

2024 Health Plan OPTION 1

CHOICE CDHP

	In-Network	Out-of-Network
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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.

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%
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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	20% after deductible	60% after deductible
Specialist, mental health visit		60% 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	60% after deductible
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		

PHARMACY (Rx)

Maintenance Generic	Subject to deductible and co-insurance	N/A
Level 1		
Level 2		
Level 3		
Specialty ⁴		

1. The maximum total annual contributions to an HSA in 2024 are \$4,150 for individual and \$8,300 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.
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.

2024 Health Plan OPTION 2

SELECT PPO

	In-Network	Out-of-Network
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DEDUCTIBLE¹

Individual	\$800	\$2,400
Family Maximum (all other tiers)	\$1,600	\$4,800

CO-INSURANCE RATE (After deductible is met)

	10%	50%
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OUT-OF-POCKET LIMIT²

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

PHARMACY (Rx)

	PPO Retail	PPO Mail Order	Out-of-Network
Maintenance Generic	\$1	\$10	N/A
Level 1	\$15	\$45	N/A
Level 2	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
Specialty ³	10% co-insurance up to \$200	N/A	N/A

1. 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.
2. Out-of-pocket limit includes total of co-insurance payments, co-pays and deductibles.
3. Only available via VUMC Pharmacies.