

2023 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 2023.

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.

HEALTH SAVINGS ACCOUNT (HSA) — Vanderbilt will seed this account with money that can be used to help meet your deductible.¹

Individual \$750

Family (all other tiers) \$1,500

DEDUCTIBLE²

Individual \$2,000 \$3,550

Family Maximum (all other tiers) \$4,000 \$7,100

CO-INSURANCE RATE (after deductible is met)

20% 60%

OUT-OF-POCKET LIMIT³

Individual Limit \$4,500 \$7,000

Family Limit (all other tiers) \$9,000 \$13,000

COST OF SERVICES — Subject to deductible and co-insurance

Preventative visit (see HR website for information) \$0 \$0

Primary care provider 60% after deductible

SPECIALIST, mental health visit 20% after deductible

Emergency room visit 20% after deductible

Urgent care visit 20% after deductible

Hospital inpatient (including maternity), outpatient services, diagnostic testing 20% after deductible

Mental health inpatient 20% after deductible

Skilled nursing (limit 60 days/year) 20% after deductible

Home health care (limits apply, 120 visits/year maximum) 60% after deductible

Therapy (physical, speech, occupational, cardiac rehab) 60% after deductible

Chiropractic care (15 visit maximum) 60% after deductible

Inpatient surgery 60% after deductible

Outpatient surgery hospital facility 60% after deductible

PHARMACY (Rx)

Maintenance Generic Subject to deductible and co-insurance

Level 1 Subject to deductible and co-insurance

Level 2 Subject to deductible and co-insurance

Level 3 Subject to deductible and co-insurance

Specialty⁴ Subject to deductible and co-insurance

1. The maximum total annual contributions to an HSA in 2023 are \$3,850 for individual and \$7,750 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.

2. 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.

3. Out-of-pocket limit includes total of co-insurance payments and deductibles.

4. Only available via VUMC Pharmacies.

2023 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.¹

Go for the Gold Wellness Credit Annual amount depends on level of participation: Bronze \$120, Silver \$180, Gold \$240.

DEDUCTIBLE — Vanderbilt Health Plan Account (Go for the Gold) is used to help meet your deductible.²

Individual \$800 \$2,400

Family Maximum (all other tiers) \$1,600 \$4,800

CO-INSURANCE RATE (After deductible is met)

10% 50%

OUT-OF-POCKET LIMIT³

Individual Limit \$3,500 \$7,000

Family Limit (all other tiers) \$7,000 \$13,000

COST OF SERVICES — Subject to deductible and co-insurance

Preventative visit (see HR website for information) \$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 \$150 co-pay then 10% after deductible

Outpatient surgery hospital facility \$150 co-pay then 10% after deductible

Skilled nursing (limit 60 days/year) \$150 co-pay then 10% after deductible

Home health care (limits apply, 120 visits/year maximum) 10% after deductible 50% after deductible

Therapy (physical, speech, occupational, cardiac rehab) 10% after deductible

Chiropractic care (15 visit maximum) \$35 co-pay 50% after deductible

PHARMACY (Rx)

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

Level 3 50% co-insurance \$200 min 50% co-insurance \$600 min N/A

Specialty⁴ 10% co-insurance up to \$200 N/A N/A

1. Unused amounts roll over from year to year up to a maximum balance of \$1,000.

2. 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.

3. Out-of-pocket limit includes total of co-insurance payments, co-pays and deductibles.

4. Only available via VUMC Pharmacies.