# Health Plan Overview of Costs

This sheet helps you compare health plan options based on the providers (doctors, facilities, other health professionals) that you use. **Please remember that you choose a health plan option, not a network.** The Wellness Credit you earn for participating in Go for the Gold will default into your Vanderbilt Health Plan Account. You will not file claims to access these funds, as Aetna will pay your first medical claims (not copays) out of the Health Plan Account. The account helps you meet your deductible. For full details of each health plan option, see each option’s Evidence of Coverage booklet at [hr.mc.vanderbilt.edu/benefits/sbc-eoc.php](http://hr.mc.vanderbilt.edu/benefits/sbc-eoc.php).

<table>
<thead>
<tr>
<th></th>
<th>Aetna Plus</th>
<th>Aetna Select</th>
<th>Aetna HealthFund</th>
</tr>
</thead>
</table>
| **VHAN Network**     | Individual: $600  
Family: $1,100 | Individual: $500  
Family: $1,000 | Individual: $1,800  
Family: $3,500 |
| **Aetna National Network** | Individual: $1,250  
Family: $2,500 | Individual: $1,000  
Family: $2,000 | Individual: $2,500  
Family: $4,000 |
| **Out of Network**   | Individual: $2,500  
Family: $5,000 | Individual: $2,000  
Family: $4,000 | Individual: $5,000  
Family: $10,000 |

### Annual deductible
- Individual: $600  
Family: $1,100
- Individual: $1,250  
Family: $2,500
- Individual: $2,500  
Family: $5,000
- Individual: $2,500  
Family: $5,000
- Individual: $1,800  
Family: $3,500
- Individual: $2,000  
Family: $4,000
- Individual: $2,500  
Family: $4,000
- Individual: $5,000  
Family: $10,000

### Coinsurance
- 20% after deductible
- 30% after deductible
- 40% after deductible
- 50% after deductible
- 60% after deductible
- 70% after deductible
- 80% after deductible

### Out-of-pocket limit
- Individual: $4,000  
Family: $7,500  
combined
- Individual: $3,500  
Family: $7,000  
combined
- Individual: $7,000  
Family: $13,000
- Individual: $4,000  
Family: $7,500  
combined
- Individual: $8,500  
Family: $16,500

### Preventive visit
- $0
- Not covered
- $0
- Not covered
- $0
- Not covered
- $0
- Not covered

### Sick visit, specialist visit, mental health visit
- $20 copay  
$50 copay  
$75 copay  
then 20% after deductible  
then 40% after deductible  
then 60% after deductible
- $20 copay  
$50 copay  
$75 copay  
then 10% after deductible  
then 30% after deductible  
then 50% after deductible
- $115 copay  
then 20% after deductible  
then 40% after deductible  
then 60% after deductible
- $115 copay  
then 10% after deductible  
then 30% after deductible  
then 50% after deductible
- $115 copay  
then 20% after deductible  
then 40% after deductible  
then 60% after deductible
- $115 copay  
then 10% after deductible  
then 30% after deductible  
then 50% after deductible

### Urgent care visit
- $50 copay  
$75 copay  
then 20% after deductible  
then 40% after deductible  
then 60% after deductible
- $50 copay  
$75 copay  
then 10% after deductible  
then 30% after deductible  
then 50% after deductible
- $115 copay  
then 20% after deductible  
then 40% after deductible  
then 60% after deductible
- $115 copay  
then 10% after deductible  
then 30% after deductible  
then 50% after deductible
- $115 copay  
then 20% after deductible  
then 40% after deductible  
then 60% after deductible
- $115 copay  
then 10% after deductible  
then 30% after deductible  
then 50% after deductible

### Emergency room visit
- $115 copay  
then 20% after deductible  
then 40% after deductible  
then 60% after deductible
- $115 copay  
then 10% after deductible  
then 30% after deductible  
then 50% after deductible
- $115 copay  
then 20% after deductible  
then 40% after deductible  
then 60% after deductible
- $115 copay  
then 10% after deductible  
then 30% after deductible  
then 50% after deductible
- $115 copay  
then 20% after deductible  
then 40% after deductible  
then 60% after deductible
- $115 copay  
then 10% after deductible  
then 30% after deductible  
then 50% after deductible

### Hospital inpatient, outpatient, diagnostic testing
- 20% after deductible  
40% after deductible  
60% after deductible
- 10% after deductible  
30% after deductible  
50% after deductible
- 60% after deductible  
10% after deductible  
30% after deductible
- 30% after deductible  
50% after deductible
- 40% after deductible  
10% after deductible  
30% after deductible
- 30% after deductible  
50% after deductible

### Skilled nursing, home health, hospice, therapy
- 20% after deductible  
40% after deductible  
60% after deductible
- 10% after deductible  
30% after deductible  
50% after deductible
- 30% after deductible  
50% after deductible
- 30% after deductible  
50% after deductible
- 40% after deductible  
10% after deductible  
30% after deductible
- 30% after deductible  
50% after deductible

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*The Aetna HealthFund option comes with a HealthFund account. If you elect employee-only coverage, VUMC deposits $750 into the HealthFund account. If you elect spouse or family coverage, VUMC deposits $1,500 into the HealthFund account. This account is used to meet your deductible.

**Certain out-of-network services require prior authorization or else the out-of-pocket limit does not apply.
### 2017 Monthly Health Plan Employee Payroll Premiums*

#### Band 1: For employees with salaries of $49,999.99 or less

<table>
<thead>
<tr>
<th>Health Plan Option</th>
<th>Fully benefits-eligible</th>
<th>Partially benefits-eligible</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aetna Plus</td>
<td>$70</td>
<td>$174</td>
</tr>
<tr>
<td>Aetna Select</td>
<td>$106</td>
<td>$296</td>
</tr>
<tr>
<td>Aetna HealthFund</td>
<td>$79</td>
<td>$199</td>
</tr>
</tbody>
</table>

#### Band 2: For employees with salaries of $50,000 - 99,999.99

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</tr>
</thead>
<tbody>
<tr>
<td>Aetna Plus</td>
<td>$94</td>
<td>$217</td>
</tr>
<tr>
<td>Aetna Select</td>
<td>$135</td>
<td>$351</td>
</tr>
<tr>
<td>Aetna HealthFund</td>
<td>$101</td>
<td>$244</td>
</tr>
</tbody>
</table>

#### Band 3: For employees with salaries of $100,000 - 149,999.99

<table>
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<th>Partially benefits-eligible</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aetna Plus</td>
<td>$99</td>
<td>$242</td>
</tr>
<tr>
<td>Aetna Select</td>
<td>$154</td>
<td>$384</td>
</tr>
<tr>
<td>Aetna HealthFund</td>
<td>$108</td>
<td>$270</td>
</tr>
</tbody>
</table>

#### Band 4: For employees with salaries of $150,000 - 199,999.99

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<th>Partially benefits-eligible</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aetna Plus</td>
<td>$102</td>
<td>$252</td>
</tr>
<tr>
<td>Aetna Select</td>
<td>$164</td>
<td>$422</td>
</tr>
<tr>
<td>Aetna HealthFund</td>
<td>$116</td>
<td>$289</td>
</tr>
</tbody>
</table>

#### Band 5: For employees with salaries of $200,000 or more

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</tr>
</thead>
<tbody>
<tr>
<td>Aetna Plus</td>
<td>$106</td>
<td>$264</td>
</tr>
<tr>
<td>Aetna Select</td>
<td>$171</td>
<td>$458</td>
</tr>
<tr>
<td>Aetna HealthFund</td>
<td>$124</td>
<td>$311</td>
</tr>
</tbody>
</table>

*Credits and Fees for Your Health Care Payroll Premium*

Add or subtract the numbers below to your costs from the appropriate chart on the left to see your final monthly premium:

- **Subtract $20 per month:** If you and your covered family members are committed to being tobacco-free, let us know when you enroll. **Remember to enroll each year to be eligible for the tobacco-free credit.**
- **Add $100 per month:** If your spouse has access to health coverage through another employer, but prefers using the VUMC Health Plan. **Remember to enroll each year to let us know whether your spouse has access to insurance through another employer; otherwise, you could be charged the $100 per month spouse coverage fee.**

If paid weekly or bi-weekly, these amounts will be divided equally between your two or four paychecks of each month.

Please note that the cost for benefits is not prorated; the full cost must be paid for the month your benefit begins.