Vanderbilt University Medical Center

Postdoctoral Trainee Benefits Program

Open Enrollment 2026/2027

Open Enrollment Dates Sept 8 – 15, 2026

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Agenda

- The role of Gallagher and the insurance carriers
- Review of all benefits, rates and plan designs
- Explanation of online Open Enrollment process

The Role of Gallagher and the Insurance Carriers

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GALLAGHER BENEFIT SERVICES

The role of Gallagher is to design, market, and implement the benefits program for VUMC Postdoctoral Trainees.

We advocate for and serve as an intermediary for postdocs with the insurance companies.

We are here to answer your questions so that you and your loved ones can access the healthcare that you need.

INSURANCE CARRIERS

The role of the insurance companies is to provide Medical, Dental, Vision & Life Insurance Plans.

They provide you with access to health providers and pay the claims associated with your care.

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What is Open Enrollment?

- Open Enrollment is an annual period of time designated to allow current enrollees the opportunity to make changes to their coverage that are otherwise not allowed throughout the rest of the year, unless you experience a qualifying life event.

- **Examples of qualifying life events are:**

  - Marriage
  - Divorce
  - Birth of a child
  - Death of a dependent
  - Adoption or placement of adoption of a child
  - Loss of coverage
  - Dependent arrival in the U.S.
  - Dependent loss of eligibility due to attainment of age 26

- Open Enrollment also allows those Postdocs (and dependents) who initially waived coverage to now enroll

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What is Open Enrollment?

All Postdocs currently enrolled in the Vanderbilt University Medical Center Postdoctoral Trainee Benefits Program have the option of making the following changes during the Open Enrollment Period from **September 8 – September 15, 2026:**

- Change Medical plan and/or Dental plan
- Enroll in the voluntary vision plan if previously waived
- If you previously waived either yourself and/or your family members, you/they may enroll in the program at this time
- All changes will be effective **October 1, 2026**
- ***If you are not changing your current enrollment, no action is necessary***

Changes in the VUMC Postdoc Plans

VUMC desires to maintain benefits packages that mirror or exceed the plans offered to faculty and staff while keeping benefit program costs in check.

This year, our historical health insurance carrier, Aetna, implemented a new set of health insurance plans and discontinued the plans that VUMC had offered in the past. The new Aetna plans included significant plan “downgrades” while being much more expensive. Thus, the campus made the decision to transition the postdocs to a new health insurance carrier, Cigna, effective October 1, 2026.

The Cigna plans are almost identical to the plans that the VUMC postdocs had in years past, at a lower monthly premium.

VUMC will continue to cover 100% of the “Base” medical plan and your choice of the dental HMO or PPO plans for postdocs and their dependents.

For those who wish to enroll in the “Buy-Up” medical plan, you will be responsible to pay for the difference between the Buy-Up and the Base plans.

The vision plan is voluntary and postdocs who enroll will be billed monthly.

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Benefits Offered Through the Postdoctoral Trainee Benefits Program

Plan Name	Insurance Type
Cigna Open Access Plus Base PPO Plan	Medical
Cigna Open Access Plus Buy-Up PPO Plan	Medical
Cigna Dental HMO	Dental
Cigna Dental PPO	Dental
SunLife Vision PPO	Vision (Voluntary)
The Standard: Life and Accidental Death & Dismemberment (AD&D)	Life
The Standard: Long Term Disability (LTD)	Disability

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CIGNA Medical Plans	Total Monthly Cost	VUMC Contribution	Postdoc Contribution
Cigna Base PPO Medical Plan			
Postdoc	$1,012.66	$1,012.66	$0
Postdoc + Spouse	$2,349.34	$2,349.34	$0
Postdoc + Child(ren)	$2,075.93	$2,075.93	$0
Postdoc + Family	$3,361.98	$3,361.98	$0
Cigna Buy-Up PPO Medical Plan			*Difference between the two plan costs - Billed directly to postdoc via "FreshBooks"*
Postdoc	$1,037.77	$1,012.66	**$25.11**
Postdoc + Spouse	$2,407.62	$2,349.34	**$58.28**
Postdoc + Child(ren)	$2,127.41	$2,075.93	**$51.48**
Postdoc + Family	$3,445.38	$3,361.98	**$83.40**

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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

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Cigna Base PPO Plan

- The Cigna Base PPO 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

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Cigna Buy-Up PPO Plan

- The Cigna Buy-Up PPO 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 based 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

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Cigna Deductible Carry-Over & Transition of Care

- The current Aetna Plans offered by VUMC have accumulated the deductible and out-of-pocket maximums on an annual basis (January through December each year).
- Gallagher will be working with Aetna to provide Cigna with the information needed to apply the credits for amounts paid towards deductibles and out-of-pocket maximums to the new Cigna plan.
- For those who are currently undergoing medical treatment and need assistance with transition of care, a detailed summary of the Cigna process can be found at the end of this presentation.

VUMC Postdoctoral Trainee Benefits Program:

Aetna vs Cigna Base Medical Plans

VUMC pays 100% of the monthly charges for postdocs enrolled in this plan.

Core Benefits (what member pays)	NO LONGER OFFERED Aetna Open Choice - 500 80/60 PPO			Cigna Open Access Plus Base (40176417) (80/60 Replacement)		
	In-Network		Out-of-Network	In-Network		Out-of-Network
Maximum Out of Pocket:	$3,000 Individual / $6,000 Family		$7,500 Individual / $15,000 Family	$3,000 Individual /$6,000 Family		$7,500 Individual /$15,000 Family
Deductible:						
Individual -	$500		$1,000	$500		$1,000
Family	$1,000		$2,000	$1,000		$2,000
Preventive Care/Screening/Immunization	No Copay		40% coinsurance after deductible	No Copay*		Not Covered
Office Visit	$25 Copay*		40% coinsurance after deductible	$25 Copay*		40% Coinsurance after deductible
Specialist Office Visit	$40 Copay*		40% coinsurance after deductible	$40 Copay*		40% Coinsurance after deductible
Diagnostic Tests (xray, bloodwork)	20% coinsurance after deductible		40% coinsurance after deductible	20% Coinsurance after deductible		40% Coinsurance after deductible
Major Diagnostic & Imaging	20% coinsurance after deductible		40% coinsurance after deductible	20% Coinsurance after deductible		40% Coinsurance after deductible
Hospitalization:						
Inpatient - Facility fee & Physician Fees billed separately	20% Facility after $150 copay and 20% Physician Fees after deductible		40% Facility and 40% Physician Fees after deductible	$150 Copay +20% after deductible		40% Coinsurance after deductible
Outpatient - Facility fee & Physician Fees billed separately	20% Facility and 20% Physician Fees after deductible		40% Facility and 40% Physician Fees after deductible	20% coinsurance after deductible		40% Coinsurance after deductible
Childbirth/Delivery	20% Facility after $150 copay and 20% Physician Fees after deductible		40% Facility and 40% Physician Fees after deductible	$150 Copay +20% after deductible		40% Coinsurance after deductible
Prescription Drugs:						
	In-Network Retail (30 days)	In-Network Mail Order (90 days)	Out-of-Network Retail (30 days)	In-Network Retail (30 days)	In-Network Mail Order (90 days)	Out-of-Network Retail
Generic	$10 Copay*	$20 Copay*	50% coinsurance after copay/prescripton*	$10 Copay*	$20 Copay*	Retail: 50%; No Home Delivery*
Brand Name	$20 Copay*	$40 Copay*	50% coinsurance after copay/prescripton*	$20 Copay*	$40 Copay*	Retail: 50%; No Home Delivery*
Non Formulary	$35 Copay*	$70 Copay*	50% coinsurance after copay/prescripton*	$35 Copay*	$70 Copay*	Retail: 50%; No Home Delivery*
Specialty	20% Copay/prescription*		50% coinsurance after copay/prescripton*	20% up to $250 for 30 day supply		Retail: 50%; No Home Delivery*
Urgent Care Visits	$35 Copay per Visit*			$35 Copay*		$70 Copay*
Emergency Room Visits	20% coinsurance after $150 copay per visit* (copay waived if admitted)			20% coinsurance after $150 copay per visit* (copay waived if admitted)		
Telehealth (primary care/specialist)**	No Charge (Teledoc)			MDLIVE: No copay Regular copays apply to virtual visits with PCP & Specialists		MDLIVE: Not covered 40% Coinsurance after deductible apply to virtual visits with PCP & Specialists
Mental Health:						
Outpatient Office Visits -	$40 Copay per Visit*		40% coinsurance after deductible	Physician's Office or MDLIVE: $40 Copay* All other outpatient: 20% Copay after deductible		40% Coinsurance after deductible
Inpatient -	20% coinsurance after $150 copay per visit*		40% coinsurance after deductible	20% coinsurance after $150 copay per visit*		40% Coinsurance after deductible

*Deductible does not apply

**Infertility covered if treating underlying condition as any other illness

Note: This document is an outline of the coverage provided under your employer's benefit plans based on information provided by your company. It does not include all the terms, coverage, exclusions, limitations, and conditions contained in the official Plan Document, applicable insurance policies and contracts (collectively, the "plan documents"). The plan documents themselves must be read for those details. The intent of this document is to provide you with general information about your employer's benefit plans. It does not necessarily address all the specific issues which may be applicable to you. It should not be construed as, nor is it intended to provide, legal advice. To the extent that any of the information contained in this document is inconsistent with the plan documents, the provisions set forth in the plan documents will govern in all cases. If you wish to review the plan documents or you have questions regarding specific issues or plan provisions, you should contact your Human Resources/Benefits Department.

VUMC Postdoctoral Trainee Benefits Program:

Aetna vs Cigna Buy-Up Medical Plans

Postdocs must pay the difference between the Buy-Up and the Base Medical Plans.

Core Benefits (what member pays)	NO LONGER OFFERED Aetna Open Choice - 500 90/70 PPO			Cigna Open Access Plus Buyup (40178418) (90/70 Replacement)		
	In-Network		Out-of-Network	In-Network		Out-of-Network
Maximum Out of Pocket:	$2,000 Individual / $4,000 Family		$4,000 Individual / $8,000 Family	$2,000 Individual /$4,000 Family		$4,000 Individual /$8,000 Family
Deductible:						
Individual -	$500		$1,000	$500		$1,000
Family	$1,000		$2,000	$1,000		$2,000
Preventive Care/Screening/Immunization	No Copay		30% coinsurance after deductible	No Copay*		Not Covered
Office Visit	$20 Copay*		30% coinsurance after deductible	$20 Copay*		30% Coinsurance after deductible
Specialist Office Visit	$40 Copay*		30% coinsurance after deductible	$40 Copay*		30% Coinsurance after deductible
Diagnostic Tests (xray, bloodwork)	10% coinsurance after deductible		30% coinsurance after deductible	10% Coinsurance after deductible		30% Coinsurance after deductible
Major Diagnostic & Imaging	10% coinsurance after deductible		30% coinsurance after deductible	10% Coinsurance after deductible		30% Coinsurance after deductible
Hospitalization:						
Inpatient - Facility fee & Physician Fees billed separately	10% Facility after $150 copay and 10% Physician Fees after deductible		30% Facility and 30% Physician Fees after deductible	$150 Copay +10% after deductible		30% Coinsurance after deductible
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Childbirth/Delivery	10% Facility after $150 copay and 10% Physician Fees after deductible		30% Facility and 30% Physician Fees after deductible	$150 Copay +10% after deductible		30% Coinsurance after deductible
Prescription Drugs:						
	In-Network Retail (30 days)	In-Network Mail Order (90 days)	Out-of-Network Retail (30 days)	In-Network Retail (30 days)	In-Network Mail Order (90 days)	Out-of-Network Retail
Generic	$15 Copay*	$30 Copay*	30% coinsurance after copay/prescripton*	$15 Copay*	$30 Copay*	Retail: 50%; No Home Delivery*
Brand Name	$35 Copay*	$70 Copay*	30% coinsurance after copay/prescripton*	$35 Copay*	$70 Copay*	Retail: 50%; No Home Delivery*
Non Formulary	$50 Copay*	$100 Copay*	30% coinsurance after copay/prescripton*	$50 Copay*	$100 Copay*	Retail: 50%; No Home Delivery*
Specialty	20% Copay/prescription*		30% Copay/prescription*	20% up to $250 for 30 day supply		Retail: 50%; No Home Delivery*
Urgent Care Visits	10% coinsurance after $50 Copay per visit*		30% coinsurance after deductible	$50 Copay*		30% Coinsurance after deductible
Emergency Room Visits	10% coinsurance after $150 copay per visit* (copay waived if admitted)			10% coinsurance after $150 copay per visit* (copay waived if admitted)		
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Outpatient Office Visits -	$40 Copay per Visit*		30% coinsurance after deductible	Physician's Office or MDLIVE: $40 Copay* All other outpatient: 10% Copay after deductible		30% Coinsurance after deductible
Inpatient -	10% coinsurance after $150 copay per visit*		30% coinsurance after deductible	10% coinsurance after $150 copay per visit*		30% Coinsurance after deductible

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When and Where to Access Care

Type of Provider	Scenario	Type of Illness or Injury
Primary Care Physician (PCP)	Annual wellness exams, or moderate pain that needs to be diagnosed	General checkup, moderate pain of unknown origin, etc.
Specialist	Experiencing pain specific to a particular region of the body (ie: muscular, gastrointestinal, ocular, bone/joint, skin, ears/nose/throat, etc.)	Ulcers, rash, digestive problems, vision problems, elevated test levels, etc.
24-Hour Nurse Line	Talk with a registered nurse - available 24 hours a day/ 7 days a week	Non-emergency medical scenarios in which you are trying to decide if you need to go to the doctor or not
Virtual Care	Virtual doctor's appointments available 24/7 for general medical, mental health and dermatology issues	Non-emergency medical scenarios conditions like flu, sinus infections, sore throats, eczema, acne, rashes; Access to mental health therapists 7 days a week 7am-9pm
Walk-In Clinic	Treatment of unscheduled, non-emergency illnesses/injuries and certain immunizations	Vaccination, mild cold/flu, minor cuts/abrasions, etc.
Urgent Care (Alternative to ER)	Treatment of most non-life-threatening emergencies	Broken bones (not multiple fractures), minor wounds (not bleeding profusely), mild fever, flu, acute sinusitis, etc.
Emergency Room (ER)	Treatment of all life/limb-threatening emergencies	Severe head trauma, multiple/compound fractures, heavy bleeding, elevated fever, severe burns, seizures, poison, etc.
Hospital	Having an inpatient or outpatient procedure performed, in a critical state	Delivering a baby, major/minor surgery, recovery, monitoring, etc.

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Seeking Same-Day Care

Difference in Copay is substantial as shown on the table below:

Cost Analysis: Same-Day Care			
Medical Plan	**MDLIVE (Virtual Visit)**	**Urgent Care**	**Emergency Room****
Cigna Base PPO Plan	$0	$35 Copay (In-Network)	$150 Copay + 20%
Cigna Buy-Up PPO Plan	$0	$50 Copay (In-Network)	$150 Copay + 10%

*See lists of In-Network sites on the VUMC Postdoc Benefits Portal: https://clients.garnett-powers.com/pd/vumc/
**Please do not hesitate to go to the ER if you are experiencing a life/limb-threatening emergency

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Summaries of Benefits and Coverage

- The Patient Protection and Affordable Care Act (PPACA) requires that you be notified that the Summaries of Benefits and Coverage for your medical plans are currently available on our website

- The Summaries of Benefits and Coverage follow the recommended guidelines of PPACA in a standardized format to make them easier to read and comprehend to better serve you in making your plan selections

- You may request a paper copy at no charge by calling the toll-free number on your new ID card

- You may also print a copy directly from the Gallagher website

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Postdoctoral Trainee Benefits Program
Cigna Dental Plans

CIGNA Dental Plans	Total Monthly Cost	VUMC Contribution	Postdoc Contribution
HMO Dental Plan			
Postdoc	$17.52	$17.52	$0
Postdoc + Spouse	$32.63	$32.63	$0
Postdoc + Child(ren)	$45.87	$45.87	$0
Postdoc + Family	$67.13	$67.13	$0
PPO Dental Plan			
Postdoc	$31.81	$31.81	$0
Postdoc + Spouse	$62.59	$62.59	$0
Postdoc + Child(ren)	$79.86	$79.86	$0
Postdoc + Family	$119.08	$119.08	$0

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Postdoctoral Trainee Benefits Program: Dental HMO Plan

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Core Benefits		Aetna DMO (No longer offered) In-Network (% of Negotiated Fee)	Aetna DMO (No longer offered) Non-Network Dentist	Cigna Cigna DHMO P7X00 PCS PPO Network Dentist*	Cigna Cigna DHMO P7X00 PCS Non-Network Dentist
Deductible		None		None	
Annual Benefit Maximums		Unlimited		Unlimited	
PREVENTIVE/DIAGNOSTIC					
Oral Exam	D0120	$0	Not covered	$0	Not covered
X-rays	D0210	$0	Not covered	$0	Not covered
Prophylaxis (Cleaning)	D1110	$0	Not covered	$0	Not covered
BASIC RESTORATIVE					
Amalgam Fillings					
One Surface	D2140	$10	Not covered	$0	Not covered
Two Surfaces	D2150	$12	Not covered	$0	Not covered
Resin/Composite Fillings			Not covered		Not covered
One Surface	D2330	$15	Not covered	$0	Not covered
Two Surfaces	D2331	$21	Not covered	$0	Not covered
ENDODONTICS					
Root Canals		$70 - $280	Not covered	$100 - $340	Not covered
Anterior Root Canal	D3310	$70	Not covered	$100	Not covered
Bicuspid Root Canal	D3320	$109	Not covered	$150	Not covered
Molar Root Canal	D3330	$280	Not covered	$305	Not covered
PERIODONTICS					
Surgical & Non-Surgical gum maintenance		$23 - $134	Not covered	$40 - $70	Not covered
Gingivectomy (per quad)	D4210	$133	Not covered	$160	Not covered
Root Planning (per quad)	D4341	$51	Not covered	$50	Not covered
ORAL SURGERY					
Simple Extraction	D7110	$25	Not covered	$6 - $40	Not covered
Surgical extractions including general anesthesia/ IV sedation	D7220	$46	Not covered	$65	Not covered
Oral Surgery (all other)	D7230	$58	Not covered	$85	Not covered
Complete Bony Extraction	D7240	$117	Not covered	$110	Not covered
MAJOR RESTORATIVE					
Crowns & Bridge Repairs		Starting at $255	Not covered	Starting at $225	Not covered
Inlays, Onlays, Veneers		Starting at $195	Not covered	Starting at $525	Not covered
Implants	D2752	Starting at $255	Not Covered	Starting at $270	Not Covered
ORTHODONTIA		$1,945 Copay; Coverage for Adults & Dependents		$1,608 (under 19yo); $2,592 (adults) For 24 month treatment	

For more detailed plan design information: https://clients.garnett-powers.com/pd/vumc/documents/

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Postdoctoral Trainee Benefits Program: Dental PPO Plan

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Core Benefits		Aetna		Cigna	
		Active PPO Max (No longer offered)		Cigna DPPO	
		In-Network (% of Negotiated Fee)	Non-Network Dentist UCR 90th	PPO Network Dentist*	Non-Network Dentist MAC
Deductible		$0 Single/$0 Family Annually*	$50 Single/$150 Family Annually*	$0 Single/$0 Family Annually*	$50 Single/$150 Family Annually*
Annual Benefit Maximums		$1,500 per person	$1,500 per person	$1,500 per person	
PREVENTIVE/DIAGNOSTIC					
Oral Exam	D0120	100%	70%	100%	70%
X-rays	D0210	100%	70%	100%	70%
Prophylaxis	D1110	100%	70%	100%	70%
BASIC RESTORATIVE					
Amalgam Fillings					
One Surface	D2140	80%	60%	80%	60%
Two Surfaces	D2150	80%	60%	80%	60%
Resin/Composite Fillings					
One Surface	D2330	80%	60%	80%	60%
Two Surfaces	D2331	80%	60%	80%	60%
ENDODONTICS					
Root Canals		80%	60%	80%	60%
Anterior Root Canal	D3310	80%	60%	80%	60%
Bicuspid Root Canal	D3320	80%	60%	80%	60%
Molar Root Canal	D3330	80%	60%	80%	60%
PERIODONTICS					
Surgical & Non-Surgical gum maintenance		80%	60%	80%	60%
Gingivectomy (per quad)	D4210	80%	60%	80%	60%
Root Planning (per quad)	D4341	80%	60%	80%	60%
ORAL SURGERY					
Simple Extraction	D7110	80%	60%	80%	60%
Surgical extractions including general anesthesia/ IV sedation	D7220	80%	60%	80%	60%
Oral Surgery (all other)	D7230	80%	60%	80%	60%
Complete Bony Extraction	D7240	80%	60%	80%	60%
MAJOR RESTORATIVE					
Crowns & Bridge Repairs		50%	50%	50%	50%
Inlays, Onlays, Veneers		50%	50%	50%	50%
Implants	D2752	Not Covered	Not Covered	Not Covered	Not Covered
ORTHODONTIA		50% ($1,500 Lifetime Maximum) Dependent Children only; No Coverage for Adults		50%; $1,500 Lifetime Maximum Dependent Children only; No Coverage for Adults	

For more detailed plan design information go to: https://clients.garnett-powers.com/pd/vumc/documents/

Accessing the Out-of-Network Tier

An example of how seeking Out-of-Network services can impact your out-of-pocket costs:

- Porcelain Crown on a molar - We will estimate that the usual, customary and reasonable charge that Cigna allows is $800
- Per the out-of-network benefit structure, you will pay 50% (your coinsurance) toward that crown, which would be $400
- In addition, if the out-of-network dentist performing your crown services charges more than what is considered usual, customary and reasonable, you will pay the $400 **plus** any additional amount that the dentist wishes to charge. So, if the dentist charged $900 for the crown in total, you would pay a total of $500 for the crown, which includes the extra $100 that the dentist charged above what is considered usual, customary and reasonable
- Using the out-of-network tier costs you more because the dentists do not discount their services per a provider contract, whereas those contracts do reduce your out-of-pocket costs in the In-Network PPO tier
- When you access care out-of-network, you and the insurance carrier incur more costs, consequently affecting the overall pricing of the plan

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VOLUNTARY VISION INSURANCE

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VOLUNTARY VISION INSURANCE

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Postdoctoral Trainee Benefits Program		
Voluntary SunLife Vision Plan	**VUMC Contribution**	**Postdoc Contribution**
Postdoc	$0	$8.93
Postdoc + Spouse	$0	$17.86
Postdoc + Child(ren)	$0	$19.64
Postdoc + Family	$0	$28.57

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Postdoctoral Trainee Benefits Program

Voluntary PPO Vision Plan		
Core Benefits	**In-Network**	**Out-of-Network**
Eye Exam (1 exam every 12 months)	$25 Copay	Up to $45 allowance
Frames (1 per 24 months)	$130 allowance (20% off remaining) $70 allowance @ Costco & Walmart	Up to $70 allowance
Lenses (1 per 12 months) Single Bifocal Trifocal	 $25 Copay $25 Copay $25 Copay	 Up to $30 allowance Up to $50 allowance Up to $60 allowance
Contact Lenses (every 12 months)	$60 for contact lens exam $130 allowance for contact lenses	Up to $105 allowance

For more detailed plan design information go to: https://clients.garnett-powers.com/pd/vumc/documents/

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Sun Life Voluntary Vision Plan

- This plan is a voluntary plan, which means you are responsible for the monthly costs for you and your enrolling dependents
- To make this selection during Open Enrollment, you must complete the enrollment form and you will be sent instructions on how to pay the monthly premium
- The enrollment instructions and rates can be found on the website
- No ID cards are issued with the plan. You will use your SSN and name to make an appointment with a provider
- *You will be receiving an email from a site called FreshBooks regarding setting up a recurring payment; please check your spam folder and contact Gallagher if you do not see an invoice within two weeks of enrollment.*

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Life, Accidental Death & Dismemberment (AD&D)
&
Long-Term Disability Insurance

Provided by

TheStandard®

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Postdoctoral Trainee Benefits Program

Life, Accidental Death & Dismemberment Insurance

- The plan pays $40,000 in the event of a death
- An additional benefit of $40,000 is paid for AD&D if the death is due to an accident
- Postdoctoral Trainees holding J-1 Visa status and their dependents holding J-2 Visa status, will have the required coverage listed below:
  - **Medical Evacuation** = $50,000
  - **Repatriation** = $25,000
- Premiums are paid by Vanderbilt University Medical Center

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Postdoctoral Trainee Benefits Program

Long-Term Disability Insurance (LTD)

- The benefit waiting period is 180 days of disability
- The plan will pay 60% of the first $10,000 of your monthly pre-disability earnings for an eligible disability
- The maximum monthly benefit is $6,000. This benefit is reduced by deductible income such as worker's compensation
- Once approved, benefits are payable each month while you are disabled up to age 65
- Premiums are paid by Vanderbilt University Medical Center

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The Open Enrollment Process

- Visit the Gallagher Benefit Services website at clients.garnett-powers.com/pd/vumc/ and click on **LOGIN** in the top right corner.
- Login as a RETURNING USER. Utilize the Forgot User ID or Password link if necessary.
- Once you have logged in, click on "Begin My Enrollment."
- Please check the plan bundle in which you wish to be enrolled for Plan Year 2026 – 2027.
- Once complete, please confirm that you have read and understand the COBRA Initial Notification, Health Insurance Marketplace Notice, and Insurance Carrier Privacy Notice, then click *Submit and Create Printable Enrollment Form*. Remember to print a copy for your records.
- An e-mail will be sent no later than **September 20, 2026** confirming your new enrollment status.
- ID cards for any new coverage will be mailed to your home directly from the Insurance Carriers

The Open Enrollment Process

IMPORTANT:

- *No action required if you want to keep the same benefit types as the prior Plan year (2025/2026)*
- *If you are currently enrolled in the "Base" Medical PPO plan with Aetna, you would automatically be enrolled in the "Base Medical PPO plan with Cigna. The same would be true for the "Buy-Up" Medical plan, and the Dental HMO and PPO plans.*
- *If you want to make changes to your plans, or if you are adding dependents to the plan, you must complete and submit a new **Enrollment Form** during the Open Enrollment period (Sept 8 – 15, 2026)*
- *The Enrollment Form can be found on the VUMC Postdoc Benefits Portal: https://clients.garnett-powers.com/pd/vumc/*

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Family Member Eligibility

Family member eligibility requirements are the same as the family member eligibility requirements for the Vanderbilt University Medical Center faculty/staff plans.

The Major Family Member Categories Are:

- Spouse (Any person who is lawfully married to you under any state law. Specifically excluded from this definition is a spouse by reason of common law marriage, whether or not permitted in your state. The Plan Administrator may require documentation proving a legal marriage relationship.)
- Natural or adopted children to age 26 regardless of student status
- Stepchildren may be included if they live with the Postdoc and are supported at more than 50% and claimed as a tax dependent

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Information Sources

For general inquiries and customer service regarding enrollment, and benefit questions, please contact:

Gallagher Benefit Services, Inc.

Via:	Gallagher contact Information
Diana Fox, Account Manager	(949) 317-5917
Email Address	UniversityServices.GBS.VServices@ajg.com
Website	clients.garnett-powers.com/pd/vumc/

TRANSITION OF CARE

CONTINUITY OF CARE

See how they work

What is Transition of Care?

With Transition of Care, you may be able to continue to receive services for specified medical conditions with health care providers who are not in the Cigna network at in-network coverage levels. This care is for a defined period of time until the safe transfer of care to an in-network provider or facility can be arranged. You must apply for Transition of Care at enrollment, or when there is a change in your medical plan. You must apply no later than 30 days after the effective date of your coverage.

What is Continuity of Care?

With Continuity of Care, you can receive services at in-network coverage levels for specified medical conditions when your health care provider leaves your plan's network and the immediate transfer of your care to another health care provider would be inappropriate and/or unsafe. This care is for a defined period of time. You must apply for Continuity of Care within 30 days of your health care provider's termination date. This is the date that he or she is leaving your plan's network.

How they both work

- You must already be under treatment for the condition identified on the Transition of Care/ Continuity of Care request form.
- If the request is approved for medical conditions:
  - You will receive the in-network level of coverage for treatment of the specific condition by the health care providers for a defined period of time, as determined by Cigna.
  - If your plan includes out-of-network coverage and you choose to continue care out-of-network beyond the time frame approved by Cigna, you must follow your plan's out-of-network provisions. This includes any precertification requirements.
  - Transition of Care/Continuity of Care applies only to the treatment of the medical condition specified and the health care provider identified on the request form. All other conditions must be cared for by an in-network health care provider for you to receive in-network coverage.
- The availability of Transition of Care/Continuity of Care:
  - Does not guarantee that a treatment is medically necessary.
  - Does not constitute precertification of medical services to be provided.
- Depending on the actual request, a medical necessity determination and formal precertification may still be required for a service to be covered.

Together, all the way.®

Cigna®

Offered by: Cigna Health and Life Insurance Company, Connecticut General Life Insurance Company or their affiliates.

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Examples of acute medical conditions that may qualify for Transition of Care/Continuity of Care include, but are not limited to:

- Pregnancy in the second or third trimester at the time of the plan **effective date** of coverage or of the health care provider termination.
- Pregnancy is considered *high risk* if mother's age is 35 years or older, or patient has/had:
  - Early delivery (three weeks) in previous pregnancy.
  - Gestational diabetes.
  - Pregnancy induced hypertension.
  - Multiple inpatient admissions during this pregnancy.
- Newly diagnosed or relapsed cancer in the midst of chemotherapy, radiation therapy or reconstruction.
- Trauma.
- Transplant candidates, unstable recipients or recipients in need of ongoing care due to complications associated with a transplant.
- Recent major surgeries still in the follow-up period, that is generally six to eight weeks.
- Acute conditions in **active treatment** such as heart attacks, strokes or unstable chronic conditions.
  - "**Active treatment**" is defined as a provider visit or hospital stay with documented changes in a therapeutic regimen. This is within 21 days prior to your plan effective date or your health care provider's termination date.
- Hospital confinement on the plan effective date (only for those plans that do not have extension of coverage provisions).

Examples of conditions that do not qualify for Transition of Care/Continuity of Care include, but are not limited to:

- Routine exams, vaccinations and health assessments.
- Stable chronic conditions such as diabetes, arthritis, allergies, asthma, hypertension and glaucoma.
- Acute minor illnesses such as colds, sore throats and ear infections.
- Elective scheduled surgeries such as removal of lesions, bunionectomy, hernia repair and hysterectomy.

What time frame is allowed for transitioning to a new in-network health care provider?

If Cigna determines that transitioning to an in-network health care provider is inappropriate or unsafe for the conditions that qualify, services by the approved out-of-network health care provider will be authorized for a specified period of time (usually 90 days). Or, services will be approved until care has been completed or transitioned to an in-network health care provider, whichever comes first.

If I am approved for Transition of Care/Continuity of Care for one illness, can I receive in-network coverage for a non-related condition?

In-network coverage levels provided as part of Transition of Care/Continuity of Care are for the specific illness or condition only and cannot be applied to another illness or condition. You need to complete a Transition of Care/Continuity of Care request form for each unrelated illness or condition. You need to complete this form no later than 30 days after your plan becomes effective or your health care provider leaves your plan's network.

Can I apply for Transition of Care/Continuity of Care if I am not currently in treatment or seeing a health care provider?

You must already be in treatment for the condition that is noted on the Transition of Care/Continuity of Care request form.

How do I apply for Transition of Care/Continuity of Care coverage?

Requests must be submitted in writing, using the Transition of Care/Continuity of Care request form. This form must be submitted at the time of enrollment, change in medical plan, or when your health care provider leaves the Cigna network. It cannot be submitted more than 30 days after the effective date of your plan or your health care provider's termination. After receiving your request, Cigna will review and evaluate the information provided. Then, we will send you a letter informing you whether your request was approved or denied. A denial will include information about how to appeal the determination.

▼Detach Transition of Care/Continuity of Care request form here.▶

Transition of Care/Continuity of Care request form

See instructions for completing this form on the reverse side.

❑ New Cigna enrollee (Transition of Care applicant)

❑ Existing Cigna customer whose health care provider terminated (Continuity of Care applicant)

Use a separate form for each condition. Photocopies are acceptable. Attach additional information if needed.

Employer	Policy #	Employee Date of Enrollment in Plan (mm/dd/yyyy)
Employee Name	Employee Member ID	Work Phone
Home Address Street City State ZIP		Home Phone/Mobile
Patient's Name	Patient's Social Security # or Alternate ID	Patient's Birth Date (mm/dd/yyyy)	Relationship to Employee ❑ Spouse ❑ Dependent ❑ Self

1. Is the patient pregnant and in the second or third trimester of pregnancy? Due Date _____(mm/dd/yyyy) ❑ Yes ❑ No
2. If yes, is the pregnancy considered high risk? e.g., multiple births, gestational diabetes. ❑ Yes ❑ No
3. Is the patient currently receiving treatment for an acute condition or trauma? ❑ Yes ❑ No
4. Is the patient scheduled for surgery or hospitalization after your effective date with Cigna? ❑ Yes ❑ No
5. Is the patient involved in a course of chemotherapy, radiation therapy, cancer therapy or terminal care? ❑ Yes ❑ No
6. Is the patient receiving treatment as a result of a recent major surgery? ❑ Yes ❑ No
7. Is the patient receiving dialysis treatment? ❑ Yes ❑ No
8. Is the patient a candidate for an organ transplant? ❑ Yes ❑ No
9. If you did not answer "Yes" to any of the above questions, please describe the condition for which the patient requests Transition of Care/Continuity of Care.

_____

10. Please complete the health care provider information requested below.

Group Practice Name		
Health Care Provider Name		Health Care Provider Phone #
Health Care Provider Specialty		
Health Care Provider Address		
Hospital Where Health Care Provider Practices		Hospital Phone #
Hospital Address		
Reason/Diagnosis		
Date(s) of Admission (mm/dd/yyyy)	Date of Surgery (mm/dd/yyyy)	Type of Surgery
Treatment Being Received and Expected Duration		

11. Is this patient expected to be in the hospital when coverage through Cigna begins or during the next 90 days? ❑ Yes ❑ No
12. Please list any other continuing care needs that may qualify for Transition of Care/Continuity of Care. If these care needs are not associated with the condition for which you are applying for Transition of Care/Continuity of Care, you need to complete a separate Transition of Care/Continuity of Care request form.

_____

I hereby authorize the above health care provider to give Cigna Health and Life Insurance Company or its affiliates and contracted parties any and all information and medical records necessary to make an informed decision concerning my request for Transition of Care/Continuity of Care. I understand I am entitled to a copy of this authorization form.	
Signature of Patient, Parent or Guardian	Date (mm/dd/yyyy)

Submit this request form to:

Cigna Health Facilitation Center
Attention: Transition of Care/Continuity of Care Unit
3200 Park Lane Drive, Pittsburgh, PA 15275
Fax 866.729.0432

Transition of Care/Continuity of Care requests will be reviewed within 10 days of receipt. For new Cigna customers, review will occur within 10 days of participant's effective date. Review for organ transplant requests may take longer than 10 days.

Instructions for completing the Transition of Care/Continuity of Care request form

Note: Do not use this form if you are enrolled in a Cigna HealthCare of California, Inc. plan and are seeking a Transition of Care. Contact Cigna for a Cigna HealthCare of California, Inc. Transition of Care brochure.

A separate Transition of Care/Continuity of Care request form must be completed for each condition for which you and/or your covered dependents are seeking Transition of Care/Continuity of Care. Please make certain that all questions are completely answered. When the form is completed, it must be signed by the patient for whom the Transition of Care/Continuity of Care is being requested. If the patient is a minor, a guardian's signature is required.

To help ensure a timely review of your request, please return the form as soon as possible. You must apply for Transition of Care/Continuity of Care within 30 days of the effective date of your plan, or within 30 days of your provider's termination date.

The first few sections of the form apply to the employee. When the form asks for the patient's name, enter the name of the person who is receiving care and is requesting Transition of Care/Continuity of Care.

If you answered yes to questions #1, #2, #3, #4, #5, #6, #7 or #8, please submit this request form to:

Cigna Health Facilitation Center
Attention: Transition of Care/Continuity of Care Unit
3200 Park Lane Drive
Pittsburgh, PA 15275
Fax: 866.729.0432

In #9, include information about the current or proposed treatment plan and the length of time treatment is expected to continue. If surgery has been planned, state the type and the proposed date of the surgery.

In #12, briefly state the health condition, when it began, what health care provider is currently involved, and how often you see this health care provider. Please be as specific as possible.

Transition of Care/Continuity of Care requests will be reviewed within 10 days of receipt. For new Cigna customers, review will occur within 10 days of participant's effective date. Review for organ transplant requests may take longer than 10 days.