How to Enroll in 2021 Benefits

The following instructions will help you navigate the Open Enrollment screens in MyVUMC Benefits where you will choose benefits for 2021. Open Enrollment for 2021 begins Oct. 14 and ends at 11:59 p.m. on Oct. 30. The benefits you choose will take effect Jan. 1, 2021 and last until Dec. 31, 2021.

1. Begin your Open Enrollment by logging in to My VUMC Benefits with your VUMC ID and password. You can access My VUMC Benefits by clicking on My VUMC Benefits under the Benefits tab on the Human Resources website homepage at hr.vumc.org.



2. At the top of the welcome screen, you will see an Enroll Now button. Click on this button to begin your enrollment process. Note: Click the blue Save and Continue button to move to the next screen.



3. First, you will claim your \$20 tobacco-free health plan premium credit if applicable. To qualify, you and your covered dependents must be tobacco-free or willing to end your tobacco use.

My VUMC VANDERBY Benefits ME	ELT VUNIVERSITY DICAL CENTER	Contact Us 🗭 Logout 🖲
Benny TEST Fitz	Impersonating UserID: 3488331	Name: Benny TEST Fitz 🖋 🚱 Q Reset My Rights
<		3. CONFIRMATION
My Plans	Tobacco Free Credit	New Hire Enrollment
Account Information Benefits Profile	The purpose of this acknowledgement is to document whether you and/or your overled dependents qualify for the 520 tobacco-free health plan premium credit. To qualify for the credit under the VUMC Health Plan, you and/or your cov	ered VOLL PAY:
양 Life Events 입 Library	I certify that in order to take advantage of the health plan premium credit, I, and if applicable my covered dependents, a tobacco-free and plan to continue to be that way. I understand that VUMC may require me or my dependents to recert tobacco-free status in the future.	are \$41.47 Ify our Medical Center Bywerkly
RECORDED WITH	 I and, if applicable, all of my covered dependents, are tobacco-free (credit is received). I and, if applicable, one or more of my covered dependents, is a tobacco user. However l/we are committed to ending tobacco use in 2018. Resources to help us end our tobacco use are available online (credit is received). I and/or, if applicable, one or more of my covered dependents, is a tobacco user. We do not intend to end our tobacco this time (no credit received). 	g our

4. Next, you will provide information about your dependents. On this page you can add dependents. They will be available to select as beneficiaries for life insurance and AD&D or you can designate another beneficiary when enrolling in those benefits.

-	My Plans	My Dependents	New Hire Enrollment	
	Account Information	The first step in the enrollment process is to provide information about your	Effective Date: 08/06/2018	
B	Benefits Profile	dependents. Once you have added a dependent, his or her name will appear below regardless of whether or not he or she is currently covered under your benefits.	YOU PAY:	
œ	Life Events	Your dependents will be available to select as beneficiaries for life and AD&D or you can designate another beneficiary when enrolling in those benefits.	\$41.47	i.
ත	Library	IMPORTANT: Vanderbilt University Medical Center reserves the right to audit eligibility and may require copies of any legal papers issued to establish a person as your dependent.	Medical Center Biweekly	
		Next Steps		
		 Review the information below on your current dependent(s). Add any dependents you plan to cover who do not appear in the list below. Please note that the birth date and relationship you enter are very important. This information will determine if the dependent is eligible for coverage, and in some cases may affect which plans you are offered. 		>
		Not Dependent		
		Name Relationship Gender Admin ID Date of Birth Full-Time Student Disabled		
		TEST bene, Beneficiary 1 Beneficiary M No No		
HES	ORDED WITH	The list above includes all of the dependents and beneficiaries in our records.		

5. First up is your health plan enrollment. If you want to cover any dependents, select their names from the drop-down menu at the top of the screen or click add dependent to add a new dependent. Select the plan option that makes the most sense for you and/or your family from the choices or waive coverage by selecting "ELECT NO COVERAGE".

C View feat	ompare Plan Features v a side-by-side companison of ures between the below plans.		
✓ Aetna Plus			
Tier: Individual	Per P	ay Period: You Pay:	
Individual Deductible: Family Deductible:	\$600.00 \$1,100.00	\$26.00	
Individual Out of Pocket Maximum:	\$4,000.00	Plan Info	
Family Out of Pocket Maximum:	\$7,500.00	Selected	

6. If you choose the Health Savers Plan, you will be asked to agree to allow VUMC to create an HSA account for you with Fidelity.



7. Next, you will enroll in dental insurance. First select any dependents you may wish to cover and select the plan and coverage level you wish to enroll in or click "ELECT NO COVERAGE".

=	My Plans	1. GETTING STAR	ED.	2. CHOICES	3. CONFIRMATION
٠	Account Information	Dental Step 1. Select You	ir Dependents		New Hire Enrollment
8	Benefits Profile				Effective Date: 08/06/2018
ß	Life Events	First select the dependents you w system will automatically determi	sh to cover, if any, for this plan. The ne the appropriate coverage level for	You have no dependents on file	
43	Library	you below. You can also click the name to edit their information, or upload any necessary documenta	Edit" link next to each dependent's the "Upload Document" link to tion.	Add Dependent Add a Dependent	YOU PAY: \$31.47
		Medical Center Biweekly			
		Dental Step 2. Select You	ır Plan		
		Select a plan from the choices bel ELECT NO COVERAGE.	ow. For more information on the plans,	please click the plan info button. To w	waive, select
		Compare Plans			
		Plan	Coverage Level Medi	cal Center Blweekly Deduction	Plan Info
	HOLD WITH	(i) Cigna Dental (DHMO)	Individual	48.31	Plan Info

8. Next, you will enroll in vision insurance. First select any dependents you may wish to cover and select coverage level you wish to enroll in or click "ELECT NO COVERAGE".

Benefits Profile Life Events Library	system will automatically di you below. You can also clic name to edit their informat upload any necessary docu If the dependent appears w the relationship/age require number is missing.	stermine the appropriate cover- k the "Edit" link next to each de ion, or the "Upload Document" mentation. ithout a checkbox, he or she do ments for coverage or the Soci	age level for spendent's Add Depend link to bes not meet al Security	ent		\$ Medica	YOU PAY: 47.04 I Center Biweekly
	Vision Step 2. Select Select a plan from the choic ELECT NO COVERAGE.	Your Plan	n on the plans, please click the pla	an info button. To	waive, select		
	Plan	Coverage Level	Medical Center Biweek	ly Deduction	Plan Info		
	Superior Vision	Individual		\$3.27	Plan Info		
	Elect No Coverage	Waive		\$0.00			_
	< Previous					Go to Confirmation	Save and Continue >

9. Next, you will learn a bit more about our "anytime" benefits, including tuition assistance and retirement. These benefits can be changed any time and are not necessarily a part of Open Enrollment. After you review the information about tuition assistance, click the Save and Continue button to move to the next screen.



After you review the information about retirement, click the Save and Continue button to move to the next screen and continue choosing your benefits.



10. During Open Enrollment, you will also be able to enroll in enhanced short-term disability and supplemental life insurance, up to 8 times your salary. You can also choose coverage for your spouse or dependent.

My VUMC VANDERBI Benefits MEE	LT VUNIVERSITY DICAL CENTER				Contact Us 🗛 Logout 🕒
Benny TEST Fitz	🐗 / Traditional Short-Te	m Disability	Impersonating U	serID: 3488331 Name: Benny Ti	EST Fitz 🗲 🕤 Q Reset My Rights
≪ # Home		1. CHOICES		2. CONFIR	MATION
My Plans	Traditional Short-	Term Disability Select Your Co	verage Level		New Hire Enrollment
Account Information	If you become disable	d, you are covered by the traditional short-te	rm disability program which provid	des income protection to	Effective Date: 10/01/2018
☑ Benefits Profile	replace 66 2/3% of you 30 days from your dat	r earnings, to a maximum weekly benefit of to f hire.	\$2,500. This benefit begins the first	t of the month following	YOU PAY:
If the Events	14-Day Wait: Ber	efit payments under this option begins on th	he 15th calendar day after your dis	ability begins and may	\$15.15
එු Library	Select a Traditional Shor information button. To v Note: This benefit ca	 WEEKS. t-Term Disability plan from the choices below. F vaive, select ELECT NO COVERAGE. anot be changed outside of your new hire 	For more information on the plans, pl	ease click on the plan	Medical Center Biweekly
RECORDED WITH	Plan	Coverage Level	Medical Center I D	Biweekly Plan Info eduction	_

11. Next up is flexible spending accounts, or FSAs. If you want to enroll in a health care or day care FSA, enter the amount you wish to contribute for the 2021 plan year. Otherwise enter zero. The amount you enter will be taken out of your paycheck in equal amounts every two weeks.

	 Gain or loss of a dependent Gain or loss of your spouse or dependent's employment. If you have already contributed during this plan year, you can submit clair reimbursement for funds already deducted; prior deductions will not be r payroll. If you do not wish to participate for the remainder of the plan yea amount indicated below. 	ns for efunded through r please enter the	
	Health Care Flexible Spending Make Your Choice		
	Start by entering either the total annual amount you would like to contribute for the next plan year or how much you would like to pay each pay period. Click the "Calculate" button to see the other total. Min and Max Contributions: • The minimum annual contribution to participate is \$104.00 • The maximum annual contribution to participate is \$2,600.00 • If you do not wish to participate, please enter \$0.00	ENTER: Your Amount for the year: \$ 500.00 or Deduction (Medical Center Biweekly): \$ 250.00	
RECORDED WITH			

12. If you want to enroll in a dependent care FSA, enter the amount you wish to contribute for the 2021 plan year. Otherwise enter zero. The amount you enter will be taken out of your paycheck in equal amounts every two weeks.

u experience	
r Choice INTER: four Amount for the Year: \$0.00 r beduction (Medical Center Biweekly): \$0.00	b
5	Choice TER: Dur Amount for the Year: Dur Amount for the Year: Dur Amount for the Year: Dur Amount (Medical Center Biweekly): Dur Calculate

13. You can confirm your benefits choices by viewing the summary with your payroll deductions and a list of any covered dependents.

Benefits Profile	Plan Name	Coverage Detail	Coverage Period	You Pay	Coverage	Last Updated
Life Events	Health					
Library	Aetna Plus	Individual	08/06/2018 - 12/31/2018	\$26.00 Medical Center Bliweekly		10/02/201
	Spousal Surcharge					
	Waive		08/06/2018 - 12/31/2099	\$0.00 Medical Center Biweekly		10/02/201
	Dental					
	BCBST Dental PPO	Individual	08/06/2018 - 12/31/2018	\$15.58 Medical Center Biweekly		10/02/2018
	Vision					
	Elect No Coverage	Waive	08/06/2018 - 12/31/2018	\$0.00 Medical Center Biweekly		10/02/2018
	Traditional Short-Term Disability	1				
	Traditional Short-Term Disability	66 2/3% of Salary - 14 Day Wait	10/01/2018 - 12/31/2018	\$15.15 Medical Center Biweekly		10/02/201
	Basic Life					

14. Lastly, you can print or email a copy of the confirmation statement for your records by clicking on the symbols in the top right corner of the confirmation page.

	Banny TEST Eitz				Impersonating UserID: 348833	11 Name: Benny	TEST Fitz	F 🕤 Q	Reset My Rights
M	D denny rest ma	🕫 / Benefits Info	ormation						
	۲	0	Benefits Information f	or Benny TEST Fitz				+ B	
*	Home							1	nal this page
=	My Plans		Show past and future benefit	efit information					
٠	Account Information								
8	Benefits Profile		Plan Name	Coverage Detail	Coverage Period	You Pay	Coverage	Last Updated	
ß	Life Events		Health						
49	Library		Aetna Plus	Individual	08/06/2018 - 12/31/2018	\$26.00 Medical Center Biweekly		10/02/2018	
		_	Spousal Surcharge						
			Waive		08/06/2018 - 12/31/2099	\$0.00 Medical Center Biweekly		10/02/2018	
			Dental						