

2026 Step-by-Step Guide

How to enroll in your benefits

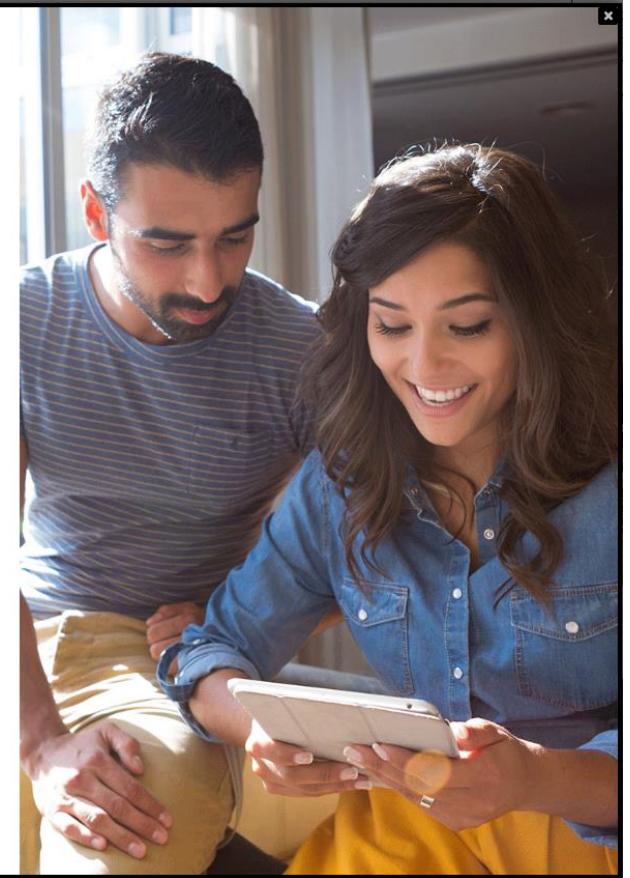
Go to [My VU Benefits](#) and log in using your VUNetID and password. Select “**Continue**” to complete your annual enrollment.

Welcome DIANNE_O VANDERBILT

OPEN ENROLLMENT EVENT

Info You must complete your enrollment by 10/31/2025.
Complete this event to enroll in your benefits for 2026.

CONTINUE ← [CANCEL AND CONTINUE TO MY DASHBOARD >>](#)



Review your personal information to make sure it is correct. If you need to make edits you can select the “Edit” button. Once you have reviewed select “I’m done reviewing my information.”

 VANDERBILT UNIVERSITY HOME CALENDAR HELP MENU

Me
This is an overview of your personal information. To modify/correct information in the 'My Personal' section, click the **EDIT** button.
Any other information that requires updates or corrections must be modified through the People Experience department at benefits@vanderbilt.edu.

My Information

| | | |
|---|-------------|----------------|
| Employee ID | SSN | First Name |
| | *****6003 | DEREK_1 |
| Middle Name | Last Name | Suffix |
| JAMES | VANDERBILT | |
| Date of Birth | Gender | Home Telephone |
| 01/01/1970 | Male | |
| Email Address | | |
| demo+DEREK+ebsi-vanderbilt@reclaim.health | EDIT | |

My Personal
Personal Email

| | |
|---|-------------|
| demo+DEREK+ebsi-vanderbilt@reclaim.health | EDIT |
|---|-------------|

My Addresses
Primary Address

Your Cost:
\$304.00
MONTHLY
COST BREAKDOWN

Event Type:
 OPEN ENROLLMENT

Event Progress:

- My Information**
- My Dependents
- Select Benefits
- Review
- Confirmation

I'M DONE REVIEWING MY INFORMATION

[GO BACK TO MY DASHBOARD](#)



Next complete the Tobacco Attestation, Spousal Surcharge and HSA eligibility questions. Then select “I’m ready to proceed.”

Questions

IMPORTANT - In order for your elections to be saved, you MUST complete the entire enrollment process and RECEIVE a confirmation number.

Please answer the following questions.

Tobacco Question

You may be eligible for a monthly \$20 tobacco-free health premium credit if you and any covered dependents are currently tobacco-free.

To qualify for the credit, you and any covered dependents must be tobacco-free and will remain tobacco-free.

Please complete the acknowledgement below.

I certify that in order to take advantage of the health premium credit, I and, if applicable, my covered dependents, are tobacco-free and will remain tobacco-free. I understand that Vanderbilt University will require me or my covered dependents to recertify our tobacco-free status in the future. *

Select One...

Spousal Surcharge Question

A surcharge will apply if your spouse has access to a group health plan through their own employer, should you choose to enroll your spouse in Vanderbilt's health plan. The surcharge will not apply if your spouse is not employed, self-employed, does not have access to a health plan, or works for Vanderbilt University (not including VUMC).

Please complete the certification below to verify your spouse's situation. *

Select One...

Health Savings Account Eligibility Question

You can save for your health expenses now and in the future by contributing pre-tax dollars to a Health Savings Account. To qualify for an HSA and to make and receive contributions to your account, you must meet all of the following requirements:

- You are enrolled in or will enroll in a qualifying high-deductible health plan like the Vanderbilt Choice Plan.
- You are not covered by Medicare or TRICARE.
- You are not covered by another non-high deductible health plan (that is, a plan with a deductible less than \$1,700 for individuals and \$3,400 for families, based on 2026 limits).
- You do not receive reimbursements for medical expenses from someone else's general-purpose Flexible Spending Account.
- You can't be claimed as a dependent on someone else's tax return.

Note: You do not have to contribute to an HSA in order to receive seed money from Vanderbilt.

BY CHOOSING 'I AGREE' BELOW:

1. You certify that you meet all of the Health Savings Account (HSA) eligibility requirements, and
2. If you choose to enroll in the Vanderbilt Medical plan, you are attesting to having a Health Savings Account (HSA) opened automatically for you through Fidelity (or you will use your existing account). You must accept the terms and conditions below in order to make and receive contributions (including employer contributions) to the HSA.

FIDELITY'S TERMS AND CONDITIONS:

Click on the link below to review Fidelity's Terms and Conditions:

www.fidelity.com/simplehsatrms

I ACKNOWLEDGE that the Fidelity HSA is governed by a pre-dispute arbitration clause, which appears on the last page of the HSA Brokerage Customer Agreement in the Fidelity HSA documents accessible above, and which I represent having read and agreed to.

Please complete the certification below to attest for HSA. *

I decline or I am not eligible for an HSA

Once you are finished or if we have no questions for you, click **I'M READY TO PROCEED**

Your Cost:
\$381.31
MONTHLY
COST BREAKDOWN

Event Type:
OPEN ENROLLMENT

Event Progress:

My Information

My Dependents

Select Benefits

Review

Confirmation

I'M READY TO PROCEED

[BACK TO PREVIOUS PAGE](#)



UNCHANGED ELECTIONS

Review your dependents, add any new dependents, then select “I’m done with dependents.”

 VANDERBILT UNIVERSITY

My Family
Please review your dependent information.

Important Information Regarding Dependent Coverage
You may provide medical coverage to your child up to age 26 regardless of their marital, student or tax status. Medical coverage for a child who has reached this age limit terminates at the end of the month in which the child turns 26.
Example: If a child turns 26 on January 5th, their coverage terminates on January 31st.

NOTE: You must provide proof of eligibility for your Spouse or Child(ren) listed as Pending. Any dependents listed as Verified and meeting plan eligibility criteria can be added to coverage. [Click Here](#) to see a listing of documents needed to provide verification.

Important: You must enroll your newly added dependent(s) to each plan for which you want them to have coverage. Adding their information to this page does not enroll them in coverage. To enroll your dependent(s) in coverage, add them under the Select Benefits screen.

| Name | Date of Birth | SSN | Gender | Relationship | Verification Status | Action |
|----------------------|---------------|-----------|--------|--------------|---------------------|---|
| AMIE ebsi-vanderbilt | 01/01/1967 | *****6003 | Female | Spouse | Verified |  |
| LISA ebsi-vanderbilt | 01/01/2002 | *****6003 | Female | Child | Verified |  |

Update your dependents when you experience a family status change (i.e., a birth/adoption, marriage, divorce, death in the family, etc.).

ADD NEW

Your Cost:
\$277.49
MONTHLY
COST BREAKDOWN

Event Type:
 OPEN ENROLLMENT

Event Progress:

- My Information
- My Dependents**
- Select Benefits
- Review
- Confirmation

I'M DONE WITH DEPENDENTS

[BACK TO PREVIOUS PAGE](#)

You will then see a screen with all benefits available to you. Scroll down to see all the benefits.

 VANDERBILT UNIVERSITY

Select Your Benefits

Scroll down to view the benefits you're eligible for and your current benefit elections. To make changes to your elections, simply click the 'Change' button and select a new plan.

MEDICAL

Plan: Choice CDHP
Cost: \$115.00
MONTHLY

Tier: Employee Only
Effective Date: 01/01/2026

CHANGE

MORE DETAILS

PHARMACY BENEFIT

Plan: Pharmacy Coverage
Tier: Employee Only
Effective Date: 01/01/2026

MORE DETAILS

SPOUSAL SURCHARGE

Plan: No – Surcharge Does Not Apply
Cost: \$0.00
MONTHLY

Effective Date: 01/01/2026

MORE DETAILS

TOBACCO CREDIT

Plan: Tobacco Free
Cost: (\$20.00)
MONTHLY

Effective Date: 01/01/2026

MORE DETAILS

YOU HAVE 23 BENEFITS TO REVIEW. 

Your Cost:
\$277.49
MONTHLY
COST BREAKDOWN

Event Type:
OPEN ENROLLMENT

Event Progress:

My Information
My Dependents
Select Benefits
Review
Confirmation

I'M DONE SELECTING BENEFITS

BACK TO PREVIOUS PAGE

HEALTH SAVINGS ACCOUNT



Plan: Not Participating
Cost: \$0.00
MONTHLY
Effective Date: 01/01/2026

[CHANGE](#) [MORE DETAILS](#)

HEALTHCARE BLUEBOOK



Plan: Healthcare Bluebook
Effective Date: 01/01/2026

[MORE DETAILS](#)

Your Cost: **\$277.49**
MONTHLY
COST BREAKDOWN

Event Type: [OPEN ENROLLMENT](#)

Event Progress:

- [My Information](#)
- [My Dependents](#)
- Select Benefits**
- [Review](#)
- [Confirmation](#)

I'M DONE SELECTING BENEFITS

DEPENDENT CARE FLEXIBLE SPENDING ACCOUNT



Plan: Not Participating
Cost: \$0.00
MONTHLY
Effective Date: 01/01/2026

[CHANGE](#) [MORE DETAILS](#)

DENTAL



Plan: Delta Dental Premier
Cost: \$134.00
MONTHLY
Tier: Employee + Family
Effective Date: 01/01/2026
Covered: AMIE, LISA

[CHANGE](#) [MORE DETAILS](#)

[BACK TO PREVIOUS PAGE](#)

**VISION**

Plan: Vision Coverage
Cost: \$21.75
MONTHLY

Tier: Employee + Family
Effective Date: 01/01/2026
Covered: AMIE, LISA

[CHANGE](#)[MORE DETAILS](#)**CRITICAL ILLNESS - EMPLOYEE**

Plan: Waive
Cost: \$0.00
MONTHLY

Effective Date: 01/01/2026

[CHANGE](#)[MORE DETAILS](#)**HOSPITAL INDEMNITY**

Plan: Waive
Cost: \$0.00
MONTHLY

Effective Date: 01/01/2026

[CHANGE](#)[MORE DETAILS](#)**ACCIDENT INSURANCE**

Plan: Waive
Cost: \$0.00
MONTHLY

Effective Date: 01/01/2026

[CHANGE](#)[MORE DETAILS](#)

Your Cost:

\$277.49

MONTHLY

[COST BREAKDOWN](#)

Event Type:
[OPEN ENROLLMENT](#)

Event Progress:

[My Information](#)

[My Dependents](#)

Select Benefits

[Review](#)

[Confirmation](#)

I'M DONE SELECTING BENEFITS

[BACK TO PREVIOUS PAGE](#)

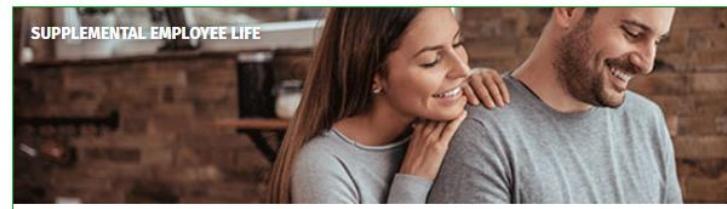
BASIC LIFE



Plan: 1 X Pay
Cost: \$0.00
MONTHLY
Elected Amount: \$136,000.00
Effective Date: 01/01/2026
Beneficiaries allocated

[CHANGE](#) [MORE DETAILS](#)

SUPPLEMENTAL EMPLOYEE LIFE



Plan: Decline Coverage
Cost: \$0.00
MONTHLY
Effective Date: 01/01/2026
No Beneficiaries allocated

[CHANGE](#) [MORE DETAILS](#)

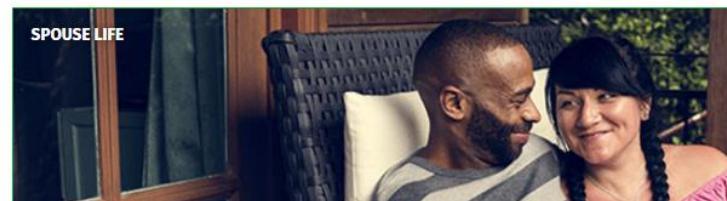
SUPPLEMENTAL AD&D



Plan: Decline Coverage
Cost: \$0.00
MONTHLY
Effective Date: 01/01/2026
No Beneficiaries allocated

[CHANGE](#) [MORE DETAILS](#)

SPOUSE LIFE



Plan: Decline Coverage
Cost: \$0.00
MONTHLY
Effective Date: 01/01/2026

[CHANGE](#) [MORE DETAILS](#)

Your Cost:
\$277.49
MONTHLY
COST BREAKDOWN

Event Type:
 OPEN ENROLLMENT

Event Progress:

[My Information](#)

[My Dependents](#)

Select Benefits

[Review](#)

[Confirmation](#)

I'M DONE SELECTING BENEFITS

[BACK TO PREVIOUS PAGE](#)

CHILD LIFE



Plan: Decline Coverage
Cost: \$0.00
MONTHLY
Effective Date: 01/01/2026

[CHANGE](#)

[MORE DETAILS](#)

LONG-TERM DISABILITY BASE



Plan: Long-Term Disability Base Coverage
Cost: \$0.00
MONTHLY
Elected Amount: \$1,200.00
Effective Date: 01/01/2026

[MORE DETAILS](#)

SUPPLEMENTAL LONG-TERM DISABILITY (BUY-UP)



Plan: Supplemental Long-Term Disability (Buy-Up)
Cost: \$26.74
MONTHLY
Elected Amount: \$5,571.00
Effective Date: 01/01/2026

[CHANGE](#)

[MORE DETAILS](#)

IDENTITY PROTECTION



Plan: Decline Coverage
Cost: \$0.00
MONTHLY
Effective Date: 01/01/2026

[CHANGE](#)

[MORE DETAILS](#)

Your Cost:
\$277.49
MONTHLY
COST BREAKDOWN

Event Type:
[OPEN ENROLLMENT](#)

Event Progress:
[My Information](#)
[My Dependents](#)
Select Benefits
[Review](#)
[Confirmation](#)

I'M DONE SELECTING BENEFITS

[BACK TO PREVIOUS PAGE](#)

The following benefit tiles are informational only.

 VANDERBILT UNIVERSITY

[HOME](#) [CALENDAR](#) [HELP](#) [MENU](#)

EMPLOYEE ASSISTANCE PROGRAM (EAP)



Plan: Employee Assistance Program (EAP)
Effective Date: 01/01/2026

[MORE DETAILS](#)

PET INSURANCE



Plan: Pet Insurance
Effective Date: 01/01/2026

[MORE DETAILS](#)

AUTO / HOME



Plan: Auto/ Home
Effective Date: 01/01/2026

[MORE DETAILS](#)

Your Cost:
\$277.49
MONTHLY
COST BREAKDOWN

Event Type:
 OPEN ENROLLMENT

Event Progress:

- My Information
- My Dependents
- Select Benefits**
- Review
- Confirmation

I'M DONE SELECTING BENEFITS

[BACK TO PREVIOUS PAGE](#)

To make elections, select 'Change' on each tile.

 VANDERBILT UNIVERSITY

Select Your Benefits

Scroll down to view the benefits you're eligible for and your current benefit elections. To make changes to your elections, simply click the 'Change' button and select a new plan.

MEDICAL



Plan: Choice CDHP
Cost: \$115.00
MONTHLY
Tier: Employee Only
Effective Date: 01/01/2026

CHANGE

PHARMACY BENEFIT



Plan: Pharmacy Coverage
Tier: Employee Only
Effective Date: 01/01/2026

MORE DETAILS

HELP ME PICK A PLAN

YOU HAVE 23 BENEFITS TO REVIEW. 

Your Cost:
\$277.49
MONTHLY
COST BREAKDOWN

Event Type:
 OPEN ENROLLMENT

Event Progress:

My Information
My Dependents
Select Benefits
Review
Confirmation

I'M DONE SELECTING BENEFITS

[BACK TO PREVIOUS PAGE](#)



The medical, dental and vision tiles will require you to select who you wish to cover under your plan before electing coverage. Check ‘**Select All**’ to cover all or check or uncheck the box beside each dependent name to select or unselect for coverage. Then select ‘**Save Dependent Selections**’.

Select Your Medical Plan

Your Medical Plan determines your in-network and out-of-network health care providers, facilities, and costs for annual check-ups, office visits, urgent care services, emergency room visits, surgeries and procedures, hospital stays, and more. For detailed information about this plan, go to the [Resources Page](#).

1. Select who you want to cover for your Medical

Choose the dependent(s) who will be covered by this plan.

Select All

DEREK_1 JAMES VANDERBILT (You)
DOB: 01/01/1970

AMIE ebsi-vanderbilt (Spouse)
DOB: 01/01/1967
Verified

LISA ebsi-vanderbilt (Child)
DOB: 01/01/2002
Verified

[+ ADD DEPENDENTS](#)

SAVE DEPENDENT SELECTIONS

[I'M DONE WITH MY SELECTION](#) [BACK TO PREVIOUS PAGE](#)



On the plan selection page, your current/default plan will be labelled and outlined in blue. You have the option to compare plans. Note that the Aetna Choice CDHP plan is the default plan and **'Your Selection'** is in bold. If you want to enroll in the Aetna Select PPO plan, click **'Select'** on the PPO plan so that **'Your Selection'** is displayed in bold on that plan instead. Once your desired plan is selected, click **'I'm done with my selection.'**

The screenshot shows the 'Select Your Medical Plan' page for Vanderbilt University. At the top, the Vanderbilt University logo is visible. The main heading is 'Select Your Medical Plan'. Below the heading, a sub-instruction reads: 'Your Medical Plan determines your in-network and out-of-network health care providers, facilities, and costs for annual check-ups, office visits, urgent care services, emergency room visits, surgeries and procedures, hospital stays, and more. For detailed information about this plan, go to the [Resources Page](#)'.

1. Select who you want to cover for your Medical

Dependent(s) that will be covered by this plan:
Derek, James Vanderbilt, AME ebisi-vanderbilt, Lisa ebisi-vanderbilt
Tier: Employee + Family

EDIT DEPENDENT SELECTIONS

2. Review and select your plan

COMPARE

CURRENT

aetna
Choice CDHP
Annual Deductible: \$4,000.00
Out Of Pocket Max: \$9,000.00

TIER: EMPLOYEE + FAMILY
\$427.00
Monthly
Your Selection

aetna
Select PPO
Annual Deductible: \$1,600.00
Out Of Pocket Max: \$7,000.00

TIER: EMPLOYEE + FAMILY
\$807.00
Monthly
Select

Decline Coverage Select This Option To Waive Coverage.

COMPARE PLANS

For a side-by-side comparison, select both plans, and then click the **COMPARE PLANS** button. If you are having trouble viewing the comparison chart, make sure you have disabled any pop up blockers.

I'M DONE WITH MY SELECTION **BACK TO PREVIOUS PAGE**

A large red arrow points upwards from the bottom left towards the 'Your Selection' button for the Aetna Select PPO plan.



The next screen confirms the plan you have selected and any dependents you will cover. Select 'Save my election' to continue.



Review your plan selection below.

aetna Choice CDHP Effective Date 01/01/2026 YOUR COST \$427.00 Monthly

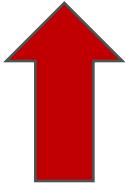
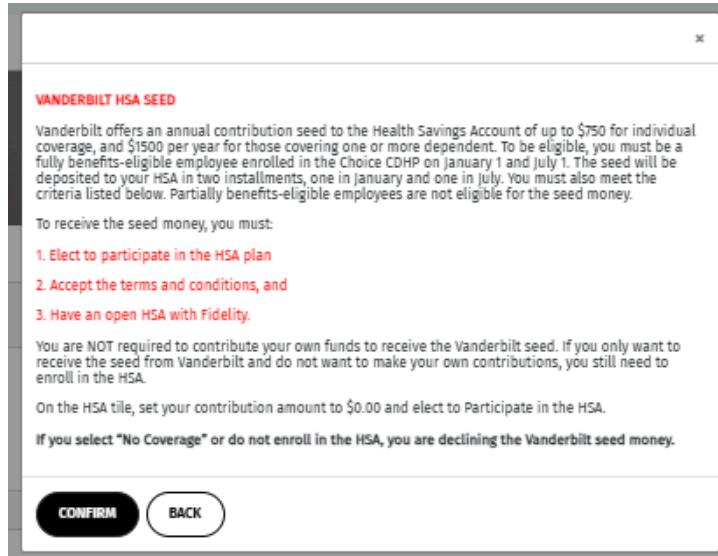
WHO'S COVERED
You: DEREK_1 JAMES VANDERBILT
Dependents: AMIE ebsi-vanderbilt, USA ebsi-vanderbilt

TIER: EMPLOYEE + FAMILY

This election will not take effect until you complete your enrollment and the event is confirmed.

SAVE MY ELECTON [BACK TO PREVIOUS PAGE](#)

Note that if you select the Aetna Choice CDHP plan, you will see a Vanderbilt HSA seed pop up to explain how to receive the HSA seed money. Please read this carefully and then select 'Confirm' to proceed.



Make your elections for the other health benefits, followed by elections for supplemental benefits such as Critical Illness Insurance, Hospital Indemnity Insurance, Accident Insurance, Supplemental Life and Accidental Death & Dismemberment, Short-term and Long-term Disability, and Identity Protection.

Once you have selected all your benefits, click "**I'm done selecting benefits.**"

**EMPLOYEE ASSISTANCE PROGRAM (EAP)**

Plan: Employee Assistance Program (EAP)

Effective Date: 01/01/2026

[MORE DETAILS](#)**PET INSURANCE**

Plan: Pet Insurance

Effective Date: 01/01/2026

[MORE DETAILS](#)**AUTO / HOME**

Plan: Auto/Home

Effective Date: 01/01/2026

[MORE DETAILS](#)

Your Cost:
\$277.49

MONTHLY
COST BREAKDOWN

Event Type:

OPEN ENROLLMENT

Event Progress:

[My Information](#)

[My Dependents](#)

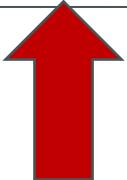
Select Benefits

[Review](#)

[Confirmation](#)

I'M DONE SELECTING BENEFITS

[BACK TO PREVIOUS PAGE](#)



Next, Review your beneficiary allocations. You have the option to add new beneficiaries or change allocations on this screen. Then select “I’m done with beneficiaries.”

 VANDERBILT UNIVERSITY

Review Beneficiary Allocation

Please review your beneficiary information. Ensure the people that are most important to you are made your beneficiaries to be provided with the coverage they need.

My Beneficiaries

Beneficiaries can be one or more individuals or organizations, such as a charity or trust. It is important to update your beneficiary designations whenever you experience a family status change.

| Name | Date of Birth | SSN/EID/TIN | Type | Relationship | Actions |
|--------------------|---------------|-------------|--------|--------------|---|
| ANTHONY VANDERBILT | 01/01/2007 | *****7076 | Person | Child |   |
| SHARON VANDERBILT | 01/01/2010 | *****7076 | Person | Child |   |
| ANNA VANDERBILT | 01/01/2012 | *****7076 | Person | Child |   |

My Allocations

BASIC LIFE

You currently have no beneficiaries for this benefit.

ADD NEW BENEFICIARY

CHANGE ALLOCATION

Your Cost:
\$124.22
BI-WEEKLY
COST BREAKDOWN

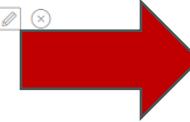
Event Type:
 OPEN ENROLLMENT

Event Progress:

- My Information
- My Dependents
- Select Benefits
- Review**
- Confirmation

I'M DONE WITH BENEFICIARIES

[BACK TO PREVIOUS PAGE](#)



Verify there are no issues with your enrollment then select “I’m ready to finalize my elections.”

VANDERBILT UNIVERSITY

Verification
At this time, we will review the requirements of your elections to check if any additional action is needed on your part.

Election Validation

There are no issues with your elections.

Dependent Verification

None of your elections require dependent verification.

Your Cost:
\$589.49
MONTHLY
COST BREAKDOWN

Event Type:
 OPEN ENROLLMENT

Event Progress:

- My Information
- My Dependents
- Select Benefits
- Review**
- Confirmation

I'M READY TO FINALIZE MY ELECTIONS

[BACK TO PREVIOUS PAGE](#)

Review your elections. If you need to make any changes, select 'Back to previous page'. Otherwise, select "**Submit my elections.**"

The screenshot shows the Vanderbilt University Benefits Election page. At the top, the Vanderbilt logo is on the left, and a navigation bar with icons for home, search, and help, along with a 'MENU' button, is on the right. The top right corner displays 'Your Cost: \$589.49' and 'MONTHLY COST BREAKDOWN'. Below this, the 'Event Type: OPEN ENROLLMENT' and 'Event Progress: My Information, My Dependents, Select Benefits, Review, Confirmation' are listed. The main content area is titled 'Review Elections' and contains a section for 'Your Benefit Selections'. It lists several benefit elections:

- Medical** | Choice CDHP | Effective 01/01/2026 | Tier: Employee + Family
Dependents Covered: AMIE ebsi-vanderbilt - Spouse - 01/01/1967, LISA ebsi-vanderbilt - Child - 01/01/2002
Cost Breakdown: Pre-tax Cost: \$427.00
- Pharmacy Benefit** | Pharmacy Coverage | Effective 01/01/2026 | Tier: Employee + Family
Dependents Covered: AMIE ebsi-vanderbilt - Spouse - 01/01/1967, LISA ebsi-vanderbilt - Child - 01/01/2002
- Spousal Surcharge** | No - Surcharge Does Not Apply | Effective 01/01/2026
Cost Breakdown: Pre-tax Cost: \$0.00
- Tobacco Credit** | Tobacco Free | Effective 01/01/2026
Cost Breakdown: Pre-tax Cost: (\$20.00)
- Health Savings Account** | Not Participating | Effective 01/01/2026
Cost Breakdown: Pre-tax Cost: \$0.00
- Healthcare Bluebook** | Healthcare Bluebook | Effective 01/01/2026
Cost Breakdown: Pre-tax Cost: \$0.00
- Dependent Care Flexible Spending Account** | Not Participating | Effective 01/01/2026
Cost Breakdown: Pre-tax Cost: \$0.00
- Dental** | Delta Dental Premier | Effective 01/01/2026 | Tier: Employee + Family
Dependents Covered: AMIE ebsi-vanderbilt - Spouse - 01/01/1967, LISA ebsi-vanderbilt - Child - 01/01/2002
Cost Breakdown: Pre-tax Cost: \$134.00

A large red arrow points from the left side of the page towards the 'SUBMIT MY ELECTIONS' button, which is located on the right side of the page. Below the 'SUBMIT MY ELECTIONS' button is a 'BACK TO PREVIOUS PAGE' link. At the bottom right, there is a yellow box labeled 'UNCONFIRMED ELECTIONS' with a question mark icon.

Select “Accept” to confirm your elections. Your elections are not final until you select Accept and receive a confirmation number on the next screen.

Click Accept to confirm your elections.
Click Go Back to return and modify your benefits.

ACCEPT **GO BACK**

Review Elections
Please take a moment to review all of your benefit selections to ensure they are correct.
Click Edit next to any benefit that you wish to change. Once you are ready, click Submit My Elections.

Your Benefit Selections

Medical | Choice CDHP | Effective 01/01/2026 | Tier: Employee + Family

DEPENDENTS COVERED
AMIE ebsi-vanderbilt - Spouse - 01/01/1967
LISA ebsi-vanderbilt - Child - 01/01/2002

COST BREAKDOWN
Pre-tax Cost: \$427.00

Pharmacy Benefit | Pharmacy Coverage | Effective 01/01/2026 | Tier: Employee + Family

DEPENDENTS COVERED
AMIE ebsi-vanderbilt - Spouse - 01/01/1967
LISA ebsi-vanderbilt - Child - 01/01/2002

Spousal Surcharge | No - Surcharge Does Not Apply | Effective 01/01/2026

\$427.00
Monthly Cost

\$0.00
Monthly Cost

Event Type: OPEN ENROLLMENT

Event Progress:
My Information
My Dependents
Select Benefits
Review
Confirmation

SUBMIT MY ELECTIONS

BACK TO PREVIOUS PAGE

CTTEST

VANDERBILT UNIVERSITY

Your Cost:
\$589.49

MONTHLY COST BREAKDOWN

Print the confirmation page for your records.

 [VANDERBILT UNIVERSITY](#)

[HOME](#) [CALENDAR](#) [HELP](#) [MENU](#)

Confirmation

Congratulations! Your benefit elections are confirmed and a confirmation number has been generated.

Please print a copy of this summary for your records.

Making benefits matter, every day.
Download EmpyreanGO to access your benefits 24/7/365.

| | |
|----------------------|----------------------|
| Employee | DEREK_1 J VANDERBILT |
| Confirmation # | 8271 |
| Event | Open Enrollment |
| Requested Event Date | 01/01/2026 |
| Event Effective Date | 01/01/2026 |

 TAKE SURVEY  PRINT

YOUR COST SUMMARY

| | MONTHLY COST (ELECTED) | ANNUAL COST (ELECTED) | MONTHLY COST (APPROVED) | ANNUAL COST (APPROVED) |
|-------------------------------|------------------------|-----------------------|-------------------------|------------------------|
| EMPLOYEE PRE-TAX AMOUNT | \$562.75 | \$6,753.00 | \$562.75 | \$6,753.00 |
| EMPLOYEE POST-TAX AMOUNT | \$26.74 | \$320.89 | \$26.74 | \$320.89 |
| TOTAL COST OF BENEFITS | \$589.49 | \$7,073.89 | \$589.49 | \$7,073.89 |

YOUR TOTAL: **\$589.49** / Monthly Cost

Your Benefit Selections

Medical | Choice CDHP | Effective 01/01/2026 | Tier: Employee + Family

| | | | |
|--------------------|--|---|----------|
| DEPENDENTS COVERED | AMIE ebsi-vanderbilt - Spouse - 01/01/1967 | AMIA ebsi-vanderbilt - Child - 01/01/2002 | \$427.00 |
| COST BREAKDOWN | Pre-tax Cost: \$427.00 | | |

Pharmacy Benefit | Pharmacy Coverage | Effective 01/01/2026 | Tier: Employee + Family

| | | | |
|--------------------|--|---|--|
| DEPENDENTS COVERED | AMIE ebsi-vanderbilt - Spouse - 01/01/1967 | AMIA ebsi-vanderbilt - Child - 01/01/2002 | |
|--------------------|--|---|--|

Your Cost: **\$589.49**
MONTHLY COST BREAKDOWN

Event Type: [OPEN ENROLLMENT](#)

Event Progress: [My Information](#) [My Dependents](#) [Select Benefits](#) [Review](#) [Confirmation](#)