

2023 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.



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 2023 plan year.

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

Benefit	Takes Effect	Enrollment	Cost-Share
Health, dental and vision	Your hire date	Auto-enrolled in Aetna Plus after 30 days if you take no action	VUMC shares the cost of the health plan; You pay the full cost of dental and/or vision
403(b) Retirement Plan	You can contribute right away. Employer match eligibility varies.*	Auto-enrolled after one year	VUMC shares the cost
Life insurance	Your hire date	Auto-enrolled in basic life insurance	VUMC pays the cost of basic; You pay the full cost of supplemental life insurance
Long-term disability	First of the month after 30 days of employment*/eligibility	Auto-enrolled after 30 days	VUMC shares the cost
Accidental Death & Dismemberment (optional)	Your hire date	Self-enrollment	You pay the full cost
Short-term disability	Enhanced coverage begins the first of the month following 30 days of employment/eligibility	Auto-enrolled in enhanced coverage after 30 days	VUMC shares the cost
Flexible Spending Accounts	First of the month following 30 days of employment/eligibility	Self-enrollment	You pay the full cost
Tuition assistance	3 months from your hire date*	Self-enrollment	VUMC pays the full cost

*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.

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

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

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

- Health plan
- Prescription plan
- Retirement plan
- Pet insurance
- Auto/home insurance
- flexPTO (except Temp-Force)
- Go for the Gold
- MTA discounts

Dependent 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 guardianship (pursuant to a court order) is eligible until age 18.

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.

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.

Provider Directories

Visit hr.vumc.org/benefits/medical for a link to the Aetna directory.

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.

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

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.



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. 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: \$3,000, 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.
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 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

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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 2023. 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	<p>Deductible. The amount you pay before the health plan starts to cover more of their costs.</p> <p>Coinsurance. Your share of the costs of a covered health care service, calculated as</p>	<p>a percent of the allowed amount for the service.</p> <p>Out-of-pocket maximum. The most you will have to pay for covered healthcare services within a benefits plan year.</p>	<p>Copay. What you will pay for an office visit.</p>
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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 or no out-of-pocket costs.

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

Bundle	Details
 <p>MyMaternityHealth - Prenatal and Post-natal Care</p>	<p>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.</p>
 <p>MyWeightLossHealth - Surgical Weight Loss</p>	<p>Provides patients with a streamlined and personalized approach to weight loss surgery, a solution that has the potential to significantly improve quality of life.</p>
 <p>MyWeightLossHealth - Medical Weight Loss</p>	<p>Provides patients with a non-surgical approach to weight loss and includes a custom plan for nutrition, exercise and psychological support.</p>
 <p>MySpineHealth - Select Spine Surgeries</p>	<p>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.</p>
 <p>MyHearingHealth - Cochlear Implant Surgery (Severe Hearing Loss)</p>	<p>MyHearingHealth - Cochlear Implant surgery for severe hearing loss - bundles all the services needed for a successful procedure and recovery.</p>
 <p>MyOrthoHealth - Orthopedic Care - Hip and Knee Surgery</p>	<p>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.</p>
 <p>MyOrthoHealth - Orthopedic Care (Shoulder Pain and Osteoarthritis of the Hip and Knee)</p>	<p>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.</p>
 <p>MyUrologyHealth - Kidney Stone Treatment</p>	<p>Following a successful treatment journey, Vanderbilt’s team of kidney health specialists will work with the patient to create a personalized treatment plan that includes a nutrition consultation with a dietitian, comprehensive metabolic testing, 24-hour urine testing and identification of affordable long-term medications. Patients must have an active kidney stone to participate in this bundle.</p>
 <p>MyRecoveryHealth - Substance Use Disorder Support</p>	<p>This bundle includes support for opioid use disorder as well as other substance use disorders, which could involve alcohol, cannabis, cocaine, methamphetamine and other stimulants, sedatives, hallucinogens, inhalants, and other psychoactive substances. The program includes coordinated, proactive care from the initial assessment throughout the recovery journey.</p>

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. Download the VanderbiltRx mobile app for convenient refills. As our preferred partner, Walgreens offers lower prescription copays and coinsurance rates than other non-Vanderbilt pharmacies.

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.

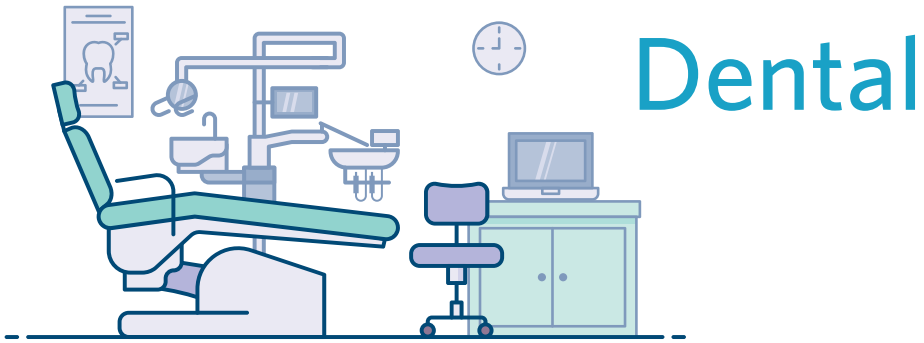
2023 Pharmacy Plan Design (Select & Plus)				
30-day fills	VUMC Pharmacy	Walgreens Pharmacy	Retail Network Pharmacy	Vanderbilt Mail Order/Pick Up
Maintenance generic drugs	\$1 copay	\$12 copay	\$15 copay	\$3 copay
Level 1	\$5 copay	\$12 copay	\$15 copay	\$15 copay
Level 2	30% coinsurance w/\$75 max	30% 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

Your member ID is your VUMC employee ID plus 01 at the end. Your employee ID is in parentheses when you log in to Workday



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 plan members can also take advantage of additional discounts. Visit hr.vumc.org/benefits/discounts.

Cigna Dental Care Access (DHMO)	BlueCross BlueShield Dental Blue (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

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.

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.

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

Contact Lenses and Frames

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

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



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



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

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. Money contributed to FSAs must be used during the plan year. Money not used will be lost, as required by federal law.

Health Care FSA

Aetna Plus and Select plan members can 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 WEX Health to use for health care expenses. You may also submit a claim form online at www.myfsaexpress.com



For a detailed listing of eligible expenses for Health Care FSA, see IRS Publication 502 (Medical and Dental Expenses) on the IRS Website at www.irs.gov/publications.

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.



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.

Use it or Lose it! You can file claims for expenses incurred between January 1, 2023 and March 15, 2024. You must submit your claim for reimbursement with a postmark date no later than April 15, 2024. Money in your account after April 15, 2024 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.

- **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.

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.

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.

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.

Contribution Levels

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.

* 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.

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.

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

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.



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).

To learn more about AD&D coverage and payouts, visit hr.vumc.org/benefits/life#add.



MetLife Travel Assistance

If you purchase \$10,000 or more of Accidental Death & Dismemberment insurance, you are eligible for MetLife's Travel Assistance. 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."

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.

Enhanced Short-Term Disability

(coverage begins the first of the month following 30 days of service)

You will automatically be enrolled in the base and buy-up coverage on the first of the month following 30 days of employment. 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 in Workday 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.



Enrollment

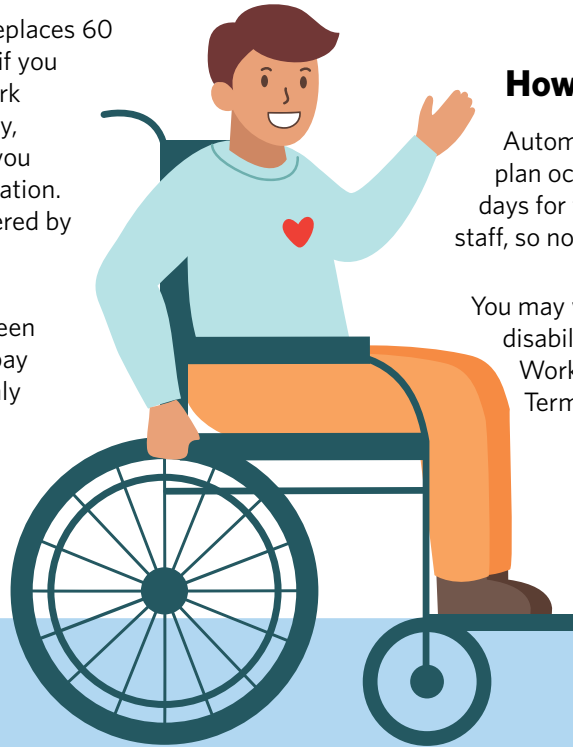
You are automatically enrolled in enhanced short-term disability the first of the month after 30 days of employment. Your monthly cost is calculated automatically when you enroll. Employee-paid short-term disability premiums are after-tax, so you do not owe income taxes on the benefit when you receive the disability pay.

* 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.

This will cover 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.



How to Enroll

Automatic enrollment in the long-term disability plan occurs on the first of the month following 30 days 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 logging into Workday and electing "Waive" for Full Long-Term Disability.

How to Enroll

Log into Workday to enroll in your benefits. 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.

Open Enrollment

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

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/record-updates.

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.

To enroll:

1. Log in to Workday and select the Inbox icon.
2. Select the New Hire Enrollment task.
3. Answer the Health Questionnaire for Tobacco Use.
4. Select Manage to choose your benefits.
5. Choose Select or Waive for each benefit.

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
WEX Health	Flexible Spending Accounts	www.myfsaexpress.com	1.877.837.5017
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.



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.

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.

Nurse Student Loan Repayment Program

Vanderbilt University Medical Center (VUMC) offers a student loan repayment program for direct care nurses in eligible job codes. VUMC will contribute \$500 monthly towards undergraduate student loans for those in good standing. Eligible direct care nurses can participate in this program for four years with a maximum amount up to \$24,000. Nurses are eligible to 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. For more information, contact the Workday Help Center.

How to Access your Benefits

For more information about how to enroll/apply and to access 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 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.

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 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)	200 hours	30 days

New/Transfer Employees: flexPTO Allotment

If your start date is after July 1, visit the HR website for a prorated flexPTO allotment chart. hr.vumc.org/secure/flexpto-medicalcenter

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

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.

VUMC also offers options for leave, including:

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

See vanderbilt.policytech.com for details.

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.

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