x-rays, exams.	100% Diagnostic & Preventive – cleanings, x-rays, exams.
Copays, Deductibles, Annual Maximum Costs	There is a copay (set fee) for dental services. No deductibles or no calendar year or lifetime maximum costs.	There is no copay; there is coinsurance and a \$50 deductible individual/ \$150 family. The deductible does not apply to basic cleaning and X-rays. Annual benefit maximum is \$1,500 and apply to basic and major services.	There is no copay; there is coinsurance and a \$50 deductible individual/\$150 family. The deductible does not apply to basic cleaning and X-rays. Annual benefit maximum is \$1,500.
Network	Smaller network of dentists and must choose a primary dentist. Does not provide out-of-network coverage.	Larger network of dentists. Offers out-of-network coverage.	Offers the largest provider network in the nation through the Delta Dental PPO and Premier networks. Offers out-of-network coverage.
Referrals	Referrals are needed for specialists.	No referrals needed.	No referrals needed.
Visit Limits	Some procedures have frequency limits (e.g., one cleaning every 6-months).	Some procedures have frequency limits (e.g., one cleaning every 6-months).	Some procedures have frequency limits (e.g., one cleaning every 6-months).
Emergency Care	Emergency care to relieve pain only.	80% coverage for basic services (e.g., emergency care, fillings, non-surgical removal of teeth).	80% coverage
Orthodontic Coverage	Orthodontic coverage for children and adults and includes no waiting period.	Orthodontic coverage is for children only. 50% Orthodontics for dependents 18 and under. Lifetime orthodontia maximum of \$1,000.	Orthodontic coverage is for children only. 50% Orthodontic Services through age 18 and under. Includes a 12-month waiting period for orthodontia. Lifetime orthodontia maximum of \$1,000.
Anesthesia Services	General anesthesia/IV sedation when medically necessary.	80% Anesthesia Services when medically necessary.	50% anesthesia services when medically necessary.
Advanced Procedures (e.g., Crowns, Bridges, Surgical Implants)	XX% coverage.	50% coverage.	50% coverage.
Special Services	Option to consult with a licensed dentist through a video call if unable to reach a regular provider. Cigna Dental Oral Health Integration program for members with certain medical conditions. The program is free. If you qualify, you will be reimbursed.	The Blue365 discount program saves you up to 50% on products and services (e.g., yoga, hearing care and cosmetic dentistry). With Fitness Your Way, pay a \$19 enrollment fee and \$19-\$99 a month to use participating fitness centers. See available discounts at bcbst.com/memberdiscounts , or via the BCBSTNSM app.	Special needs health care benefit allows up to four cleanings per year. Special health care needs include any physical, developmental, mental, sensory, behavioral, cognitive, or emotional impairment or limiting condition that necessitates medical management, health care intervention, and/or the use of specialized services or programs.
Vanderbilt Providers	The Vanderbilt Dental Center does not participate in the Cigna DHMO network. Vanderbilt Oral Surgery and Vanderbilt Orthodontics provide services to Cigna DHMO patients.	Vanderbilt Dental Center, Vanderbilt Oral Surgery, and Vanderbilt Orthodontics provide services to BlueCross BlueShield patients.	Vanderbilt Dental Center, Vanderbilt Oral Surgery, and Vanderbilt Orthodontics provide services to Delta Dental patients.

Vision & Dental Premiums

Vision Premiums

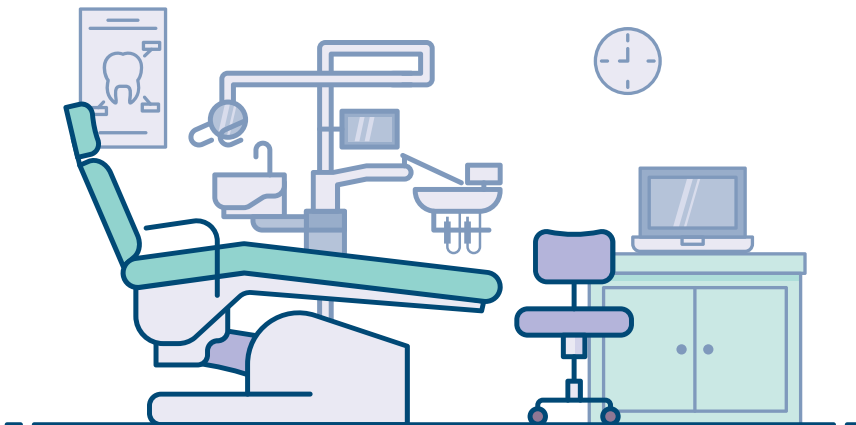
Vision plan services run on a rolling cycle, based on date of service instead of a calendar year. MetLife offers a wide network of providers, including Vanderbilt Eye Institute, Target, Wal-Mart and Lens Crafters. Your coverage includes eye examinations, prescription eyewear and contact lenses through a provider network that includes both ophthalmologists and optometrists.

Superior Vision Premiums			
Individual	Individual + Spouse	Individual + Children	Family
\$6.53	\$10.93	\$11.46	\$18.64

Dental Premiums

The dental plan is a benefit paid for by employees and runs on a rolling cycle, based on date of service, instead of a calendar year.

Dental plan: monthly payroll premiums				
Dental Plan Option	Employee	Employee + Spouse	Employee + Children	Family
Cigna DHMO	\$19.26	\$32.74	\$39.86	\$49.49
BCBS PPO	\$31.15	\$61.86	\$74.67	\$104.89
Delta Dental PPO	\$28.74	\$57.13	\$72.00	\$107.89



Flexible spending accounts

Flexible spending accounts (FSA) let you pay for many of your out-of-pocket medical or day care expenses with tax-free dollars. You decide how much of your pretax wages you want taken out of your paycheck and put into an FSA. You don't have to pay taxes on this money. If you are enrolled in the Health Savers plan, you are not eligible to enroll in an FSA. This is because the Health Savers Plan comes with a health savings account (HSA), which you can use to pay for the same medical expenses. The chart below shows the differences between an HSA and FSA.












Note that your flexible spending account selection will not carry over to 2025. If you want to participate in an FSA for 2025, you will need to enroll on My VUMC Benefits.

Healthcare FSA

- ▶ This FSA reimburses you for eligible health care expenses, such as copays, coinsurance, dental, prescriptions, and eyeglasses.
- ▶ The minimum you can contribute is \$104 per year; the maximum you can contribute in 2025 is \$3,300. If both you and your spouse work, you can both contribute \$3,300.

Dependent Day Care FSA

- ▶ This FSA allows you to set aside money to pay for day care expenses for children up to age 12 or elder care. The day care must be used as a means to allow you and/or your spouse to be employed.
- ▶ The minimum you can contribute is \$104 per year; the maximum you can contribute is \$5,000 per year. If both you and your spouse work, you need to coordinate with your spouse so that your total household contribution does not exceed \$5,000.

HSA Health Savings Account	vs	FSA Flexible Spending Account
Accumulates year over year 		Use it or lose it 
 Must be enrolled in a High Deductible Health Plan		Employer offers an FSA 
Funds available as they are deposited 		Funds available at the beginning of the year for health FSA or as deposited for dependent care FSA
 Make changes to contributions throughout the year		Can only make contribution changes at Open Enrollment or for a qualifying life event 
2024 HSA Limits Individual: \$4,150 Family: \$8,300		Max contribution for employee: Health FSA: \$3,300 Dependent care FSA: \$5,000
\$1,000 catch up for age 55 or older 		No catch up 
 Investment opportunities		Cannot invest 

Note about Flexible Spending Accounts

You have until March 15, 2026 to incur an expense and April 15, 2026 to file a claim on your 2025 FSA. At the end of the grace period, though, you will lose any money left over in your FSA. So, it's important to plan carefully and not put more money in your FSA than you think you'll spend within a year.

Life Insurance

VUMC provides Basic Life Insurance in an amount equal to your Annual Base Benefits Rate (typically your annual salary) up to \$500,000. Life Insurance is administered by MetLife. Your life insurance begins on your hire date.

You can change your supplemental life election at any time, but adding coverage after your initial enrollment period will require a MetLife Statement of Health Form, underwriting review, and you may be denied coverage.

You can add supplemental life coverage of up to 8 times your annual base benefits rate — up to a maximum of \$1,000,000. If you elect supplemental life coverage within your new employee enrollment period, there is no medical review required for coverage that does not exceed \$500,000 or 3 times your annual salary. If you are past your new employee enrollment period and want to increase your coverage by an additional salary multiple, or are a new employee and are requesting over \$500,000 or 3 times your annual salary, you must complete a MetLife Statement of Health Form and be approved by the insurance company to add supplemental life coverage.

Age Reduction Table

Eligible Employee Age	% of Salary
65-69	67%
70-74	45%
75-79	30%
80+	20%

Dependent Coverage

You can elect coverage for your spouse in \$10,000 increments up to the lesser of \$250,000 or 50 percent of your own supplemental coverage. If the amount of coverage elected is more than \$20,000, your spouse must complete a MetLife Statement of Health form. Your spouse can be covered up to age 85.

You can elect coverage for your child (up to age 26) in \$5,000 increments up to a maximum of \$15,000.

You pay the full amount of the premium for dependent coverage.

Will Preparation

If you enroll in supplemental life insurance, you can take advantage of MetLife's will preparation service, which also includes living will and power of attorney preparation services. All benefits-eligible employees have access to MetLife's online will preparation service, [WillsCenter.com](https://www.willscenter.com).



How to Enroll

You will be automatically enrolled in basic life insurance plan. You can enroll in supplemental life insurance by electing the level of coverage you want in Workday within 30 days of your hire date.

403(b) Retirement Plan

The Vanderbilt University Medical Center 403(b) Retirement Plan is a mandatory long-term investment program for eligible faculty and staff to prepare for retirement. Fidelity Investments is the administrative services provider.

Eligibility

• Full-Time Staff and House Staff:

The retirement plan is optional when you are new, but becomes mandatory at your one-year anniversary. You are automatically enrolled at the mandatory level, but can participate at the voluntary level during your first year. (If you are covered by a collective bargaining unit, other plan terms may apply.)

• **Part-Time Staff:** The retirement plan will also become mandatory once you have completed one year of service and 1,000 hours within a twelve month period. You can participate at the voluntary level prior to being automatically enrolled at the mandatory level.

• **Faculty*:** Your enrollment generally begins on the first of the month following your appointment date.

How to Enroll

To manage your retirement account, visit Fidelity NetBenefits at netbenefits.com/VUMC to register your account, enroll in the plan, designate your beneficiaries and select your investments.

The website offers online tools to help you with your retirement planning and decision making.

If you don't enroll before your eligibility begins, you will be automatically enrolled in Fidelity's Vanguard Target Date Fund.

Contribution Levels

- **Mandatory:** 3 percent (6.47 percent for VMG faculty) of your annual salary. VUMC matches 3 percent dollar-for-dollar.
- **Voluntary:** any contribution above the mandatory level. VUMC matches 2 percent of your voluntary contributions dollar-for-dollar as long as you contribute at least 2 percent.

Mandatory contributions will be in addition to any voluntary contributions you elect. Voluntary contributions cannot exceed IRS limits. Each year the IRS determines the annual maximum you can save toward retirement.

Returning Employees

If you are a returning employee in an eligible position, and were eligible for the retirement match during your previous VUMC employment, you are required to participate and will be eligible to receive matching contributions generally on the first of the month immediately following your re-employment date.



Get guidance to help plan for your future by meeting one-on-one or over the phone with a Fidelity Dedicated Retirement Planner.

Visit www.netbenefits.com/VUMC or call 800.642.7131 to schedule an appointment. Dedicated retirement planners can help you learn about investment funds, discuss how much money you may need at retirement, review your current investments, learn how to initiate a rollover, or discuss investment strategies.

* For faculty, VMG and executive administration members: Those whose compensation exceeds \$130,000 by Dec. 31 of their first year working at VUMC meet the highly compensated employee threshold established under IRS guideline 414(q)(1)(B). If you meet this threshold, VUMC's matching contributions will stop until you have completed one year of service.

You will be eligible for matching contributions again on the first of the month following the one-year anniversary of your appointment/hire date. This is a requirement of the plan to meet non-discrimination regulations. See the Faculty Manual for more details.

Disability

Short-Term Disability Base

VUMC pays the entire premium for short-term disability base coverage, which will pay 66.7% of the first \$24,000 of your annual salary. This translates to a maximum of \$308 per week in benefit coverage up to 24 weeks.

Short-Term Disability Buy-up

You are automatically enrolled in the short-term disability buy-up benefit on the first of the month after 30 days of employment.

The short-term disability buy-up plan covers the amount between \$24,000 and your annual base pay. You will cover the cost of the premiums for this benefit, and premiums are based on your salary. The coverage pays 55.7% of your covered base salary, which translates to a maximum benefit of \$2,500 per week.

If you want to waive the buy-up coverage, you must do so in Workday. NOTE: If you waive coverage and decide to enroll in the buy-up plan during Open Enrollment, you will need to go through the evidence of insurability process.



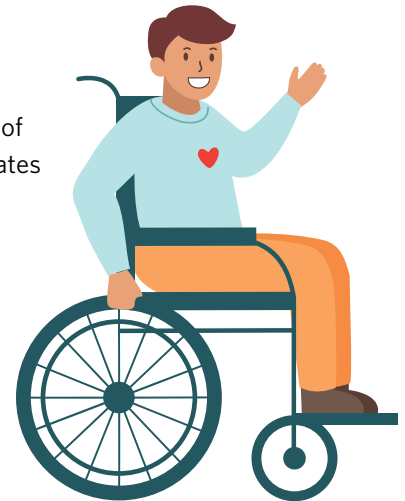
Long-Term Disability Base

VUMC pays the entire premium for long-term disability base coverage, which will pay 60% of the first \$24,000 of your annual salary if you become disabled and cannot work. This translates to a maximum of \$1,200 per month in benefit coverage up to six months. Should you need additional coverage, you will need to enroll in the long-term disability buy-up plan.

Long-Term Disability Buy-up

The long-term disability buy-up benefit covers the amount between \$24,000 and your annual base pay and includes a 10% monthly contribution to your retirement account if you are unable to participate in the Vanderbilt University Medical Center Retirement Plan. You will cover the cost of the premiums for this benefit. Premiums are based on your salary.

The buy up option replaces 60% of your salary if you become disabled and cannot work for more than six months.



* Eligibility applies to benefits-eligible staff. It does not apply to faculty and post-doctoral fellows. Faculty and post-docs should refer to their manuals and programs for guidance on disability and leave time. Those with house staff benefits are eligible for short-term disability.

AD&D/Benefits While on Leave

AD&D

Accidental Death & Dismemberment (AD&D) is a plan that pays a benefit if you lose your life, limbs, eyes, speech or hearing due to an accident. You can enroll for individual or family coverage. Family coverage includes your spouse and any dependent children up to the age of 19 (or up to age 23 if attending school full time).

- ▶ Full-time regular employees may purchase AD&D coverage in increments of \$10,000 (up to 10x your annual salary or \$500,000, whichever is less).
- ▶ If you choose family coverage, your spouse and children are covered at a percentage of the amount of coverage that you elect.

MetLife Travel Assistance

If you purchase \$10,000 or more of Accidental Death & Dismemberment insurance, you are eligible for MetLife's Travel Assistance. The payroll premium for \$10,000 of AD&D coverage is \$.14 (14 cents) per month.



Benefits while on leave

In some instances and depending on the nature of your role, you may be placed on an unpaid leave of absence for a limited period of time.

While on leave, your benefit premiums will go into arrears. Your benefits will remain active while on leave. When you return from leave, you will pay back premiums each pay check until the arrears are paid off.

If you do not return to work and you have a balance for owed premiums, your benefits may be terminated back to the month they were last paid.

If your employment ends, you will be able to continue your coverage through COBRA, but will be charged the full premium (employee plus employer portions), plus a two percent administrative fee.

How do I enroll?



To start your enrollment, you will log into Workday with your VUMC email and password and follow the prompts in your Inbox. You should have been assigned a learning course that will give you step-by-step instructions on how to enroll.

There are also prompts within the Workday portal to guide you through enrolling in or waiving benefits.

Workday is where you will enroll in your benefits.



NOTE

If you choose the Health Savers Plan, you will need to complete a couple of steps to open your HSA account with Fidelity.

First, you will need to elect the Health Savers Plan using the Open Enrollment system.

Second, you will need to open your Fidelity account. Visit <https://communications.fidelity.com/wi/fidelity-hsa/> to

open and learn more about your Fidelity HSA. Once you arrive at the Fidelity HSA website select get started and choose my employer offers a Fidelity HSA in order to open your account. Your Visa HSA Debit Card will arrive once this is completed.

No funds can be added unless you open an account with Fidelity.

Meritain Health

The Meritain website gives VUMC health plan members 24/7 access to a number of tools and resources to help you manage your health benefits.

Find Care

The provider directory provides a comprehensive list of in-network providers, allowing members to easily find and choose health care providers covered under the VUMC health plan. You can search for Tier 1 providers by clicking on Find Care on the Meritain website and then clicking on VUMC/VHAN Affiliates. You can search by location or specialty. Tier 1 providers are designated by a “Maximum Savings” label, and Tier 2 providers will have a “Standard Savings” label.

Dependent Coverage Information

Meritain requires employees over the age of 65 and employees with dependents over age 18 and spouses to confirm if they do or do not have additional coverage. To complete the requirement, click on Benefits and Coverage in the main navigation, then click on Coordination of Benefits and answer the questions for yourself and/or each of your applicable dependents. If your dependents live outside the state of Tennessee, make sure their address is correct in Workday.

Additional Tools and Resources

- ▶ Verify eligibility and benefits coverage
- ▶ Find the status of claims
- ▶ Access your ID card (view, print or request new cards)
- ▶ Submit a claim for reimbursement directly to you
- ▶ View your Explanation of Benefits (EOB) documents
- ▶ Review your benefit plan documents in their entirety
- ▶ View deductibles and out-of-pocket limits
- ▶ Request Letter of Coverage (LOC)

Register an account on Meritain.com

Visit www.meritain.com. In the top right corner, click **Register**.

Select Member under “I am a” and enter your group ID. You can find your group ID on the front of your member ID card. (You will soon receive your member ID card in the mail.)

You will need to fill in your:

- 1. Group ID** (located on your member ID card).
- 2. Member ID** (located on your member ID card).
- 3. Date of birth**
- 4. Name**
- 5. Zip code**
- 6. Email address**

Helpful contact information

Health insurance

[Meritain.com](https://www.meritain.com)

Phone: 800.925.2272

[navitus.com](https://www.navitus.com) (prescription benefit)

Phone: 866.333.2757

Dental insurance

[cigna.com](https://www.cigna.com)

Phone: 800.244.6224

[bcbst.com/members/vumc](https://www.bcbst.com/members/vumc)

Phone: 800.565.9140

[deltadentaltn.com](https://www.deltadentaltn.com)

Phone: 800.223.3104

Vision insurance

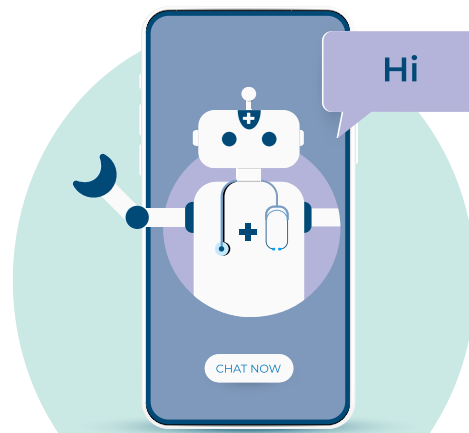
[MyBenefits.metlife.com](https://www.MyBenefits.metlife.com)

Phone: 855.638.3931

FSAs

help@mybenefitexpress.com

Phone: 877.837.5017



Life Insurance and AD&D

[metlife.com](https://www.metlife.com)

Phone: 800.638.6420

Short Term Disability

www.unum.com

Phone: 800.836.6900

Fidelity

[fidelity.com](https://www.fidelity.com)

Phone: 800.343.0860

Life events

Qualifying Life Events



Loss or gain of coverage by your spouse's employer-sponsored coverage



Marriage



Birth or adoption of child(ren)



Divorce



Death of an immediate family member

Depending on your type of life change, you may also need to update your record to change your name, address or tax withholding. You must declare a life event within 30 days of the date of the event. See details below about updating your record.

To change your benefits:

1. Log in to Workday.
2. Click on **Benefits Resources** in the main menu.
3. Select **Change Benefits**.
4. Use the **Change Reason** drop-down menu to select a Change Reason for the benefit change and click Submit.
5. This now initiates an action item for you to make coverage changes.
6. From the homepage, select **Tasks**.
7. Select the **Change Benefit Election** action item and select **Let's Get Started**.
8. Answer the Health Questionnaire for Tobacco Use and select Continue. Select Continue again to proceed with benefit selection.
9. Select **Manage** to update your benefit elections.
10. Click **Submit** to save your elections

For step-by-step instructions, visit https://www.vumc.org/myworkday/sites/default/files/public_files/Training/HCM/Processing_a_Life_Event_QRG_FINAL.pdf



Beneficiaries

Naming a beneficiary is a crucial step for ensuring that your loved ones don't suffer undue stress when you've no longer around. It's a small effort that can make a big difference in their lives, and it only takes a few minutes of your time.

You can add beneficiaries to your life insurance, AD&D and retirement accounts. Beneficiaries do not need to be family members and they receive financial benefits in the event of your death.

Quick Care Options



Injury and illness don't always happen during regular physician office hours, but your VUMC health plan offers many other options both during the work day and after hours for you and family members that might be more convenient and cost a fraction of an emergency room visit.



Telehealth

Telehealth appointments are available seven days a week, and can treat a wide range of non-emergent medical conditions, such as allergies, sinus infection, rashes and bug bites. You can schedule a Telehealth visit through the My Health at Vanderbilt mobile app or web portal. Aetna Plus and Aetna Select plan members pay a reduced \$5 copay for VUMC telehealth visits.



Walk-in or after-hours urgent care clinic

You can visit an in-network walk-in or after-hours urgent care clinic for as little as a \$25 office visit copay. Nearly 50 clinics are part of the Vanderbilt Health Affiliated Network.

Visit www.vhan.com/quickcare or text your zip code to **615.908.2273** to find the nearest clinic.



Vanderbilt Health OnCall

If you are 18 years or older and live or work in Davidson County (including Nashville) or the cities of Brentwood, Franklin, Hendersonville or Nolensville, Vanderbilt Health OnCall brings a Vanderbilt nurse practitioner to your home, office or by telehealth. The service accepts major health plans, including Aetna. Vanderbilt Health OnCall is available for non-emergent medical conditions.



Faculty/Staff Express Care

You can also visit the **Faculty/Staff Express Care clinic** in Suite 112 of the Medical Arts Building. The clinic is open weekdays and treats minor illnesses. If Faculty/Staff Express Care is closed, you can go to the Occupational Health Clinic as a walk-in patient.

MyHealthBundles

The MyHealth Bundles program “bundles” all the services you need to manage common and complex health conditions and provides personalized services through a patient navigator. The program’s low to no out-of-pocket costs ease many of the worries often associated with health care.

Members of VUMC’s health plans and their dependents are eligible to participate in the MyHealth Bundles program. Annual deductible minimums required through the Health Savers plan will still apply.

Current bundles include:

MyMaternityHealth

For pre- and post-natal care

MyHearingHealth

For cochlear implant surgery

MySpineHealth

For select spinal surgeries

MyOrthoHealth

For hip and knee replacement

MyOrthoHealth

For osteoarthritis of the hip and knee

MyOrthoHealth

For orthopedic care for shoulder pain

MyWeightLossHealth

For surgical weight loss

MyUrologyHealth

For kidney stone treatment

MyRecoveryHealth

For substance use disorder support

MyHeartHealth

For Cardiac Arrhythmia treatment

MyOncologyHealth

Personalized support for individuals diagnosed with cancer

For Health Savers Plan Members

VUMC’s Health Savers plan members and their dependents are eligible to participate in the MyHealth Bundles program. Annual deductible minimums required through the Health Savers plan will still apply. For details about how your Health Savers benefits work with the MyHealth Bundles program, schedule a time to speak with a Bundles Navigator at VUMC.myvanderbilthealthbenefits.com or by calling 615.936.BNDL (2635).



Visit vumc.myvanderbilthealthbenefits.com for more information and to connect to a patient navigator.

Go for the Gold Program

This health promotion program helps faculty, staff and their families lead healthier and more productive lives by identifying health risks and taking action to reduce those risks. If you participate in Go for the Gold, and are enrolled in the VUMC Health Plan, you can earn a wellness credit of up to \$240 per year.

Health Plan Account

If you are enrolled in the Plus or Select plans, VUMC deposits your Go for the Gold wellness credit into a Health Plan Account managed by Meritain. The annual amount you earn depends on your level of participation (bronze: \$120, silver: \$180, gold: \$240).

The Health Plan Account helps you pay your deductibles and coinsurance. The credit can be applied to other covered members on your health plan, including your spouse and dependents.

Meritain will automatically draw from this account when they receive a bill from a doctor's office or facility. (The Health Plan Account does not apply toward copays.) If the credit is not used, the money will roll over each year. Visit meritain.com to check your balance.

If you are enrolled in the Health Savers plan, VUMC deposits your Go for the Gold wellness credit into your Health Savings Account (HSA). The annual amount you earn depends on your level of participation (bronze: \$120, silver: \$180, gold: \$240).

This amount is in addition to the \$750 for individual and \$1,500 for family VUMC contributes to your HSA. Note: Your Go for the Gold wellness credit is included in the total HSA contribution limits set by the IRS.

Wellness Credit Eligibility

The Go for the Gold Wellness Credit is available only to employees who elect and pay for the VUMC Health Plan, as health insurance premiums fund the program. If your spouse also works at VUMC, waives Health Plan coverage, and is covered as your spouse on the VUMC Health Plan, they are not eligible to receive the Wellness Credit.

[Visit the Health and Wellness website to learn more.](#)

Go for the Gold Platinum Benefit

The platinum benefit is in addition to the \$240 Wellness Credit. It provides partial reimbursement of membership fees to Medical Center employees who join the Vanderbilt Recreation and Wellness Center.



Education Assistance

Staff

Staff may be reimbursed for 70 percent of tuition cost for one course of up to three credit hours (undergraduate or graduate-level) per semester taken at any accredited college or university in the United States (not to exceed 70 percent of Vanderbilt tuition for a similar course). Department manager approval is required. You must receive a grade of 'C' or better. Eligibility starts with the semester beginning three months after your hire date. See the Education Assistance Programs policy on the PolicyTech website for details.

Student Loan Repayment Program

Vanderbilt University Medical Center (VUMC) offers a student loan repayment program for direct care nurses and respiratory therapists. VUMC will contribute \$500 monthly towards undergraduate student loans for those in good standing. Eligible employees can participate in this program for four years with a maximum amount up to \$24,000. Eligible employees can participate in the program after 3 months of full-time employment with VUMC clinics and hospitals or VHCS.

Public Service Loan Forgiveness

The PSLF program forgives the remaining balance on direct loans after borrowers have made 120 qualifying payments under a qualifying repayment plan while working full-time for a U.S. federal, state, local or tribal government or a not-for-profit (501(c)3) organization. Vanderbilt University Medical Center is an eligible employer, allowing employees to qualify for PSLF. To populate and download the form, visit www.experianverify.com. Navigate to the tab that says "I Am an Employee" and follow the instructions to complete registration.

College Coach

Benefits-eligible employees can access a College Coach from a team of college admissions and finance expert at our tuition processing vendor, EdAssist. They can help you plan for college costs and maximize your child's academic success. You can talk one-on-one and get expert advice on a range of topics, from how to search for scholarships to how to write a college admissions essay.

How to Access your Benefits

For more information, visit the Education Benefit page in the Benefits section of the HR website.



flexPTO

VUMC's flexPTO program provides eligible staff* with a flexible bank of time off that can be used for vacations, holidays and brief illnesses.

Flexible paid time off programs are valued in many organizations because they meet the needs of today's diverse workforce, offering staff choice and flexibility at every life phase. **The VUMC flexPTO program is a use-it-or-lose it program, meaning unused hours do not roll over to the next fiscal year and are not paid out if you leave VUMC.**

The amount of time off is based on your years of service and Fair Labor Standards Act job status (exempt or non-exempt). VUMC staff receive an allotment of time at the beginning of each fiscal year to use over the next 12 months. Each fiscal year runs from July 1 to the following June 30. Staff in their first year of service should refer to the charts below for flexPTO allotments.

flexPTO Donate

Employees can donate up to 40 hours of flexPTO to a colleague who is experiencing a hardship due to a qualifying serious personal or family medical situation through the flexPTO Share program.

Visit the HR website Benefits section to learn more.

See the flexPTO program guide for the Medical Center for complete program details and to see how much time you will receive in future years.

VUMC also provides a two-week paid parental leave for eligible birth parents, spouses to birth parents, and adoptive parents. This paid leave can also be used during the waiting period for short-term disability, if you elect to enroll in this coverage.

* Employees in positions covered by the collective bargaining agreement shall refer to the flexPTO chart in the agreement for accrual time.

Fully benefits-eligible staff can receive two weeks of paid parental leave following the birth or adoption of a child. This paid leave can be used during the two-week (14 calendar day) waiting period for short-term disability.

Full-Time Allotment Amount Pro-Rated Based on Hire Month (In Hours)			
NON-EXEMPT		EXEMPT	
Hire Month	Allotment	Hire Month	Allotment
July	200	July	240
August	183	August	220
Sept	167	Sept	200
October	150	October	180
Nov	133	Nov	160
December	117	December	140
January	100	January	120
February	83	February	100
March	67	March	80
April	50	April	60
May	33	May	40
June	17	June	20

VUMC also offers options for leave, including:

- FMLA
- Non-FMLA
- Parental leave
- Bereavement
- Jury duty
- Military leave

Glossary of Terms

To make the best health care choices, it can be helpful to know the lingo. Below are some common benefits terms and their definitions.

Bundles

VUMC employees and their dependents in the VUMC health plans are eligible to participate in the MyHealthBundles program, which bundles all the services you need to manage both common and complex health conditions, with little to no out-of-pocket costs.

Copay

A copay is what you will pay for an office visit. Aetna Plus and Aetna Select members pay a \$25 copay for office visits and a \$5 copay for telehealth visits with VUMC providers.

Deductible

A deductible is the amount you pay before the health plan starts to cover more of the costs.

E.O.B.

The Explanation of Benefits details how much of a doctor or hospital visit was covered by your VUMC health care insurance and how much you are required to pay.

F.S.A

A flexible spending account allows you to increase your take-home pay by decreasing your taxable income using tax-free dollars to pay for eligible out-of-pocket medical, dental and vision expenses and/or dependent day care expenses.

Health Plan

A health plan provides comprehensive health care services to its members. VUMC offers three health plan options: Aetna Plus, Aetna Select and Health Savers. The Health Savers plan is a high-deductible plan and includes a Health Savings Account (HSA).

Network

A network is a group of physicians, hospitals, and other health care providers that have agreed to provide medical services at pre-negotiated rates. VUMC's health plan options have three networks: VUMC/VHAN Affiliates, which offers maximum savings; Aetna Preferred Providers, which offers modest savings; and Out-of-Network, which has the highest deductibles and out-of-pocket maximums.

Out-of-Pocket Maximum

The out-of-pocket maximum is the most you will have to pay for covered health care services within a benefits plan year.

Premium

A premium is what you pay each month to be in the health plan. Premiums are deducted from your paycheck. At VUMC, health care premiums are based on salary bands and increase as your salary increases.

P.P.O

A PPO is a medical plan with coverage provided to participants through a network of selected health care providers, such as hospitals and physicians.