2024 Benefits Overview

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

How to find Benefits help

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

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

About this booklet

This document provides information about your benefit options. It is not meant to replace the summary plan descriptions (SPDs), which are the governing documents for VUMC benefits. SPDs are available at hr.vumc.org/ benefits/sbc-eoc. Offerings and plans are subject to change. Prices are valid for the 2024 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.



Who is eligible?

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

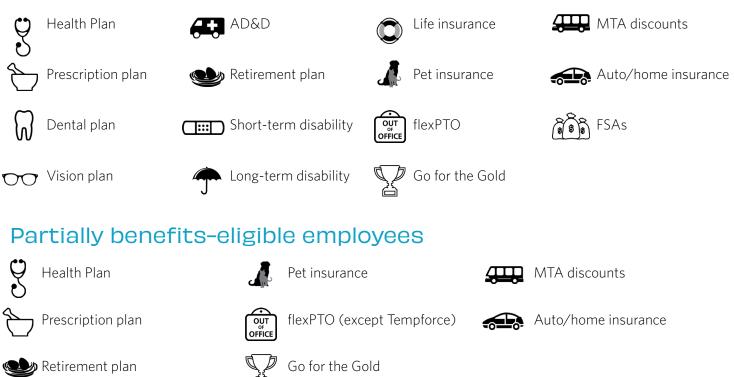
Fully benefits-eligible employees

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

Partially benefits-eligible employees

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

Fully benefits-eligible employees





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. 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.

Provider Directories

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



Using the Tier I: VUMC/VHAN Affiliates

This sheet helps you choose a health plan option based on the providers (doctors, facilities, other health professionals) that you use. For full details of each health plan option, see each option's Evidence of Coverage booklet at **hr.vumc.org/benefits**.

	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: \$3,200, Family: \$3,500
Coinsurance	20% after deductible	10% after deductible	10% after deductible
Out-of-pocket limit	Individual: \$4,000 Family maximum: \$7,500	Individual: \$3,500 Family maximum: \$7,000	Individual: \$6,500 Family maximum: \$12,500
Preventive visit	\$0	\$0	\$0
Telehealth and eVisits	\$5 copay	\$5 copay	10% after deductible
Sick visit, specialist visit, mental health visit	\$25 copay	\$25 copay	10% after deductible
Urgent care visit*	\$50 copay	\$50 copay	10% after deductible
Emergency room visit*	\$125 copay	\$125 copay	10% after deductible
Hospital inpatient, outpatient, diagnostic testing	20% after deductible	10% after deductible	10% after deductible
Skilled nursing, home health, hospice, therapy	20% after deductible	10% after deductible	10% after deductible

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

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

Using the Tier 2: Aetna Preferred Network

This sheet helps you choose a health plan option based on the providers (doctors, facilities, other health professionals) that you use. For full details of each health plan option, see each option's Evidence of Coverage booklet at **hr.vumc.org/benefits**.

	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: \$3,200, Family: \$6,000
Coinsurance	60% after deductible	60% after deductible	60% after deductible
Out-of-pocket limit	Individual: \$6,000 Family maximum: \$10,000	Individual: \$6,000 Family maximum: \$10,000	Individual: \$6,500 Family maximum: \$12,500
Preventive visit	\$0	\$0	\$0
Telehealth and eVisits	\$60 copay	\$60 copay	60% after deductible
Sick visit, specialist visit, mental health visit	\$60 copay	\$60 copay	60% after deductible
Urgent care visit*	\$75 copay	\$75 copay	60% after deductible
Emergency room visit*	\$125 copay	\$125 copay	60% 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 in equal amounts throughout the year. If you elect spouse or family coverage, VUMC deposits \$1,500 into the HSA account in equal amounts throughout the year. You can use these funds to meet your deductible. Certain out-of-network services require prior authorization or else the out-of-pocket limit does not apply.

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

Using Tier 3: Out of Network

This sheet helps you choose a health plan option based on the providers (doctors, facilities, other health professionals) that you use. For full details of each health plan option, see each option's Evidence of Coverage booklet at **hr.vumc.org/benefits**.

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

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

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

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.

Current bundles include:

MyMaternityHealth For pre- and post-natal care

MyHearingHealth For cochlear implant surgery

MyHeartHealth For Cardiac Arrhythmia treatment

MySpineHealth For select spinal surgeries

MyOncologyHealth Personalized support for individuals diagnosed with cancer

MyOrthoHealth For hip and knee replacement **MyOrthoHealth** For osteoarthritis of the hip and knee

MyOrthoHealth For orthopedic care for shoulder pain

MyWeightLossHealth For surgical weight loss

MyWeightLossHealth For medical weight loss

MyUrologyHealth For kidney stone treatment

MyRecoveryHealth For substance use disorder support



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

For Health Savers Plan Members

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

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 Level 2, 3 and specialty drugs. If you select the Health Savers Plan, you will be required to pay the full amount of your prescription drug costs until you meet your deductible.

- 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. Visit vumc.org/rx-outpatient/employee-home-delivery-service to learn more.
- There is a calendar year prescription coinsurance and copay limit of \$2,500 for individuals or \$5,000 for families for Plus and Select members. Not all prescription drugs are covered by the VUMC Health Plan. Some prescription drugs require prior authorization from Navitus Health Solutions before the prescription can be filled. If you fill a prescription at an out-of-network pharmacy, you won't receive the prescription benefit. Visit navitus.com for more information.

	2024 Pharmacy Plan Design (Select & Plus)				
30-day fills	VUMC Phamarcy	Walgreens Pharmacy	Retail Network Pharmacy	Vanderbilt Mail Order/Pick Up	
Maintenance generic drugs	\$1 copay	\$12 copay	\$15 copay	\$3 сорау	
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	

2024 Pharmacy Plan Design (Health Savers Plan)

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

Health Savers Plan Pharmacy Deductible		
Deductible (Employee Only)	Employee Only: \$1,800	
Deductible (Employee +)	Individual: \$3,200 Family: \$3,500	

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

VanderbiltRX

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

- Place refill orders for pickup
- Set up reminders to refill prescriptions
- Set up reminders to take your medicine
- Transfer a prescription with a snap of a photo (mobile only)

The app works at these Vanderbilt pharmacies:

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

How to get started:

You need a prescription with a participating Vanderbilt Pharmacy and must be enrolled in the My Health at Vanderbilt app. MHAV will confirm your identity and auto populate your prescription information in the new app. Employees without the MHAV app can sign up online at Vanderbilt Health. Should you have an issue signing up, call the Help Desk at 615-343-HELP/3-4357.

The app is available for VUMC Health Plan employees and their dependents. Specialty, Transplant and Home Delivery prescriptions are not eligible to manage within this new app at this time.

The app is accessible via the web and on mobile. Visit **www.VanderbiltRx.com** to use the tool or for instructions on how to download the app to your mobile device. You can also access the pharmacy app using the MHAV app. Click on the Menu icon and scroll down to Vanderbilt RX Pharmacy to connect to the app.

One of the pharmacy team members can help you with questions about your medication(s), refills or shipments. **Call the pharmacy at 615.875.4999.**





Dental plan

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

Cigna Dental Care (DHMO)	BlueCross BlueShield DentalBlue (PPO)	Delta Dental (PPO)
No deductibles, waiting periods or dollar maximum. Orthodonic coverage is for both adults and children.	\$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.



Dental plan: monthly payroll premiums				
Dental Plan Option Employee Employee + Spouse Employee + Children Family				Family
Cigna DHMO	\$18.61	\$31.63	\$38.51	\$47.82
BCBS PPO	\$31.15	\$61.86	\$74.67	\$104.89
Delta Dental PPO \$27.90 \$55.47 \$69.90 \$104.75				

Vision plan

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

MetLife: monthly payroll premiums				
Individual Individual + Spouse Individual + Children Family				
\$6.53 \$10.93 \$11.46 \$18.64				

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

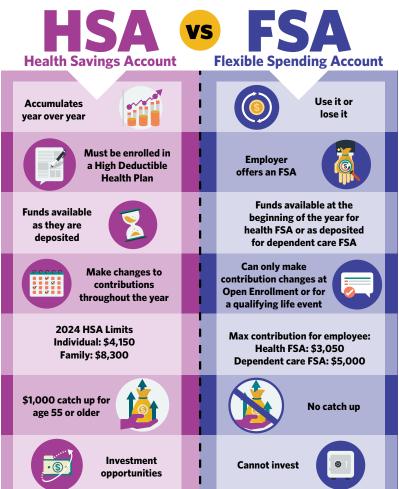
Note that your flexible spending account selection will not carry over to 2024. If you want to participate in an FSA for 2024, you will need to enroll on My VUMC Benefits.

Healthcare FSA

- This FSA reimburses you for eligible health care expenses, such as copays, coinsurance, dental, prescriptions, and eyeglasses. See a complete list of eligible expenses by visiting irs.gov/ publications/p502.
- The minimum you can contribute is \$104 per year; the maximum you can contribute in 2024 is \$3,050. If both you and your spouse work, you can both contribute \$3,050.

Dependent Day Care FSA

- This FSA allows you to set aside money to pay for day care expenses for children under the age of 13 or elder care. The day care must be used as a means to allow you and/or your spouse to be employed.
- The minimum you can contribute is \$104 per year; the maximum you can contribute is \$5,000 per year. If both you and your spouse work, you need to coordinate with your spouse so that your total household contribution does not exceed \$5,000.



Note about Flexible Spending Accounts

You have until March 15, 2025 to incur an expense and April 15, 2025 to file a claim on your 2024 FSA. At the end of the grace period, though, you will lose any money left over in your FSA. So, it's important to plan carefully and not put more money in your FSA than you think you'll spend within a year.

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 faculty) of your annual salary. VUMC matches 3 percent dollar-fordollar.

• 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.



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 nondiscrimination regulations. See the Faculty Manual for more details.

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.

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/WillPrepPreEnrollment.pdf

All benefits-eligible employees have access to MetLife's online will preparation service, **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.

Long-Term Disability

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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. Longterm 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 longterm disability plan occurs on the first of the month following 30 days.

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.

* 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.





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	Туре	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, Vision	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
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 graduatelevel) 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 Ioan repayment program for direct care nurses in eligible job codes. VUMC will contribute \$500 monthly towards undergraduate student Ioans 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-forprofit (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. Staff in their first year of service should refer to the charts below for flexPTO allotments.

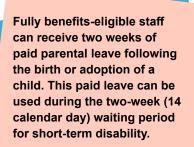
See the flexPTO program guide for the Medical Center for complete program details and to see how much time you will receive in future years. Learn more at **hr.vumc. org/secure/flexptomedicalcenter**.

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
- BereavementJury duty
- Jury dur
- Military leave

See vanderbilt.policytech. com for details.



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

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

Glossary of Terms

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

Bundles

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

Copay

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

Deductible

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

E.O.B.

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

F.S.A

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

Health Plan

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

Network

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

Out-of-Pocket Maximum

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

Premium

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

P.P.O

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