

2016 Benefits Overview

Vanderbilt is pleased to offer a comprehensive and flexible benefits package. Read this overview carefully and elect the benefits that fit you and your family.

Overview

Vanderbilt pays the full cost for:

- Basic life insurance
- Time off (flexPTO)
- Tuition reimbursement and adoption assistance (maximums applied)

Vanderbilt shares the cost of these benefits with you:

- Health plan
- Enhanced short-term disability
- Long-term disability
- 403(b) retirement plan

You also may choose to enroll in the following voluntary benefits. You will pay the full cost.

- Accidental death & dismemberment (AD&D)
- Dental
- Vision
- Flexible spending accounts
- Supplemental life insurance
- Traditional short-term disability
- Auto, home and pet insurance (available at discounted rates and through payroll deduction)

Eligibility

If you work at least 30 hours a week and are a regular, full-time staff or faculty member, you are considered fully benefits-eligible and are eligible for most benefits beginning on your hire date (refer to the table below).

New for 2016

In 2016, a new group of partially benefits-eligible employees and their dependent children will be eligible for Vanderbilt health plan coverage. Partially benefits-eligible employees include monthly paid employees who aren't already eligible for benefits, weekly and bi-weekly paid employees regularly scheduled to work 20 or more hours per week who aren't already eligible for benefits, and temporary employees, such as VTS, adjunct, flex and PRN in these roles.

Partially benefits-eligible employees may also cover natural, step-, or adopted children up to age 26, and other qualified dependents, such as disabled children over age 26, with required documentation. (You must contact Vanderbilt Human Resources prior to the child's 26th birthday. For more information on continuing coverage for disabled children, refer to the [Health Care Plan Summary Plan Description](#).)

This new partial benefits-eligibility does not extend to other benefits, such as flexible spending accounts, dental or vision insurance.

Vanderbilt Health Plan coverage for partially benefits-eligible employees is optional. You will not be automatically enrolled in a default health plan option.

Quick reference: Benefits effective dates (example for fully benefits-eligible staff)

Benefit	Takes Effect
Health, dental and vision	Your hire date
403(b) Retirement Plan	You can contribute right away. Employer match availability varies.*
Life insurance	Your hire date (exempt) 90 days after your hire date (non-exempt)
Long-term disability	First of the month after 1 year of employment*/eligibility
Accidental Death & Dismemberment (optional)	Your hire date (exempt) 90 days after your hire date (non-exempt)
Short-term disability	Traditional coverage begins the first of the month following 30 days of employment/eligibility; Enhanced coverage begins automatically after 1 year*
Flexible Spending Accounts	First of the month following 3 months of employment/eligibility
Tuition assistance	3 months from your hire date*



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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 Vanderbilt benefits. SPDs are available at hr.vanderbilt.edu/benefits/sbc-eoc.php. Offerings and plans are subject to change. Prices are valid for the 2016 plan year.

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

Family Member Eligibility



Fully benefits-eligible employees can cover the following family members:

- Your spouse or same-sex domestic partner¹
- Your or your spouse's/partner's children² through the end of the month during which they turn 26 are eligible for these benefits:
 - Vanderbilt Health Plan (including prescription drugs)
 - Dental
 - Vision
 - Dependent basic life insurance³
 - Accidental death & dismemberment (AD&D)³

Children include your natural children and legally adopted children, stepchildren, and any child who becomes eligible for medical coverage pursuant to the terms of a Qualified Medical Child Support order (as defined in the plan). Any child placed in your home for legal adoption or guardianship (pursuant to a court order) is eligible until age 18. Unmarried children with mental or physical handicaps who are already enrolled and dependent on you for support are eligible, regardless of age, provided you contact the Employee Service Center at least one month before your child's 26th birthday for the necessary paperwork to provide proof of disability. Thereafter, you will be contacted by Human Resources annually to verify eligibility.

If you and your spouse (or same-sex domestic partner) both work for Vanderbilt, you can each enroll as an employee or one of you can enroll as a dependent of the other. Dependent children of Vanderbilt couples can only be enrolled under one parent's coverage.

¹Same-sex domestic partner coverage will be available through plan year 2016. After that time, same-sex couples will need to be legally married to qualify for coverage.

²Coverage for children of same-sex domestic partners will be available through plan year 2016. After that time, same sex couples will need to be legally married for their children to qualify for coverage.

³Only children up to age 19 and not in the military (or age 23 if a full-time student) are eligible.

Same-Sex Domestic Partner Eligibility¹

Your same-sex domestic partner is also eligible for Vanderbilt benefits if you meet these eligibility rules:

- You and your partner are the same gender,
- You and your partner are not blood relatives,
- You and your partner are at least 21 years of age,
- You and your partner are single, not legally married to anyone else, and
- You and your partner reside in a common household and have shared responsibility for the household for at least 6 months.

You understand there will be tax liabilities for the benefits in which you enroll your partner. Your contributions for their coverage will be deducted after-tax. **This does not apply to legally married same-sex spouses** (though state income taxes may apply). The value of this coverage will be shown in your regular pay stub and your W-2 form at the end of each year as imputed income, and income taxes will be withheld from your pay for the tax liability on that imputed income. More information regarding taxes will be provided upon request to Human Resources.

If you end a domestic partnership, you must complete a Life Event within 30 days of ending the partnership to remove your partner from coverage. You must also wait at least 12 months before you can elect to provide coverage for a new domestic partner.

Random Audits

Vanderbilt University reserves the right to audit eligibility and may require copies of any legal papers issued to establish a person as your spouse, partner or child. Only copies of actual court documents issued by the respective courts will be considered as acceptable documentation for dependents.

Attempting to insure someone who is not eligible may result in disciplinary action, up to and including termination of employment.

Children of Same-Sex Domestic Partners

You may cover your same-sex domestic partner's child(ren) who meet the definition of "child" under the plans through plan year 2016. If your domestic partner's child(ren) does not meet the requirements under IRS Code Section 152 for being a "qualified relative," he or she will not be eligible for coverage under either FSA program.

Beginning in January 2017, the following people will be eligible for benefit programs: benefits-eligible employees; spouses (same- or opposite-sex); natural, step-, or adopted children up to age 26; and other qualified dependents, such as disabled children over age 26.

For more information about providing coverage for a same-sex domestic partner, see yu.edu/domesticpartner.

Vanderbilt Health Plan



Vanderbilt offers three health plan options. Vanderbilt pays a significant part of the health expenses you and your family members may incur. You will be automatically enrolled in the Aetna Plus employee-only option, unless you make changes within 30 days of your hire date.

In-Network Savings

The Aetna-administered plans give you a choice of in-network providers and out-of-network providers by providing benefits under three tiers of networks. You save money on in-network providers and in some cases may only pay a small co-pay for medical services.

For out-of-network services, you generally pay more out of your own pocket. In order to save you more money, Vanderbilt has a preferred network, Vanderbilt Health Affiliated Network (VHAN), comprised of Vanderbilt University Medical Center providers and others located in Tennessee and surrounding states. This network continues to expand, so be sure to check the website for an up-to-date list of providers, vu.edu/vhan.

The health plan includes three PPO (preferred provider organization) options:

- Aetna Plus
- Aetna Select
- Aetna HealthFund

All three options allow you to see any provider as well as a specialist without a referral and have three networks:

1. Vanderbilt Health Affiliated Network. For details, see vu.edu/vhan.
2. In-network, Aetna "POS II" National network
3. Out-of-network. These providers may be used, but you will not have the advantage of the network discount. Also, out-of-network expenses have their own deductible and co-insurance limit. Other charges may apply if you seek care outside the network.

Fully benefits-eligible employees: If you make no election, you will be enrolled in the Aetna Plus health plan option for employee only and will miss out on enrolling in other benefits.

The VHAN co-pay, co-insurance and deductible offer employees the biggest discount on health care expenses.

Aetna National Network includes doctors and hospitals throughout the United States.

Provider Directories

The Aetna directory is available to search for in-network doctors and hospitals: www.aetna.com/docfind/custom/vanderbilt

Preventive Care

All plan options provide 100% coverage for preventive care and screenings, with no deductible or co-pay required, as long as the service meets the guidelines for a preventive care service and is not for screening of a diagnosis.

Please refer to the Evidence of Coverage for the health plan option of your choice for more information regarding preventive care benefits. Information can be found on the Human Resources website, hr.vanderbilt.edu, under Benefits.

ID Cards

You will receive two ID cards if you enroll in any health plan option, one from Aetna for medical and one from Navitus for prescription drugs. If you need a duplicate card, contact the appropriate vendor to make the request.

Key Terms

Premium: The amount you pay for your health insurance every month

Co-pay: A set dollar amount you pay for doctor visits, prescriptions and other health care services

Deductible: The amount you pay out of pocket for health care before your insurance starts to help out

Co-insurance: The percentage you pay for the cost of covered health care services, after you meet your deductible

Network: A group of doctors, labs, hospitals and other providers that your plan contracts with at a set payment rate

In-network out-of-pocket maximum: This is a "cap" on your costs for the year; it is the most you'll pay for in-network health care services

Summary of Benefits and Coverage

In addition to this booklet, Vanderbilt provides a Summary of Benefits and Coverage for each health plan option. Required by law, the SBCs provide an easy-to-understand summary about each health plan's benefits and coverage. You can find them at hr.vanderbilt.edu/benefits/sbc-eoc.php or you can request a printed copy by calling the [Employee Service Center](#).

Aetna Plus Option Overview of Costs

If you make no election, you will be enrolled in the Aetna Plus health plan option for employee only coverage.

	Tier 1: Vanderbilt Health Affiliated Network ¹	Tier 2: Aetna National Network	Tier 3: Out-of-Network
The Wellness Credit you earn for participating in Go for the Gold will default into your Vanderbilt Health Plan Account. ² You will not file claims to access these funds, as Aetna will pay your first medical claims (not co-pays) out of the Health Plan Account. The account helps you meet your deductible.			
Go for the Gold Wellness Credit will default into your Vanderbilt Health Plan Account	Annual amount depends on level of participation: Bronze \$120, Silver \$180, Gold \$240		
Deductible ³ — Vanderbilt Health Plan Account (Go for the Gold) is used to help you meet your deductible.			
Individual Deductible	\$600	\$1,250	\$2,400
Family Maximum (all other tiers)	\$1,100	\$2,500	\$4,500
Co-Insurance Rate — After meeting your deductible, you pay this percentage of billed claims in each network.			
	20%	40%	60%
Out-of-Pocket Limit ⁴			
Individual Limit	\$4,000		\$8,500
Family Limit (all other tiers)	\$7,500		\$16,500
Cost of Services			
Preventive visit (see HR website for more information)	\$0	\$0	N/A
Sick visit, specialist visit, mental health visit	\$20 co-pay	\$50 co-pay	60% after deductible
Emergency room visit	\$115 co-pay, then 20% after deductible	\$115 co-pay, then 40% after deductible	\$115 co-pay, then 40% after deductible
Urgent care visit	\$50 co-pay, then 20% after deductible	\$75 co-pay, then 40% after deductible	\$75 co-pay, then 60% after deductible
Hospital inpatient (including maternity), outpatient services, diagnostic testing	↑	↑	↑
Mental health inpatient			
Skilled nursing (limit of 60 days/year)			
Home health care (limits apply, 120 visits/year maximum)	20% after deductible	40% after deductible	60% after deductible
Hospice care	↓	↓	↓
Therapy (physical, speech, occupational, cardiac rehab)			
Chiropractic care	\$20 co-pay, 15 visit maximum	\$50 co-pay, 15 visit maximum	60% after deductible, 15 visit maximum

¹ Includes some community pediatricians.

² You have the option of having your Go for the Gold Wellness Credit applied to your Health Plan Account or applied toward a membership to the Vanderbilt Recreation and Wellness Center in 2016. It will default into your Vanderbilt Health Plan Account, unless you elect otherwise.

³ The deductible for each participant will not exceed the 'individual deductible'. The total deductible amount paid in the employee + spouse/partner, employee + children, or family tiers will not exceed the 'family limit'. There is a separate deductible for each network.

⁴ Out-of-pocket limit includes total of co-insurance payments, co-pays and deductibles. The out-of-pocket limit for "Vanderbilt Health Affiliated Network" and the Aetna National network are combined. If you meet the out-of-pocket limit, you still will be responsible for any balance due between the Billed Charge and the Maximum Allowable Charge.

Aetna Select Option Overview of Costs

	Tier 1: Vanderbilt Health Affiliated Network ¹	Tier 2: Aetna National Network	Tier 3: Out-of-Network
The Wellness Credit you earn for participating in Go for the Gold will default into your Vanderbilt Health Plan Account. ² You will not file claims to access these funds, as Aetna will pay your first medical claims (not co-pays) out of the Health Plan Account. The account helps you meet your deductible.			
Go for the Gold Wellness Credit will default into your Vanderbilt Health Plan Account	Annual amount depends on level of participation: Bronze \$120, Silver \$180, Gold \$240		
Deductible ³ — Vanderbilt Health Plan Account (Go for the Gold) is used to help you meet your deductible.			
Individual Limit	\$500	\$1,000	\$2,000
Family Limit (all other tiers)	\$1,000	\$2,000	\$3,500
Co-insurance Rate — After meeting your deductible, you pay this percentage of billed claims in each network.			
	10%	30%	50%
Out-of-Pocket Limit ⁴			
Individual Limit	\$3,500		\$7,000
Family Limit (all other tiers)	\$7,000		\$13,000
Cost of Services			
Preventive visit (see HR website for more information)	\$0	\$0	N/A
Sick visit, specialist visit, mental health visit	\$20 co-pay	\$50 co-pay	50% after deductible
Emergency room visit	\$115 co-pay, then 10% after deductible	\$115 co-pay, then 30% after deductible	\$115 co-pay, then 30% after deductible
Urgent care visit	\$50 co-pay, then 10% after deductible	\$75 co-pay, then 30% after deductible	\$75 co-pay, then 50% after deductible
Hospital inpatient (including maternity), outpatient services, diagnostic testing	↑	↑	↑
Mental health inpatient	↑	↑	↑
Skilled nursing (limit of 60 days/year)	↑	↑	↑
Home health care (limits apply, 120 visits/year maximum)	10% after deductible	30% after deductible	50% after deductible
Hospice care	↓	↓	↓
Therapy (physical, speech, occupational, cardiac rehab)	↓	↓	↓
Chiropractic care	\$20 co-pay, 15 visit maximum	\$50 co-pay, 15 visit maximum	50% after deductible, 15 visit maximum

¹ Includes some community pediatricians.

² You have the option of having your Go for the Gold Wellness Credit applied to your Health Plan Account or applied toward a membership to the Vanderbilt Recreation and Wellness Center in 2016. It will default into your Vanderbilt Health Plan Account, unless you select otherwise.

³ The deductible for each participant will not exceed the 'individual deductible'. The total deductible amount paid in the employee + spouse/partner, employee + children, or family tiers will not exceed the 'family limit'. There is a separate deductible for each network.

⁴ Out-of-pocket limit includes total of co-insurance payments, co-pays and deductibles. The out-of-pocket limit for "Vanderbilt Health Affiliated Network" and the Aetna National network are combined. If you meet the out-of-pocket limit, you still will be responsible for any balance due between the Billed Charge and the Maximum Allowable Charge.

Aetna HealthFund Option Overview of Costs

	Tier 1: Vanderbilt Health Affiliated Network ¹	Tier 2: Aetna National Network	Tier 3: Out-of-Network
The Wellness Credit you earn for participating in Go for the Gold will default into your Vanderbilt Health Plan Account and be added to your HealthFund amount. ² You will not file claims to access these funds, as Aetna will pay your first medical claims (not co-pays) out of the Health Plan Account. The account helps you meet your deductible.			
Go for the Gold Wellness Credit will default into your Vanderbilt Health Plan Account	Annual amount depends on your level of participation: Bronze \$120, Silver \$180, Gold \$240		
HealthFund ³ — Deposited by Vanderbilt on your behalf with Aetna. Unused balance rolls to future years up to fund maximum.			
HealthFund for employee-only coverage tier	\$750 (plus GFTG Wellness Credit amount)		
HealthFund for other coverage tiers	\$1,500 (plus GFTG Wellness Credit amount)		
Deductible ⁴ — HealthFund and Vanderbilt Health Plan Account (Go for the Gold) are used to help you meet your deductible.			
Individual Deductible	\$1,800	\$2,500	\$5,000
Family Limit (all other tiers)	\$3,500	\$5,000	\$9,500
Co-insurance Rate — After meeting your deductible, you pay this percentage of billed claims in each network.			
	10%	30%	50%
Out-of-Pocket Limit ⁵			
Individual Limit	\$4,000		\$8,500
Family Limit (all other tiers)	\$7,500		\$16,500
Cost of Services			
Preventive visit (see HR website for more information)	\$0	\$0	N/A
Sick visit, specialist visit, mental health visit	↑	↑	↑
Urgent care visit			
Hospital inpatient (including maternity), outpatient services, diagnostic testing			
Mental health inpatient			
Skilled nursing (limit of 60 days/year)	10% after deductible	30% after deductible	50% after deductible
Home health care (limits apply, 120 visits/year maximum)	↓	↓	↓
Hospice care			
Therapy (physical, speech, occupational, cardiac rehab)			
Emergency room visit			30% after deductible
Chiropractic care	10% after deductible, 15 visit maximum	30% after deductible, 15 visit maximum	50% after deductible, 15 visit maximum

¹ Includes some community pediatricians.

² You have the option of having your Go for the Gold Wellness Credit applied to your Health Plan Account or applied toward a membership to the Vanderbilt Recreation and Wellness Center in 2016. It will default into your Vanderbilt Health Plan Account, unless you select otherwise.

³ Your Health Plan Account and HealthFund operate as one account. Aetna first pays your claims from the total amount in your fund. If your benefits begin on or after July 1, the HealthFund amount for that year is 50% of the annual amount.

⁴ The deductible for each participant will not exceed the 'individual deductible'. The total deductible amount paid in the employee + spouse/partner, employee + children, or family tiers will not exceed the 'family limit'. There is a separate deductible for each network.

⁵ Out-of-pocket limit includes total of co-insurance payments, co-pays and deductibles. The out-of-pocket limit for "Vanderbilt Health Affiliated Network" and the Aetna National network are combined. If you meet the out-of-pocket limit, you still will be responsible for any balance due between the Billed Charge and the Maximum Allowable Charge.



Prescription Drug Benefit

A prescription drug benefit is included with your enrollment in any health plan option. Navitus Health Solutions administers the Vanderbilt prescription drug benefit and will send you a Navitus card to use at the pharmacy to fill prescriptions.

Drug Tiers

Vanderbilt encourages you to use generics when a generic equivalent drug is available. This will save you money. Read the Navitus Pharmacy Booklet at <http://hr.vanderbilt.edu/benefits/2015NavitusBooklet.pdf> for details on costs of brand-name drugs vs. generic equivalents.

The prescription drug list (formulary) is available on the Navitus Health Solutions website (www.navitus.com).

Mail order and specialty drug prescriptions are available only through Vanderbilt outpatient pharmacies.

The Vanderbilt Specialty Pharmacy helps health plan members taking medications classified as “specialty” for chronic illnesses or complex diseases. For a list of specialty drugs, go to hr.vanderbilt.edu/benefits/prescription.php.

- Vanderbilt pharmacies are located in
- Medical Center East
 - The Vanderbilt Clinic
 - Monroe Carell Jr. Children’s Hospital at Vanderbilt
 - Vanderbilt Health One Hundred Oaks.

Cap for Prescription Expenses

Vanderbilt caps your annual co-pay and co-insurance amount for prescriptions at \$2,500 per individual and \$5,000 per family.

For convenience, use the Vanderbilt Mail Order Pharmacy and get a 90-day supply sent right to your door.

Key Term

Formulary: the list of drugs covered under the Vanderbilt Health Care Plan. You can see the list on the Navitus member website at www.navitus.com

Your member ID is your Vanderbilt employee ID plus 01 at the end. You can find your employee ID in C2HR.

Pharmacy Co-Insurance Chart

	Vanderbilt Pharmacy (30-day supply)	Vanderbilt Pharmacy (90-day supply)	Non-Vanderbilt Pharmacy (30-day supply)	Out of Network
Maintenance Generic	\$1	\$3	N/A	N/A
Level 1	\$5	\$15	\$15	N/A
Level 2	30% co-insurance up to \$50	30% co-insurance up to \$125	50% co-insurance up to \$75	N/A
Level 3	50% co-insurance up to \$75	50% co-insurance up to \$225	70% co-insurance up to \$100	N/A
Specialty	10% co-insurance up to \$100	N/A	N/A	N/A

Dental



Vanderbilt offers two dental plans, Cigna Dental Care (DHMO) and BlueCross BlueShield DentalBlue PPO. Each has a different benefit schedule, and you can elect the plan that best meets the needs of you and your family. View the benefit schedule for each plan online at hr.vanderbilt.edu/benefits/dental.php.

CIGNA Dental Care (DHMO)

- You pay a co-pay (a set fee)
- You must see a CIGNA Dental Care DHMO dentist (Limited network and no coverage for out-of-network)
- You must have a referral to see a specialist
- No waiting periods, no deductibles, no annual limit
- Orthodontia available for children and adults

If you do not indicate a Dental Facility Number while enrolling in My VU Benefits, a CIGNA DHMO-network dentist will be assigned to you by CIGNA. To change your dentist, call CIGNA at 800.642.5810. Find a CIGNA DHMO-network dentist online at www.cigna.com. See the [Cigna Patient Charge Schedule](#) for more information.

BCBS DentalBlue PPO

- You pay co-insurance (a percentage of the cost)
- You may see any dentist, but receive the best coverage if you see an in-network dentist
- There is a deductible and calendar year maximum
- There is a waiting period and limitations for orthodontia procedures

To find DentalBlue network providers, visit www.BCBST.com. See the [Summary of Benefits](#) for more information.

Who's Eligible

If you choose to enroll in the dental plan, your coverage will begin on your hire date. You, your spouse/domestic partner and your children up to age 26 are eligible for dental insurance.

You can change your elections only during Open Enrollment (usually in the fall), unless you experience a qualifying event, such as marriage or birth of a child.

Both plans offer:

- Preventive care (cleanings, x-rays)
- Basic care (fillings, basic restorative work)
- Major services (bridges, crowns, root canals, orthodontia)

Vision



Vanderbilt's vision plan is administered by Superior Vision.

For a list of providers go to www.superiorvision.com or call 1.800.507.3800.

Co-pays

Exam	\$15
Materials (co-pay applies to lenses and frames only, not contact lenses)	\$15
Contact lens fitting (standard & specialty)	\$15

Services/Frequency

Exam	12 months
Frame	24 months
Contact lens fitting	12 months
Lenses	12 months
Contact lenses	12 months

Discount Features

Look for providers in the provider directory who accept discounts, as some do not; please verify their services and discounts (range from 10%-30%) prior to service as they vary.

Contact Lenses and Frames

The plan provides a yearly allowance for contact lenses or frames:

Contact lenses: \$120

Frames: \$130

Discount on Covered Materials

- Frames: 20% off amount over allowance
- Lens options: 20% off retail
- Progressives: 20% off the difference in retail prices of lined trifocal lenses and progressive lenses

For more information on discount features, see the Superior Vision Benefits Overview Brochure at hr.vanderbilt.edu/benefits/vision.php

Discounts on Non-Covered Exam and Materials

- Exams, frames and prescription lenses: 30% off retail
- Lens options, contacts, other prescription materials: 20% off retail
- Disposable contact lenses: 10% off retail

Who's Eligible

If you choose to enroll in the vision plan, your coverage will begin on your hire date. You, your spouse/domestic partner and your children up to age 26 are eligible for vision insurance.

You can change your elections only during Open Enrollment (usually in the fall), unless you experience a qualifying event, such as marriage or birth of a child.

Superior Vision offers a wide network of providers, including Vanderbilt Eye Institute, Target, Wal-Mart and LensCrafters.

Your coverage includes eye examinations, prescription eyewear and contact lenses as well as discounts on refractive surgery (LASIK).

Visit <http://hr.vanderbilt.edu/benefits/vision.php> for details.

Flexible Spending Accounts

FSAs let you set aside money on a pre-tax basis (before federal income and FICA taxes are deducted) to pay for eligible health-related or dependent day care expenses. You save money by paying less in taxes. FSA benefits are administered by Benefit Express.

Money contributed to FSAs must be used during the plan year. Money not used will be lost, as required by federal law.

For a detailed listing of eligible expenses for Health Care and Dependent Day Care FSA expenses, see IRS Publication 502 (Medical and Dental Expenses) or IRS Publication 503 (Child and Dependent Care Expenses) on the IRS Website at www.irs.gov/publications, or on My VU Benefits under Reimbursement Accounts, FSA Eligible and Ineligible Expenses List.

How to Enroll

FSAs require an annual election. In future years, you will enroll during Open Enrollment. The dollar amount you enter is the annual amount. My VU Benefits will show you the per-paycheck deduction to be taken for the annual amount you choose to shelter for expenses during the plan year.

Your FSA payroll deductions and eligibility begin the first of the month after three months of employment. For example, if you were hired on July 10, your payroll deductions and eligibility to file claims would start Nov. 1. The amount you elect will be deducted over the number of pay periods remaining in the year.

You can change your elections only during Open Enrollment (usually in the fall), unless you experience a qualifying event, such as marriage or birth of a child.

Health Care FSA

Use your Health Care FSA for out-of-pocket health-related expenses, such as co-pays, deductibles, prescription drugs, eye care and other expenses for you, your tax dependents and your adult children up to age 26. Your total annual amount is available on the first day the plan is effective to cover eligible health care expenses. You will receive a debit card from Benefit Express to use for health care expenses. You may also submit a claim form online on My VU Benefits for reimbursement.

Dependent Day Care FSA

Dependent Day Care FSAs can be used to pay expenses to place eligible dependents in day care or other custodial care to enable you (and, if married, your spouse) to work, seek work, or attend school full-time (see IRS Publication 503, Child and Dependent Day Care Expenses at www.irs.gov/pub/irs-pdf/p503.pdf for more details). You can file claims to request reimbursement as the funds are withheld from your paycheck.

Eligible dependents include:

- Children under age 13 who live with you and who you claim as dependents on your federal income tax return, and
- Anyone age 13 or older who lives with you at least eight hours a day, depends on you for support, and needs supervised care, such as an elderly parent or disabled spouse or dependent.

Note that highly compensated employees may be affected by the Dependent Day Care FSA annual non-discrimination testing based on the Internal Revenue Code.



Debit Card Convenience

If you enroll in the Health Care FSA, you'll get a debit card to use for prescription drug purchases and other health-related expenses. No need to file paper claim forms, but be sure to save your receipts in case you need to validate a claim.



Use it or Lose it! You can file claims for expenses incurred between January 1, 2016 and March 15, 2017. You must submit your claim for reimbursement with a postmark date no later than April 15, 2017. Money in your account after April 15, 2017 will be lost, so plan carefully.

Short-Term Disability



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

Once you have fulfilled the two-week (14 calendar day) waiting period, short-term disability insurance replaces up to 66 2/3% of your annual base benefits pay (up to \$2,500 per week maximum). Short-term disability benefits may continue for up to 24 weeks. The benefit is administered by Unum. Learn more in the Summary Plan Description at hr.vanderbilt.edu/benefits/sbc-eoc.php.

To enroll, go to My VU Benefits within 30 days of your hire date. Your monthly cost is calculated automatically when you enroll. Employee-paid short-term disability premiums are after-tax, so you do not owe income taxes on the benefit when you receive the disability pay.

Traditional Short-Term Disability

(for newly-eligible staff)

Newly benefits-eligible staff can enroll in traditional short-term disability while waiting for their one year of service to become eligible for enhanced short-term disability. The plan is not effective until the first of the month following 30 days of employment and ends when you become eligible for enhanced short-term disability.

Please note that there is a pre-existing conditions clause for traditional short-term disability. Any conditions or medical care received in the six months prior to the effective date of your coverage will not qualify for a claim within your first year of coverage. Emergency and other new conditions may be eligible for a claim.

Enhanced Short-Term Disability

You will automatically be enrolled in the base and buy-up coverage on the first of the month after your one-year anniversary.

The base portion is paid for by Vanderbilt and covers up to \$24,000 of your annual salary. The buy-up portion is paid for by you and covers your salary above \$24,000.

You may waive the buy-up coverage at any time on My VU Benefits by electing "Waive" for the buy-up coverage of short-term disability. Please note that if you waive the buy-up coverage and wish to re-enroll in the buy-up coverage at another time, you will be subject to medical review and you could be denied.

Fully benefits-eligible staff can receive two weeks of paid parental leave following the birth or adoption of a child. This paid leave can be used during the two-week (14 calendar day) waiting period for short-term disability.

Timeline

Within 30 days of your hire date:

Decide if you want to enroll in traditional short-term disability.

- To enroll, go to My VU Benefits and elect traditional short-term disability.
- If you don't want to enroll, you have no action to take.

The first of the month after your one-year anniversary:

You will be automatically enrolled in base and buy-up enhanced short-term disability.

- If you want to keep the buy-up coverage, you have no action to take.
- If you want to waive the buy-up coverage, go to My VU Benefits and elect "Waive" for the buy-up coverage of short-term disability.

* Eligibility applies to benefits-eligible staff. It does not apply to faculty and post-doctoral fellows. Faculty and post-docs should refer to their manuals and programs for guidance on disability and leave time. Those with house staff benefits are eligible for short-term disability.

Long-Term Disability



Long-term disability insurance replaces 60% of your covered income if you become disabled and cannot work for more than six months. Initially, a disability is one that prevents you from working at your own occupation. In addition to the 60% income-replacement payment, an additional 10% of your base salary will be contributed directly to your retirement account (pre-tax). Long-term disability is administered by Unum.

How to Enroll

Automatic enrollment in the long-term disability plan occurs on the first of the month after your one-year anniversary for faculty and staff and immediately for house staff, so no enrollment is necessary.

You may waive the employee-paid long-term disability coverage by going online to My VU Benefits and electing “Waive” for Full Long-Term Disability.

You can waive the one-year wait if you had group long-term disability coverage within 90 days prior to starting work at Vanderbilt. Complete and submit the Long-Term Disability Certification of Prior Coverage Form within 90 days of your hire date to waive the one-year wait. The form is on the HR website (hr.vanderbilt.edu/forms).

Life Insurance



Vanderbilt 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.

You can add supplemental life coverage of 1, 2 or 3 times your annual base benefits rate — up to an overall maximum of \$1,000,000 (basic life plus supplemental life). 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.* If you are past your new employee enrollment period, or coverage will exceed \$500,000 at any time in the future, you must complete a MetLife Statement of Health Form and be approved by the insurance company to add supplemental life coverage. The form is on the HR website (hr.vanderbilt.edu/forms).

How to Enroll

You will be automatically enrolled in basic life insurance plan when you become eligible for the benefit. You can enroll in supplemental life insurance by electing the level of coverage you want in My VU Benefits within 30 days of your hire date.

Who's Eligible

If you are a full-time, exempt faculty or staff member (paid monthly), your life insurance begins on your hire date. If you are a full-time, non-exempt staff member (paid weekly or bi-weekly), your life insurance begins 90 days after 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 and underwriting review and you may be denied coverage.

Dependent Coverage

- Spouses/domestic partners are eligible for basic life dependent coverage of \$5,000.
- Children up to age 19, or age 23 if full-time student, are eligible for basic life dependent coverage of \$2,500.
- Dependent coverage cannot be increased.

Will Preparation

If you enroll in supplemental life insurance, you can take advantage of MetLife's will preparation service, which also includes living will and power of attorney preparation services. More information can be found on the HR website at <http://hr.vanderbilt.edu/benefits/WillPrepPreEnrollment.pdf>.

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

*If your salary increases so that your total basic plus supplemental coverage exceeds \$500,000, your coverage will be capped at \$500,000 until you complete and submit a Statement of Health Form to MetLife for approval. Additional coverage above \$500,000 may be denied.

AD&D (Accidental Death & Dismemberment)



Accidental death & dismemberment (AD&D) insurance pays your beneficiary if you die in an accident or pays you a percentage of the elected benefit if you suffer dismemberment in an accident. AD&D is administered by MetLife. You, your spouse/domestic partner, and your children up to age 19 (or age 23 if a full-time student) are eligible for this benefit.

Full-time regular faculty and staff may purchase AD&D coverage in increments of \$10,000 (up to 10× your annual salary or \$500,000, whichever is less).

There are three levels of payouts for family coverage:

- If you and your spouse/partner have no children, the amount paid to you if your spouse/partner dies in an accident, or if the accident causes dismemberment, is 50% of your coverage.
- If you and your spouse/partner have children, the amount paid to you if your spouse/partner dies in an accident, or if the accident causes dismemberment, is 40% of your coverage. The amount paid to you if your child dies in an accident, or if the accident causes dismemberment, is 10% of your coverage.
- If you have children, but do not have a spouse/partner, the amount paid to you if your child dies in an accident, or if the accident causes dismemberment, is 15% of your coverage.

Payout for your injury is 100% for death or double dismemberment.

How to Enroll

You can enroll in AD&D by electing the level of coverage you want in My VU Benefits within 30 days of your hire date.

Eligibility

If you choose to enroll, your coverage will begin on your hire date (for exempt faculty and staff) or 90 days after your hire date (for non-exempt staff). You can change elections only during Open Enrollment (usually in the fall), unless your experience a qualifying event, such as marriage or birth of a child.

Travel Assistance

Employees who purchase AD&D insurance are eligible for travel assistance through MetLife. The benefit provides medical, legal and financial assistance for international travel or domestic trips more than 100 miles from home. See the [MetLife Travel Assistance brochure](#) for more information.



403(b) Retirement Plan

The Vanderbilt University 403(b) Retirement Plan is a mandatory long-term investment program for eligible faculty and staff. Fidelity Investments is the administrative services provider.

Eligibility

- **Full-Time Staff and House Staff:** The retirement plan is optional when you are new, but becomes mandatory at your one-year anniversary. You are automatically enrolled at the mandatory level but can participate at the voluntary level during your first year. (If you are covered by a collective bargaining unit, other plan terms may apply.)
- **Part-Time Staff:** The retirement plan will also become mandatory once you have completed one year of service and 1,000 hours within a twelve month period. You can participate at the voluntary level prior to being automatically enrolled at the mandatory level.
- **Faculty*:** Your enrollment is based on your appointment date. If your appointment date is the first of the month, enrollment begins that month; if your appointment date is any other day of the month, enrollment begins on the first of the month following your appointment date.

Contribution Levels

- **Mandatory:** 3% (6.47% for VMG) of your annual salary. Vanderbilt matches 3% dollar-for-dollar.
- **Voluntary:** any contribution above the mandatory level. Vanderbilt matches 2% of your voluntary contributions dollar-for-dollar as long as you contribute at least 2%.

Mandatory contributions will be in addition to any voluntary contributions you elect. Voluntary contributions cannot exceed IRS limits. Each year the IRS determines the annual maximum you can save toward retirement. To view current IRS limits, visit the HR website (hr.vanderbilt.edu/benefits/retirement/limits.php).

Returning Employees

If you are a returning employee in an eligible position, and were eligible for the retirement match during your previous Vanderbilt employment, you are required to participate and will be eligible to receive matching contributions on the first of the month immediately following your re-employment date.

How to Enroll

Enrollment is a paperless process. A few clicks of the mouse and you have taken the steps necessary to enroll in the retirement plan!

All accounts must be set up online using Fidelity NetBenefits (www.netbenefits.com/Vanderbilt). There, you can register for your account, enroll in the plan, designate your beneficiaries and select your investments. The site provides you with streamlined investment choices and online tools to help you with your retirement planning and decision making.

It's important to complete enrollment before you become eligible for Vanderbilt's retirement plan; otherwise, you will be enrolled at the mandatory contribution level in a Vanguard Target Date Fund with Fidelity.

The IRS annually issues limits on the amount of voluntary contributions an individual can make. Limits for 2016:

- If you are under the age of 50, you may voluntarily contribute up to \$18,000 annually.
- If you are age 50 or older, you may voluntarily contribute up to \$24,000 annually.

Get guidance to help plan for your future by meeting one-on-one or over the phone with a Fidelity Planning and Guidance Consultant. Visit www.netbenefits.com/vanderbilt or call 800.642.7131 to schedule an appointment. Consultants can help you learn about investment funds, discuss how much money you may need at retirement, review your current investments, learn how to initiate a rollover, or discuss investment strategies.

* For faculty, VMG and executive administration members: Those whose compensation exceeds \$120,000 by December 31 of their first year working at Vanderbilt meet the highly compensated employee threshold established under IRS guideline 414(q)(1)(B). If you meet this threshold, Vanderbilt'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, www.vanderbilt.edu/facman (Part VI, Section A, Eligibility section), for a full explanation. Also see page 1 of the Retirement Plan Summary Plan Description at hr.vanderbilt.edu/benefits/sbc-eoc.php

Go for the Gold Program



This health promotion program helps faculty, staff and their families lead healthier and more productive lives by identifying health risks and taking action to reduce those risks.

If you participate in Go for the Gold, and are enrolled in the Vanderbilt Health Plan, you can earn a wellness credit of up to \$240 per year. You have two options to use your wellness credits: 1) Vanderbilt Health Plan Account, or 2) Vanderbilt Recreation and Wellness Center Membership.

Option 1: Health Plan Account

Vanderbilt deposits your Go for the Gold wellness credit into a Health Plan Account managed by Aetna. The annual amount you earn depends on your level of participation (bronze: \$120, silver: \$180, gold: \$240). The Health Plan Account helps you pay

your deductibles and co-insurance. The credit can be applied to other covered members on your health plan, including your spouse, partner and dependents. Aetna will automatically draw from this account when they receive a bill from a doctor's office or facility. (The Health Plan Account does not apply toward co-pays.) If the credit is not used, the money will roll over each year, to a maximum of \$1,000. Contact Aetna to find your balance.

Option 2: Vanderbilt Recreation and Wellness Center Membership

Apply your wellness credit (bronze: \$10/month, silver: \$15/month, gold: \$20/month) toward a membership with the Vanderbilt Recreation and Wellness Center. See the [Health Plus website](#) for details. Memberships start Jan. 1 of the following year.

Wellness Credit Eligibility

The Go for the Gold Wellness Credit is available only to employees who elect and pay for the Vanderbilt Health Plan, as health insurance premiums fund the program. If your spouse/partner also works at Vanderbilt, waives Health Plan coverage and is covered as your spouse/partner on the Vanderbilt Health Plan, she/he is not eligible to receive the Wellness Credit.

Learn more at hr.vanderbilt.edu/benefits/gftgFAQ.php. Participate in Go for the Gold by going to healthplus.vanderbilt.edu.

Note: Once VU and VUMC are separate entities, Go for the Gold credits applied to the University-owned recreation center will be a taxable item for VUMC employees. Since that will reduce the benefit available to you, 2016 will be the last year Medical Center employees will apply Go for the Gold credits toward these membership fees. Beginning in 2017, the credit will be added to your health plan account pre-tax and can be used to offset medical expenses. VUMC employees will still be eligible for membership at the recreation center.

Auto, homeowner & pet insurance

These insurance programs are available to Vanderbilt employees at a discounted rate (be sure to mention you are a Vanderbilt employee when contacting the vendors). Premiums are conveniently payroll deducted.

- **Auto & homeowners insurance:** Group Auto and Homeowners Insurance is offered by MetLife. Call 1.800.GETMET8 or visit [MetLife](#) to get a free insurance review and a no-obligation quote.

- **Pet insurance:** Pet Insurance is offered through Nationwide. Different levels of coverage for accidents and illness, as well as vaccination and routine care coverage, are available. For more information, contact Nationwide at 1.877.PETS.VPI, or online at <http://www.petinsurance.com/afi/v/vanderbilt.aspx>.

Tuition Assistance



Staff

Staff may be reimbursed for 70% 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% of Vanderbilt tuition for similar course). You will need your supervisor's approval. You must receive a grade of 'C' or better. Eligibility starts with the semester beginning three months after your hire date. You may audit one three-hour course per semester at Vanderbilt. Tuition will be waived, as long as you have the instructor's permission to attend. No college credit is given for an audited course. Contact the registrar's office for audit details.

Spouse/Partner

Your spouse or same-sex domestic partner can receive a 47% tuition discount for one course per semester taken at Vanderbilt. Your spouse/partner cannot be seeking a degree at Vanderbilt. The spouse/partner tuition benefit is subject to income tax. Eligibility starts with the semester beginning three months after your hire date.

Children

Your eligible dependent children may qualify for a 55% tuition discount on Vanderbilt courses. For dependent children enrolled at another eligible institution, the benefit is tied to the tuition amount charged and may not exceed 55% of Vanderbilt's tuition.

Each eligible dependent may receive tuition discounts for up to eight semesters or 12 quarters of undergraduate courses. Eligibility starts with the semester beginning five years after your hire date (time worked at another college or university may count toward the five-year wait).

To qualify, your child must be enrolled in undergraduate courses leading to the first baccalaureate degree at an accredited college or university. See hr.vanderbilt.edu/policies/dependent-tuition-assistance.php for more details.

You can also call the Employee Service Center at 615.343.7000 or email one of the following addresses:

- Faculty and University central staff: tuitionbenefit@vanderbilt.edu
- Medical center staff: tuitionbenefit.vumc@vanderbilt.edu

How to Enroll

Go to hr.vanderbilt.edu/forms and complete these forms:

- Tuition Benefit for My Child
- Tuition Benefit for Myself or My Spouse/Partner

The maximum family tuition benefit is 24 semesters or 36 quarters for all of the employee's children; or a maximum of 48 semesters or 72 quarters for all of the children if Vanderbilt employs the eligible employee and his/her eligible spouse or eligible same-sex domestic partner.

How to Enroll



Use My VU Benefits to enroll in your benefits. You have 30 days from your hire date to complete your benefits enrollment.

Your elections for the health plan, dental, vision, AD&D and FSAs stay in effect for the plan year (January 1–December 31), unless you have a qualifying life event. If you make no election, you will be enrolled in the Aetna Plus health plan option for employee only and will miss out on enrolling in other benefits.

Retirement has a separate enrollment process. Refer to the 403(b) Retirement Plan section for more information.

Changing Your Benefit Elections

Changes such as marriage or having a baby are examples of qualifying events. You have 30 days after the date of a life event to make a change to your benefits. For more information, see hr.vanderbilt.edu/benefits/fsc.php.

To enroll:

1. Go to hr.vanderbilt.edu and click on **My VU Benefits** under the **Benefits** tab
2. Log in with your VUnetID and password
3. Make your benefit elections
4. Get your confirmation number
5. Print or email your benefits enrollment receipt and keep it for your records

You can make changes to retirement, enhanced short-term disability, long-term disability and life insurance during the plan year, but you may need to meet other requirements.

Questions?

Contact the Employee Service Center at or 615.343.7000 or email human.resources@vanderbilt.edu (university central and School of Nursing departments) or human.resources.vumc@vanderbilt.edu (VUMC departments).



Open Enrollment

Each fall, you can make changes for the following year for these benefits: health plan, dental, vision, flexible spending accounts, and AD&D.

Carrier/Provider Contact Information

Name	Type	Website	Phone
Aetna	Health plan	www.aetna.com	1.800.743.0910
BlueCross	Dental PPO	www.bcbst.com/members/vanderbilt	1.800.422.6712
Cigna	Dental DHMO	www.cigna.com	1.800.642.5810
Fidelity	Retirement	www.netbenefits.com/Vanderbilt	1.800.343.0860
MetLife	AD&D, Auto, Home, Life	www.metlife.com	1.800.GETMET8
Navitus Health Solutions	Prescription Drug Program	www.navitus.com	1.866.333.2757
Benefit Express	Flexible Spending Accounts	http://vanderbi.lt/benefitsenrollment	1.877.837.5017
Superior Vision Services	Vision	www.superiorvision.com	1.800.507.3800
Unum	Short-Term, Long-Term Disability	www.unum.com	1.866.836.6900
Nationwide	Pet Insurance	www.petinsurance.com	1.877.PETS.VPI