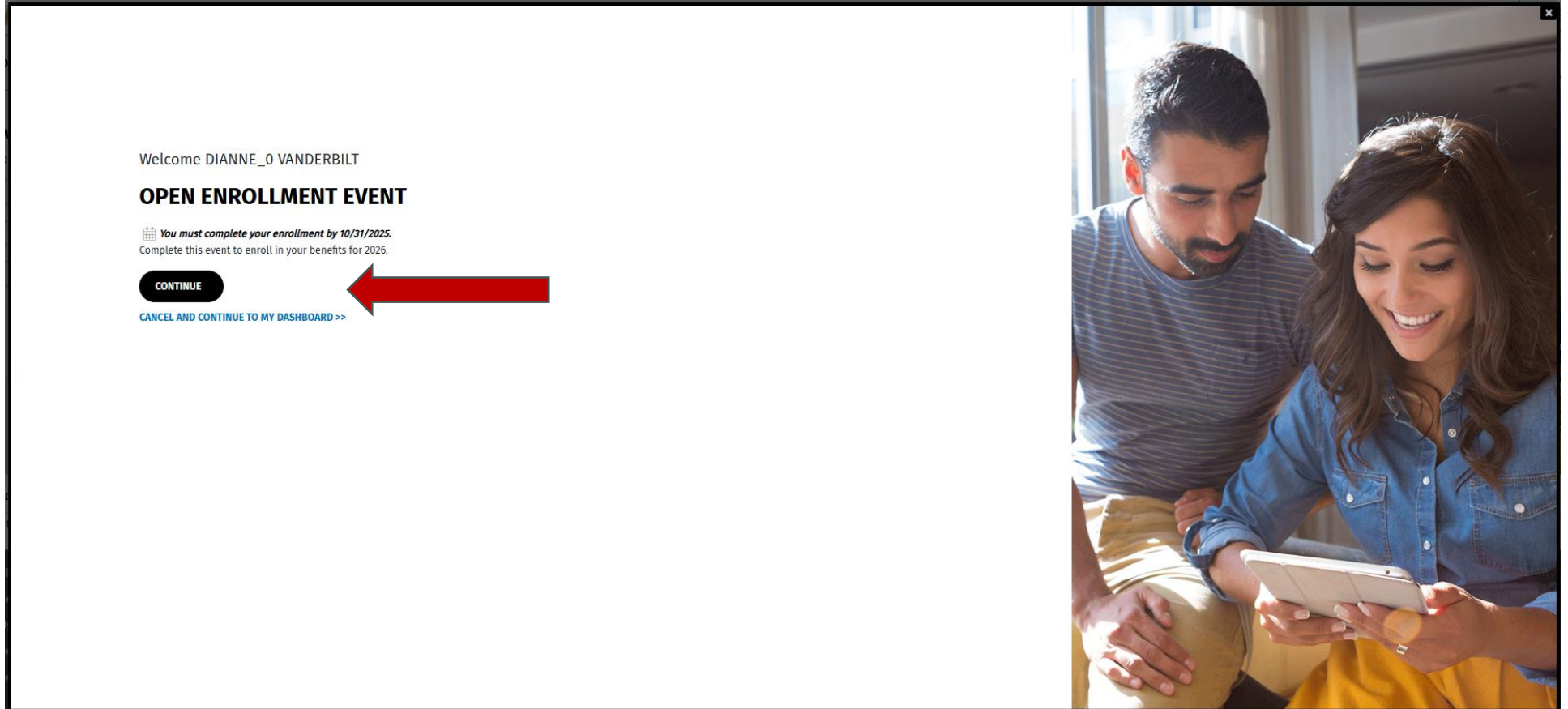


# 2026 Step-by-Step Guide

## 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.



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

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

\*\*\*\*6003

First Name

DEREK\_1

Middle Name

JAMES

Last Name

VANDEBILT

Suffix

Date of Birth

01/01/1970

Gender

Male

Home Telephone

Email Address

demo+DEREK+ebsi-vanderbilt@reclaim.health

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/simplehsaterms](http://www.fidelity.com/simplehsaterms)

**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:

① OPEN ENROLLMENT

Event Progress:

[My Information](#)

[My Dependents](#)

[Select Benefits](#)

[Review](#)

[Confirmation](#)

**I'M READY TO PROCEED**

[BACK TO PREVIOUS PAGE](#)



① UNCHANGED ELECTIONS

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

VANDERBILT  
UNIVERSITY

Home

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Help

MENU

## 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.

### My Dependents

Name	Date of Birth	SSN	Gender	Relationship	Verification Status	
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.).

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.

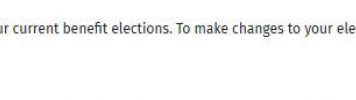



VANDERBILT UNIVERSITY

[Home](#)
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[Calendar](#)
[Menu](#)

## 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.

YOU HAVE 23 BENEFITS TO REVIEW. [↓](#)

MEDICAL	PHARMACY BENEFIT	TOBACCO CREDIT
 <p><b>Plan:</b> Choice CDHP  <b>Cost:</b> \$115.00 MONTHLY  <b>Tier:</b> Employee Only  <b>Effective Date:</b> 01/01/2026</p> <p style="text-align: center;"><a href="#" style="background-color: white; color: black; border-radius: 10px; padding: 5px 15px;">CHANGE</a></p> <p style="text-align: right;"><a href="#">MORE DETAILS</a></p>	 <p><b>Plan:</b> Pharmacy Coverage  <b>Tier:</b> Employee Only  <b>Effective Date:</b> 01/01/2026</p> <p style="text-align: right;"><a href="#">MORE DETAILS</a></p>	 <p><b>Plan:</b> Tobacco Free  <b>Cost:</b> (\$20.00) MONTHLY  <b>Effective Date:</b> 01/01/2026</p> <p style="text-align: right;"><a href="#">MORE DETAILS</a></p>

I'M DONE SELECTING BENEFITS

[BACK TO PREVIOUS PAGE](#)

**Your Cost:**

\$277.49

MONTHLY COST BREAKDOWN

---

**Event Type:**

[OPEN ENROLLMENT](#)

**Event Progress:**

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

## HEALTH SAVINGS ACCOUNT



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

CHANGE

[MORE DETAILS](#)

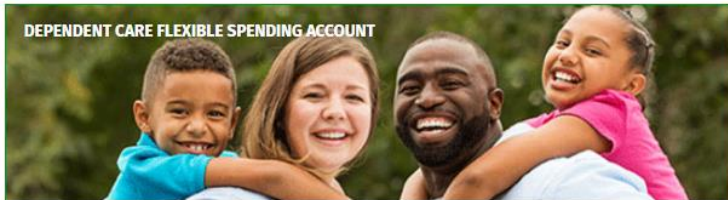
## HEALTHCARE BLUEBOOK



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

[MORE DETAILS](#)

## 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](#)

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](#)





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:

1 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](#)

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I'M DONE SELECTING BENEFITS

[BACK TO PREVIOUS PAGE](#)


The following benefit tiles are informational only.


VANDERBILT UNIVERSITY

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[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.






MENU

## 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

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’**.

HOMELOGOUTCALENDARHELPMENU

## 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](#)

VANDERBILT  
UNIVERSITY

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

Dependent(s) that will be covered by this plan:  
DEREK, JAMES VANDERBILT, AMIE ebsi-vanderbilt, LISA ebsi-vanderbilt  
Tier: Employee + Family

EDIT DEPENDENT SELECTIONS

2. Review and select your plan

COMPARE

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.

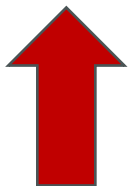
Select

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



VANDERBILT  
UNIVERSITY

MENU

You've selected

Medical: Choice CDHP

Review your plan selection below:

aetna

Choice CDHP

Effective Date  
01/01/2026

WHO'S COVERED

You: OPRICK, JAMES VANDERBILT

Dependents: AMIE ebsi-vanderbilt, USA ebsi-vanderbilt

TIER: EMPLOYEE + FAMILY

YOUR COST

\$427.00

Monthly

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

SAVE MY ELECTION

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.



VANDERBILT HSA SEED

Vanderbilt offers an annual contribution seed to the Health Savings Account of up to \$750 for individual coverage, and \$1500 per year for those covering one or more dependent. To be eligible, you must be a fully benefits-eligible employee enrolled in the Choice CDHP on January 1 and July 1. The seed will be deposited to your HSA in two installments, one in January and one in July. You must also meet the criteria listed below. Partially benefits-eligible employees are not eligible for the seed money.

To receive the seed money, you must:

1. Elect to participate in the HSA plan
2. Accept the terms and conditions, and
3. Have an open HSA with Fidelity.

You are NOT required to contribute your own funds to receive the Vanderbilt seed. If you only want to receive the seed from Vanderbilt and do not want to make your own contributions, you still need to enroll in the HSA.

On the HSA tile, set your contribution amount to \$0.00 and elect to Participate in the HSA.

If you select "No Coverage" or do not enroll in the HSA, you are declining the Vanderbilt seed money.

CONFIRM

BACK



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](#)

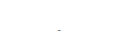
[Confirmation](#)

**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.”**



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[Help](#)







MENU

## 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	
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

CHANGE ALLOCATION

BASIC LIFE

You currently have no beneficiaries for this benefit.


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.”





MENU

## 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:

① 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."**

VANDERBILT  
UNIVERSITY

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  
① Pre-tax Cost: \$427.00

\$427.00  
Monthly Cost

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

\$0.00  
Monthly Cost

Tobacco Credit | Tobacco Free | Effective 01/01/2026

COST BREAKDOWN  
① Pre-tax Cost: (\$20.00)

(\$20.00)  
Monthly Cost

Health Savings Account | Not Participating | Effective 01/01/2026

\$0.00  
Monthly Cost

Healthcare Bluebook | Healthcare Bluebook | Effective 01/01/2026

Dependent Care Flexible Spending Account | Not Participating | Effective 01/01/2026

\$0.00  
Monthly Cost

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  
① Pre-tax Cost: \$134.00

\$134.00  
Monthly Cost

Event Type:  
① OPEN ENROLLMENT

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

SUBMIT MY ELECTIONS

[BACK TO PREVIOUS PAGE](#)

⑦ UNCONFIRMED ELECTIONS

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

VANDERBILT UNIVERSITY

CTTEST

MENU

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

\$427.00

Monthly Cost

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

\$0.00

Monthly Cost

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

\$0.00

Monthly Cost

Your Cost:

\$589.49

MONTHLY COST BREAKDOWN

Event Type:

OPEN ENROLLMENT

Event Progress:

My Information

My Dependents

Select Benefits

Review

Confirmation

SUBMIT MY ELECTIONS

BACK TO PREVIOUS PAGE



