

# 2026 MONTHLY\* PAYROLL PREMIUMS

J-1 Exchange Visitors	Employee	Employee + Spouse	Employee + Children	Family
Aetna International Health Plan	\$205.77	\$579.74	\$453.82	\$706.52
DeltaDental Basic	\$22.77	\$38.71	\$47.19	\$58.51
DeltaDental Premier	\$39.80	\$79.03	\$95.40	\$134.00
Delta Vision	\$6.36	\$12.72	\$13.61	\$21.75

\*If you are paid weekly or bi-weekly, these amounts will be divided equally between each paycheck.

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](http://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.