



# Detailed Guide

Open Enrollment  
for 2023 Benefits

# Table of Contents

How do I use this guide? / **3**

What's new for 2023 / **4**

Bundles / **5**

Eligibility / **7**

Health plan / **8**

Health Savers Plan / **10**

Health plan payroll premiums / **14**

Prescription drug plan / **15**

Dental and vision / **16**

AD&D / **17**

Flexible spending accounts / **18**

Anytime benefits / **19**

Life events / **20**

Quick care options / **21**

How do I enroll? / **23**

Helpful contact information / **24**

Further resources / **25**



# 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 during this Open Enrollment period 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.

## What's included?

The following benefits are part of Open Enrollment:

- ▶ Health, dental and vision insurance
- ▶ Health care flexible spending accounts and health savings accounts, which reimburse out-of-pocket medical expenses for you and your dependents
- ▶ Dependent day care flexible spending accounts, which reimburse day care service expenses for your dependents
- ▶ Accidental Death & Dismemberment (AD&D) insurance



## Quick facts

Open Enrollment begins at **8 a.m., Oct. 4** and ends at **11:59 p.m., Oct. 17.**



The benefits you choose will take effect on **Jan. 1, 2023** and last until **Dec. 31, 2023.**

You will enroll for 2023 benefits using **My VUMC Benefits.** For more information about plans described in this guide, visit the HR website at [hr.vumc.org/oe](http://hr.vumc.org/oe).



# What's new for 2023

## Open Enrollment is Passive This Year

Open Enrollment is passive this year, meaning if you are NOT making any benefit changes for the 2023 plan year, you won't need to enroll. All of your 2022 benefit choices, except for flexible spending accounts, will automatically roll over for 2023.

- If you received the \$20 tobacco-free credit for 2022, you will automatically receive the credit for 2023.
- If you want to make changes to spousal coverage, you must go through Open Enrollment.

## Modest Increase to Premiums

VUMC employees will see increases in health plan premiums for all three plans due to increasing costs of claims across the organization.

Health plan deductibles will remain the same in plan year 2023 as in 2022. A deductible is the amount an employee pays before their plan starts to cover more of their costs.

The copay for Tier 1 preferred network medical providers for Aetna Plus and Aetna Select members will remain the same in 2023 as well – including the reduced \$5 copay for virtual visits with VUMC providers. A network is a group of physicians, hospitals, and other health care providers that have agreed to provide medical services at pre-negotiated rates. These pre-negotiated rates are lower than what that provider would charge a non-member.

Dental rates will increase for those in the Cigna plan but will remain the same for those in the Delta Dental or BlueCross BlueShield Dental plans.

## FSA Elections Will Not Carry Over

Due to IRS rules, your 2022 flexible spending account election will not carry over to 2023. If you want to participate in the FSA for 2023, you will need to enroll on My VUMC Benefits.

## Changes to Short-Term and Long-Term Disability

For one time only, all VUMC employees will be re-enrolled in the buy-up coverage for both the short-term and long-term disability insurance plans with no evidence of insurability (EOI) required. Unum has agreed to waive all EOI requirements, so you can enroll even if you have been denied previously. The buy-up coverage takes effect Jan. 1, 2023.

If you don't want the buy-up coverage, you should waive it during Open Enrollment by logging in to My VUMC Benefits and waiving coverage.

For more information about short-term disability, visit <https://hr.vumc.org/benefits/short-term-disability>.

For more information about long-term disability, visit <https://hr.vumc.org/benefits/longterm>.

# MyHealthBundles

The MyHealth Bundles program returns in 2023 with streamlined, convenient care that leads to faster recovery and saves employees money.

- ▶ VUMC employees and their dependents in the Aetna Plus, Aetna Select and Health Savers plans are eligible to participate in the bundles program.
- ▶ The 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 healthcare
- ▶ The bundles program is adding two new bundles for 2023 — MyUrologyHealth — Kidney Stone Treatment and MyRecoveryHealth—Substance Use Disorder — for a total of 10 bundles available to VUMC employees and their dependents.
- ▶ Employees do not need to “opt in” during open enrollment but do need to enroll in the program once ready to begin care.

Over the next two pages, learn about the bundles currently available and the bundles available starting in 2023.

## Available Now

### MyMaternityHealth - Prenatal and Post-natal Care

- The program provides an enhanced clinical and service experience for expectant mothers with zero out-of-pocket costs. The program is an innovative approach that coordinates and bundles all services an expectant mother and baby need from the initial prenatal care visit until 12 weeks after delivery. It also features free education classes, telehealth visits and tele-lactation services.
- Expectant mothers must consult with a patient navigator and enroll in the MyMaternityHealth program before their second prenatal appointment with a Vanderbilt Health maternity care provider in order to participate. Visit [MyMaternityHealthBundle.org](#) for more details.



- MyHearingHealth patients benefit from a respected team of specialists known for groundbreaking research and innovative treatment options, coupled with the widest selection of implants available anywhere.



### MySpineHealth - Select Spine Surgeries

- This innovative approach to spine surgery coordinates and bundles all of the services needed for the fastest, most cost-effective treatment and recovery path for patients suffering from chronic back pain.
- The bundle includes three of the most common spine procedures: cervical fusion, lumbar fusion and lumbar laminectomy.
- As with all bundles, the experience is streamlined with the help of a personal patient navigator who helps manage care every step of the way.
- Only patients who will truly benefit from spine surgery will be enrolled in this bundle. Visit [MySpineHealthBundle.org](#) to learn about whether MySpineHealth is the right solution for you.



### MyOrthoHealth - Orthopedic Care - Hip and Knee Surgery

- The program covers hip and knee joint replacements, bundling all the care needed to speed recovery and get back to life and work quickly and cost-effectively.
- MyOrthoHealth eliminates unnecessary treatment and enhances recovery through the use of telehealth and an innovative digital care platform that delivers virtual rehab.
- As with all other bundles, patients receive high-touch guidance from a personal navigator who will manage the care experience every step of the way.
- Visit [MyOrthoHealthBundle.org](#) to learn more.



# MyHealthBundles

Available January 1, 2023

## MyUrologyHealth

### Kidney Stone Treatment

- This bundle includes all services needed to treat current kidney stones and prevent them from returning.
- Following a successful treatment journey, Vanderbilt's team of kidney health specialists will work with you to create a personalized treatment plan that includes a nutrition consultation with a dietitian, comprehensive metabolic testing, 24-hour urine testing and identification of affordable long-term medications.
- You must have an active kidney stone to participate in this bundle.

Visit [MyUrologyHealthBundle.org](https://MyUrologyHealthBundle.org) to learn more.

## MyRecoveryHealth

### Substance Use Disorder Support

- This bundle includes support for opioid use disorder (OUD) as well as other substance use disorders, which could involve alcohol, cannabis, cocaine, methamphetamine and other stimulants, sedatives, hallucinogens, inhalants, and other psychoactive substances.
- MyRecoveryHealth includes coordinated, proactive care from the initial assessment throughout the recovery journey.

Visit [MyRecoveryHealthBundle.org](https://MyRecoveryHealthBundle.org) to learn more.

**Eligible employees who choose Aetna Plus or Aetna Select for benefits plan year 2023 will have a \$0 copay. Eligible employees who choose the Health Savers Health Plan will realize MyHealth Bundles savings after meeting annual federal deductible requirements.**



# 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 and are a regular, full-time staff or faculty member, then you are eligible for most benefits beginning on your hire date. (Refer to the chart on the right.)

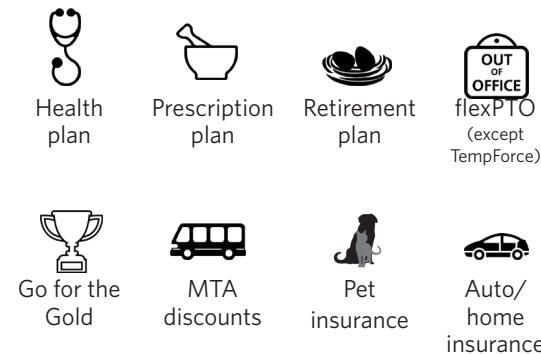
### Partially benefits-eligible employees

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



### Partially benefits-eligible employees



# Health plan

## Explore your options

VUMC offers three health plan options: Aetna Plus, Aetna Select and the Health Savers plans. 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. The Detailed Guide has charts showing these amounts on pages 11 through 13.

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**Remember, the benefits you choose during Open Enrollment will begin Jan. 1, 2023, and last until Dec. 31, 2023.**

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### Need help choosing a health plan option?

- ▶ Read the [Summary of Benefits and Coverage](#), which has examples of what each plan option covers and what it costs.

## In addition, here are three questions to ask yourself:

- 1** Did my pay increase and possibly change my salary band? VUMC payroll premiums are based on salary bands. See a chart in the Detailed Guide on page 13.
- 2** Do I need to update which dependents are covered under my plan?
- 3** Do I expect to need more or less medical care in 2023 than I did in 2022?

If you answer “yes” to any of the questions above, you may want to make a change to your health plan option.

## Open Enrollment is Passive

Open Enrollment is passive this year. With MyWorkday launching in 2023, we wanted to keep enrollment simple. So, if you are NOT making any benefit changes for the 2023 plan year, you won't need to enroll. All of your 2022 benefit choices, except for flexible spending accounts, will automatically roll over for 2023.

- If you received the \$20 tobacco-free credit for 2023, you will automatically receive the credit for 2022.
- If you paid the spousal coverage fee of \$100 per month in 2022, you will pay the spousal coverage fee for 2023. If you want to make changes to spousal coverage, you must go through Open Enrollment.



# Health plan

## How do networks work with our health plan options?

It's easy to get confused! A network is a group of physicians, hospitals, and other health care providers that have agreed to provide medical services at pre-negotiated rates, VUMC's health plan options have three networks.

### Tier 1: VUMC/VHAN Affiliates

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

### Tier 2: Aetna Preferred Providers

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

### Out of Network

Most other local facilities and providers that are not VHAN-affiliates, such as HCA and St. Thomas Health, will be Tier 3, with the exception of obstetrical services at St. Thomas Midtown and Rutherford which will remain a Tier 1 offering in 2023. Tier 3 providers and facilities are considered "out-of-network" and will continue to have the highest deductibles and out-of-pocket maximums.

## Tips for saving on health care costs for 2023

### Flexible spending accounts

- ▶ If you choose to participate in a health care or dependent day care flexible spending account for 2023, you must enroll and provide the amount to deduct. Otherwise, you will not be able to participate in an FSA for 2023.

### Prescriptions

- ▶ Filling your prescription at a VUMC pharmacy pays off. 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. See page 15 for details.

### 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 [Go for the Gold website](#).

# Health Savers Plan

The Health Savers Plan is the only qualified high deductible health care plan (HDHP) option offered by VUMC. Under the Health Savers Plan, you can open an HSA account that allows you to save, invest and budget for qualified health care expenses on a pretax basis.

With the Health Savers Plan, you are responsible for paying 100 percent of the cost of medical services and prescription drugs for yourself or covered dependents until you meet the deductible. In the Health Savers Plan, the employee is responsible for the full cost of prescriptions until the deductible is met. Once you meet your deductible, you pay coinsurance, which is a percentage of the cost for your medical services or prescription drugs until you reach the out-of-pocket maximum. There are no copays in the Health Savers Plan.

## Note for those age 65 and older

If you are 65 years of age or older, or will be 65 in 2023, you are not eligible for the new Health Savers Plan if you have enrolled or will enroll in Medicare.

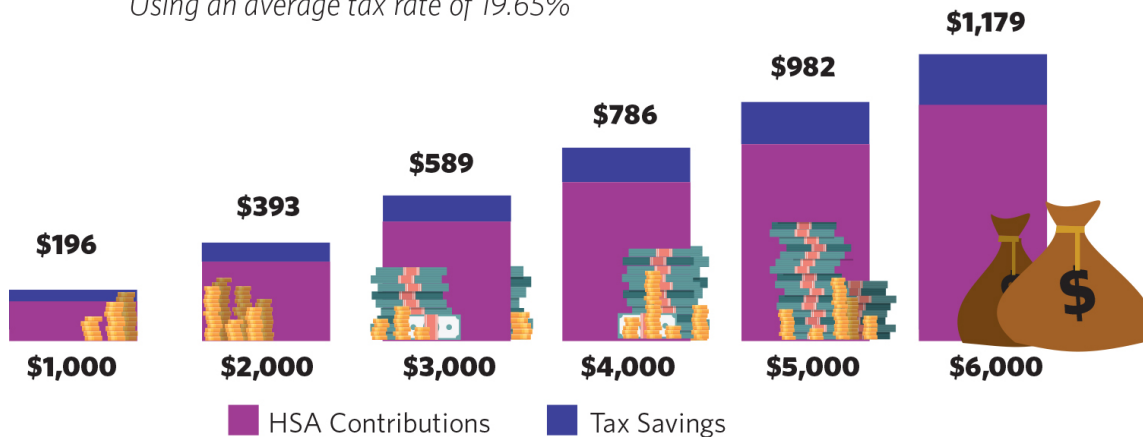
## How to enroll

If you choose the Health Savers Plan, you will need to complete a couple of steps to have an HSA account created for you.

- First, you will need to elect the Health Savers Plan using the Open Enrollment system and agree you want VUMC to have Fidelity open a HSA account in your name. This will allow the organization to place VUMC contributions into this account in early January 2023.
- Second, you will need to activate your Fidelity account which will let you contribute and use funds from the HSA. You will receive an email from Fidelity for you to complete this step. Your Visa HSA Debit Card will arrive separately once this is completed.

## How your HSA Contributions Save Money

Using an average tax rate of 19.65%



19.65% = 12% national average federal tax + payroll taxes of 6.2% for Social Security + 1.45% for Medicare

## There are several advantages to establishing an HSA account:

**Control.** You control how you spend the money in your HSA. You can use it for qualified medical expenses today or save it for the future.

**Portability.** You keep the money in your account, even if you change health care coverage, change jobs, or retire.

**Tax advantages.** Only HSAs allow tax-free withdrawals at any time or age to pay for medical expenses.

**Retirement Savings.** Catch-up contributions of \$1,000, if age 55 or older increase your saving power.

**Easy to use the funds.** You will receive a VISA HSA debit card to use and have the option to also purchase checks.

**Ability to invest.** You have access to Fidelity's portfolio of investment options for your HSA dollars.

## Note about Flexible Spending Accounts

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

# Using the Tier 1: 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](http://hr.vumc.org/benefits).

	<b>Aetna Plus</b> Health Plan Option	<b>Aetna Select</b> Health Plan Option	<b>Health Savers Plan</b> Health Plan Option
<b>Annual deductible</b>	Individual: \$750 Family maximum: \$1,400	Individual: \$700 Family maximum: \$1,400	Employee only: \$1,800 Employee plus: Individual: \$2,800, Family: \$3,500
<b>Coinsurance</b>	20% after deductible	10% after deductible	10% after deductible
<b>Out-of-pocket limit</b>	Individual: \$4,000 Family maximum: \$7,500	Individual: \$3,500 Family maximum: \$7,000	Individual: \$6,500 Family maximum: \$12,500
<b>Preventive visit</b>	\$0	\$0	\$0
<b>Telehealth</b>	\$5 copay	\$5 copay	10% after deductible
<b>Sick visit, specialist visit, mental health visit</b>	\$25 copay	\$25 copay	10% after deductible
<b>Urgent care visit</b>	\$50 copay then 20% after deductible	\$50 copay then 10% after deductible	10% after deductible
<b>Emergency room visit</b>	\$125 copay then 20% after deductible	\$125 copay then 10% after deductible	10% after deductible
<b>Hospital inpatient, outpatient, diagnostic testing</b>	20% after deductible	10% after deductible	10% after deductible
<b>Skilled nursing, home health, hospice, therapy</b>	20% after deductible	10% after deductible	10% after deductible

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

## Glossary of health coverage terms

**Deductible.** The amount you pay before the health plan starts to cover more of their costs.

**Coinsurance.** Your share of the costs of a covered health care service, calculated as a percent of the allowed amount for the service.

**Out-of-pocket maximum.** The most you will have to pay for covered healthcare services within a benefits plan year.

**Copay.** What you will pay for an office visit.

# Using the Tier 2: Aetna Preferred Network

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](http://hr.vumc.org/benefits).

	<b>Aetna Plus</b> Health Plan Option	<b>Aetna Select</b> Health Plan Option	<b>Health Savers Plan</b> Health Plan Option
<b>Annual deductible</b>	Individual: \$2,650 Family maximum: \$5,300	Individual: \$2,200 Family maximum: \$4,400	Employee only: \$3,000 Employee plus: Individual: \$3,000, Family: \$6,000
<b>Coinsurance</b>	60% after deductible	60% after deductible	60% after deductible
<b>Out-of-pocket limit</b>	<b>Individual: \$6,000</b> <b>Family maximum: \$10,000</b>	Individual: \$6,000 Family maximum: \$10,000	Individual: \$6,500 Family maximum: \$12,500
<b>Preventive visit</b>	\$0	\$0	\$0
<b>Sick visit, specialist visit, mental health visit</b>	\$60 copay	\$60 copay	60% after deductible
<b>Urgent care visit</b>	\$75 copay then 60% after deductible	\$75 copay then 60% after deductible	60% after deductible
<b>Emergency room visit</b>	\$125 copay then 20% after deductible	\$125 copay then 10% after deductible	10% after deductible
<b>Hospital inpatient, outpatient, diagnostic testing</b>	60% after deductible	60% after deductible	60% after deductible
<b>Skilled nursing, home health, hospice, therapy</b>	60% after deductible	60% after deductible	60% after deductible

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

## Glossary of health coverage terms

**Deductible.** The amount you pay before the health plan starts to cover more of their costs.

**Coinsurance.** Your share of the costs of a covered health care service, calculated as a percent of the allowed amount for the service.

**Out-of-pocket maximum.** The most you will have to pay for covered healthcare services within a benefits plan year.

**Copay.** What you will pay for an office visit.

# Using 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](http://hr.vumc.org/benefits).

	<b>Aetna Plus</b> Health Plan Option	<b>Aetna Select</b> Health Plan Option	<b>Health Savers Plan</b> Health Plan Option
<b>Annual deductible</b>	Individual: \$5,000 Family maximum: \$10,000	Individual: \$5,000 Family maximum: \$10,000	Employee only: \$5,000 Employee plus: Individual: \$5,000, Family: \$10,000
<b>Coinsurance</b>	70% after deductible	70% after deductible	70% after deductible
<b>Out-of-pocket limit</b>	Individual: \$8,500 Family maximum: \$16,500	Individual: \$8,500 Family maximum: \$16,500	Individual: \$11,000 Family maximum: \$21,500
<b>Preventive visit</b>	70% after deductible	70% after deductible	70% after deductible
<b>Sick visit, specialist visit, mental health visit</b>	70% after deductible	70% after deductible	70% after deductible
<b>Urgent care visit</b>	\$75 copay then 70% after deductible	\$75 copay then 70% after deductible	70% after deductible
<b>Emergency room visit</b>	\$125 copay then 20% after deductible	\$125 copay then 10% after deductible	10% after deductible
<b>Hospital inpatient, outpatient, diagnostic testing</b>	70% after deductible	70% after deductible	70% after deductible
<b>Skilled nursing, home health, hospice, therapy</b>	70% after deductible	70% after deductible	70% after deductible

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

## Glossary of health coverage terms

**Deductible.** The amount you pay before the health plan starts to cover more of their costs.

**Coinsurance.** Your share of the costs of a covered health care service, calculated as a percent of the allowed amount for the service.

**Out-of-pocket maximum.** The most you will have to pay for covered healthcare services within a benefits plan year.

**Copay.** What you will pay for an office visit.

# 2023 health plan monthly premiums\*

Band 1: For employees with salaries of \$49,999.99 or less						
	Fully benefits-eligible				Partially benefits-eligible	
Health Plan Option	Employee	Employee + Spouse	Employee + Children	Family	Employee	Employee + Children
Plus	\$77.00	\$197.00	\$161.00	\$264.00	\$125.00	\$318.00
Health Savers Plan	\$91.00	\$229.00	\$188.00	\$307.00	\$180.00	\$374.00
Select	\$133.00	\$375.00	\$293.00	\$514.00	\$264.00	\$580.00

Band 2: For employees with salaries of \$50,000 - 99,999.99						
	Fully benefits-eligible				Partially benefits-eligible	
Health Plan Option	Employee	Employee + Spouse	Employee + Children	Family	Employee	Employee + Children
Plus	\$107.00	\$247.00	\$212.00	\$320.00	\$214.00	\$424.00
Health Savers Plan	\$117.00	\$285.00	\$243.00	\$372.00	\$234.00	\$486.00
Select	\$177.00	\$457.00	\$369.00	\$613.00	\$354.00	\$738.00

Band 3: For employees with salaries of \$100,000 - 149,999.99						
	Fully benefits-eligible				Partially benefits-eligible	
Health Plan Option	Employee	Employee + Spouse	Employee + Children	Family	Employee	Employee + Children
Plus	\$127.00	\$310.00	\$255.00	\$398.00	\$250.00	\$500.00
Health Savers Plan	\$138.00	\$347.00	\$299.00	\$446.00	\$270.00	\$586.00
Select	\$225.00	\$560.00	\$454.00	\$740.00	\$442.00	\$890.00

Band 4: For employees with salaries of \$150,000 - 199,999.99						
	Fully benefits-eligible				Partially benefits-eligible	
Health Plan Option	Employee	Employee + Spouse	Employee + Children	Family	Employee	Employee + Children
Plus	\$131.00	\$325.00	\$262.00	\$442.00	\$262.00	\$524.00
Health Savers Plan	\$149.00	\$372.00	\$312.00	\$494.00	\$298.00	\$624.00
Select	\$240.00	\$615.00	\$490.00	\$805.00	\$480.00	\$980.00

Band 5: For employees with salaries of \$200,000 or more						
	Fully benefits-eligible				Partially benefits-eligible	
Health Plan	Employee	Employee + Spouse	Employee + Children	Family	Employee	Employee + Children
Plus	\$136.00	\$340.00	\$278.00	\$460.00	\$274.00	\$562.00
Health Savers Plan	\$161.00	\$401.00	\$328.00	\$547.00	\$324.00	\$664.00
Select	\$250.00	\$669.00	\$524.00	\$895.00	\$506.00	\$1,058.00

\*If paid weekly or bi-weekly, these amounts will be divided equally between your two or four paychecks of each month.

## Credits and Fees for Your Health Care Payroll Premium

Add or subtract the numbers below to your costs from the appropriate chart above to see your final monthly premium:

- **Subtract \$20 per month:** You'll save \$20 per month on your health plan premiums if you and your covered family members are committed to being tobacco-free, as long as you log in and reconfirm your status each year.
- **Add \$100 per month:** Remember, you will pay an additional \$100 per month in payroll premiums for spouses who have access to health coverage through an outside employer, but prefer the Vanderbilt University Medical Center plan. The spousal fee also applies to employees with spouses who work for Vanderbilt University.

# Prescription Drug Plan



## 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](http://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](http://navitus.com) for more information.

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

Pharmacy Deductible	
Deductible (Employee Only)	Employee Only: \$1,800
Deductible (Employee +)	Individual: \$2,800 Family: \$3,500

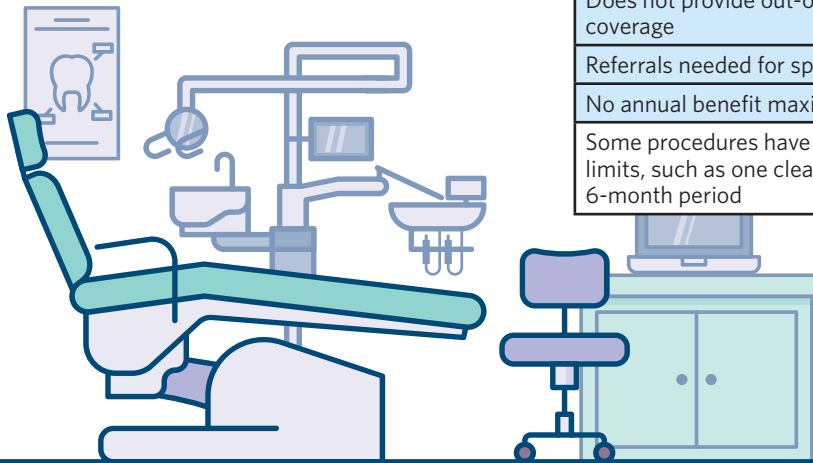
2023 Pharmacy Plan Design (Select & Plus)				
30-day fills	VUMC Pharmacy	Walgreens Pharmacy	Retail Network Pharmacy	Vanderbilt Mail Order/Pick Up
Maintenance generic drugs	\$1 copay	\$12 copay	\$15 copay	\$3 copay
Level 1	\$5 copay	\$12 copay	\$15 copay	\$15 copay
Level 2	30% coinsurance w/\$75 max	30% coinsurance w/\$100 max	50% coinsurance w/\$125 max	30% coinsurance w/\$150 max
Level 3	50% coinsurance w/\$100 max	50% coinsurance w/\$125 max	70% coinsurance w/\$150 max	50% coinsurance w/\$250 max
Specialty	10% coinsurance w/\$125 max	Not available	Not available	Not available

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 deductible (max \$5)	35% after deductible (max \$12)	70% after deductible (max \$20)
Tier 2	50% after deductible (max \$75)	55% after deductible (max \$100)	70% after deductible (max \$125)
Tier 3	70% after deductible (max \$100)	75% after deductible (max \$125)	90% after deductible (max \$150)
Specialty	10% after deductible (max \$125)	N/A	N/A

# Dental and Vision Plans

## Dental plans compared

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 the faculty or staff member and runs on a rolling cycle, based on date of service, instead of a calendar year



Cigna Dental Care (DHMO)	BlueCross BlueShield Dental (PPO)	Delta Dental (PPO)
No deductibles, waiting periods or dollar maximum. Orthodontic 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
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	\$101.75

## Vision plan

Vision plan services run on a rolling cycle, based on date of service instead of a calendar year. Superior Vision Services 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.

Superior Vision Services: monthly payroll premiums			
Individual	Individual + Spouse	Individual + Children	Family
\$6.53	\$10.93	\$11.46	\$18.64



# AD&D/Benefits While on Leave

## 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. Learn more at

[hr.vumc.org/benefits/travel](http://hr.vumc.org/benefits/travel).



## Benefits while on leave

Your benefit deductions will continue while on a paid leave of absence. In some instances and depending on the nature of your role, you may be placed on an unpaid leave of absence for a limited period of time.

If you are placed on an unpaid leave of absence, you will receive instructions to pay your health plan premiums directly to VUMC's benefit administration vendor.

Your premium will remain the same during this time. Be sure to pay your premiums so that there is no break in your insurance coverage.

When you return to work, your manager will return you to active employee status. Your direct billing will end the month after you return to active status. For example, if you return to work on Aug. 10 you will pay your benefits through direct bill for August and payroll deductions will begin again in September.

If your employment ends, you will be able to continue your coverage through COBRA\*, but will be charged the full premium (employee plus employer portions), plus a two percent administrative fee.

\*For more information, visit [hr.vumc.org/benefits/cobra](http://hr.vumc.org/benefits/cobra).

# 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.

**Note that your flexible spending account selection will not carry over to 2023. If you want to participate in an FSA for 2023, 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](https://irs.gov/publications/p502).
- ▶ The minimum you can contribute is \$104 per year; the maximum you can contribute in 2023 is \$2,750. If both you and your spouse work, you can both contribute \$2,750.

## 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, 2024 to incur an expense and April 15, 2024 to file a claim on your 2023 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.

HSA Health Savings Account	vs	FSA Flexible Spending Account
Accumulates year over year 		Use it or lose it 
 Must be enrolled in a High Deductible Health Plan		Employer offers an FSA 
Funds available as they are deposited 		Funds available at the beginning of the year for health FSA or as deposited for dependent care FSA
 Make changes to contributions throughout the year		Can only make contribution changes at Open Enrollment or for a qualifying life event 
2023 HSA Limits Individual - \$3,850 Family - \$7,750		Max contribution for employee: Health FSA: \$2,750 Dependent care FSA: \$5,000
\$1,000 catch up for age 55 or older 		No catch up 
 Investment opportunities		Cannot invest 

# Anytime benefits

## Anytime benefits

We value each employee at VUMC and your health and well-being are our top priority. We offer a wide range of benefits, and some can be reviewed and changed at any time of the year.



### 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. You can add supplemental life coverage of up to 8 times your annual base benefits rate — up to an overall maximum of \$1,000,000 (basic life plus supplemental life).

- ▶ You can also elect coverage for your spouse in \$10,000 increments up to the lesser of \$250,000 or 50 percent of your own supplemental coverage. The employee pays the full amount of the premium. 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 if unmarried) in \$5,000 increments up to a maximum of \$15,000. The employee pays the full amount of the premium.



### Short-term disability\*

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



### Retirement

The VUMC Retirement Plan is a mandatory long-term investment program for eligible employees to prepare for retirement. The VUMC 403(b) Retirement Plan has administrative services provided by Fidelity Investments. Participation is mandatory as a condition of employment for eligible employees. The mandatory contribution is fixed at 3 percent (6.47 percent for VMG faculty) and 3 percent is matched 100 percent dollar-for-dollar by VUMC. You may choose to add voluntary contributions at any time. Once you are eligible, the first 2 percent of your voluntary contributions are matched 100 percent dollar-for-dollar by VUMC as long as you contribute 2 percent voluntarily.



### Pet/Home/Auto

Pet, home and auto insurance are available to VUMC employees at a discounted rate through direct bill.

\*Additional medical review may be required for increasing coverage.

## 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.

Base long-term disability only covers the first \$24,000 of your annual base pay and is paid for by VUMC.

- ▶ Full long-term disability covers the amount between \$24,000 and your annual base pay and includes a 10 percent monthly contribution to your retirement account if you become disabled and are a participant in the VUMC Retirement Plan.
- ▶ You can see your premium cost for both options on My VUMC Benefits.

# Life events

## Qualifying Life Events



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



Marriage



Birth or adoption of child(ren)



Divorce

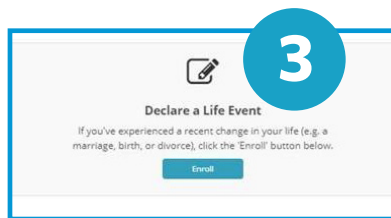
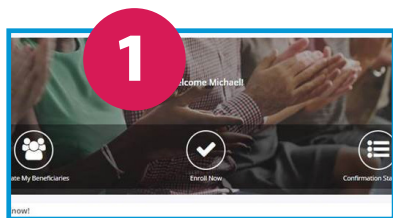


Death of an immediate family member

Depending on your type of life change, you may also need to update your record to change your name, address or tax withholding. See details below about updating your record.

### To change your benefits:

1. Go to My VUMC Benefits.
2. Log in with your VUMC ID and password.
3. Click on **Life Events**.
4. Click on **your qualifying life event**.
5. Enter the appropriate date and then follow the instructions.
6. Be sure to save your changes.



If your spouse or dependent is losing coverage elsewhere, VUMC benefit coverage for your spouse or dependent will begin on the date you or they become ineligible for coverage due to termination, resignation or reduction of hours from full-time to part-time status. Be sure to enter the date you or they are no longer covered. For instance, if your spouse is laid off on June 1 but doesn't lose coverage until June 30, then you would want to enter July 1 as your life event date, as that is the date you or they are no longer covered.



## Dependents & beneficiaries

Life is full of change and Open Enrollment is your opportunity to consider which family members you cover under your health, dental and vision benefits. These are called your dependents.

Open Enrollment is also a good time to think about whether you need to add or remove beneficiaries from your life insurance, AD&D and retirement accounts. Beneficiaries do not need to be family members and they receive financial benefits in the event of your death.

# Quick Care Options



Injury and illness don't always happen during regular physician office hours, but your VUMC health plan offers many other options both during the work day and after hours for you and family members that might be more convenient and cost a fraction of an emergency room visit.



## Telehealth

Telehealth appointments are available seven days a week, and can treat a wide range of non-emergent medical conditions, such as allergies, sinus infection, rashes and bug bites. You can schedule a Telehealth visit through the My Health at Vanderbilt mobile app or web portal. Aetna Plus and Aetna Select plan members pay a reduced \$5 copay for VUMC telehealth visits.



## Walk-in or after-hours urgent care clinic

You can visit an in-network walk-in or after-hours urgent care clinic for as little as a \$25 office visit copay. Nearly 50 clinics are part of the Vanderbilt Health Affiliated Network.

Visit [www.vhan.com/quickcare](http://www.vhan.com/quickcare) or text your zip code to 615.908.2273 to find the nearest clinic.



## Vanderbilt Health OnCall

If are 18 years or older and live or work in Davidson County (including Nashville) or the cities of Brentwood, Franklin, Hendersonville or Nolensville, Vanderbilt Health OnCall brings a Vanderbilt nurse practitioner to your home, office or by telehealth. The service accepts major health plans, including Aetna. Vanderbilt Health OnCall is available for non-emergent medical conditions.



## Faculty/Staff Express Care

You can also visit the [Faculty/Staff Express Care clinic](#) in Suite 112 of the Medical Arts Building. The clinic is open weekdays and treats minor illnesses. If Faculty/Staff Express Care is closed, you can go to the Occupational Health Clinic as a walk-in patient.

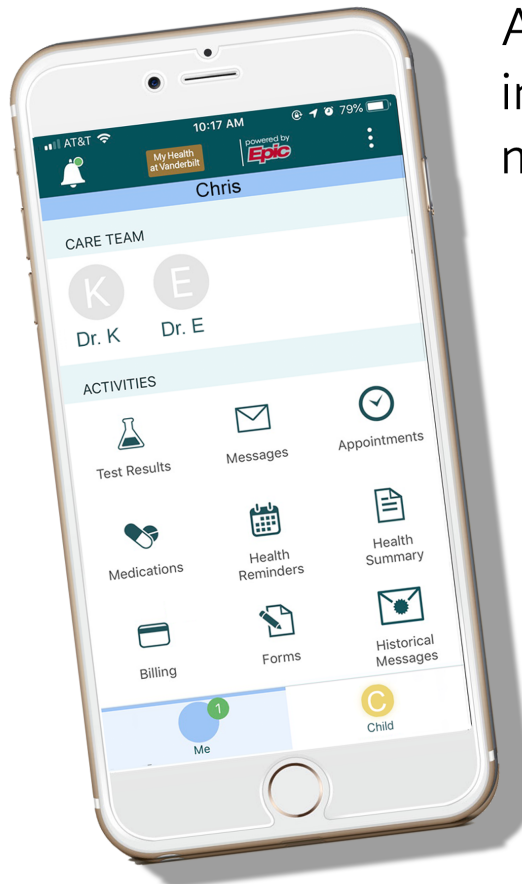


## Nurse Navigator Center

The Appointments Direct line, which offers VUMC Health Plan Members preferred scheduling into VUMC providers, now includes a 24/7 Nurse Navigator Center. Vanderbilt nurses are available at all hours of the day and night to help you determine where to get care. They can also help you schedule in-person and telehealth visits, based on your needs and preferences. The option to speak with a nurse is available when you call the Appointments Direct line (855-724-2454):

- Choose Option 1 to speak with the Appointments Direct Scheduling Team for preferred access to our Vanderbilt clinics and location.
- Choose Option 2 to speak to a nurse about your health concerns or need help finding the right type of care.

# My Health at Vanderbilt



As a patient, you can download the app in the App Store or Google Play store to manage your healthcare.

- ▶ See test results
- ▶ Pay your bill
- ▶ Refill prescriptions
- ▶ Message your doctor's office
- ▶ Schedule telehealth appointments
- ▶ And more!

Need an appointment sooner? Wait List is a new feature which allows you to get on a waiting list for nearly any upcoming appointment. If an earlier appointment becomes available, you'll receive an offer through My Health at Vanderbilt.

# How do I enroll?

Open Enrollment begins at 8 a.m. Oct. 4 and ends at 11:59 p.m. Oct. 17, 2022. You'll need a computer with Internet access, an email address or a printer, and your VUMC ID and password.

- 1** Go to [hr.vumc.org/oe](https://hr.vumc.org/oe) and click on the **Enroll Now** button.
- 2** Log in with your **VUMC ID** and password.
- 3** You can start the enrollment process or explore the resources in **My VUMC Benefits**.
- 4** Follow the easy steps.
- 5** Print or email your confirmation statement when you're done.

Once you enter the enrollment window, your elections will save each time you click "Save and Continue" at the end of each screen. Even if you do not get a confirmation number on the last screen, you will be enrolled in these saved elections. Please review to make sure they are the elections you want for 2023.

## Enrollment FAQs

### Can I make changes after I enroll?

Yes, you can make changes until 11:59 p.m. on Monday, Oct. 17. Simply go back to My VUMC Benefits, make your changes, resubmit your elections online, and print or email your new confirmation statement.

### Can I get help enrolling?

Visit the Open Enrollment website for step-by-step instructions on how to use My VUMC Benefits to choose benefits during Open Enrollment. The instructions have also been translated into Spanish and Arabic. You can download and print copies of these instructions to help you navigate My VUMC Benefits during Open Enrollment.



# Helpful contact information

## Employee Service Center

[human.resources.vumc@vumc.org](mailto:human.resources.vumc@vumc.org)

Phone: 615.343.7000 (8 a.m. - 5 p.m., Monday - Friday)

## Health insurance

[aetna.com](http://aetna.com)

Phone: 800.743.0910

[navitus.com](http://navitus.com) (prescription benefit)

Phone: 866.333.2757

## Dental insurance

[cigna.com](http://cigna.com)

Phone: 800.244.6224

[bcbst.com/members/vumc](http://bcbst.com/members/vumc)

Phone: 800.565.9140

[deltadentaltn.com](http://deltadentaltn.com)

Phone: 800.223.3104

## Vision insurance

[superiorvision.com](http://superiorvision.com)

Phone: 800.507.3800

## FSA's

[help@mybenefitexpress.com](mailto:help@mybenefitexpress.com)

Phone: 844.489.3745

## AD&D

[metlife.com](http://metlife.com)

Phone: 800.638.6420

## Fidelity

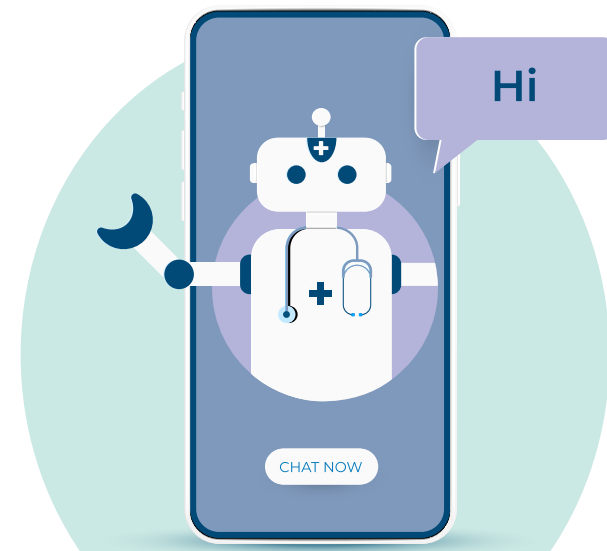
[fidelity.com](http://fidelity.com)

Phone: 800.343.0860

## Chat with a Benefits Rep

Beginning Oct. 4, you can engage with benefits representatives in real-time through an online chat on the Open Enrollment website. Benefits reps will be available to chat with employees and answer questions Monday-Friday, 9 a.m. - 4:30 p.m.

During off hours, beginning Oct. 1, you can have simple Open Enrollment questions answered through our comprehensive AnswerBot.



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 at [hr.vumc.org/benefits/sbc-eoc](http://hr.vumc.org/benefits/sbc-eoc). Offerings, rates, and plans are subject to change. 09/21/2022



# Further Resources

## 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](http://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.**



## Appointments Direct

VUMC health plan members have access to a dedicated phone number — called Appointments Direct — that gives you preferred access to appointments with VUMC providers. Call **855.724.2454** to schedule an appointment with a Tier 1 provider.

**Note:** The Appointments Direct line is a special access line for VUMC Health Plan members and their covered dependents only.