

# Welfare Benefit Plan

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Appendix A

## APPENDIX A

### COMPONENT BENEFIT PROGRAMS PROVIDED UNDER WELFARE BENEFIT PLAN

Effective as of January 1, 2017

The underlying Component Benefit Programs that are maintained by Vanderbilt University under this Plan are listed in the first column below; a general description of such benefits is listed in the second column below; any associated Coverage Documents relating to such benefits that are officially cross-referenced and incorporated in this Plan are listed in the third column below (e.g., separate plan documents, descriptions of benefits, certificates of insurance, insurance policies, TPA/ASO agreements, etc.); the policy or contract identification number along with the contact information of any insurer or service provider are listed in the fourth column below; and a basic summary of the eligibility provisions of such benefits are listed in the remaining columns below.

“Fully Benefits-Eligible Employee” means regular and term employees regularly scheduled to work 30 hours or more per week.

“Partially Benefits-Eligible Employee” means:

- Regular and term exempt faculty and staff working part-time schedules (less than 30 hours per week/less than 75% of full time)
- Regular and term non-exempt employees who are regularly scheduled to work at least 20 but less than 30 hours per week (50% time or more)
- Temporary employees, such as VTS and flex employees, who work 30 hours per week or more on average, for any 3 months within a 12-month period
- Student workers, including graduate teaching and research assistants; professional students; and undergraduate student workers, who work 30 hours per week or more on average for any 3 months within a 12-month period (although students need prior approval to work such hours; may already have other coverage, and should consider carefully before electing employee healthcare, even if eligible)

Underlying Welfare Benefit	General Description of Benefits Provided	Associated Coverage Documents	Policy Number, Contact Information of Insurer or Service Provider (if applicable)	Employee Eligibility Classification	Employee Eligibility Effective Date
Medical Benefits	Self-insured medical benefits	Evidence of Coverage  Summary Plan Description	<p><b>Claims Administrator:</b> Aetna P.O. Box 14549 Lexington, KY 40512-4549 1-800-743-0910 Contract No. 811338 <a href="http://www.aetna.com">www.aetna.com</a></p> <p><b>Third Party Administrator: Prescription Drug Benefit</b> Navitus Health Solutions, LLC 999 Fourier Drive Madison, WI 53717 1-866-333-2757 <a href="http://www.navitus.com">www.navitus.com</a></p>	Fully Benefits-Eligible employees  Partially Benefits-Eligible employees	Hire date
Dental Benefits	Fully insured medical benefits	Certificate of Coverage	<p>Contract No. 89508 (Dental PPO)</p> <p>BlueCross BlueShield of Tennessee 1 Cameron Hill Circle Chattanooga, TN 37042 1-800-422-6712 <a href="http://www.bcbst.com/members/vanderbilt">www.bcbst.com/members/vanderbilt</a></p> <p>Contract No. 3308928 (Dental DHMO) CIGNA  1-800-642-5810 <a href="http://www.cigna.com">www.cigna.com</a></p>	Fully Benefits-Eligible employees	Hire date

Underlying Welfare Benefit	General Description of Benefits Provided	Associated Coverage Documents	Policy Number, Contact Information of Insurer or Service Provider (if applicable)	Employee Eligibility Classification	Employee Eligibility Effective Date
Vision Benefits	Fully insured vision benefits	Certificate of Coverage	Contract No. 30286  Superior Vision Services, Inc. 11101 White Rock Road Rancho Cordova, CA 95670 1-800-507-3800 <a href="http://www.superiorvision.com">www.superiorvision.com</a>	Fully Benefits-Eligible employees	Hire date
Group Life Insurance (Basic and Supplemental)	Fully insured life insurance coverage  Basic coverage includes coverage for the employee and dependent(s).	Certificate of Coverage	Contract No. 34284-G  Metropolitan Life Insurance Company 200 Park Avenue, New York, NY 10166 1-800-GETMET8 <a href="http://www.metlife.com">www.metlife.com</a>	Fully Benefits-Eligible employees	<i>Full-time exempt faculty and staff members:</i> Basic life insurance coverage begins automatically on the employee's hire date; may enroll in supplemental coverage  <i>Full-time non-exempt staff members:</i> Basic life insurance coverage begins automatically ninety (90) days after the employee's hire date; may enroll in supplemental coverage

Underlying Welfare Benefit	General Description of Benefits Provided	Associated Coverage Documents	Policy Number, Contact Information of Insurer or Service Provider (if applicable)	Employee Eligibility Classification	Employee Eligibility Effective Date
Group Accidental Death & Dismemberment Insurance	Fully insured AD&D coverage	Certificate of Coverage	Contract No. 34284-G  Metropolitan Life Insurance Company 200 Park Avenue, New York, NY 10166 1-800-GETMET8 <a href="http://www.metlife.com">www.metlife.com</a>	Fully Benefits-Eligible employees	<i>Full-time exempt faculty and staff members:</i> Hire date  <i>Full-time non-exempt staff members:</i> ninety (90) days after hire date
Group Business Travel Insurance	Fully insured business travel coverage	Insurance policy	Policy No. ETB-111010  Hartford Life and Accident Insurance Company Hartford Plaza Hartford, Connecticut 1-800-523-2233	Fully Benefits-Eligible employees and Partially Benefits-Eligible employees	Hire Date
Long-Term Disability Insurance	Fully insured LTD income replacement coverage	Certificate of Coverage	Contract No. 224888 011  Unum Life Insurance Company of America 2211 Congress Street Portland, Maine 04122 1-866-836-6900 <a href="http://www.unum.com">www.unum.com</a>	Fully Benefits-Eligible employees	<i>Faculty and staff members:</i> coverage automatically begins on the first of the month after one (1) year from hire date  <i>Post Doc members:</i> coverage automatically begins on the employee's hire date

Underlying Welfare Benefit	General Description of Benefits Provided	Associated Coverage Documents	Policy Number, Contact Information of Insurer or Service Provider (if applicable)	Employee Eligibility Classification	Employee Eligibility Effective Date
Short-Term Disability Insurance (Traditional and Enhanced coverage)	Fully insured STD income replacement coverage	Certificate of Coverage	Contract No. 224887 011 (Traditional coverage) Contract No. 415507 011 (Enhanced coverage)  Unum Life Insurance Company of America 2211 Congress Street Portland, Maine 04122 1-866-836-6900 <a href="http://www.unum.com">www.unum.com</a>	Fully Benefits-Eligible employees (Faculty are not eligible for this benefit.)	<i>Traditional coverage:</i> first of the month following thirty (30) days from hire date  <i>Enhanced coverage:</i> automatically begins the first of the month after one (1) year from hire date
Medical Reimbursement Benefits	Health care flexible spending account coverage	Plan Document  Summary Plan Description	<b><i>Third Party Administrator:</i></b> Benefit Express P.O. Box 189 Arlington Heights, IL 60006 1-877-837-5017 <a href="http://vanderbilt/benefitsenrollment">http://vanderbilt/benefitsenrollment</a>	Fully Benefits-Eligible employees	First of the month following ninety (90) days from date of hire
Dependent Care Assistance Benefits	Dependent care flexible spending account coverage	Plan Document  Summary Plan Description	<b><i>Third Party Administrator:</i></b> Benefit Express P.O. Box 189 Arlington Heights, IL 60006 1-877-837-5017 <a href="http://vanderbilt/benefitsenrollment">http://vanderbilt/benefitsenrollment</a>	Fully Benefits-Eligible employees	First of the month following ninety (90) days from date of hire

Underlying Welfare Benefit	General Description of Benefits Provided	Associated Coverage Documents	Policy Number, Contact Information of Insurer or Service Provider (if applicable)	Employee Eligibility Classification	Employee Eligibility Effective Date
Health Reimbursement Account Benefit	Reimbursement of eligible medical expenses	Plan Document  Summary Plan Description	<b>Third Party Administrator:</b> Benefit Express Services, LLC 1700 E. Golf Road Suite 1000 Schaumburg, IL 60173	Fully Benefits-Eligible employees	Participation in this benefit is closed.
Wellness Program	Wellness credits	Plan Document  Summary Plan Description	Aetna P.O. Box 14549 Lexington, KY 40512-4549 1-800-743-0910 Contract No. 811338 www.aetna.com	Fully Benefits-Eligible employees who elect coverage under the Vanderbilt Health Plan  Partially Benefits-Eligible employees who elect coverage under the Vanderbilt Health Plan	<i>Fully benefits-eligible employees:</i> coverage begins automatically on the employee's hire date  <i>Partially benefits-eligible employees:</i> coverage begins automatically on the employee's hire date
Health Fund Account	Reimbursement of eligible medical expenses	Plan Document  Summary Plan Description	<b>Third Party Administrator:</b> Aetna P.O. Box 14549 Lexington, KY 40512-4549 1-800-743-0910 Contract No. 811338 www.aetna.com	Fully Benefits-Eligible employees who elect coverage under the Aetna HealthFund Option under the Vanderbilt Health Plan  Partially Benefits-Eligible employees who elect coverage under the Aetna HealthFund option under the Vanderbilt Health Plan	<i>Fully benefits-eligible employees:</i> coverage begins automatically on the employee's hire date  <i>Partially benefits-eligible employees:</i> coverage begins automatically on the employee's hire date

<b>Underlying Welfare Benefit</b>	<b>General Description of Benefits Provided</b>	<b>Associated Coverage Documents</b>	<b>Policy Number, Contact Information of Insurer or Service Provider (if applicable)</b>	<b>Employee Eligibility Classification</b>	<b>Employee Eligibility Effective Date</b>
Employee Assistance Program	Psychological support services and counseling	Plan Document  Summary Plan Description	Work/Life Connections 1211 21st Ave. South Medical Arts Bldg., Suite 010 Nashville, TN 37212 615-936-1327	Fully Benefits-Eligible employees and spouses  Partially Benefits-Eligible employees and spouses	<i>Fully benefits-eligible employees: coverage begins automatically on the employee's hire date</i>

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