

2025 Health Plan

OPTION 1

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	
DEDUCTIBLE ²		
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 LIMIT ³		
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 PE website for information)	\$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		
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 2025 are \$4,300 for individual and \$8,550 for family. If you are age 55 or older, you can contribute an extra \$1,000. You must be employed (Jan 1 for the January seed and July 1 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.

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OPTION 2

SELECT PPO		
In-Network		Out-of-Network
DEDUCTIBLE ¹		
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 LIMIT ²		
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 PE 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)	10% after deductible	50% after deductible
Home health care (limits apply, 120 visits/year maximum)		
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 min	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.