

GRADUATE STAFF AND STUDENT BENEFITS Comparison

Graduate staff who intend to cover a dependent (spouse/child) will see a cost savings if they elect the student health insurance plan (SHIP) instead of the graduate staff medical plan; however, there are other things to consider/keep in mind, including overall cost, frequency of pay, plan design, and vision and dental needs. Here is a side-by-side comparison of the benefits available to graduate staff and to students to help you make an informed decision when enrolling in benefits for the 2023-2024 academic year.

Medical Insurance

	GRADUATE STAFF		STUDENT	
	Dependent Coverage Level	Annual	Dependent Coverage Level	Annual
Medical Premium	Student	\$682.35	Student	\$1,570.00
	Student + Spouse	\$3,674.35	Student + Spouse	\$3,104.00
	Student + Spouse + Child	\$6,666.35	Student + Spouse + Child	\$4,716.00
	Student + Child	\$3,674.35	Student + Child	\$3,152.00
	Student + Spouse + Children	\$9,657.35	Student + Spouse + Children	\$6,208.00
	Student + Children	\$6,665.35	Student + Children	\$4,644.00
	Frequency of pay	Monthly auto deduction from bank or credit card		Pay for semester or academic year upon enrolling
Medical Plan Design/Network/Coverage	Same		Same	

Dental Coverage

	GRADUATE STAFF			STUDENT		
Dental Carrier	Delta Dental (separate voluntary election)			Delta Dental (auto enrollment when medical is elected)		
Dental Cost (Annual, rounded to the nearest dollar)	Coverage Level	Option 1	Option 2	Included in the medical plan premium		
	Student	\$260	\$159.48			
	Student + Spouse	\$514.32	\$310.44			
	Student + Child(ren)	\$608.04	\$400.80			
	Student + Spouse + Child(ren)	\$930.12	\$599.28			
Dental Coverage (in-network)	Delta Dental Option 1 (Click Here for Delta Dental Option 2 summary)			Delta Dental (Domestic and International plans are the same)		
	Benefit	Description	Insurance pays	Benefit	Description	Insurance pays
	Benefit Year Maximum (August 1 – July 31)	Maximum total amount insurance will pay for services in the plan year	\$1,000 per person	Benefit Year Maximum (August 1 – July 31)	Maximum total amount insurance will pay for services in the plan year	\$750 per person
	Diagnostic and Preventive Services	Exams and cleanings	100%	Diagnostic and Preventive Services	Exams and cleanings	100%
	Endodontics	E.g., root canals	50%	Endodontics	E.g., root canals	80%
	Prosthodontics	E.g., implants, bridges, dentures	40%	Prosthodontics	E.g., implants, bridges, dentures	50%
	Simple Extractions	Non-surgical extraction of teeth	60%	Simple Extractions	Non-surgical extraction of teeth	80%
	Oral Surgery	Extractions and dental surgery	50%	Oral Surgery	Extractions and dental surgery	80%
	Minor Restorative Services	E.g., fillings	60%	Minor Restorative Services	E.g., fillings	80%
	Major Restorative Services	E.g., crowns	40%	Major Restorative Services	E.g., crowns	50%
	UnitedHealthcare StudentResources (UHCSR) Pediatric (through age 18) dental benefits available through the UHCSR graduate staff medical insurance plan.			UnitedHealthcare StudentResources (UHCSR) Pediatric (through age 18) dental benefits available through the UHCSR student health insurance plan.		

Vision Coverage

	GRADUATE STAFF			STUDENT		
Vision Carrier	VSP (auto enrollment when graduate staff medical plan is elected), UHCSR (benefits included with medical plan)			UHCSR		
Vision Cost	Included in the medical plan premium			Included in medical plan premium, pediatric vision only.		
	<u>VSP</u>			<p style="text-align: center;"><u>Vision Benefits</u></p> Student vision coverage is not included in the medical plan but can be purchased separately through the AHP enrollment portal.		
Vision Coverage/ Discounts (In-network)	Benefit	Description	Cost	Benefit	Description	Cost
	WellVision Exam	Annual eye exam	\$5 copay	Eye Exam	Annual eye exam	\$15 copay
	Contact Lens Exam	Fitting and evaluation exam	15% discount	Contact Lens Exam	Fitting and evaluation exam	15% Discount
	Glasses and Sunglasses	Complete pair with lens enhancements within 12 months of WellVision exam	20% discount	Eyeglass Frames	One pair of frames only	35% discount
				Eyeglass Lenses	Single vision lenses (instead of contact lenses)	\$25 copay
	Laser Vision Correction	Treatment for nearsightedness, farsightedness, and astigmatism	Average 15% discount on regular price or 5% on promotional price	Contact Lenses	Elective non-disposable (instead of eyeglass lenses)	\$150 allowance
	<p><u>UnitedHealthcare StudentResources (UHCSR)</u> Enrollment in the graduate staff medical plan includes exam-only (\$20 copay) and pediatric (through age 18) vision benefits.</p>			<p><u>UnitedHealthcare StudentResources (UHCSR)</u> Enrollment in the student health insurance plan includes pediatric (through age 18) vision benefits.</p>		

GRADUATE STAFF

OPEN ENROLLMENT

July 1 - September 5
ends at 5 p.m. ET on September 5

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www.purdue.edu/hr/Benefits/gradStaff/