

VUMC BUSINESS EDUCATION

complete this process

Benefits Enrollment Statement (All Employees)

This guide will provide how to view your benefits summary. Please follow the steps below to complete this process.





VUMC EDUCATION



Benefits Enrollment Statement (All Employees)

The image below is an example of the downloaded PDF Benefits Enrollment Summary. Your report will display your selections and coverage amounts and may not show all the options below.

	VANDERBILT VUNIVERSITY MEDICAL CENTER				(01234567)						
	View	/ As Of 01/01/	2024								
urrent Benefit Elections	and Costs										
Benefit Plan	Coverage Begin Date	Deduction Begin Date	Coverage	Calculated Coverage	Dependents	Beneficiaries	Employee 0	Cost (Monthly)	Employer Contribution (Monthly)	Benefit Credit (Monthly)	
ealth - Anna PPO 0 elect	1/01/2023	01/01/2023	Employee Onl	G	6			\$152.00	9995.00	10	
PO Dental 12	2/0	12/	Emp Only					\$15.50			
sion - MetLife Vision 0	1/01/2024	01/01/2024	Employee Only					\$9.00			
asic Life - Metlife 1x 12 alary (Employee)	2/06/2021	12/06/2021	1 X Salary	\$52,000.00		Beneficiary 1			\$3.50		
upplemental Life - 12 etlife 1x - 8x Salary Employee)	2/06/2021	12/06/2021	3 X Salary	\$156,000.00		Beneficiary 1		\$5.50			
ng Term Disability - 0 num Buy-up (Monthly enefit) (Employee)	1/01/2023	01/01/2023	60% of Salary	\$1,500.00				\$12.50			
nort Term Disability - 0 num Buy-up (Weekly enefit) (Employee)	1/01/2023	01/01/2023	66.67% of Salary	\$450.00				\$22.00			
3(b) - Fidelity 12 andatory	2/09/2022	12/09/2022	3%								
3(b) - Fidelity 12 oluntary	2/01/2021	12/01/2021	3%								
o For The Gold - 02 UMC Gold Tier - \$240 ne-Time Annual Credit	2/17/2023	02/17/2023						0040.50			
urrent Benefit Credits							l otal:	\$216.50	\$998.50	\$20.0	
Benefit Credits					Total						
lealth										1 \$20.0	
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- based on the date selected (displayed at top of report). plan(s) are listed. **Coverage Begin Date**— The date each of the benefit 8 Employee Cost (Bi-weekly/Monthly)— Your plan(s) listed will begin coverage for you and any portion (cost) of the benefit plan(s) listed, either dependents listed. bi-weekly or monthly. Deduction Begin Date— The date each of the benefit 9 Employer Contribution (Bi-weekly/Monthly) plan(s) listed will begin to be deducted from your paycheck. — The amount that VUMC pays towards your benefit coverage bi-weekly or monthly. 4 Coverage— The amount of coverage you have enrolled (10) Benefit Credit (Bi-weekly/Monthly)— If in for each benefit plan. applicable, displays any benefit credit you receive bi-weekly or monthly.
  - Calculated Coverage— The amount of coverage for **Current Benefit Credits**— If applicable, displays like insurance, Long Term Disability, and/or Short Term the details of any current benefit credit you receive bi-weekly or monthly.

**QUESTIONS?** 

Disability.

the benefit plan(s) listed.

6 Dependents— Any dependents included in/covered by