



Insurance | Risk Management | Consulting

VANDERBILT  UNIVERSITY
MEDICAL CENTER

MEDICAL INSURANCE

Provided by

aetnaSM

What is a PPO Plan?

- The PPO plan offers more flexibility and choice than the HMO plan due to the In-Network and Out-of-Network selection you make at the time you seek services
- The In-Network benefits (copays/coinsurance) will be covered at a higher level than the Out-of-Network benefits
- At the time of service, you have the ability to seek care from a Specialist, without having to obtain a referral from a Primary Care Physician (PCP)
- The contractual agreement between the PPO Plan and the In-Network Provider is on a “discounted fee for service” basis
- You will pay more out-of-pocket when you seek services Out-of-Network because those physicians are not providing the same contracted discounts as the In-Network physicians

Aetna 80/60 Base Plan

- The Open Choice PPO 80/60 plan offers you comprehensive benefit coverage with an In-Network and Out-of-Network benefit as well as prescription drug benefits
- This plan is the base plan, or 'default plan' that the University offers *at no cost to the postdoc*
- Before enrolling your eligible dependents, please check with your Department Administrator to assure that your dependents are eligible for the plan

Aetna 90/70 Buy-Up Plan

- The Aetna Open Choice PPO 90/70 Buy-Up Option Plan offers you comprehensive benefits coverage with an In-Network and Out-of-Network benefit as well as prescription drug benefits
- If you wish to be enrolled in this plan, you will be responsible for a monthly contribution depending on your enrollment tier
- Before enrolling your eligible dependents, please check with your Department Administrator to assure that your dependents are eligible for the plan

Postdoctoral Trainee Benefits Program: Aetna Medical Plans

Aetna 80/60 PPO Base Medical Plan			Aetna 90/70 PPO Buy-Up Medical Plan	
Core Benefits	In-Network	Out-of-Network	In-Network	Out-of-Network
Deductible (Individual/Family)	\$500/\$1,000	\$1,000/\$2,000	\$500/\$1,000	\$1,000/\$2,000
Annual Maximum Out-of-Pocket (Individual/Family)	\$3,000/\$6,000	\$7,500/\$15,000	\$2,000/\$4,000	\$4,000/\$8,000
Lifetime Maximum	Unlimited	Unlimited	Unlimited	Unlimited
Annual Wellness Physical Exam	\$0**	40% Coinsurance*	\$0**	30% Coinsurance*
Physician Office Visit	\$25 Copay**	40% Coinsurance*	\$20 Copay**	30% Coinsurance*
Specialist Visit	\$40 Copay**	40% Coinsurance*	\$40 Copay**	30% Coinsurance*
Teladoc Health	\$0**		\$0**	
Diagnostic Tests	20% Coinsurance*	40% Coinsurance*	10% Coinsurance*	30% Coinsurance*
Walk-In Clinics	\$25 Copay**	40% Coinsurance*	\$20 Copay**	30% Coinsurance*
Urgent Care	\$35 Copay**	\$35 Copay**	10% after \$50 Copay**	30% Coinsurance*
Emergency Room Visits	20% Coinsurance after \$150 Copay**	20% Coinsurance after \$150 Copay**	10% after \$150 Copay**	10% after \$150 Copay**
Outpatient Hospitalization	20% Coinsurance*	40% Coinsurance*	10% Coinsurance*	30% Coinsurance*
Inpatient Hospitalization	\$150 Copay + 20%*	\$300 Copay + 40%*	10% After \$150 Copay*	30% After \$250 Copay*
Pregnancy (Childbirth/Delivery)	\$150 Copay + 20%*	\$300 Copay + 40%*	10% After \$150 Copay*	30% After \$250 Copay*
Prescription Drugs - Retail 30 day supply (Generic/Preferred Brand Name/Non-Preferred Brand Name/Specialty)	\$10/\$20/\$35/20% Copay/RX**	\$10/\$20/\$35 + 50% Coinsurance**	\$15/\$35/\$50/20% Copay/Rx**	30% of submitted cost after applicable in-network cost share; Specialty drugs not covered**
Prescription Drugs - Mail Order 31-90 day supply (Generic/Preferred Brand Name/Non-Preferred Brand Name/Specialty)	\$20/\$40/\$70/20% Copay/RX**	\$10/\$20/\$35 + 50% Coinsurance**	\$30/\$70/\$100/20% Copay/Rx**	30% of submitted cost after applicable in-network cost share; Specialty drugs not covered**
Outpatient Mental Health	\$40 Copay**	40% Coinsurance*	\$40 Copay**	30% Coinsurance*
Inpatient Mental Health	\$150 Copay + 20%*	\$300 Copay + 40%*	10% After \$150 Copay*	30% After \$250 Copay*
Routine Eye Exam	\$0 - 1 exam per 24 months**	40% Coinsurance*	\$0 - 1 exam per 24 months**	30% Coinsurance*
	*After Deductible is met.			
	**Emergency care & prescription drugs; plus in-network office visits & preventive care are covered before you meet your deductible.			