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How do I use this guide?

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 benefits to help you lead longer and healthier lives.

Take a few moments to learn how your benefits can serve up your health your way. Then, throughout the year, make educated health care decisions to improve and sustain your health and reduce health care costs.

About this booklet

This document provides information about your benefit options. It is not meant to replace the summary plan descriptions (SPDs), which are the governing documents for VUMC benefits. You can find SPDs and other plan documents in the Benefits section of the HR website. Prices are valid for the 2026 plan year, Jan. 1 through Dec. 31.

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

Benefit	Takes Effect	Benefits End Date	Enrollment
Health, dental and vision	Your hire date	End of the month after your termination date (e.g., You leave Aug. 15; the last day for the benefit is Aug. 31).	Auto-enrolled in Plus medical plan after 30 days if you take no action
403(b) Retirement Plan	You can contribute right away. Employer match eligibility varies.*	VUMC's contributions end on your last paycheck. Your funds, plus the VUMC contributions, belong to you.	Auto-enrolled after one year into the mandatory contribution.
Life insurance	Your hire date	On your termination date	Auto-enrolled in basic life insurance
Long-term disability	First of the month after 30 days of employment/eligibility	On your termination date	Auto-enrolled in buy-up coverage after 30 days
Accidental Death & Dismemberment (optional)	Your hire date	On your termination date	Self-enrollment
Short-term disability	Buy-up coverage begins the first of the month following 30 days of employment/eligibility	On your termination date	Auto-enrolled in buy-up coverage after 30 days
Flexible Spending Accounts	First of the month following 30 days of employment/eligibility	You can submit receipts for reimbursement up to your termination date.	Self-enrollment
Health Savings Account	Effective with selection of the Health Savers Plan for medical coverage	VUMC's contributions end on your last paycheck. Your funds, plus the VUMC contributions, belong to you.	Self-enrollment
Tuition assistance	3 months from your hire date*	On your termination date	Self-enrollment

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

How do I enroll?

Enrolling in your benefits is an important step in ensuring you and your family have the coverage and resources you need. Whether you're a new hire, participating in Open Enrollment, or making changes due to a qualifying life event, the process is straightforward. Use the information below to guide you through enrolling or updating your benefits. All enrollment tasks are completed in Workday.

Enrollment Periods



New Hires: provided all eligibility requirements have been met, new hire coverage begins for many of our benefits (e.g., medical, vision, dental, life) on day one of employment. New hires have 30 days from their hire date to select their benefits.

Open Enrollment: Eligible employees will have an opportunity to enroll and make benefit changes each year during the Open Enrollment period in October. Changes made during Open Enrollment take effect January 1 of the following year.

Qualifying Life Event: Life Changes Fast — So Should Your Benefits! If you experience a life event like marriage, birth, or divorce, update your benefits within 30 days. After this period, changes can only be made during the Open Enrollment. Act Now, Don't Delay!



Important: It is the responsibility of the employee to submit benefit selections or changes within the allowed enrollment periods, either within 30 days of hire or a qualified life event, or before the end of Open Enrollment. Failure to do so means you will not be able to enroll until the next Open Enrollment or within 30 days of another qualified life event.

Below are some general instructions on how to enroll:

1. Log in to Workday and select the Inbox icon.
2. Select the Enrollment task specific to your situation (i.e., New Hire Enrollment, Open Enrollment or Change Benefits)
3. Select Let's Get Started
4. Answer the Health Questionnaire for Tobacco Use.
5. Select Manage to choose your benefits.
6. Choose Select or Waive for each benefit.

For step-by-step instructions on how to choose or change benefits in Workday, visit the HR website. See page XXVIII for how to change benefits for a life event.



NOTE

If you are choosing the Health Savers plan, you will need to complete a couple of steps to open your Health Savings Account (HSA) with Fidelity.

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

Second, you will need to open your Fidelity account. Visit

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

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

Eligibility

Who is eligible?

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

Fully benefits-eligible employees

If you work at least 30 hours a week (or are a full-time equivalent [FTE] employee of 0.75 to 1.0) 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

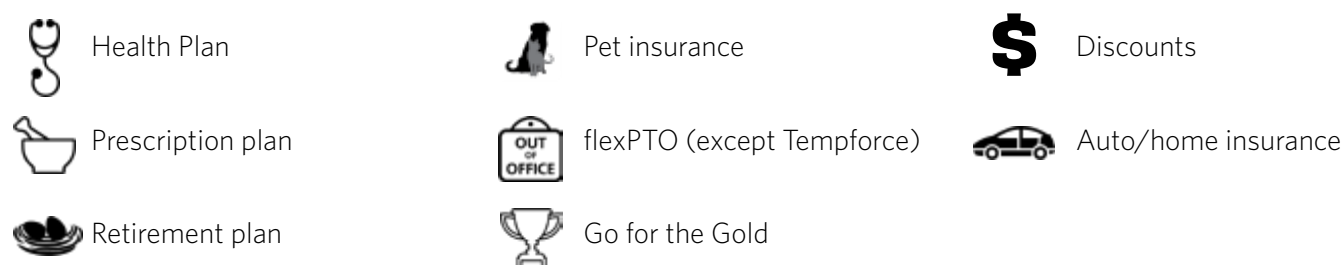
Partially benefits-eligible employees and their dependent children only are eligible for VUMC health plan coverage. If you are a monthly paid employee not already eligible for benefits, or a weekly or biweekly paid employee who is regularly scheduled to work 20 to 29 hours per week (or are an FTE employee of 0.50 to 0.74) 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



Partially benefits-eligible employees



Remote Employees

For Employees Living Outside Middle Tennessee (Within Tennessee)

If you're located in Tennessee but outside the Middle Tennessee area — such as in Knoxville, Chattanooga, or Memphis — you'll want to search for Tier 1 providers in your area. These are typically providers contracted through the Vanderbilt Health Affiliated Network (VHAN), even if they are not part of Vanderbilt University Medical Center (VUMC).

- ▶ If no Tier 1 VHAN providers are available in your area, you can use an Aetna network provider, and that provider will be covered at the Tier 2 level.
- ▶ If neither VHAN nor Aetna providers are available, you may request an exception in advance to use an out-of-network provider. If approved, the out-of-network Tier 3 provider will also be covered at the Tier 2 level.

For Employees Living Out of State

For employees who live outside Tennessee, healthcare access is streamlined through the Aetna network. Providers within the Tier 2 Aetna network will be covered at the Tier 1 benefit level.

- ▶ However, please note that out-of-network Tier 3 providers will not be covered at the Tier 1 level.
- ▶ To ensure you receive the appropriate coverage, it is crucial that your out-of-state address is correctly recorded in Workday. Be sure to keep your address updated to avoid any coverage issues.

For Employees with Out-of-State Dependents

If you're a Tennessee-based employee with dependents living out of state — such as a child attending college — your dependents have the flexibility to use a Tier 2 Aetna provider, and that provider will be covered at the Tier 1 level.

- ▶ Similar to out-of-state employees, the dependent's out-of-state address must be recorded in Workday to qualify for this benefit. Make sure their address is updated to avoid any coverage issues.

For Middle Tennessee Employees Requiring Out-of-State Specialty Care

Employees and family members based in Middle Tennessee may occasionally need out-of-state specialty care. If a VUMC provider refers you or your family member to an out-of-state specialist, the plan will cover the out-of-state provider at the Tier 1 benefit level.

- ▶ This benefit applies only when the referral is made by a VUMC provider.
- ▶ Be sure to coordinate with your healthcare team to ensure proper documentation of the referral.

Don't Forget to Update Your Information in Workday

It's important for all remote employees and those with out-of-state dependents to verify that their address information in Workday is accurate and up to date. This ensures you and your dependents can take full advantage of the benefits available to you.



VUMC plan members living outside Tennessee are eligible for services at CVS Minute Clinic at the Tier 1 rate. This is a great benefit that extends your health care access, no matter where you live.

Dependent Eligibility

Starting in 2026, VUMC will conduct a dependent eligibility audit to ensure compliance with coverage guidelines. All employees will be asked to verify the eligibility of dependents enrolled in their benefit plans. Here's what you need to know:

Step 1: Know who you can cover

VUMC allows you to enroll certain eligible family members in many of our benefits. During a dependent audit, you will be required to provide documentation proving your relationship to the dependent. Eligible family members include:

- **Your Spouse**

- ▶ A spouse is someone you are lawfully married to under state law.
- ▶ Common law marriages are not eligible, unless required by your state.

- **Your Child**

- ▶ Includes your biological child, stepchild, legally adopted child, child placed with you for adoption, eligible foster child, or a child for whom you are the legal guardian.
- ▶ Coverage lasts until the end of the month when your child turns 26, as long as they meet eligibility requirements. With approval, you can also cover disabled children over age 26.

- **Adoption of a Child**

- ▶ A child you intend to adopt is eligible for coverage, even if the adoption isn't final yet.
- ▶ To qualify, you must have legal responsibility for the child's care and support, and the legal adoption process must have started.

- **Eligible Foster Child**

- ▶ A foster child placed with you by an authorized placement agency qualifies for coverage until 18.

- **Child for Whom You Are a Legal Guardian**

- ▶ A child placed with you by a court order, where you are legally responsible for their care, property, and rights. The coverage remains until age 18.

Special Rules for Employees and Dependents

- ▶ If both you and your spouse or child are employees covered by VUMC's benefits, each person must choose coverage as either an employee or as a dependent.
- ▶ A dependent child cannot be enrolled as a dependent under both parent's coverage, regardless of whether you are married or unmarried.

You will receive information about how to submit documents to verify your covered dependents are eligible to receive VUMC benefits. Failure to submit required documentation may result in your dependents being removed from your benefits.



Step 2: Coordination of Benefits

To keep records accurate and avoid issues with claims, Meritain Health requires employees over 65 and employees with covered dependents to provide information each year about any other insurance your family members might have.

To complete this requirement quickly:

1. Log in to the Meritain website at meritain.com.
2. Navigate to Benefits and Coverage in the main menu.
3. Select Coordination of Benefits.
4. Answer the questions about each applicable dependent.

Health plan

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

VUMC pays almost 80 percent of your medical plan costs, while you pay the rest. This means the cost is shared between VUMC and you. You can help keep costs down by going to check-ups, staying healthy, and using generic medicines or our pharmacies.

Here's a simple guide to help you understand the medical plan options and how to get the most out of them.



Picking Your Medical Plan

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

The only difference between the three plans are the premiums, deductibles, copays and out-of-pocket expenses. Once you have picked your plan, you can then start using the network of providers to get the best value. VUMC offers three health plan options: Plus, Select and Health Savers with a Health Savings Account option. All three plans cover the same medical services.

A provider network is a group of doctors, hospitals, and other health care providers that have agreed to give medical services at pre-negotiated rates. VUMC's health plan options have three networks:

Tier 1: VUMC/VHAN Affiliate Providers

Best Savings: This is our preferred network, and you'll usually save the most money using a Tier 1 provider.

Comprehensive Care: We've made improvements to ensure you have access to all types of care, including behavioral health.

Convenience: There are many locations and after-hours clinics available.

Finding Providers: You can find a Tier 1 provider easily on the Meritain website.

Tier 2: Aetna Preferred Providers

When to Use: This network is useful if you need non-emergency care while traveling outside the VUMC and VHAN service areas, like on vacation.

Outside Tennessee: Employees and their covered dependents living outside Tennessee can use Tier 2 providers at Tier 1 coverage rates.

Higher Costs: These providers, like most local facilities that are not VHAN-affiliates, will cost you more. They have higher deductibles and out-of-pocket maximums.

Tier 3: Out-of-Network

Highest Costs: providers and facilities are considered "out-of-network" and will continue to have the highest deductibles and out-of-pocket maximums.

Exceptions: Some services, like obstetrical care at St. Thomas Midtown and Rutherford, will still be covered at Tier 1 rates even though they are in a Tier 3 network.

Getting the Best Value

To get the most value from your medical benefit:

- ▶ **Choose the Right Plan:** Select the medical plan that best fits your needs.
- ▶ **Use Tier 1 Providers:** Whenever possible, use Tier 1 providers for the lowest costs.
- ▶ **Know Your Network:** Be aware of which providers and facilities are in Tier 1, Tier 2, and Tier 3.

By understanding and using your provider network wisely, you'll get excellent care while saving money.

For more information visit <https://vumc365.sharepoint.com/sites/human-resources/SitePages/Plan-Documents.aspx>.

Health plan

VUMC Health Plans: What's the difference??

VUMC offers three health plan options:

Plus Plan (optional health care FSA)

Select Plan (optional health care FSA)

Health Savers Plan plan with Health Savings Account (HSA)

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

Note: Size of illustration indicates differences in cost.

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



Cost of Premiums

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



Networks

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



Amount You'll Pay Out of Pocket

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



Pharmacy

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

Tips for saving on health care costs

Prescriptions

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

Tobacco-free credit

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

Flexible spending accounts

If you choose to participate in a health care or dependent day care flexible spending account (FSA), you must enroll

and provide the amount to deduct. Otherwise, you will not be able to participate in an FSA.

Go for the Gold

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

Health Savings Account

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

Using the Tier I: VUMC/VHAN Affiliates

This sheet helps you compare health plan options based on the providers (doctors, facilities, other health professionals) you use. Remember that you choose a health plan option during enrollment, not a network.

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

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

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

Using the Tier 2: Aetna Preferred Network

This sheet helps you compare health plan options based on the providers (doctors, facilities, other health professionals) you use. Remember that you choose a health plan option during enrollment, not a network.

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

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

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

Using Tier 3: Out of Network

This sheet helps you compare health plan options based on the providers (doctors, facilities, other health professionals) you use. Remember that you choose a health plan option during enrollment, not a network.

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

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

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

Tax Savings Accounts

VUMC offers accounts that let you save money tax-free: the Dependent Care Flexible Spending Account (FSA), the Healthcare FSA, and the Health Savings Account (HSA). We recommend that you talk with your tax or financial advisor to understand which tax savings account would be best for you and your family. Here is how each account works.

	DEPENDENT CARE FSA	HEALTHCARE FSA	HEALTH SAVINGS ACCOUNT
How does it work?	FSA's are designed to help you budget money to pay for many of your out-of-pocket health or dependent care expenses with tax-free dollars. You don't have to pay taxes on this money. WEX Health is the claims administrator for our FSA's. This is a use it or lose it account.		A Health Savings Account (HSA) allows you to save, invest and budget for qualified health care expenses on a pretax basis. Money grows tax-free. Unused funds in this account can be used for future health care expenses and is yours if you leave VUMC. Managed by Fidelity Investments.
Who's eligible to contribute?	A full-time employee who works 30 hours or more a week.	A full-time employee who works 30 hours or more a week.	Employees enrolled in the Health Savers Plan for medical coverage.
Which specific health plan do you need to contribute?	None	None	Health Savings Plan
How much can I contribute each year?	For 2026, the Dependent Care FSA contribution household limit is \$7,500. Be mindful of IRS rules that prohibit claiming child credit deduction and enrolling in a DCFSA.	For 2026, you can contribute up to \$3,300 to cover eligible out-of-pocket medical, dental and vision expenses for you and your dependents.	2026 HSA Limits Individual: \$4,400 Family: \$8,750 These limits apply to your contributions and any VUMC-paid contributions. Additional \$1,000 allowed for those at least 55 years old.
How much does VUMC contribute?	\$0	Employees can earn up \$240 with Go for the Gold	\$750 for an individual or \$1,500 for spouse and family coverage into the HSA account in equal amounts throughout the year. Employees can earn up \$240 with Go for the Gold.
When can I contribute?	During new hire enrollment, Open Enrollment or a qualifying life event.		Changes allowed throughout the year via your Fidelity account.
What can the money be used for?	Eligible day care expenses for children up to age 12 or elder care. The day care must be used as a means to allow you and/or your spouse to be gainfully employed.	Eligible medical, dental and vision out-of-pocket expenses. Go to irs.gov for a full list.	Eligible medical, dental and vision out-of-pocket expenses. Go to irs.gov for a complete list of eligible expenses.
When can I use the money for my expenses?	Funds only available as deposited.	Funds available at the beginning of the year for the full amount contributed.	Funds available as they are deposited. You can only use funds currently in your account.
How do I access the money?	Manually file claims for eligible expenses via: <ul style="list-style-type: none"> Online using myfesaexpress.com. Fax a receipt to 1.253.793.3766. Email a Reimbursement Request Form, with receipts, to help@mybenefitexpress.com. (There is no credit card associated with this account.)	You'll receive a credit card to use for all eligible expenses. Or you can file a claim any of these ways: <ul style="list-style-type: none"> Online using myfesaexpress.com. Fax a receipt to 1.253.793.3766. Email a Reimbursement Request Form, with receipts, to help@mybenefitexpress.com. 	You will receive a VISA HSA debit card to use and can also purchase checks. Log in via www.NetBenefits.com .
Can I roll over unused money?	No. FSA accounts are "use it or lose it," meaning if you do not use your FSA funds during the plan year, you will forfeit those funds. Claims must be incurred by March 15, 2027 and submitted by April 15, 2027 .		Yes. Your unused funds rollover automatically each year.
Can I take my money with me if I leave VUMC or retire?	No. Unused dollars are forfeited. You can submit receipts for reimbursement up to your termination date.		Yes. Your funds, including VUMC contributions, belong to you.



Prescription Drug Plan

Prescription drug benefit

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

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



Prescription Drug Plan

Generics

To help reduce prescription costs, VUMC offers \$1 generics for many commonly prescribed maintenance drugs including:

- Losartan (hypertension)
- Metoprolol succinate (hypertension)
- Glyburide (diabetes)
- Glipizide (diabetes)
- Meloxicam (pain)
- Sertraline tab (depression)
- Pantoprazole (gastroesophageal reflux)

These savings make it easier for employees to manage chronic conditions affordably. You can find a list of other \$1 generics at navitus.com.

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 Plans

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

Services	Cigna Dental Care (DHMO)	BlueCross BlueShield Dental (PPO)	Delta Dental
Preventive Care	No cost (or low cost) preventive care such as cleanings and exams.	100% Diagnostic & Preventive – cleanings, x-rays, exams.	100% Diagnostic & Preventive – cleanings, x-rays, exams.
Copays, Deductibles, Annual Maximum Costs	There is a copay (set fee) for dental services. No deductibles or no calendar year or lifetime maximum costs.	There is no copay; there is coinsurance and a \$50 deductible individual/ \$150 family. The deductible does not apply to basic cleaning and X-rays. Annual benefit maximum is \$1,500 and apply to basic and major services.	There is no copay; there is coinsurance and a \$50 deductible individual/\$150 family. The deductible does not apply to basic cleaning and X-rays. Annual benefit maximum is \$1,500.
Network	Smaller network of dentists and must choose a primary dentist. Does not provide out-of-network coverage.	Larger network of dentists. Offers out-of-network coverage.	Offers the largest provider network in the nation through the Delta Dental PPO and Premier networks. Offers out-of-network coverage.
Referrals	Referrals are needed for specialists.	No referrals needed.	No referrals needed.
Visit Limits	Some procedures have frequency limits (e.g., one cleaning every 6-months).	Some procedures have frequency limits (e.g., one cleaning every 6-months).	Some procedures have frequency limits (e.g., one cleaning every 6-months).
Emergency Care	Emergency care to relieve pain only.	80% coverage for basic services (e.g., emergency care, fillings, non-surgical removal of teeth).	80% coverage
Orthodontic Coverage	Orthodontic coverage for children and adults and includes no waiting period.	Orthodontic coverage is for children only. 50% Orthodontics for dependents 18 and under. Includes a 12-month waiting period for orthodontia. Lifetime orthodontia maximum of \$1,000.	Orthodontic coverage is for children and adults. Includes a 12-month waiting period for new enrollees. Lifetime orthodontia maximum of \$1,200.
Anesthesia Services	General anesthesia/IV sedation when medically necessary.	80% Anesthesia Services when medically necessary.	50% anesthesia services when medically necessary.
Advanced Procedures	Not covered.	50% coverage.	80% coverage.
Special Services	Option to consult with a licensed dentist through a video call if unable to reach a regular provider. Click here for more information. Cigna Dental Oral Health Integration program for members with certain medical conditions. The program is free. If you qualify, you will be reimbursed. Click here for more information.	The Blue365 discount program saves you up to 50% on products and services (e.g., yoga, hearing care and cosmetic dentistry). With Fitness Your Way, pay a \$19 enrollment fee and \$19-\$99 a month to use participating fitness centers. See available discounts here or via the BCBSTNSM app.	Special needs health care benefit allows up to four cleanings per year. Special health care needs include any physical, developmental, mental, sensory, behavioral, cognitive, or emotional impairment or limiting condition that necessitates medical management, health care intervention, and/or the use of specialized services or programs. Click here for more information.
Vanderbilt Providers	The Vanderbilt Dental Center does not participate in the Cigna DHMO network. Vanderbilt Oral Surgery and Vanderbilt Orthodontics provide services to Cigna DHMO patients.	Vanderbilt Dental Center, Vanderbilt Oral Surgery, and Vanderbilt Orthodontics provide services to BlueCross BlueShield patients.	Vanderbilt Dental Center, Vanderbilt Oral Surgery, and Vanderbilt Orthodontics provide services to Delta Dental patients.
Resources	Cigna DHMO Patient Charge Schedule Cigna Dental Care (DHMO) Summary Plan Description	DentalBlue Summary of Benefits BlueCross BlueShield DentalBlue PPO Evidence of Coverage BCBS Dental Claim Form Guide to DentalBlue Benefits	Delta Dental benefit highlights Delta Dental's networks: Delta Dental PPO and Delta Dental Premier Delta Dental Mobile app

Vision Plan

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

MetLife is the provider for vision care. Your coverage includes eye examinations, prescription eyewear and contact lenses through a provider network that includes both ophthalmologists and optometrists.

Visit the MetLife website for more information: <http://mybenefits.metlife.com>



The MetLife Vision plan allows you to express your personal style with designer frame options from brands like Coach, Burberry, Versace, Tory Burch, Prada, and Ray-Ban.

You'll find these frames at various retailers, including LensCrafters, America's Best, Target Optical, and even online at Warby Parker. For those who prefer contact lenses, 1-800Contacts is a convenient option.

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 \$250,000. Your spouse may be subject to a MetLife Statement of Health form. Your spouse can be covered up to age 85. 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.

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/ Disability

AD&D

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

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

MetLife Travel Assistance

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



Short-Term Disability

Short-term disability insurance provides income replacement up to 66.7% if you are unable to work for an extended period due to an approved medical condition. For fully benefits-eligible staff after 30 days of employment.

Base coverage: VUMC pays for short-term disability on the first \$24,000 of your annual salary at no cost to you. This translates to a maximum of \$308 per week in benefit coverage up to 24 weeks.

Should you need additional coverage, you will need to enroll in short-term disability buy-up coverage. Your costs for buy-up coverage depend on your annual salary.

Buy-up coverage: This benefit covers the amount between \$24,000 and your annual base pay. You will cover the cost of the premiums for this benefit. Premiums are based on your salary. This coverage pays 66.7% of your covered base salary. This translates to a maximum benefit of \$2,500 per week.

If you are electing buy-up after having waived the plan previously, you will need to go through the evidence of insurability process. You will receive a separate notification in Workday to complete this step.



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 in your own occupation. For fully benefits-eligible staff after 30 days of employment.

Base coverage: VUMC pays for long-term disability base coverage worth 60% of the first \$24,000 of your annual salary at no cost to you. This translates to a maximum of \$1,200 per month in benefit coverage up to six months. Should you need additional coverage, you will need to enroll in long-term disability buy-up coverage.

Buy-up coverage: Long-term disability buy-up covers the amount between \$24,000 and your annual base pay and includes a 10% monthly contribution to your retirement account if you are unable to participate in the Vanderbilt University Medical Center Retirement Plan. You will cover the cost of the premiums for this benefit. Premiums are based on your salary. The buy-up option replaces 60% of your salary if you become disabled and cannot work for more than six months. The decision for approval of the benefit is made by the third-party disability insurance company.

Leave and Time Off

VUMC offers many types of paid time off and leave programs to help you manage personal, medical, and family needs.

Eligibility for the time off and leave programs is based on your primary role at VUMC (e.g., staff, faculty, house staff, etc.), years of benefits-eligible service, part-time or full-time status, and in some cases, your actual hours worked.

Paid Time-Off Includes:

Bereavement Leave

Employees may use up to three days of paid bereavement leave in the case of the death of a close family member. Family includes spouse, children, parents, in-laws, siblings, grandparents, grandchildren, domestic partners, and step-relatives.

Jury Duty or Court Appearances

If an employee is called for jury duty or needs to testify as a witness for work-related reasons, they will be paid their regular salary.

Parental Leave

A two-week paid parental leave is available to eligible birth and adoptive parents/spouses and must be used before the child is 12 weeks old.



Sick Time

Eligible employees can use sick leave if they are ill, injured, have medical appointments, or need to care for a sick family member. For detailed rules and procedures, please refer to the full Sick Time Policy.

Vacation (flexPTO)

All regular, full-time and part-time VUMC employees are eligible for flexPTO. VUMC's flexPTO (Flexible Paid Time Off) program allows you to use your time off in ways that suit you best. You can use this time for planned time off, including vacations and holidays, and for brief illnesses.

Living Donor Paid Leave

Eligible staff who become living donors will receive up to 4 weeks paid administrative leave for solid organ donation, up to 14 days paid leave for bone marrow donation, and up to 7 days paid leave for peripheral blood stem cell donation via apheresis.

Unpaid and Partial Time-Off Includes:

FMLA (Family and Medical Leave Act)

FMLA is a federal law that provides unpaid, job-protected leave to employees for up to 12 weeks. FMLA provides job protection; however, it does not provide pay.

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.



Maternity Leave

Leave for the birth of a child can be assembled in various ways using FMLA/TMLA to provide for the leave and Short-Term Disability for partial income replacement.

Military Leave

VUMC follows the USERRA guidelines for military leave. The Uniformed Services Employment and Reemployment Rights Act (USERRA) is a federal law that protects the employment rights of service members and veterans.

Short-Term Disability

Short-term disability insurance provides income replacement if you are unable to work for an extended period due to an approved medical condition. Short-term disability benefits may continue for up to 24 weeks.

Other Administrative Leave

This leave can be given by a supervisor for reasons like workplace repairs or investigations. Initially, this leave is paid. However, it can become unpaid depending on the situation.

For detailed information about your benefits while on leave, visit the HR website at

<https://vumc365.sharepoint.com/sites/human-resources/SitePages/Leave-Time-Off.aspx>

403(b) Retirement Plan

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

Eligibility

The retirement plan is optional when you are new, but becomes mandatory once you have completed one year of service and 1,000 hours within a 12 month period.

NOTE: 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.)

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-for-dollar.

Voluntary: Employees can contribute voluntary dollars on their first day of

employment. 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 (vumc365.sharepoint.com/sites/human-resources/SitePages/Retirement-Plan-for-Faculty-Staff.aspx).

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.



* For faculty, VMG and executive administration members: Those whose compensation exceeds \$160,000 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.

3% + 2% + 5% = 10%

Mandatory Contributions
(First 3% matched dollar-for-dollar)

Voluntary Contributions
(Matched dollar-for-dollar minimum 2%)

Total Match
VUMC matches up to 5%

Total Contribution

Discover Your NetBenefit

Fidelity's NetBenefits website offers a host of free services to help you make wiser financial decisions, including live and on-demand web workshops and articles in English and Spanish. Topics include how to create a budget, how to prioritize savings goals and how to make the most of your retirement savings. To switch to Spanish, click on the blue "Español" button on the home page. You can also view and manage your voluntary contributions, view and change your investment elections as well as access a take-home pay calculator.

You also have access to two Fidelity financial consultants designated to help VUMC employees. You can schedule a telephone or virtual one-on-one financial planning session by clicking on the customer service icon on the NetBenefits website and then clicking Meet One-on-One.

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.

MyHealthBundles

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

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

Current bundles include:

MyMaternityHealth

For pre- and post-natal care

MyHearingHealth

For cochlear implant surgery

MySpineHealth

For select spinal surgeries

MyOrthoHealth

For hip and knee replacement

MyOrthoHealth

For osteoarthritis of the hip and knee

MyOrthoHealth

For orthopedic care for shoulder pain

MyWeightLossHealth

For surgical weight loss

MyUrologyHealth

For kidney stone treatment

MyRecoveryHealth

For substance use disorder support

MyHeartHealth

For Cardiac Arrhythmia treatment

MyOncologyHealth

Personalized support for individuals diagnosed with cancer

For Health Savers Plan Members

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



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

Family Services

Explore VUMC's Family Support Benefits

We know that balancing work and family can be tough, so we're here to help. VUMC offers several services to make life easier for our working parents. **Here's a quick look at what we provide:**

Adoption Assistance If you're growing your family through adoption, we provide support and financial assistance to eligible full-time employees to help with the process. Adoption is defined as steps taken through legal procedure to assume parental responsibility for an unmarried child younger than eighteen (18) years of age. Reimbursement cannot exceed \$3,000 per child with a lifetime maximum limit of two (2) adoptions per employee. An employee who adopts a child is eligible to use Parental Leave and can also access Non-FMLA Medical and Personal Leave of Absence policy (if available).

Parental Leave We have strong parental leave policies so you can spend time with your new family member without worrying about work.

Backup Childcare When your regular childcare plans fall through, we've got you covered with access to Care.com to find reliable backup in-home childcare and adult care at a subsidized rate based on your income. You may use up to a combined total of 10 calendar days of adult care and/or childcare per fiscal year (July 1 through June 30). Summer camp reimbursement is not part of our backup care program.

Lactation Rooms We provide more than 20 lactation rooms throughout the health system. The spaces operate on a first-come, first-served basis, allowing nursing mothers to use these facilities as needed.

Fertility Benefits We offer benefits to support fertility treatments and family planning to help you on your journey to parenthood. You can get up to \$5,000 per year or \$10,000 in total lifetime benefits for medical services. This includes seeing a specialist for treatments like ovulation induction and artificial insemination (IUI and ICI). The pharmacy benefit also gives you up

to \$5,000 per year or \$10,000 in total lifetime benefits for certain drugs like Clomid and Ovidrel. In addition, Meritain Infertility Case Management can answer your questions and help you move to Maternity Case Management after you conceive. Contact us at 800.925.2272 for more details.

Employee Assistance Programs Need someone to talk to or resources to help balance work and life? Work/Life Connections-EAP, our employee assistance program, provides personalized care to address the emotional and mental health needs of our workforce through unique programs and helpful resources. Contact them at 615-936-1327.

Health and Wellness Programs We care about your overall well-being. Our health and wellness programs provide a network of innovative onsite and virtual resources to keep you healthy and happy.



For more information, visit <https://vumc365.sharepoint.com/sites/human-resources/SitePages/Family-Services.aspx>

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.

Nursing and Respiratory Therapist Student Loan Repayment Program

Vanderbilt University Medical Center (VUMC) offers a student loan repayment program for direct care nurses and

respiratory therapists in eligible job codes. VUMC will contribute \$500 monthly towards undergraduate student loans for those in good standing.

Eligible employees can participate in this program for four years with a maximum amount up to \$24,000.

Direct care licensed practical nurse (LPNs), registered nurses (RNs), and respiratory therapists including nurse residents, at all VUMC clinics and hospitals and Vanderbilt Home Care Services (VHCS) are eligible for the program.

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 Workday Help.

How to Access your Benefits

For more information about how to enroll/apply and to access the EdAssist portal, visit the HR section of the Vanderbilt Health Hub.



Life events

Navigating Life Events with Ease:

Understand how life events impact your benefits with our comprehensive guides and resources. Whether it's maternity leave, FMLA, or Short-Term Disability, we've got you covered with clear, actionable information.

Depending on your type of life change, you may also need to update your record to change your name, address or tax withholding. You must declare a life event within 30 days of the date of the event. See details below about updating your record. Missing this window means waiting until Open Enrollment to make changes to your benefits.



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



Marriage



Divorce



Birth or adoption
of child(ren)



Death of an
immediate
family member

To change your benefits:

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

For step-by-step instructions, visit <https://vumc365.sharepoint.com/sites/human-resources/SitePages/Records-Updates.aspx>

Go for the Gold

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

Health Plan Account

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

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

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

Participate in Go for the Gold by going to:
<https://vumc365.sharepoint.com/sites/human-resources/SitePages/Go-for-the-Gold.aspx>



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.

Quick Care Options



We know life doesn't always wait for the most convenient time to throw a sniffle, sprain, or sting your way. But don't worry — when it comes to non-emergency medical situations, we've got you covered with quick, affordable care options that will save you time, stress, and money. Skip the emergency room for minor hiccups and check out these options instead. Your wallet will thank you!



These Clinics Were Made for Walk-In

For an office visit copay, you can stop by an in-network walk-in or after-hours urgent care clinic. With nearly 50 clinics (including retail clinics like Vanderbilt Clinic at Walgreens), you're never too far from care. Open seven days a week and after-hours, these clinics are perfect for when you need care outside your primary provider's schedule. Visit **myhealthwalkin.com** to find a clinic near you — and even save your spot in line. And for VUMC health plan members living outside Tennessee, you can get quick care at a CVS Minute Clinic and have it charged at the Tier 1 rate.



Care in Your Pajamas

Why leave the house when you can get care from your couch? With VUMC Telehealth, you and your adult dependents on the VUMC Health Plan can connect with a nurse practitioner for just a \$5 copay (Plus and Select members). All you need is a smartphone, tablet, or computer with a webcam and Zoom. It's easy to schedule in the My Health at Vanderbilt app.



House Calls Are Back

Vanderbilt Health OnCall is bringing back house calls with a modern twist! Serving several cities (including Nashville, Brentwood, and Franklin), the Vanderbilt Health OnCall brings a nurse practitioner right to your home or office to diagnose and treat common illnesses, such as strep, flu, or UTIs. Appointments are available daily from 7 a.m. to 7 p.m. and are charged at the Tier 1 rate.



Your Campus Go-To Spot

If you're working on the 21st Avenue Campus and suddenly feel under the weather, don't sweat it. Come to the 6th floor Occupational Health Clinic. Open weekdays from 7:00 a.m. to 4 p.m., this is a free option for employees dealing with work-related or minor illnesses.



Advice Around the Clock

Got a question about an illness at 3 a.m.? Wondering if you really need to see a doctor for that pesky cough? The Meritain Nurse Line has your back 24/7. Call 866.726.6529 to speak with a registered nurse who can provide guidance, discuss treatment options, and even help you make healthier lifestyle choices.

Harness help to maximize your benefits

We know that benefits can sometimes be a bit tricky to navigate, so we've got a host of resources to help you out.

Create a case in Workday

<https://www.myworkday.com/vumc>

You can create a case in Workday and track the case until the issue has been resolved.

- ▶ First, you'll need to log in to Workday. You should have the Workday icon on your desktop. Click on that icon and then enter your VUMC email and password.
- ▶ Once you've logged on, click on Menu in the upper left corner of the screen.
- ▶ Click on Help. From here, you can create a case to get help from an HR specialist.

Workday Help Articles

<https://www.myworkday.com/vumc/wdhelp/helpcenter>

The Workday Help Center provides you with access to information on topics, such as benefits or FMLA, and case creation. There you can find answers to frequently asked questions in the self-help articles, or you can click on Create Case to get help from an HR specialist

Employee Service Center (ESC)

The Employee Service Center is reachable at 615-343-7000 from 8 a.m. to 4:30 p.m. Monday through Friday.

HR Website

For all up-to-date information on benefits, news and more, visit the HR website.

<https://vumc365.sharepoint.com/sites/human-resources>



Glossary of Terms

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

Bundles

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

Copay

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

Deductible

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

E.O.B.

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

F.S.A

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

Health Plan

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

Network

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

Out-of-Pocket Maximum

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

Premium

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

P.P.O

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

Helpful contact information

Dental insurance

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

Phone: 800.244.6224

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

Phone: 800.565.9140

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

Phone: 800.223.3104

EdAssist

[vumc.edassist.com/](https://www.vumc.edassist.com/)

Phone: 877.348.0758

Fidelity

[netbenefits.com/VUMC](https://www.netbenefits.com/VUMC)

Phone: 800.343.0860

FSAs

help@mybenefitexpress.com

Phone: 877.837.5017

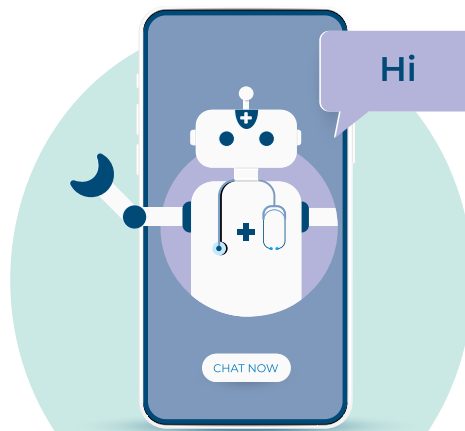
Health insurance

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

800.925.2272

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

Phone: 866.333.2757



Life Insurance and AD&D

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

Phone: 800.638.6420

Short Term Disability

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

Phone: 800.836.6900

Vision insurance

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

Phone: 855.638.3931

Pet Insurance

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

Phone: 877.738.7874

This document provides information about your benefit options. It is not meant to replace the summary plan descriptions (SPDs) or plan documents, which are the governing documents for VUMC benefits. SPDs are available on the HR website. Offerings, rates, and plans are subject to change. 09/16/2025