Benefits Overview

BENEFITS AT A GLANCE
Academic Staff – Faculty; Librarian; FSO; APO Continuing appointments
(Benefit Program AOC, APT)

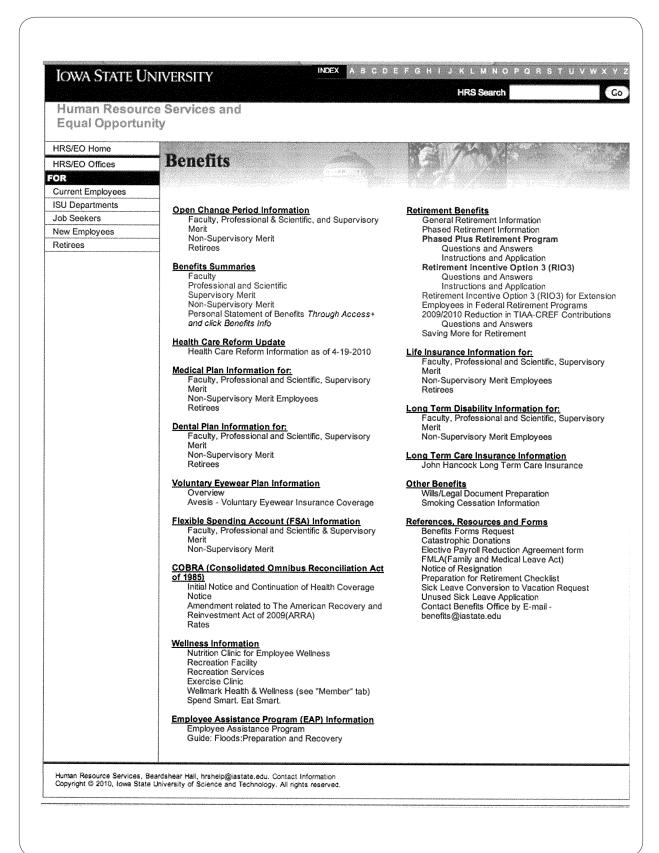
TOTAL CONTRACTOR STATE OF THE PROPERTY OF THE			
Benefit	Covers	Eligibility	If You have a Claim
Alberta Health Care	Basic health services such as doctors and hospitals	1* of the month following date of appointment if arriving from another province – 3 months from date of arrival in Alberta If arriving from out of country date of arrival	Expenses are billed directly to the plan
Supplementary Health Care	1	Date of appointment	Drugs are billed directly to the Plan Generally, other expenses paid by the claimant are submitted to carrier for reinbursement
Dental Care	100% Diagnostic and preventive, 75% restorative and 75% orthodontics services	Date of appointment	Generally, eligible expenses are billed directly to the plan Any residue is the responsibility of the claimant
Employee and Family Assistance (EFAP)	Comprehensive psychological counseling, wellness and work life services (eg legal and financial consultations)	Date of appointment	Human Solutions is the service provider for the University
Health Spending Account	Reimbursement of additional health and dental expenses not eligible under the entitopyees of the reheritis pains Annual credit allocation of \$500 per calendar year per eligible staff member. Credit carry-forward for one year	Date of appointment	See information at: http://www.nsualbenfata.af.Benefils/indexaspx?Page=353
Long Term Disability	Loss of income in the event of a long-term disability Benefit is 70% of salary (to a specified maximum of \$15,877/mth) and is taxable	Date of appointment. Application for benefits occurs after 26 weeks medical leave Coverage ceases June 30th following 65th birthday	The University's Health Recovery Support unit initiates the claim process
Life insurance Basic	Provides a lump sum to the designated beneficiary(les) in the event of death \$60,000 flat coverage amount	Date of appointment	The University would initiate and submit the claim on behalf of the survivors
Optional Life	Additional (ife insurance can be purchased in units of \$10,000 up to \$300,000	Date of appointment - Employee Paid Advence of Insurability required for amounts over \$180,000 or if hare applicant. Application required	The University would initiate and submit the claim on behalf of the survivors
Optional Dependent Life	Spouse: \$12,000 Each Dependent Child: \$3,600	Date of appointment – Employee Paid Evidence of Insurability required if late applicant Application required	The University would assist the staff member in the claim process
Critical Illness	\$10,000 lump sum benefit paid to the employee in the event of diagnosis of a covered disease	Date of appointment	The University would assist the staff member in the claim process
Critical Illness Voluntary	Additional critical illness insurance can be purchased in increments of \$25,000 an anaximum of \$25,000 Lump sum benefit paid to the employee in the event of diagnosis of a covered disease	Date of appointment – Employee Paid devidence of Insurability required for amounts over \$25,000 or if late applicant Application required	The University would initiate and submit the claim on behalf of the survivors
Spousal Critical Illness	Spousal critical illness insurance can be purchased in hortements of \$25,000 to a maximum of \$250,000 C Lump sum benefit paid to the employee in the event the spouse is diagnosed with a covered disease	Date of appointment - Employee Paid Evidence of Insurability required	The University would initiate and submit the claim on behalf of the survivors
Accidental Death & Dismemberment	Additional insurance in the event of accidental death or a permanent dismemberment	Date of appointment- Employee Pald Application required	NA
Pension Plan	Provides retirement and survivor income replacement	Date of appointment	NA

UNIVERSITY OF ALBERTA

Benefits at a Glance

http://www.hrs.ualberta.ca/Benefits/Glance/AOC.pdf

How to Claim	Expense claims are submitted to the Travel Section, Supply Management Services	Medical Certificate required	Departmental procedures apply	See information at: http://www.hrs.ualberta.ca/Benefits/Academic/TimeOff.aspx	Medical certificate and proof of Employment insurance payment	Proof of Employment Insurance payments		Academic Remission of Tuiton Fees form is submitted to Financial Services	See information at: http://www.hsualbertaca/Benefits/indexaspx/Paga=307 or form at: http://www.rsualbertaca/Forms/forms/Academic-Child_Care_Benefitdoo		
Militaria constanti pa	Expense cla Manageme	Medical Ce	Department	See informa http://www.h	Medical cer	Proof of Em	N/A	Academic F Services			
Amount	Faculty/FSO/Librarians: \$1,400 per annum APOs: \$1,400 per annum	100% of salary	22 working days per annum	5 days. Personal Leave levy of 2.55% to be applied from July 2010 to March 2011	95% of salary "top up" on Employment Insurance payments	95% of salary "top up" on Employment Insurance payments	N/A	Equivalent of 4 single term Arts courses per year (\$1,814 in 2006-2007)	50% reimbursement of expenses up to a maximum of \$2,000 per calendar year per eligible child		
Eligibility	Date of appointment	Date of appointment	Earned from date of appointment	Upon employee request	Date of appointment Must be eligible for Employment Insurance matemity benefits	Date of appointment Must be eligible for Employment Insurance maternity benefits	Date of appointment	Date of appointment	Date of appointment	08	
Covers	Funds provided for the reimbursement of professional expenses incurred by staff member	Covers illness or injury to a maximum of 26 weeks		Voluntary unpaid leave days under a special program	Up to 15 weeks	Up to 10 weeks	Fitness, swimming, squash, racquetball, etc	Credit courses	Funds provided for the reimbursement of child care expenses incurred by staff member	Note: All references to per annum are for the academic year July 1 – June 30	
Benefit	Professional Expense	Medical Leave	Vacation Leave	Personal Leave Days	Maternity Leave	Parental Leave	Physical Education, Recreation facilities	Remission of Tultion	Child Care Benefit	ote: All references tr	April 2010



UNIVERSITY OF MANITOBA

Employee Benefits Full-time Staff

http://umanitoba.ca/admin/human_resources/staff_benefits/pdf/summary-ft-2010.pdf

Monthly Cost	• Paid 100% by University. • \$0.18/\$1,000 of coverage.	• Paid 100% by employee: Age Per \$1,000 < 35 \$0.021 35 - 44 0.157 55 - 64 0.157 65 - 69 1.623 70 - 74 2.705 75 - 79 4.525 80 - 84 7.623	• Paid 100% by employee.	Paid 100% by University \$0.027/\$1,000 of coverage.
Coverage at Termination, Retirement or Death	Coverage ceases at termination of employment or retirement. Member may have the option of converting existing coverage to an individual life insurance policy, within 31 days of termination. Certain restrictions may apply. Retired staff who have been a member of the group insurance plan for at least 10 years and who are at least 55 years of age have the option to continue their Basic Life Insurance coverage to age 71.	Coverage ceases at the earlier of termination of employment, retirement, or age 85. Member may have the option of converting existing coverage to an individual life insurance policy, within 31 days of termination. Certain restrictions may apply. Retired staff who have been a member of the group insurance plan for at least 10 years and who are at least 55 years of age have the option to continue their Optional Life Insurance coverage to age 71. Not applicable to Spousal Optional Life Insurance.	Coverage ceases at termination of employment, retirement, or when dependent is no longer eligible. Member may have the option of converting existing spousal coverage to an individual life insurance policy, within 31 days of termination. Certain restrictions may apply. No conversion privilege is available for insurance on dependent children.	Coverage ceases at termination of employment or retirement.
Coverage if Disabled	Coverage continues at no cost to the staff member, while receiving Long Term Disability benefits.	Same as Basic Life Insurance.	Same as Basic Life Insurance.	Same as Basic Life Insurance.
Coverage	Insurance coverage is equal to member's basic annual salary. Benefit is payable in the event of the member's death.	 Member may apply for up to 40 units of coverage for themselves, and/or their spouse. The unit value is \$10,000. Benefit is payable in the event of death. 	Member may apply for up to 5 units of coverage. Each unit: spouse - \$3,000 and each child - \$1,500. Benefit is payable in the event of the death of the insured dependent.	Coverage amount is \$20,000. Benefit may be payable in the event of the member's accidental death or injury.
Eligibility	All full-time academic and support staff appointed for one year or longer, will participate starting on date of employment.	Participation is optional.	Participation is optional.	Same as Basic Life Insurance.
	Basic Life Insurance	Optional Life Insurance & Spousal Optional Life	Optional Dependent Life Insurance	Basic AD&D Insurance

UNIVERSITY OF MANITOBA

Employee Benefits Full-time Staff

http://umanitoba.ca/admin/human_resources/staff_benefits/pdf/summary-ft-2010.pdf

Monthly Cost	Paid 100% by employee. \$0.037/\$1,000 of coverage.	• Paid 50% by University and 50% by employee. • \$2.24/\$100 of earnings.	Paid 50% by University and 50% by employee Single - \$25.48 Couple - \$50.52 Farrilly - \$90.04 HCSA – paid 100% by University,	• Paid 100% by University. • Single - \$24.20 Couple - \$48.96 Family - \$87.20
Coverage at Termination, Retirement or Death	Coverage ceases at termination of employment or retirement.	Coverage ceases on the earlier of date of termination, retirement, death or 6 months prior to normal retirement date.	Coverage ceases on termination of employment or retirement. Retired staff who have been a member of the group insurance plan for at least 10 years and are at least 55 years of age, may have the option of participating in the Retiree Health Plan.	Coverage ceases on termination of employment or retirement. Retired staff who have been a member of the group insurance plan for at least 10 years and are at least 55 years of age, may have the option of participating in the Retiree Dental Plan.
Coverage if Disabled	Same as Basic Life Insurance.	Premiums cease while receiving Long Term Disability benefits.	Same as Basic Life Insurance.	Same as Basic Life Insurance.
Coverage	Member may apply for up to 12 units of coverage. Each unit - \$20,000 (maximum coverage amount - \$240,000). Eligible dependents are automatically covered for a percentage of the coverage elected.	Monthly benefit - 60% of monthly earnings. Benefits commence after 180 days of total disability.	Prescription drugs – deductible \$50/employee plus \$50/all dependents combined, 80% reimbursement, maximum annual benefit of the lesser of \$2,000 and the Pharmacare deductible. Medical coverage – reimbursement 80% of first \$500, 100% thereafter, various maximums apply. Hospital and Ambulance – 100% reimbursement, semi-private accommodation. Overall lifetime maximum of \$100,000. Global Medical Assistance – in the event of medical emergency, his benefit provides assistance in obtaining medical care when the member is travelling. Certain limitations apply. Healthcare Spending Account (HCSA) – member receives \$500/year (April 1 – March 31), can be used to cover expenses not covered by group health or Pharmacare plans.	 Basic dental services – 80% reimbursement. Major dental services – 60% reimbursement. Orthodontic dental services – 50% reimbursement. Orthodontic services are covered only for eligible dependent children up to age 19, provided treatment begins prior to age 18. Benefits are limited to an overall maximum of \$1,500/person/year. Orthodontic benefits are limited to \$2,000/child/lifetime.
Eligibility	Participation is optional.	Same as Basic Life Insurance.	Same as Basic Life Insurance.	Same as Basic Life Insurance.
	Voluntary AD&D Insurance	Long Term Disability Insurance	Supplementary Health	Dental

UNIVERSITY OF MANITOBA

Employee Benefits Full-time Staff

http://umanitoba.ca/admin/human_resources/staff_benefits/pdf/summary-ft-2010.pdf

Monthly Cost	The staff member contributes at a ra of 7% of salary less an adjustmen for CPP. The University matches these contributions.	
Benefits at Termination or Death	On termination of employment, the member is entitled to the current staff member's account balance (both member and University contributions). The member may choose to transfer this benefit to a Locked-In Retirement Account or to another registered pension plan, providing that plan allows for such a transfer or to use this amount to purchase a life annuity. In the event of death prior to retirement, the member's beneficiary shall be entitled to the current accumulated value of the member's account (both member and University contributions).	tual benefit provisions are contained in the Master Contracts by of Manitoba retains the right to modify, reduce, or terminate vall. The benefits and rates shown in this document are effective
Coverage if Disabled	Contributions continue are ocst to the staff member, while receiving Long Term Disability benefits.	clusions may apply. The act of Governors. The University s, not this brochure, will pres
Benefits at Retirement	 The pension plan is a hybrid plan. Retirement benefits are calculated using two different methods (formula and plan annuity). The benefits resulting from each method are compared, with the plan member receiving the greater of the two. The formula pension is equal to 2% of the average best 5 year safary for each year of redided service, less an offset based on CPP. The formula pension is reduced by 1/4% for each month between the member's actual pension commencement date and normal retirement date. The plan annuity is the amount of retirement income based on: the member's account balance (both member and University contributions). age at retirement, and an annuity factor based on the member's life expectancy and interest rate assumptions. 	This brochure is a summary of the group insurance and pension benefits. Certain limitations and exclusions may paply. The actual benefit provisions are contained in the Master Contracts and plan documents issued by the group insurance and pension henefits. Certain limitations and plan documents issued by the mayers to the University of Manilobo are approved by the Board Governor. The University of Insurance and plan accuments, not this horizon the plan and rates shown in this documents are filterinate.
Eligibility	Full-time employees are eligible to join the plan commencing on date of employment. Full-time employees must join the pension plan within 30 days after completing 2 years of employment.	This brochure is a surrmany of the group i and plan documents issued by the insure benefits at any time. In the event of any v
	University of Manitoba Pension Plan (1993)	The am

2010 Benefits at a Glance

http://hr.vanderbilt.edu/forms/documents/BG-Staff-Candidate.pdf

Benefits

2010 BENEFITS AT A GLANCE

Staff / House Staff

HR Benefits Administration:

Mailing Address

PMB #357700 2301 Vanderbilt Place Nashville, TN 37235-7700

Forms Drop-off Location

HR Express 2525 West End Avenue, second floor Nashville, TN 37203

Web Address

http://hr.vanderbilt.edu/benefits

HR Customer Service, Payroll, Records:

Mailing Address

PMB # 357718 2301 Vanderbilt Place Nashville, TN 37235-7718

HR Customer Service Phone Number

615.322.8330

Web Address

http://hr.vanderbilt.edu/toolbox

This summary of Vanderbilt's benefits program will help you complete the Benefits Enrollment Form.

Submit your Benefits Enrollment Form within your deadline:

Salaried Employees: within 30 days of hire date
Hourly-paid Employees: within 60 days of hire date

Visit the benefits pages of the Human Resources Web site or stop by HR Express for more information and Summary Plan Descriptions.

Once you make your elections on your enrollment form, those elections will stay in effect for the plan year (January 1—December 31), unless you experience an event that qualifies for a family status change (see page 11).

NOTE: This document is intended to provide information about your benefit options. It is not meant to replace the Summary Plan Descriptions, which are the governing documents for Vanderbilt benefits. Summary Plan Descriptions are available at HR Express (2525 West End Avenue, second floor) and online (http://hr.vanderbilt.edu/forms). Offerings and plans are subject to change. Prices are valid for the 2010 plan year.



2010 Benefits at a Glance

http://hr.vanderbilt.edu/forms/documents/BG-Staff-Candidate.pdf

Core Benefits:

Core benefits are those for which Vanderbilt supports participation by sharing the cost.

- · Health Plan
- · Long-term Disability
- · Life Insurance
- · 403(b) Retirement Plan

Voluntary Benefits:

You can choose to enroll in the voluntary benefits as they suit your needs. You pay the full cost of voluntary benefits.

- Dental Insurance
- · Vision Plan
- · Accidental Death & Dismemberment
- · Flexible Spending Accounts
- · Short-term Disability
- · Discount Programs: Group Auto & Home, Long-term Care, and Pet insurance

Health Plan

Core Benefit

For details on the Health Plan, please see pages 8–10.

Eligibility:

- You
- Your spouse/certified domestic partner (see certification info on page 7)
- Your children up to age 25, so long as they meet criteria (see page 7)

Benefit start date:

- Hourly-paid: first of the month after 60 days of employment
- · Salaried: on hire date

Enroll by ...

completing your Benefits Enrollment Form within your deadline

Can change elections ...

only during Open Enrollment, unless you experience a qualifying event (see page 11)

Vanderbilt offers you and your eligible dependents (see page 7 for eligibility rules) the following health plan options:

- Standard
- Advantage P
- HealthFund

The Health Plan benefits are administered by Aetna or BlueCross BlueShield of Tennessee, depending on which health option you choose.

Long-term Disability

Core Benefit

Eligibility:

You

Benefit start date:

- Hourly-paid and salaried staff: first of the month after one-year anniversary
- · House staff: upon hire date

Enroll by ...

no enrollment necessary, unless you want and are eligible to waive the one-year wait

Can change elections ...

nothing to change unless you want to waive the Full Long-term Disability benefit, which can be done anytime after your eligibility date Long-term Disability (LTD) replaces 60% of your income if you become totally disabled and cannot work for more than six months. Initially, a total disability is one that prevents you from working at your own occupation. LTD benefits include monthly contributions to your retirement account.

Automatic enrollment in the LTD plan occurs after one year. You can waive the one-year wait if you had group LTD coverage within three months prior to coming to work at Vanderbilt. Complete the Long-term Disability Certification of Prior Coverage to waive the one-year wait within 90 days of your hire date.

Vanderbilt pays for LTD insurance covering the first \$24,000 of your annual base salary. You pay for the coverage above \$24,000. To calculate your monthly cost, multiply the amount of your salary above \$24,000 by .443% and divide by 12.

The Long-term Disability benefit is administered by The Hartford.

page 2 ~ Benefits at a Glance

2010 Benefits at a Glance

http://hr.vanderbilt.edu/forms/documents/BG-Staff-Candidate.pdf

Life Insurance

Basic Life: Core Benefit

Supplemental Life: **Voluntary Benefit**

Eligibility:

- You
- Your spouse/certified domestic partner (see certification info on page 7)
- Your children up to age 19, or age 23 if full-time student

Benefit start date:

- Hourly-paid: 90 days after hire date
- · Salaried: on hire date

Enroll in Supplemental Life by ... completing your Benefits Enrollment Form within your deadline

Can change elections ...
anytime, but adding coverage after your
form deadline will require a MetLife
Statement of Health Form

Vanderbilt provides a Basic Life Insurance policy in an amount equal to your annual base salary. A Life Insurance policy for your spouse is \$5,000 and each eligible child is \$2,500.

You may choose Supplemental Life Insurance in amounts of either 1, 2, or 3 times your annual base salary (Basic and Supplemental Life have a combined overall maximum of \$1,000,000). For any level of Supplemental Life coverage, you pay the premium, which is based on your age and salary (see below). If you elect Supplemental Life coverage on your Benefits Enrollment Form, there is no medical review required (unless the combined benefit amount exceeds \$500,000). If your benefit does exceed \$500,000, or if you wait to elect Supplemental Life insurance at a later time, you will need to complete the MetLife Statement of Health Form which can be found on the HR Web site (http://hr.vanderbilt.edu/forms).

The Life Insurance benefit is administered by MetLife.

403(b) Retirement Plan

Core Benefit

Eligibility for matching contributions, first of month after one-year anniversary:

- Mandatory match = 3 percent
- Basic match = 2 percent

Enroll by ...

completing the Retirement Plan Election Form and investment company application. Failure to complete the election form by your eligibility date will enroll you in a Fidelity Investments Freedom Fund for the Mandatory contribution only

Can change elections ... once a calendar quarter

NOTE: Even though Vanderbilt matching dollars do not begin until your one-year anniversary, you may begin investing anytime at the Supplemental level. The Vanderbilt University Retirement Plan is optional for new staff and is mandatory for eligible staff upon your one-year anniversary. (Note: if you are covered by a collective bargaining unit, other plan terms may apply.) Full-time staff and house staff will be automatically enrolled upon your one-year anniversary.

Part-time staff whose FTE is .5 or greater will be automatically enrolled when you meet these eligibility criteria:

1) one year of service and 2) 1,000 hours of service.

There are three contribution levels:

- 1. Mandatory: 3 percent automatic at one-year anniversary. Vanderbilt will match this 3% dollar-for-dollar.
- 2. Basic: 2 percent—available at one-year anniversary. Vanderbilt will match this 2% dollar-for-dollar.
- 3. Supplemental: percent up to IRS limits available immediately. These voluntary contributions are not matched by Vanderbilt. The total of Basic and Supplemental contributions cannot exceed IRS limits. The maximum voluntary contribution in 2010 is \$16,500 for those under 50 years old, and \$22,000 for those 50 and older.

There are four investment companies from which to choose — TIAA-CREF, Vanguard, VALIC, and Fidelity. The Vanderbilt University Retirement Plan is an Internal Revenue Code Section 403(b) plan.

To begin your retirement investments in the Vanderbilt University Retirement Plan, complete the Retirement Plan Election Form (Salary Reduction Agreement) and the retirement company(ies) application(s) to open your account and choose investment funds. You may pick up these applications at benefits orientation, at HR Express, or on the HR Web site (http://hr.vanderbilt.edu/forms). Elections made on the Retirement Plan Election Form are effective the first of the month following approval by the Benefits Office.

Retirement Consultation Sessions

Each of our four retirement vendors (TIAA-CREF, Vanguard, VALIC, and Fidelity) offer free one-on-one retirement consultations. You can meet with one or all company representatives to learn about their investment products, discuss how much money you may need at retirement, review your current investments, learn how to initiate a rollover, or discuss investment strategies.

Visit the retirement page of the HR Web site (http://hr.vanderbilt.edu/benefits/retirementplan.htm) to view the on-campus schedule and to find contact information to make an appointment with the company's representatives.

Benefits at a Glance ~ page 3

2010 Benefits at a Glance

http://hr.vanderbilt.edu/forms/documents/BG-Staff-Candidate.pdf

Dental Insurance

Voluntary Benefit

Two optional plans administered by CIGNA Dental. For more details see the plans' summary sheets available on the HR Web site

(http://hr.vanderbilt.edu/forms) or at HR Express

Eligibility:

- You
- Your spouse/certified domestic partner (see certification info on page 7)
- Your children up to age 25, so long as they meet criteria (see page 7)

Benefit start date:

- Hourly-paid: first of the month after 60 days
- · Salaried: on hire date

Enroll by ...

completing your Benefits Enrollment Form within your deadline

Can change elections ...

only during Open Enrollment, unless you experience a qualifying event (see page 11)

CIGNA Dental Care DHMO

The Dental Care DHMO plan offers cost savings for a wide range of services. Find a CIGNA DHMO-network dentist online at www.cigna.com. If you do not indicate a Dental Facility Number on your Benefits Enrollment Form, a CIGNA DHMO-network dentist will be assigned to you. If you wish to change your dentist, call CIGNA at 800.642.5810.

CIGNA Dental Care DHMO coverage includes:

- Preventive care (cleanings, x-rays)
- · Basic care (fillings, basic restorative work)
- Major services (bridges, crowns, root canals, orthodontia)

Key Features of the CIGNA Dental Care Plan:

- No waiting periods, no deductibles, no annual maximum limit, no claim forms
- · You MUST see a CIGNA Dental Care DHMO dentist to receive any benefit

CIGNA Dental PPO

The CIGNA PPO plan offers dental coverage for three classes of expenses, not to exceed a maximum annual benefit of \$1,500 for each enrolled individual. There is a waiting period for orthodontia. Coverage is available with any dentist, but in-network providers hold you harmless against charges above the usual and customary.

Class I services covered at 100%:

Preventative care for routine oral exams, cleaning, x-rays, sealants and fluoride treatments

Class II services covered at 80% after annual deductible of \$50 per enrolled individual: Services for treatments such as full mouth x-rays, fillings, oral surgery (simple extractions)

Class III and IV services covered at 50% after annual deductible of \$50 per enrolled individual: Class III: services for major care (bridgework, dentures, and crowns) and Class IV: orthodontia for children under 19

Vision Insurance

Voluntary Benefit

Eligibility:

- You
- Your spouse/certified domestic partner (see certification info on page 7)
- Your children up to age 19, or age 23, if full-time student

Benefit start date:

- Hourly-paid: first of the month after 60 days
- Salaried: on hire date

Enroll by ...

completing your Benefits Enrollment Form within your deadline

Can change elections ...

only during Open Enrollment, unless you experience a qualifying event (see page 11) The optional VSP Vision plan offers the following in-network coverage for corrective lenses:

- Eye Exam: \$15 deductible (exam for eyeglasses or contact lenses, not both) once every 12 months
- Eyeglasses*: \$15 deductible
 - > Eyeglass Lenses once every 12 months (Some limitations apply. Progressive lenses, coatings and other options cost extra.)
 - > Eyeglass Frames once every 24 months up to \$120 limit**
- Contact Lenses*: once every 12 months up to \$120**

To find a VSP network provider, go to www.vsp.com.

The Vision plan is administered by VSP Ameritas. VSP does not issue an ID card. Your vision care provider will confirm coverage by contacting VSP at the time of your visit. For more details see the VSP Brochure available on the HR Web site (http://hr.vanderbilt.edu/forms) or at HR Express.

- * Frames and contacts are not covered in the same 12-month period.
- ** Amounts over limits and optional features are discounted 20 percent.

page 4 ~ Benefits at a Glance

Accidental Death & Dismemberment

Voluntary Benefit

Eligibility:

- You
- Your spouse/certified domestic partner (see certification info on page 7)
- Your children up to age 19, or age 23, if full-time student

Benefit start date:

- · Hourly-paid: 90 days after hire date
- · Salaried: on hire date

Enroll by ...

completing your Benefits Enrollment Form within your deadline

Can change elections ...

only during Open Enrollment, unless you experience a qualifying event (see page 11)

Accidental Death & Dismemberment (AD&D) pays your beneficiary if you die in an accident; AD&D would pay you a percentage of the elected benefit if you suffer a dismemberment in an accident.

Family coverage is available for eligible family members and benefits for a family member's loss are paid at a percentage of your elected benefit. The three levels of family payouts are:

- If you and your spouse/partner have no children, the amount paid to you if your spouse/partner dies in an accident, or if the accident causes dismemberment, would be 50% of your coverage.
- If you and your spouse/partner have children, the amount paid to you if your spouse/partner dies in an
 accident or if the accident causes dismemberment, would be 40% of your coverage; the amount paid to you
 if your child dies in an accident or if the accident causes dismemberment, would be 10% of your coverage.
- If you have children, but do not have a spouse/partner, the amount paid to you if your child dies in an accident or if the accident causes dismemberment, would be 15% of your coverage.

Full-time regular staff may purchase AD&D coverage in increments of \$10,000 (up to $10 \times$ your annual salary or \$500,000, whichever is less).

The Accidental Death & Dismemberment benefit is administered by MetLife.

Flexible Spending Accounts

Voluntary Benefit

Eligibility:

- Health FSA: You and your tax dependents
- Dependent Care FSA: Your children up to age 13 and/or a disabled dependent

Benefit start date:

 Hourly-paid and salaried: first of the month after three months from hire date

Enroll by ...

completing a Flexible Spending Account Enrollment Form within 3 months of your hire date

Can change elections ...

only during Open Enrollment, unless you experience a qualifying event (see page 11)

A Flexible Spending Account (FSA) (formerly known as Personal Spending Account) enables you to set aside money on a pre-tax basis (before Federal income and FICA taxes) to pay for eligible medical or dependent care expenses. You save money by paying less taxes. You submit receipts to PayFlex for reimbursement from your account(s).

Your first FSA enrollment must be completed within three months of your hire date on the Flexible Spending Account Enrollment Form and then online during Open Enrollment, if you want an FSA for the next year. The amount(s) you elect will be evenly deducted from your remaining paychecks of the year. The period you are eligible to incur expenses begins on the first of the month after eligibility and continues to the end of the plan year. The money contributed to your FSA account must be used during the plan year. Money not used will be lost, as required by Federal law.

Health FSA

You use your Health FSA funds for out-of-pocket medical expenses, such as copays, deductibles, prescription drugs, eye care expenses, and other eligible expenses (see IRS Publication 502: Medical and Dental Expenses at www.irs.gov/pub/irs-pdf/p502.pdf for details).

Dependent Care FSA

Dependent Care FSA funds are used to pay for expenses to place your child(ren) (under the age of 13) or other eligible dependents in day care or other custodial care to enable you (and, if married, your spouse) to work or seek work (see IRS Publication 503, Child and Dependent Care Expenses at www.irs.gov/pub/irs-pdf/p503.pdf for more details).

The Flexible Spending Account benefits are managed by PayFlex Systems USA, Inc.

Annual Allowable Elections for FSAs

Health FSA \$104 to \$3,600 per employee Dependent Care FSA \$104 to \$5,000 per household

Benefits at a Glance ~ page 5

2010 Benefits at a Glance

http://hr.vanderbilt.edu/forms/documents/BG-Staff-Candidate.pdf

Short-term Disability

Voluntary Benefit

Eligibility:

You

Benefit start date:

 Hourly-paid and salaried: first of the month after three months from hire date

Enroll by ...

completing the enrollment paperwork that will be mailed to your home address by The Hartford, within 3 months of your hire date

Can change elections ...

only during Open Enrollment, unless you experience a qualifying event (see page 11)

Short-term Disability insurance is an optional benefit that would pay 66 ½ percent of your income (up to \$2,500 a week) if you become sick or injured outside of the workplace. You may enroll in Short-term Disability when you begin your employment at Vanderbilt. The Hartford will mail enrollment information to your home address. You may choose the 15-day or the 30-day option (the wait until payout of disability pay begins) and disability benefits may continue for up to 26 weeks. Short-term Disability payroll deductions are after-tax, so you do not owe income taxes on the benefit when you receive the disability pay.

More details about Short-term Disability can be found in the Summary Plan Description on the forms page of the HR Web site (http://hr.vanderbilt.edu/forms).

The Short-term Disability benefit is administered by The Hartford.

Discount Programs

Voluntary Benefit

Eligibility on hire date:

· All discount programs

Enroll by ...

contacting the provider of the discount, anytime. There is no deadline to enroll. Tell the provider you are a Vanderbilt employee.

Auto & Homeowners Insurance

Group Auto and Homeowners Insurance is offered by MetLife. You may call 800.GETMET8 for more information, including a free insurance review and a no-obligation quote.

Long-term Care

Long-term Care insurance provides assistance to pay for an eligible nursing home or in-home health provider, if you became unable to care for yourself. You can also purchase coverage for a parent or a dependent. This insurance is offered through MetLife. For more information, call MetLife at 800.GETMET8.

Pet Insurance

Pet Insurance is offered through Veterinary Pet Insurance. Two levels of coverage for accidents and illness, as well as vaccination and routine care coverage, are available. For more information and applications, contact Veterinary Pet Insurance at 800.USA.PETS, or online at www.petinsurance.com.

Disease Management Program

Included with your enrollment in the Health Plan

Enroll by ...

your enrollment in the Vanderbilt Health Plan automatically enrolls you in the disease management program The disease management program is designed to improve employee health and control costs for you and the Vanderbilt Health Plan.

A Two-part Program

The first part of the program reviews the care you receive to identify any potential problems. If a gap in care is discovered a "Care Consideration" is faxed to your doctor so he/she can act upon the potential issue.

The second part of the program identifies adult health plan participants with specific chronic health conditions, such as diabetes or heart disease, and automatically notifies them of the program to help monitor their condition, provide online tools, and offer a nurse phone line. If you have a chronic condition monitored by the program you will be contacted to request participation in the program, however you may opt out if you do not want to participate. Vanderbilt encourages employees to use this valuable health care program available at no additional cost to you.

The disease management program is administered by ActiveHealth.

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2010 Benefits at a Glance

http://hr.vanderbilt.edu/forms/documents/BG-Staff-Candidate.pdf

Prescription Drug Program

Included with your enrollment in the Health Plan

Enroll by ...

your enrollment in the Vanderbilt Health Plan automatically enrolls you in the prescription drug program

Maintenance Generics and the Other Drug Tiers

Vanderbilt University encourages members to use generic drugs when a generic equivalent is available. If you or your physician request the brand-name drug when a generic equivalent is available, you will pay the Level 3 copay plus the cost difference between the brand-name drug and generic drug. Any cost differential payments do not count toward the prescription drug annual out-of-pocket maximum. Mail order and specialty drug prescriptions are available only through Vanderbilt outpatient pharmacies.

The formulary list is available on Navitus Health Solutions Web site (www.navitus.com) and shows the level of the drug that you can expect to pay.

The Vanderbilt pharmacies are located in The Vanderbilt Clinic, Medical Center East, Monroe Carell Jr. Children's Hospital at Vanderbilt, and Vanderbilt Health One Hundred Oaks.

The Vanderbilt Specialty Pharmacy helps members of the Health Plan who are taking medications classified as "Specialty" for chronic illnesses or complex diseases by providing services that offer convenience and support. Specialty drugs are available only through Vanderbilt Pharmacies. For a list of specialty drugs, go to http://hr.vanderbilt.edu/benefits/prescription.htm.

Annual Out-of-pocket Maximum for Prescriptions

Vanderbilt caps your annual copay amount on prescriptions. You will not pay more in prescription drug copays than an individual maximum of \$2,500 and the family maximum of \$5,000 per year. The cap is the same for each of the health plan options.

Navitus Health Solutions administers the prescription drug benefit. You will receive a Navitus card to use at the pharmacy to fill a prescription.

Eligible Dependents

In order to enroll your dependents in the health, dental or vision plans, they must meet these eligibility rules.

Vanderbilt University reserves the right to audit dependents and may require copies of any legal papers to establish a person as your dependent. Only copies of documents issued by a court of law will be considered as acceptable documentation.

Attempting to insure someone who is not eligible may be subject to disciplinary action up to and including termination of employment.

- 1. Your spouse or certified domestic partner. [Certified domestic partner is a person of the same sex that is not related by blood. The partner must not be under 21 years of age, not legally married to anyone else, nor have another domestic partner. This person must be currently in a committed relationship of six months or more duration and reside in a common household sharing joint responsibility for the household with the employee. Certification of domestic partnership must be obtained through the Director of Benefits Administration. To obtain required certification, make an appointment with the director by calling 615.322.8303. (HR Policy HR-016)]
- 2. Your unmarried children from birth to 25 years of age. Children must live with you in a regular parent-child relationship, or reside in a custodial institution for medical reasons or another monitored environment (endorsed by a physician on an annual basis) for medical or behavioral reasons, and depend upon you for more than 70 percent of their support. If a court approved "Qualified Medical Child Support Order" is provided within 31 days of the date issued, the requirement that the child reside with the employee will be waived. They must be children of the employee by birth, legal guardianship or custody, legal adoption or placement in anticipation of adoption, the employee's stepchildren, or the children of the employee's certified domestic partner.
- 3. Any unmarried children 25 years of age or older who are incapable of self-support because of mental or physical disability, if the disability existed, and is documented with Vanderbilt's Office of Benefits Administration, prior to their reaching the age of 25. Children must live with you in a regular parent-child relationship, or reside in a custodial institution for medical reasons or reside in another monitored environment (endorsed by a physician on an annual basis) for medical or behavioral reasons, and depend upon you for more than 70 percent of their support. They must be children of the employee by birth, legal guardianship or custody, legal adoption or placement in anticipation of adoption, the employee's stepchildren, or the children of the employee's certified domestic partner. The Plan Administrator or its designee must approve the continuation of coverage for this child.

Benefits at a Glance ~ page 7

2010 Benefits at a Glance

http://hr.vanderbilt.edu/forms/documents/BG-Staff-Candidate.pdf

Health Plan Details Standard Option

- The Standard option is a traditional PPO plan administered by Aetna
- You may choose any primary care provider in the Aetna POS II network (which includes Vanderbilt providers) and you do not need a referral for a specialist
- You will find Aetna POS II network providers throughout the United States
- Out-of-network providers may be used, but do not have the advantage of discounted services
- · Find the Aetna provider directory at www.aetna.com/docfind/custom/vanderbilt
- · For full details of this option, refer to the Aetna Standard Evidence of Coverage available at HR Express and online at http://hr.vanderbilt.edu/forms

	At-Vanderbilt*	In-network (Aetna POS II)	Out-of-network
Credits — The Go for the Gold Wellness Credit you earn w to access the funds, as Aetna will pay your first medical cl	ill be paid into your Vander aims (not copays) out of thi	bilt Health Plan Account s Health Plan Account.	. You will not file claims
Go for the Gold Wellness Credit paid into your Vanderbilt Health Plan Account		mount depends on level of pa onze \$120, Silver \$180, Gold	•
Deductible Ω — Vanderbilt Health Plan Account is used to	help you meet your deduct	tible.	
Individual	\$550	\$1,000	\$1,750
Family Maximum	\$850	\$1,750	\$3,250
Coinsurance Rate — After meeting your deductible, you	oay a percentage of billed cl	aims in each network.	
	20%	30%	50%
Out-of-Pocket Maximum*			
Individual	\$3,	750	\$7,250
Family Maximum	\$7,	250	\$14,250
Cost of Services	1		-
Preventive visit, sick visit, specialist visit, mental health visit*	\$20 copay	\$30 copay	50% after deductible (preventive not covered)
Emergency room visit	\$100 copay, then 20% after deductible	\$100 copay, then 30% after deductible	\$100 copay, then 30% after deductible
Urgent care visit	\$50 copay, then 20% after deductible	\$50 copay, then 30% after deductible	\$50 copay, then 50% after deductible
Hospital inpatient (including maternity), outpatient services, diagnostic testing	1	1	1
Mental health inpatient*			
Skilled nursing (limit of 60 days/year)			
Home health care (limits apply, 120 visits maximum per year)	20% after deductible	30% after deductible	50% after deductible
Hospice care			The South and the final and the contract of the state of
Therapy (physical, speech, occupational, cardiac rehab)			
Infertility diagnosis (not treatment)			***************************************
Durable medical equipment	Limitations apply		
Chiropractic care	Not applicable	30% after deductible, \$500 maximum	50% after deductible, \$500 maximum

^{*} Includes some community pediatricians [click link on the HR Web site (http://hr.vanderbilt.edu/benefits) to view the directory]

Ω The deductible for each participant will not exceed the 'individual maximum'. The total deductible amount paid in the employee + spouse/partner, employee + children, or family tiers will not exceed the 'family maximum'. There is a separate deductible for each network.

^{*} Out-of-pocket maximum includes total of coinsurance payments only and does not include copays or deductibles. The out-of-pocket maximum for "at-Vanderbilt" and Aetna network are combined. If you meet the out-of-pocket maximum, you are still responsible for any copays and any balance due between the billed charge and the maximum allowable charge.

Information resulting from pending legislative guidance on mental health parity will be posted to the Benefits tab of the HR Web site. page 8 ~ Benefits at a Glance

2010 Benefits at a Glance

http://hr.vanderbilt.edu/forms/documents/BG-Staff-Candidate.pdf

Health Plan Details Advantage P Option

- The Advantage P option is a traditional PPO plan administered by BlueCross BlueShield of Tennessee (BCBSTN)
- · You may choose any primary care provider in the BlueCross P network (which includes Vanderbilt providers) and you do not need a referral for a specialist
- · You will find BlueCross P network providers throughout Tennessee and surrounding counties
- Providers throughout the U.S. are managed through the BlueCross BlueShield Association
- Out-of-network providers may be used, but do not have the advantage of discounted services
- · Find the provider directory at http://www.bcbst.com/members/vanderbilt
- For full details of this health plan option, refer to the Advantage P Evidence of Coverage available at HR Express and online at http://hr.vanderbilt.edu/forms

	At-Vanderbilt*	In-network (BlueCross P)	Out-of-network
Credits — The Go for the Gold Wellness Credit you earn w to access the funds, as BCBST will pay your first medical cl	ill be paid into your Vander aims (not copays) out of th	bilt Health Plan Account is Health Plan Account.	t. You will not file claims
Go for the Gold Wellness Credit paid into your Vanderbilt Health Plan Account	1	mount depends on level of ponze \$120, Silver \$180, Gold	•
$ {\bf Deductible}^{\Omega} - {\bf Vanderbilt\ Health\ Plan\ Account\ is\ used\ to}$	help you meet your deduc	tible.	
Individual	\$350	\$550	\$750
Family Maximum	\$450	\$850	\$1,250
Coinsurance Rate — After meeting your deductible, you p	ay a percentage of billed cl	aims in each network.	
	10%	20%	40%
Out-of-Pocket Maximum*			
Individual	\$2,	750	\$5,250
Family Maximum	\$5,	250	\$10,250
Cost of Services			
Preventive visit, sick visit, specialist visit, mental health visit	\$20 copay	\$30 copay	40% after deductible (preventive not covered)
Emergency room visit	\$100 copay, then 10% after deductible	\$100 copay, then 20% after deductible	\$100 copay, then 40% after deductible
Urgent care visit	\$50 copay, then 10% after deductible	\$50 copay, then 20% after deductible	\$50 copay, then 40% after deductible
Hospital inpatient (including maternity), outpatient services, diagnostic testing	1	1	1
Mental health inpatient ❖			
Skilled nursing (limit of 60 days/year)			
Home health care (limits apply, 120 visits maximum per year)	10% after deductible	20% after deductible	40% after deductible
Hospice care			to The North Manda solublishes and service and solublishes and service and ser
Therapy (physical, speech, occupational, cardiac rehab)			
Infertility diagnosis (not treatment)		THE STATE OF STATE OF STATE AND ADDRESS AN	
Durable medical equipment	Limitations apply		
Chiropractic care	Not applicable	20% after deductible, \$500 maximum	40% after deductible, \$500 maximum

^{*} Includes some community pediatricians [click link on the HR Web site (http://hr.vanderbilt.edu/benefits) to view the directory]

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The deductible for each participant will not exceed the 'individual maximum'. The total deductible amount paid in the employee + spouse/partner, employee + children, or family tiers will not exceed the 'family maximum'. There is a separate deductible for each network.

^{*} Out-of-pocket maximum includes total of coinsurance payments only and does not include copays or deductibles. The out-of-pocket maximum for "at-Vanderbilt" and BCBSTN network are combined. If you meet the out-of-pocket maximum, you are still responsible for any copays and any balance due between the billed charge and the maximum allowable charge.

the Information resulting from pending legislative guidance on mental health parity will be posted to the Benefits tab of the HR Web site.

2010 Benefits at a Glance

http://hr.vanderbilt.edu/forms/documents/BG-Staff-Candidate.pdf

Health Plan Details HealthFund Option

- The HealthFund option is a traditional PPO plan with a health reimbursement arrangement administered by Aetna
- · You may choose any primary care provider in the Aetna POS II network (which includes Vanderbilt providers) and you do not need a referral for a specialist
- · You will find Aetna POS II network providers throughout the United States
- Find the Aetna provider directory at www.aetna.com/docfind/custom/vanderbilt
- In the HealthFund option, Vanderbilt pays for approved preventive care (you do not pay out-of-pocket, nor is it paid from your HealthFund)
- · For full details of this option, refer to the Aetna HealthFund Evidence of Coverage available at HR Express and online at http://hr.vanderbilt.edu/forms

	At-Vanderbilt*	In-network (Aetna POS II)	Out-of-network
Credits* — The Go for the Gold (GFTG) Wellness Credit you ear to access the funds, as Aetna will pay your first medical claims (n will be paid into your Van not copays) out of this Hea	derbilt Health Plan Accou lth Plan Account.	nt. You will not file claims
Go for the Gold Wellness Credit paid into your	Annual amo	unt depends on your level of	participation:
Vanderbilt Health Plan Account	Bro	onze \$120, Silver \$180, Gold S	240
HealthFund — Deposited by Vanderbilt on your behalf with Ae begin July 1 or after, the HealthFund amount for that year is 50 percen	tna. Unused balance rolls to t of annual amount (\$375 emp	o future years up to fund i ployee-only and \$750 other ti	maximum. If your benefits iers).
HealthFund for employee-only coverage tier	\$750) plus GFTG Wellness Credit ar	nount
HealthFund for other coverage tiers	\$1,50	0 plus GFTG Wellness Credit a	mount
${\bf Deductible}^{\Omega} = {\bf Vanderbilt Health Plan Account and HealthFun}$	d are used to help you mee	t your deductible.	
Individual	\$1,	750	\$4,250
Family Maximum	\$3,	250	\$8,250
Coinsurance Rate — After meeting your deductible, you pay pe	rcentage of billed claims in	each network.	
	10%	20%	40%
Out-of-Pocket Maximum*			
Individual	\$3,	750	\$7,250
Family Maximum	\$7,	250	\$14,250
Cost of Services			
Preventive visit (well child, well woman, annual checkup)	\$0	\$0	Not covered
Sick visit, specialist visit, mental health visit*	†	†	↑
Urgent care visit	P. 1994 OFFICE OFFICE OUT CART A Critical and a confidence of columns consequences are seen as		TOTAL TANK THE STATE OF THE STA
Hospital inpatient, outpatient services, diagnostic testing	and the final alone. And alone the continuous company company, we prompt agree any purple ring any plants of the final alone of the continuous company.	ACTI ATTIC ETERNICO TERMINISTE SETEMENT REPART TOTAL TOTAL TO A THE ACTION AND A SECOND ASSESSMENT OF A SECOND ASS	
Mental health inpatient❖	The second of th		TO THE PROPERTY AND THE PERTY THE PE
Skilled nursing (limit of 60 days/year)	10% after deductible	20% after deductible	40% after deductible
Home health care (limits apply, 120 visits maximum per year)			The state of the s
Hospice care			AN THE TENER PARTY TO A COURSE OF THE COURSE
Therapy (physical, speech, occupational, cardiac rehab)			
Infertility diagnosis (not treatment)			J
Emergency room visit	Mile No. No. 100 No. No. 104 (this SEE SEE No. Inhabite in which shallow hind his line own. An impropring one		20% after deductible
Durable medical equipment	Limitations apply	the first hardware and for the second	40% after deductible
Chiropractic care	Not applicable	20% after deductible, \$500 maximum	40% after deductible, \$500 maximum

^{*} Includes some community pediatricians [click link on the HR Web site (http://hr.vanderbilt.edu/benefits) to view the directory].

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^{*}Your Health Plan Account and HealthFund operate as one account. Aetna pays your first claims from the total amount in your fund.

Ω The deductible for each participant will not exceed the 'individual maximum'. The total deductible amount paid in the employee + spouse/partner, employee + children, or family tiers will not exceed the 'family maximum'. There is a separate deductible for each network.

^{*} The out-of-pocket maximum for "at-Vanderbilt" and Aetna network are combined. If you meet the out-of-pocket maximum, you are still responsible for any balance due between the billed charge and the maximum allowable charge.

formation resulting from pending legislative guidance on mental health parity will be posted to the Benefits tab of the HR Web site.

Go for the Gold Program

Vanderbilt Faculty and Staff Wellness Program

Participate by ...

completing all three steps of the program online at www.vanderbilt.edu/goforthegold

NOTE: The Go for the Gold Wellness Credit is available only to employees who elect and pay for the Vanderbilt Health Plan. If your spouse/partner also works at Vanderbilt and waives Health Plan coverage and is covered as your dependent on the Vanderbilt Health Plan, she/he is not eligible to receive the Wellness Credit.

The Go for the Gold Program is a health promotion program designed to help faculty and staff and their families lead healthier and more productive lives by identifying health risks and taking action to reduce those risks.

In addition to reducing your health risks, if you participate in the Go for the Gold Program and are enrolled in the Vanderbilt Health Plan you can earn a wellness credit of up to \$240 per year. Your wellness credit is paid into a Vanderbilt Health Plan Account, which will help you and any enrolled family members meet your deductibles. You do not need to file claims to use the Vanderbilt Health Plan Account, as Aetna or BlueCross BlueShield of Tennessee (depending on your elected health plan), will automatically pay from this account on your behalf when they receive a bill from a doctor's office or facility. The Health Plan Account does not pay for copays.

The deadline is November 1 of each year to receive the wellness credit applied to your Vanderbilt Health Plan Account the following January. The account will roll over each year and you can accumulate a Health Plan Account of up to \$1,000.

For questions about the wellness credit, visit http://hr.vanderbilt.edu/benefits/gftgFAQ.htm.

Changing Your Elections

Changes to some benefit programs, such as Retirement, Long-term Disability and Life Insurance, are not limited to qualifying events or the Open Enrollment period, but may have other requirements for making changes. Review each section of this document, the benefits pages of the HR Web site, or contact HR Customer Service about making changes to these benefits.

Qualifying Events/Family Status Changes

Your elections for the Health Plan, Dental, Vision, Accidental Death and Dismemberment, Flexible Spending Accounts and Short-term Disability stay in effect for the plan year (January 1—December 31), unless you experience a change in family status that qualifies for a change to your elections. A change in marital status, birth, or change in your spouse's employment status are examples of qualifying events. To change your elections, you must submit a Notification of Family Status Change Form and supporting documentation to the Office of Benefits Administration within 30 days of the qualifying event triggering the need for the insurance change. For more information, go to the Life/Work Changes Web page: http:// hr.vanderbilt.edu/benefits/lifework.htm.

Open Enrollment

Each fall, you may make changes for the following year for the six benefits restricted to Open Enrollment:

- · Health Care Plan
- · Dental Insurance
- · Vision Plan
- · Accidental Death and Dismemberment
- Flexible Spending Accounts
- · Short-term Disability

Benefits Vendor Contact Information

Coverage	Web site	Phone
Disease Management	www.activehealth.net	800.967.4491
Health Plan	Main site: www.aetna.com	800.743.0910
	Provider Directory: www.aetna.com/docfind/custom/val	nderbilt/index.html
Dental Care	www.cigna.com	800.642.5810
AD&D, Auto, Home, Life, Long-term Care	www.metlife.com	800.GETMET8
Prescription Drug Program	www.navitus.com	866.333.2757
Flexible Spending Accounts	http://vanderbilt.payflex.com	800.284.4885
Retirement	www.tiaa-cref.org/vanderbilt	800.842.2776
Retirement	www.valic.com	615.221.2541
Retirement	www.vanguard.com	800.523.1188
Pet Insurance	www.petinsurance.com	877.PETS.VPI
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	Disease Management	Disease Management