

2025 MONTHLY* PAYROLL PREMIUMS

J-1 Exchange Visitors	Employee	Employee + Spouse	Employee + Children	Family
International Plan	\$192.31	\$541.82	\$424.14	\$660.31

DENTAL CARE and VISION	Fully Benefits-Eligible Employee Premiums			
	Employee	Employee + Spouse	Employee + Children	Family
DeltaDental Basic	\$22.32	\$37.95	\$46.26	\$57.36
DeltaDental Premier	\$39.02	\$77.48	\$93.53	\$131.37
DeltaVision	\$6.36	\$12.72	\$13.61	\$21.75

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

This document provides summarized 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. While we attempt to provide accurate summaries, if there are differences between this information and the actual plan documents, the official plan documents prevail.