

## 2022 Health Plan OPTION 1

### CHOICE CDHP

In-Network

Out-of-Network

The Wellness Credit you earn for participating in Go for the Gold will be placed into your Vanderbilt Health Savings Account. The Wellness Credit will be included in your total contribution to your HSA for 2022.

Note: If you are enrolled in Medicare and select the Choice CDHP for additional coverage, you are not eligible for the HSA or any contributions Vanderbilt makes including the Vanderbilt seed and Go for the Gold Wellness Credit.

Go for the Gold Wellness Credit	Annual amount depends on level of participation: Bronze \$120, Silver \$180, Gold \$240.	
<b>HEALTH SAVINGS ACCOUNT (HSA) —</b> Vanderbilt will seed this account with money that can be used to help meet your deductible. <sup>1</sup>		
Individual	\$750	
Family (all other tiers)	\$1,500	
<b>DEDUCTIBLE<sup>2</sup></b>		
Individual	\$2,000	\$3,550
Family Maximum (all other tiers)	\$4,000	\$7,100
<b>CO-INSURANCE RATE (After deductible is met)</b>		
	20%	60%
<b>OUT-OF-POCKET LIMIT<sup>3</sup></b>		
Individual Limit	\$4,500	\$7,000
Family Limit (all other tiers)	\$9,000	\$13,000
<b>COST OF SERVICES —</b> Subject to deductible and co-insurance		
Preventative visit (see HR website for info)	\$0	\$0
Primary care provider	20% after deductible	60% after deductible
SPECIALIST, mental health visit		20% after deductible
Emergency room visit		60% after deductible
Urgent care visit		
Hospital inpatient (including maternity), outpatient services, diagnostic testing		
Mental health inpatient		
Skilled nursing (limit 60 days/year)		
Home health care (limits apply, 120 visits/year maximum)		
Therapy (physical, speech, occupational, cardiac rehab)		
Chiropractic care (15 visit maximum)		
Inpatient surgery		
Outpatient surgery hospital facility		
<b>PHARMACY (Rx)</b>		
Maintenance Generic	Subject to deductible and co-insurance	N/A
Level 1		
Level 2		
Level 3		
Specialty <sup>4</sup>		

- The maximum total annual contributions to an HSA in 2022 are \$3,650 for individual and \$7,300 for family. If you are age 55 or older, you can contribute an extra \$1,000. You must be employed (Jan 1st for the January seed and July 1st for the July seed), Full-Time status, and elect the CDHP plan to be eligible to receive the seed. Additionally, you have 60 days from each date to activate your HSA. If you do not activate your HSA, you will forfeit the seed money.
- For those enrolled in family tiers, the total family deductible may be met by one or more family members. There are separate deductibles for each network.
- Out-of-pocket limit includes total of co-insurance payments and deductibles.
- Only available via VUMC Pharmacies.

## 2022 Health Plan OPTION 2

### SELECT PPO

In-Network

Out-of-Network

The Wellness Credit you earn for participating in Go for the Gold defaults into your Vanderbilt Health Plan Account. 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.<sup>1</sup>

Go for the Gold Wellness Credit	Annual amount depends on level of participation: Bronze \$120, Silver \$180, Gold \$240.		
<b>DEDUCTIBLE —</b> Vanderbilt Health Plan Account (Go for the Gold) is used to help meet your deductible. <sup>2</sup>			
Individual	\$800		\$2,400
Family Maximum (all other tiers)	\$1,600		\$4,800
<b>CO-INSURANCE RATE (After deductible is met)</b>			
	10%		50%
<b>OUT-OF-POCKET LIMIT<sup>3</sup></b>			
Individual Limit	\$3,500		\$7,000
Family Limit (all other tiers)	\$7,000		\$13,000
<b>COST OF SERVICES —</b> Subject to deductible and co-insurance			
Preventative visit (see HR website for info)	\$0		\$0
Primary care provider	\$30 co-pay		50% after deductible
SPECIALIST, mental health visit	\$50 co-pay		50% after deductible
Emergency room visit	\$250 co-pay then 10% after deductible		\$250 co-pay then 10% after deductible
Urgent care visit	\$50 co-pay then 10% after deductible		\$75 co-pay then 50% after deductible
Hospital inpatient (including maternity), outpatient services, diagnostic testing and surgery	\$150 co-pay then 10% after deductible		\$150 co-pay then 50% after deductible
Mental health inpatient	10% after deductible		50% after deductible
Outpatient surgery hospital facility			
Skilled nursing (limit 60 days/year)			
Home health care (limits apply, 120 visits/year maximum)	10% after deductible		50% after deductible
Therapy (physical, speech, occupational, cardiac rehab)	\$35 co-pay		50% after deductible
Chiropractic care (15 visit maximum)			
<b>PHARMACY (Rx)</b>			
Maintenance Generic	PPO Retail	PPO Mail Order	Out-of-Network
Level 1	\$1	\$10	N/A
Level 2	\$15	\$45	N/A
Level 3	30% co-insurance up to \$150	30% co-insurance up to \$450	N/A
Specialty <sup>4</sup>	50% co-insurance \$200 min	50% co-insurance \$600 min	N/A
	10% co-insurance up to \$200	N/A	N/A

- Unused amounts roll over from year to year up to a maximum balance of \$1,000.
- The deductible for each participant will not exceed the "individual deductible." The total deductible amount paid in all family tiers will not exceed the "family limit." There are separate deductibles for each network.
- Out-of-pocket limit includes total of co-insurance payments, co-pays and deductibles.
- Only available via VUMC Pharmacies.