

2022 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 elect the benefits that fit you and your family.



Overview

VUMC pays the full cost for:

- Basic life insurance
- Time off (flexPTO)
- Tuition reimbursement and adoption assistance (maximums applied)

VUMC shares the cost of these benefits with you:

- Health plan
- Enhanced short-term disability
- Long-term disability

403(b) retirement plan You also may choose to enroll in the following voluntary benefits. You will pay the full cost of:

- Accidental death & dismemberment
- Dental and/or vision
- Flexible spending accounts
- Supplemental life insurance
- Traditional short-term disability
- Auto, home and pet insurance

Eligibility

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 (refer to the table below).

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

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. SPDs are available at hr.vumc.org/benefits/sbc-eoc. Offerings and plans are subject to change. Prices are valid for the 2022 plan year.

Important: You will be automatically enrolled in the Aetna Plus employee-only health plan option and charged, unless you make changes or opt-out within 30 days of your hire date.

Quick reference: Benefits effective dates (example for new full-time regular staff)

Benefit	Takes Effect
Health, dental and vision	Your hire date
403(b) Retirement Plan	You can contribute right away. Employer match eligibility varies.*
Life insurance	Your hire date
Long-term disability	First of the month after 1 year of employment*/eligibility
Accidental Death & Dismemberment (optional)	Your hire date
Short-term disability	Traditional coverage begins the first of the month following 30 days of employment/eligibility; Enhanced coverage begins automatically after 1 year*
Flexible Spending Accounts	First of the month following 30 days of employment/eligibility
Tuition assistance	3 months from your hire date*

*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.

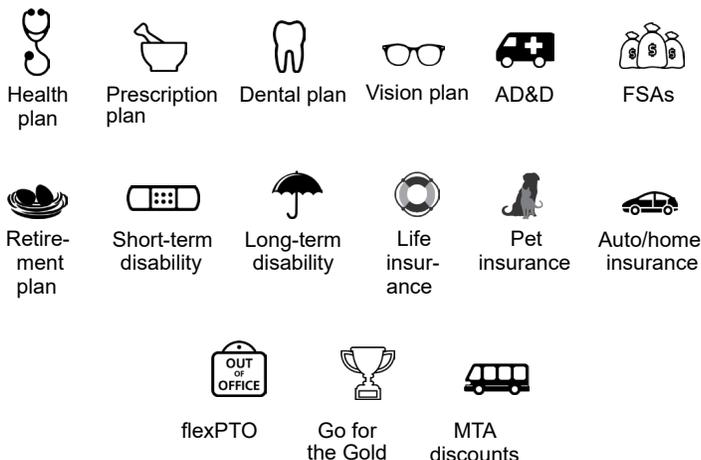
Family Member Eligibility

Use the information and chart below to determine who is eligible for each type of benefit.

For 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. (Refer to the icons to the right.)

Fully Benefits-Eligible Employees



For 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 regularly scheduled to work 20 to 29 hours per week, then you are partially benefits-eligible. TempForce (temporary), adjunct, flex or PRN employees are also partially benefits-eligible if they work 20 to 29 hours per week.

Partially Benefits-Eligible Employees



Child Eligibility Details

Fully and partially benefits-eligible employees may cover natural, step-, or adopted children up to age 26, and other qualified dependents, such as disabled children over age 26, with required documentation.

Any child placed in your home for legal adoption or guardianship (pursuant to a court order) is eligible until age 26.

Unmarried children with mental or physical handicaps who are already enrolled and dependent on you for support are eligible, regardless of age, provided you contact the Employee Service Center at least one month before your child's 26th birthday for the necessary paperwork to provide proof of disability. Thereafter, you will be contacted by Human Resources annually to verify eligibility.

Random Audits

VUMC reserves the right to audit eligibility and may require copies of any legal papers issued to establish a person as your spouse or child. Only copies of actual court documents issued by the respective courts will be considered as acceptable documentation for dependents.

Attempting to insure someone who is not eligible may result in disciplinary action, up to and including termination of employment.

If you and your spouse both work for VUMC, you can each enroll as an employee or one of you can enroll as a dependent of the other. Dependent children of VUMC couples can only be enrolled under one parent's coverage.

VUMC Health Plan

Health Plan Options

VUMC offers three health plan options:

- Aetna Plus
- Aetna Select
- Health Savers with Health Savings Account (HSA)

All three are strong, high-quality options and provide similar services and networks. The differences come in the cost-sharing amounts — meaning the premiums, deductibles, copayments and out-of-pocket maximums.

VUMC pays a significant part of the health expenses you and your family members may incur. You will be automatically enrolled in the Aetna Plus employee-only option and charged if you are fully benefits eligible, unless you make changes or opt-out within 30 days of your hire date.

Preventive 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.

Please refer to the Evidence of Coverage for the health plan option of your choice for more information regarding preventive care benefits. Information can be found on the Human Resources website, hr.vumc.org, under Benefits.

ID Cards

You will receive two ID cards if you enroll in any health plan option, one from Aetna for medical and one from Navitus for prescription drugs. If you need a duplicate card, contact the appropriate vendor to make the request.

Health Plan Networks

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:

Tier 1: VUMC/VHAN Affiliates

As our preferred network, you will usually receive maximum savings using a Tier 1 provider. We have made several improvements in our Tier 1 offerings to ensure VUMC employees have comprehensive and readily accessible care in all specialties, including behavioral health. In addition, we have greatly expanded the convenient locations and care coordination capabilities of the VUMC and VHAN network, including a large number of walk-in and after-hours clinics. You can easily find a Tier 1 provider on the

Aetna DocFind website at aetna.com.

Tier 2: Aetna Preferred Providers

Tier 2 is the Aetna preferred network, which is largely intended for individuals seeking non-emergency care when they happen to be in locations outside VUMC and VHAN service areas (typically, vacation travel). It is important to note that employees as well as covered dependents living outside of the State of Tennessee can use the Tier 2 network for their care at Tier 1 coverage rates. In the rare situations where a particular health care service or clinical trial is not available at VUMC or at a VHAN affiliate, Vanderbilt Medical Group providers may refer members to a provider outside of Tennessee which will then be covered at the Tier 1 level.

Tier 3: Out-of-Network

Most other local facilities and providers that are not VHAN-affiliates, such as HCA and St. Thomas Health, will be Tier 3, with the exception of OB/GYN services at St. Thomas Midtown and Rutherford which will remain a Tier 1 offering in 2022. Tier 3 providers and facilities are considered "out-of-network" and will continue to have the highest deductibles and out-of-pocket maximums.

Provider Directories

The Aetna directory is available to search for Tier 1 and 2 doctors and hospitals: www.aetna.com

Please remember that you choose a health plan option when you enroll, not a network.

Go for the Gold

The Wellness Credit you earn for participating in Go for the Gold will be placed in your VUMC Health Plan Account managed by Aetna if you are enrolled in the Aetna Plus or Aetna Select plans. If you are enrolled in the Health Savers plan, the Wellness Credit will be deposited into your Health Savings Account (HSA). The annual amount you earn depends on your level of participation (bronze: \$120, silver: \$180, gold: \$240).

Evidence of Coverage Booklets

For full details of each health plan option, see each option's Evidence of Coverage booklet at hr.vumc.org/benefits/sbc-eoc.

Summary of Benefits and Coverage

VUMC provides a Summary of Benefits and Coverage for each health plan option. Required by law, the SBCs provide an easy-to-understand summary about each health plan's benefits and coverage. You can find them at hr.vumc.org/benefits/sbc-eoc or you can request a printed copy by calling the Employee Service Center at 615.343.7000

Using Tier 1: VUMC/VHAN Affiliates

As our preferred network, you will usually receive maximum benefit using a Tier 1 provider. We have made several improvements in our Tier 1 offerings to ensure VUMC employees have comprehensive and readily accessible care in all specialties, including behavioral health. In addition, we have greatly expanded the convenient locations and care coordination capabilities of the VUMC and VHAN network, including a large number of walk-in and after-hours clinics. You can easily find a Tier 1 provider on the Aetna DocFind website at aetna.com/dse/custom/vanderbilt. For full details of each health plan option, see each option's Evidence of Coverage booklet. If you participate in Go for the Gold, your Wellness Credit will be applied to your Health Plan Account for Aetna Plus and Aetna Select plans. If you enroll in the Health Savers Plan, the Wellness Credit will be deposited into your Health Savings Account (HSA). (see hr.vumc.org/benefits/gftg for details).

	Aetna Plus Health Plan Option	Aetna Select 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: \$2,800, 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	\$5 copay	\$5 copay	10% after deductible
Sick visit, specialist visit, mental health visit	\$25 copay	\$25 copay	10% after deductible
Urgent care visit	\$50 copay then 20% after deductible	\$50 copay then 10% after deductible	10% after deductible
Emergency room visit	\$125 copay then 20% after deductible	\$125 copay then 10% after deductible	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 Aetna Health Savers Plan comes with an HSA account. If you elect employee-only coverage, VUMC deposits \$750 into the HSA account. If you elect spouse or family coverage, VUMC deposits \$1,500 into the HSA account. 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.

Glossary of health coverage terms	Deductible. The amount you pay before the health plan starts to cover more of their costs.	a percent of the allowed amount for the service.	Copay. What you will pay for an office visit.
	Coinsurance. Your share of the costs of a covered health care service, calculated as	Out-of-pocket maximum. The most you will have to pay for covered healthcare services within a benefits plan year.	

Using the Tier 2: Aetna Preferred Network

Tier 2 is the Aetna preferred network, which is largely intended for individuals seeking non-emergency care when they happen to be in locations outside VUMC and VHAN service areas (typically, vacation travel). It is important to note that employees as well as covered dependents living outside of the State of Tennessee can use the Tier 2 network for their care at Tier 1 coverage rates. In the rare situations where a particular health care service or clinical trial is not available at VUMC or at a VHAN affiliate, Vanderbilt Medical Group providers may refer members to a provider outside of Tennessee which will then be covered at the Tier 1 level. For full details of each health plan option, see each option's Evidence of Coverage booklet. If you participate in Go for the Gold, your Wellness Credit will be applied to your Health Plan Account for Aetna Plus and Aetna Select plans. If you enroll in the Health Savers Plan, the Wellness Credit will be deposited into your Health Savings Account (HSA). (see hr.vumc.org/benefits/gftg for details).

	Aetna Plus Health Plan Option	Aetna Select 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: \$3,000, 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
Sick visit, specialist visit, mental health visit	\$60 copay	\$60 copay	60% after deductible
Urgent care visit	\$75 copay then 60% after deductible	\$75 copay then 60% after deductible	60% after deductible
Emergency room visit	\$125 copay then 20% after deductible	\$125 copay then 10% after deductible	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 Aetna Health Savers Plan comes with an HSA account. If you elect employee-only coverage, VUMC deposits \$750 into the HSA account. If you elect spouse or family coverage, VUMC deposits \$1,500 into the HSA account. 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.

Glossary of health coverage terms

Deductible. The amount you pay before the health plan starts to cover more of their costs.
Coinsurance. Your share of the costs of a covered health care service, calculated as

a percent of the allowed amount for the service.
Out-of-pocket maximum. The most you will have to pay for covered healthcare services within a benefits plan year.

Copay. What you will pay for an office visit.

Using the Tier 3: Non-Preferred/Out-of-Network

Most other local facilities and providers that are not VHAN-affiliates, such as HCA and St. Thomas Health, will be Tier 3, with the exception of OB/GYN services at St. Thomas Midtown and Rutherford which will remain a Tier 1 offering in 2022. Tier 3 providers and facilities are considered “out-of-network” and will continue to have the highest deductibles and out-of-pocket maximums. For full details of each health plan option, see each option’s Evidence of Coverage booklet. If you participate in Go for the Gold, your Wellness Credit will be applied to your Health Plan Account for Aetna Plus and Aetna Select plans. If you enroll in the Health Savers Plan, the Wellness Credit will be deposited into your Health Savings Account (HSA). (see hr.vumc.org/benefits/gftg for details).

	Aetna Plus Health Plan Option	Aetna Select Health Plan Option	Health Savers Plan Health Plan Option
Annual deductible	Individual: \$5,000 Family maximum: \$10,000	Individual: \$5,000 Family maximum: \$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
Sick visit, specialist visit, mental health visit	70% after deductible	70% after deductible	70% after deductible
Urgent care visit	\$75 copay then 70% after deductible	\$75 copay then 70% after deductible	70% after deductible
Emergency room visit	\$125 copay then 20% after deductible	\$125 copay then 10% after deductible	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 Aetna Health Savers Plan comes with an HSA account. If you elect employee-only coverage, VUMC deposits \$750 into the HSA account. If you elect spouse or family coverage, VUMC deposits \$1,500 into the HSA account. 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.

Glossary of health coverage terms	Deductible. The amount you pay before the health plan starts to cover more of their costs.	a percent of the allowed amount for the service.	Copay. What you will pay for an office visit.
	Coinsurance. Your share of the costs of a covered health care service, calculated as	Out-of-pocket maximum. The most you will have to pay for covered healthcare services within a benefits plan year.	

Bundles

VUMC employees and their dependents enrolled in VUMC health care plans are eligible to participate in the MyHealth Bundles program. The program “bundles” all the services you need to succeed with both common and complex health conditions and provides personalized, concierge-level services through a patient navigator, streamlined care and lower out-of-pocket costs.

To learn more, visit <https://www.vanderbilthealth.com/program/myhealth-bundles>.

MyMaternityHealth - Prenatal and Post-natal Care

MyMaternityHealth provides coordinated, proactive maternity care for the entire length of the pregnancy, from the initial prenatal care visit through the delivery, and 12 weeks after delivery.



MyWeightLossHealth - Surgical Weight Loss

Provides patients with a streamlined and personalized approach to weight loss surgery, a solution that has the potential to significantly improve quality of life.

MyWeightLossHealth - Medical Weight Loss

Provides patients with a non-surgical approach to weight loss and includes a custom plan for nutrition, exercise and psychological support.



MySpineHealth - Select Spine Surgeries

MySpineHealth coordinates and streamlines all of the services needed for the fastest, most cost-effective treatment and recovery path for patients suffering from chronic back pain.

MyHearingHealth - Cochlear Implant Surgery (Severe Hearing Loss)

MyHearingHealth - Cochlear Implant surgery for severe hearing loss - bundles all the services needed for a successful procedure and recovery.



MyOrthoHealth - Orthopedic Care - Hip and Knee Surgery

MyOrthoHealth covers hip and knee joint replacements and eliminates unnecessary treatment and enhances recovery through the use of telehealth and an innovative digital care platform that delivers virtual rehab.

MyOrthoHealth - Orthopedic Care (Shoulder Pain and Osteoarthritis of the Hip and Knee)

includes treatment for shoulder pain not caused by accident or injury (atraumatic shoulder pain) as well as treatment for Osteoarthritis of the Hip and Knee.

Prescription Drug Benefit

Prescription drug benefit

Navitus Health Solutions administers the prescription drug benefit for VUMC employees enrolled in one of the three health plan options. The prescription drug benefit is a multi-level formulary (i.e, list of covered drugs) with a recommended generic program. For members of the Aetna Plus and Aetna Select plans, the prescription drug benefit includes a copay for Level 1 drugs and coinsurance for Levels 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.

The VUMC Health Plan encourages employees to use the VUMC pharmacies, where you will get the best price for prescriptions. You can also take advantage of the Vanderbilt Mail Order Pharmacy, meaning your medications will be shipped for free.

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.

Your member ID is your VUMC employee ID plus 01 at the end. You can find your employee ID in C2HR.

Filling prescriptions at Walgreens

While Vanderbilt pharmacies give us the best pricing using our employee health plan, 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. As our preferred partner, Walgreens offers lower copays and coinsurance rates than other non-preferred pharmacies.

The following prescriptions are offered exclusively through the Vanderbilt Pharmacy and will not be available at Walgreens:

- mail-order prescriptions
- specialty pharmacy prescriptions

Key Term

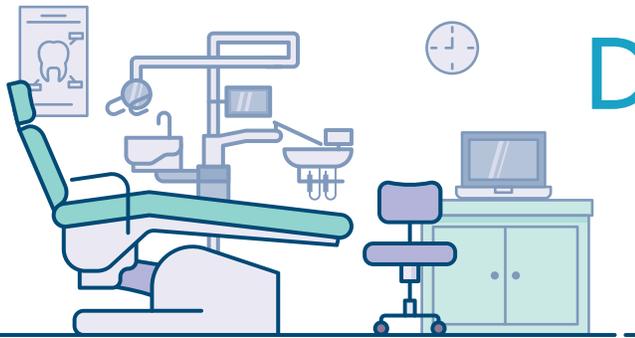
Formulary: the list of drugs covered under the VUMC Health Plan. You can see the list on the Navitus member website at www.navitus.com.

2022 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	\$15 copay	\$3 copay
Level 1	\$5 copay	\$12 copay	\$15 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

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

Pharmacy Deductible	
Deductible (Employee Only)	Employee Only: \$1,800
Deductible (Employee +)	Individual: \$2,800 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
Level 1	30% after deductible (max \$5)	35% after deductible (max \$12)	70% after deductible (max \$20)
Level 2	50% after deductible (max \$75)	55% after deductible (max \$100)	70% after deductible (max \$125)
Level 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



Dental

VUMC offers three dental plans, Cigna Dental Care Access (DHMO), BlueCross BlueShield DentalBlue PPO, and Delta Dental PPO.

The dental plan is a benefit paid for by the faculty or staff member and runs on a rolling cycle, based on date of service, instead of a calendar year.

Each has a different benefit schedule, and you can elect the plan that best meets the needs of you and your family.

View the benefit schedule for each plan online at hr.vumc.org/benefits/dental.dental.

Who's Eligible

If you choose to enroll in the dental plan, your coverage will begin on your hire date. You, your spouse and your children up to age 26 are eligible for dental insurance (for fully benefits-eligible employees).

You can change your elections only during Open Enrollment (usually in the fall), unless you experience a qualifying event, such as marriage or birth of a child.

Cigna Dental Care Access (DHMO)	BlueCross BlueShield Den-talBlue (PPO)	Delta Dental (PPO)
No deductibles, waiting periods or dollar maximum	\$50 deductible and 12-month waiting period for orthodontia. The deductible does not apply to basic cleaning and x-rays. Orthodontic coverage is for children only.	\$50 deductible and 12-month waiting period for orthodontia. The deductible does not apply to basic cleaning and x-rays. Orthodontic coverage is for children only.
There is a copay (set fee) for dental services.	There is no copay; there is coinsurance.	There is no copay; there is coinsurance.
Smaller network of dentists and must choose a primary dentist	Larger network of dentists	Offers the largest provider network in the nation through the Delta Dental PPO and Premier networks
Does not provide out-of-network coverage	Offers out-of-network coverage	Offers out-of-network coverage
Referrals needed for specialists	No referrals needed	No referrals needed
No annual benefit maximum	Benefit maximum is \$1,500 a year	Benefit maximum is \$1,500 a year
Some procedures have frequency limits, such as one cleaning per 6-month period	Some procedures have frequency limits, such as one cleaning per 6-month period	Some procedures have frequency limits, such as one cleaning per 6-month period

Discounts for Dental Plan Participants

BlueCross BlueShield

If you have the BlueCross BlueShield dental plan, you can take advantage of these discount programs.

Blue365 saves you up to 50% on cosmetic dentistry, yoga, hearing care, museums and zoos. Visit bcbst.com/members/vumc

With **Fitness Your Way** you pay a \$29 enrollment fee and a \$29 per month membership fee to use gyms such as the YMCA and Planet Fitness.

Cigna

If you have the Cigna dental plan, you can get discounts on fitness club memberships as well as discounts on Gaiam yoga and wellness products.

For fitness club discounts, go to choosehealthy.com and click on the "Active & Fit Direct Program" to see eligible fitness clubs in your area. Contact Cigna for registration information.

For Gaiam products, log in to cigna.com and then go to the HealthyRewards website. Enter the Gaiam website through the HealthyRewards website.

Vision

Superior Vision Services is the provider for vision care. Superior Vision offers a wide network of providers, including Vanderbilt Eye Institute, Target, Walmart and Lens Crafters.

Your coverage includes eye examinations, prescription eyewear and contact lenses through a provider network that includes both ophthalmologists and optometrists. For a list of providers go to www.superiorvision.com or call 1.800.507.3800.

Discounts

Look for providers in the provider directory who accept discounts, as some do not; please verify their services and discounts (range from 10-30 percent) prior to service as they vary.

Discounts on Covered Materials

- Frames: 20 percent off amount over allowance
- Lens options: 20 percent off retail
- Progressives: 20 percent off the difference in retail prices of lined trifocal lenses and progressive lenses For more information on discount features, see the Superior Vision Benefits Overview Brochure at hr.vumc.org/benefits/vision.

Discounts on Non-Covered Exam and Materials

- Exams, frames and prescription lenses: 30 percent off retail
- Lens options, contacts, other prescription materials: 20 percent off retail
- Disposable contact lenses: 10 percent off retail

Who's Eligible

If you choose to enroll in the vision plan, your coverage will begin on your hire date. You, your spouse and your children up to age 26 are eligible for vision insurance (for fully benefits-eligible employees).

You can change your elections only during Open Enrollment (usually in the fall), unless you experience a qualifying event, such as marriage or birth of a child.

Contact Lenses and Frames

The plan provides a yearly allowance for contact lenses or frames:

- Contact lenses: \$150
- Frames: \$150

The vision plan is a benefit paid for by the faculty or staff member and runs on a rolling cycle, based on date of service, instead of a calendar year.

Your member ID is 86 plus your VUMC employee ID. You can find your employee ID in C2HR.

Copays

Exam	\$15
Materials (copay applies to lenses and frames only, not contact lenses)	\$15
Contact lens fitting (standard & specialty)	\$15

Services/Frequency

Exam	12 months
Frame	24 months
Contact lens fitting	12 months
Lenses	12 months
Contact lenses	12 months

Flexible Spending Accounts

Flexible spending accounts (FSA) let you pay for many of your out-of-pocket health-related 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. You must re-enroll in FSA every year. Money contributed to FSAs must be used during the plan year. Money not used will be lost, as required by federal law.

For a detailed listing of eligible expenses for Health Care and Dependent Day Care FSA expenses, see IRS Publication 502 (Medical and Dental Expenses) or IRS Publication 503 (Child and Dependent Care Expenses) on the IRS Website at www.irs.gov/publications, or on My VUMC Benefits under Reimbursement Accounts, FSA Eligible and Ineligible Expenses List.

The amount you elect will be deducted over the number of pay periods remaining in the year. You can file claims to request reimbursement as the funds are withheld from your paycheck.

How to Enroll

FSAs require an annual election. In future years, you will enroll during Open Enrollment. The dollar amount you enter is the annual amount. My VUMC Benefits will show you the per-paycheck deduction to be taken for the annual amount you choose to shelter for expenses during the plan year.

Your FSA payroll deductions and eligibility begin the first of the month after 30 days of employment. For example, if you were hired on July 10, your payroll deductions and eligibility to file claims would start Sept. 1. The amount you elect will be deducted over the number of pay periods remaining in the year.

You can change your elections only during Open Enrollment (usually in the fall), unless you experience a qualifying event, such as marriage or birth of a child.



Debit Card Convenience

If you enroll in the Health Care FSA, you'll get a debit card to use for prescription drug purchases and other health-related expenses. No need to file paper claim forms, but be sure to save your receipts in case you need to validate a claim.

Health Care FSA

Use your Health Care FSA for out-of-pocket health-related expenses, such as copays, deductibles, prescription drugs, eye care and other expenses for you, your tax dependents and your adult children up to age 26. Your total annual amount is available on the first day the plan is effective to cover eligible health-related expenses. You will receive a debit card from benefitexpress to use for health care expenses. You may also submit a claim form online on My VUMC Benefits for reimbursement.

Dependent Day Care FSA

Dependent Day Care FSAs can be used to pay expenses to place eligible dependents in day care or other custodial care to enable you (and, if married, your spouse) to work, seek work, or attend school full-time (see IRS Publication 503, Child and Dependent Day Care Expenses at www.irs.gov/pub/irs-pdf/p503.pdf for more details). You can file claims to request reimbursement as the funds are withheld from your paycheck.

Eligible dependents include:

- Children under age 13 who live with you and who you claim as dependents on your federal income tax return, and
- Anyone age 13 or older who lives with you at least eight hours a day, depends on you for support, and needs supervised care, such as an elderly parent or disabled spouse or dependent.

Note that highly compensated employees may be affected by the Dependent Day Care FSA annual non-discrimination testing based on the Internal Revenue Code.

Note: If you enroll in the Health Savers Plan, you will not be able to contribute to a Health Care Flexible Spending Account (FSA). That's because the Health Savers Plan includes an HSA, which you can use to pay for the same types of medical, dental, and vision expenses.

Use it or Lose it! You can file claims for expenses incurred between January 1, 2022 and March 15, 2023. You must submit your claim for reimbursement with a postmark date no later than April 15, 2023. Money in your account after April 15, 2023 will be lost, so plan carefully.

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.

Contribution Levels

- **Mandatory:** 3 percent (6.47 percent for VMG) 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. To view current IRS limits, visit the HR website (hr.vumc.org/benefits/retirement/limits).

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.

How to Enroll

Enrollment is a paperless process. A few clicks of the mouse and you have taken the steps necessary to enroll in the retirement plan!

All accounts must be set up online using Fidelity NetBenefits (www.netbenefits.com/VUMC). There, you can register for your account, enroll in the plan, designate your beneficiaries and select your investments. The site provides you with streamlined investment choices and online tools to help you with your retirement planning and decision making.

It's important to complete enrollment before you become eligible for VUMC's retirement plan; otherwise, you will be enrolled at the mandatory contribution level in a Vanguard Target Date Fund with Fidelity.

The IRS annually issues limits on the amount of voluntary contributions an individual can make. Limits for 2022:

- If you are under the age of 50, you may voluntarily contribute up to \$20,500 annually.
- If you are age 50 or older, you may voluntarily contribute up to \$27,000 annually.



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, (Part VI, Chapter 2, Section A, Eligibility section), for a full explanation.

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.

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.

Who's Eligible

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.

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 My VUMC Benefits within 30 days of your hire date.

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.

More information can be found on the HR website at <https://hr.vumc.org/system/files/benefits/WillPrepPreEnrollment.pdf>

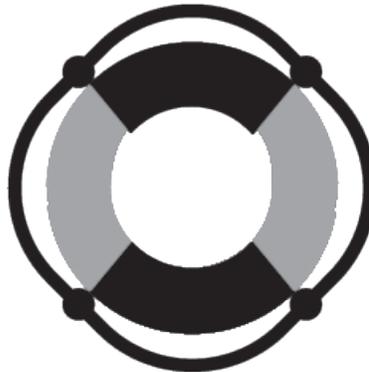
All benefits-eligible employees have access to MetLife's online will preparation service, [WillsCenter.com](https://www.willcenter.com).

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.



Age Reduction Table

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

AD&D

(Accidental Death & Dismemberment)

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. AD&D is administered by MetLife.

You can enroll for individual or family coverage. Family coverage includes your spouse and any dependent children up to the age of 26.

You may purchase AD&D coverage in increments of \$10,000 (up to 10x your annual salary or \$500,000, whichever is less).

There are three levels of payouts for family coverage:

- If you and your spouse have no children, the amount paid to you if your spouse dies in an accident, or if the accident causes dismemberment, is 50 percent of your coverage.
- If you and your spouse have children, the amount paid to you if your spouse dies in an accident, or if the accident causes dismemberment, is 40 percent of your coverage. The amount paid to you if your child dies in an accident, or if the accident causes dismemberment, is 10 percent of your coverage.
- If you have children, but do not have a spouse, the amount paid to you if your child dies in an accident, or if the accident causes dismemberment, is 15 percent of your coverage.

Payout for your injury is 100 percent for death or double dismemberment.

Who's Eligible

If you choose to enroll, your coverage will begin on your hire date for full-time exempt faculty and staff.

You can change elections only during Open Enrollment (usually in the fall), unless you experience a qualifying event, such as marriage or birth of a child.

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. Participants have access to assistance when faced with an emergency while traveling internationally or domestically when more than 100 miles away from home.

MetLife provides worldwide medical, travel, concierge, legal and financial assistance services through Travel Assistance. For a full list of services, visit hr.vumc.org/benefits/travel and search "travel assistance."

As long as the service provided is covered, you will not have to pay the provider upfront and then look for reimbursement.

In most instances the employee will be relying on AXA to help arrange the services and AXA and the vendor work out the payment arrangements. The maximum benefit amount is 100 percent of covered expenses up to \$200,000 per eligible person per trip.



How to Enroll

You can enroll in AD&D by electing the level of coverage you want in My VUMC Benefits within 30 days of your hire date at hr.vumc.org/benefits

Short-Term Disability

Short-term disability insurance is available to fully benefits-eligible staff.* The benefit provides nearly whole take-home income replacement if you are unable to work for an extended period due to an approved medical condition.

Once you have fulfilled the two-week (14 calendar day) waiting period, short-term disability insurance replaces up to 66 2/3 percent of your annual base benefits rate (up to \$2,500 per week maximum). Short-term disability benefits may continue for up to 24 weeks. The benefit is administered by Unum. Learn more in the Summary Plan Description at hr.vumc.org/benefits/sbc-eoc.

To enroll, go to My VUMC Benefits within 30 days of your hire date. Your monthly cost is calculated automatically when you enroll. Employee-paid short-term disability premiums are after-tax, so you do not owe income taxes on the benefit when you receive the disability pay.

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.

Traditional Short-Term Disability

(coverage during first year of service)

Newly benefits-eligible staff can enroll in traditional short-term disability while waiting for their one year of service to become eligible for enhanced short-term disability. The plan is not effective until the first of the month following 30 days of employment and ends when you become eligible for enhanced short-term disability.

Please note that there is a pre-existing conditions clause for traditional short-term disability. Any conditions or medical care received in the six months prior to the effective date of your coverage will not qualify for a claim within your first year of coverage. Emergency and other new conditions may be eligible for a claim.

Enhanced Short-Term Disability

(coverage after one year of service)

You will automatically be enrolled in the base and buy-up coverage on the first of the month after your one-year anniversary.

The base portion is paid for by VUMC and covers up to \$24,000 of your annual salary. The buy-up portion is paid for by you and covers your salary above \$24,000.

You may waive the buy-up coverage at any time on My VUMC Benefits by electing "Waive" for the buy-up coverage of short-term disability. Please note that if you waive the buy-up coverage and wish to re-enroll in the buy-up coverage at another time, you will be subject to medical review and you could be denied.



Timeline

Within 30 days of your hire date:

Decide if you want to enroll in traditional short-term disability.

- To enroll, go to My VUMC Benefits and elect traditional short-term disability.
- If you don't want to enroll, you have no action to take.

The first of the month after your one-year anniversary:

You will be automatically enrolled in base and buy-up enhanced short-term disability.

- If you want to keep the buy-up coverage, you have no action to take.
- If you want to waive the buy-up coverage, go to MyVUMC Benefits and elect "Waive" for the buy-up coverage of short-term disability.

* 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.

Long-Term Disability

Long-term disability insurance replaces 60 percent of your covered income if you become disabled and cannot work for more than six months. Initially, a disability is one that prevents you from working at your own occupation. Long-term disability is administered by Unum.

You can choose from two long-term disability plan options.

- The first option covers the amount between \$24,000 and your annual base pay and includes a 10 percent monthly contribution to your retirement account if you become disabled and are a participant in the Vanderbilt University Medical Center Retirement Plan.
- The second, lower-cost option only covers the amount between \$24,000 and your annual base pay and will not include the 10 percent monthly contribution to your retirement account.

How to Enroll

Automatic enrollment in the long-term disability plan occurs on the first of the month after your one-year anniversary for faculty and staff and immediately for house staff, so no enrollment is necessary.

You may waive the employee-paid long-term disability coverage at any time by going online to My VUMC Benefits and electing "Waive" for Full Long-Term Disability.



You can waive the one-year wait if you had group long-term disability coverage within 90 days prior to starting work at VUMC. Complete and submit the Long-Term Disability Certification of Prior Coverage Form within 90 days of your hire date to waive the one-year wait. The form is on the HR website (hr.vumc.org/forms).

How to Enroll

Use My VUMC Benefits to enroll in your ben-efits. You have 30 days from your hire date to complete your benefits enrollment.

Your elections for health, dental, vision, AD&D and FSAs stay in effect for the plan year (Jan. 1-Dec. 31), unless you have a qualifying life event. If you make no election, you will be enrolled in the Aetna Plus health plan option for employee only coverage and will miss out on enrolling in other benefits.

Retirement has a separate enrollment process. Refer to the 403(b) Retirement Plan section for more information.



Life Event Changes

Changes such as marriage or having a baby are examples of qualifying events. You have 30 days after the date of a life event to make a change to your benefits. For more information, see hr.vumc.org/benefits/life-changes.

You can make changes to retirement, enhanced short-term disability, long-term disability and life insurance during the plan year, but you may need to meet other requirements.



Questions?

Contact the Employee Service Center at or 615.343.7000 or email human.resources.vumc@vumc.org.

To enroll:

1. Go to hr.vumc.org and click on **My VUMC Benefits** under the Benefits tab
2. Log in with your VUMC ID and password
3. Make your benefit elections
4. Print or email your benefits enrollment receipt and keep it for your records

Open Enrollment

Each fall, you can make changes for the following year for these benefits: health, dental, vision, flexible spending accounts, and AD&D.

Carrier/Provider Contact Information

Name	Type	Website	Phone
Aetna	Health plan	www.aetna.com	1.800.743.0910
BlueCross	Dental PPO	www.bcbst.com/members/vumc	1.800.565.9140
Cigna	Dental Care Access DHMO	www.cigna.com	1.800.244.6224
Delta Dental	Dental PPO	www.deltadentaltn.com	1.800.223.3104
Fidelity	Retirement	www.netbenefits.com/VUMC	1.800.343.0860
MetLife	AD&D, Auto, Home, Life	www.metlife.com	1.800.638.6420
Navitus Health Solutions	Prescription Drug Program	www.navitus.com	1.866.333.2757
benefitexpress	Flexible Spending Accounts	My VUMC Benefits	1.844.489.3745
Superior Vision Services	Vision	www.superiorvision.com	1.800.507.3800
Unum	Short-Term, Long-Term Disability	www.unum.com	1.800.836.6900
Nationwide	Pet Insurance	www.petinsurance.com/vanderbiltumc	1.877.PETS.VPI

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 Aetna Plus or Aetna Select, VUMC deposits your Go for the Gold wellness credit into a Health Plan Account managed by Aetna. 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. Aetna 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. Contact Aetna to find 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.

Learn more at

hr.vumc.org/benefits/gftg-faqs

Participate in Go for the Gold by going to vumc.org/health-wellness/healthplus/go-for-the-gold

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. Learn more on the Go for the Gold website at

vumc.org/health-wellness/healthplus/go-for-the-gold



Auto, homeowner and pet insurance

These insurance programs are available to VUMC employees at a discounted rate (be sure to mention you are a VUMC employee when contacting the vendors). Auto, homeowner and pet insurance are direct pay plans, meaning you will pay the vendor directly.

• Auto & homeowners insurance:

Group Auto and Homeowners Insurance is offered by MetLife. Call 1.800.GETMET8 or visit MetLife.com to get a free insurance review and a no-obligation quote. You can also learn more at hr.vumc.org/benefits/auto-home-pet.

• Pet insurance:

Pet Insurance is offered through Nationwide Insurance. Different levels of coverage for accidents and illness, as well as vaccination and routine care coverage, are available. For more information, contact Nationwide at www.petinsurance.com/vanderbiltumc.

Tuition 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.

Spouse

Your spouse can receive a tuition discount for one course per semester taken at Vanderbilt. Upon satisfactory completion of the course, VUMC will cover 47 percent of the charge for tuition. Your spouse cannot be seeking a degree at Vanderbilt. The benefit is taxable earnings to the employee. Eligibility starts with the semester beginning three months after your hire date. See the Education Assistance Programs policy on the PolicyTech website for details.

How to Enroll

Go to the EdAssist portal at hr.vumc.org/benefits/tuition



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 amount of time off is based on your years of service and Fair Labor Standards Act (FLSA) 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.

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.

FlexPTO also includes 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. Learn more at hr.vumc.org/secure/flexpto-medicalcenter.

Staff can roll over up to 40 hours of unused PTO to banked sick time in 2022. There is a cap of 160 hours for the total number of sick hours. If you currently have more than 160 hours in your sick bank, you can keep those hours but not add any additional hours.

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

VUMC provides other leaves to eligible staff for:

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

<https://vanderbilt.policy-tech.com> for details.

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 hr.vumc.org/secure/flexpto-medicalcenter for details.

Current Employees: flexPTO Allotment

If you are a current, full-time employee, you will receive the following allotment of time. Note that the time is based on years of service on July 1 of the current fiscal year.

Year	Non-exempt employees	Exempt employees
1 (date of hire to 1st anniversary)	192 hours	29 days

New/Transfer Employees: flexPTO Allotment

If your start date is after July 1, you will receive the following allotment of time on the first day of the quarter following your hire date:

Hire/start date	July 2-Oct. 1 (allotment available on Oct. 1)	Oct. 2-Jan. 1 (allotment available on Jan. 1)	Jan. 2-April 1 (allotment available on April 1)
Exempt: 1-5 years	21 days	14 days	7 days
Non-Exempt: 1 year	144 hours	96 hours	48 hours

Prorating flexPTO allotment based on standard hours

If you work less than 40 hours per week, your time will be pro-rated as follows:

Standard hours	Allotment
30 or more	100 percent
20 to 29	75 percent
10 to 19	50 percent
Less than 10	25 percent