

# MEDICAL

## 2021 PLAN COVERAGE

|                                                                                               |                                               | Premier CDHP                                                  | Standard CDHP                                                  | Limited CDHP                                                    |
|-----------------------------------------------------------------------------------------------|-----------------------------------------------|---------------------------------------------------------------|----------------------------------------------------------------|-----------------------------------------------------------------|
| <b>University's Contribution to Employee's Health Savings Account</b>                         | Employee only                                 | \$325                                                         | \$325                                                          | \$325                                                           |
|                                                                                               | Employee + one or more covered family members | \$650                                                         | \$650                                                          | \$650                                                           |
| <b>Healthy Boiler Wellness Incentive to Employee's Health Savings Account</b>                 | Employee only                                 | \$325                                                         | \$325                                                          | \$325                                                           |
|                                                                                               | Employee + one or more covered family members | \$650                                                         | \$650                                                          | \$650                                                           |
| <b>Deductible</b><br>Medical & Rx Combined                                                    | Employee only                                 | <b>\$1,450 (HealthSync)</b><br>\$2,000 (in)<br>\$3,500 (out)  | <b>\$2,000 (HealthSync)</b><br>\$2,750 (in)<br>\$5,000 (out)   | <b>\$3,000 (HealthSync)</b><br>\$4,000 (in)<br>\$6,500 (out)    |
|                                                                                               | Employee + one or more covered family members | <b>\$2,900 (HealthSync)</b><br>\$4,000 (in)<br>\$7,000 (out)  | <b>\$4,000 (HealthSync)</b><br>\$5,500 (in)<br>\$10,000 (out)  | <b>\$6,000 (HealthSync)</b><br>\$8,000 (in)<br>\$13,000 (out)   |
| <b>Coinsurance</b>                                                                            |                                               | <b>90%/10% (HealthSync)</b><br>80%/20% (in)<br>60%/40% (out)  | <b>90%/10% (HealthSync)</b><br>80%/20% (in)<br>60%/40% (out)   | <b>90%/10% (HealthSync)</b><br>75%/25% (in)<br>55%/45% (out)    |
| <b>Out-of-Pocket Maximum</b><br>Medical & Rx Combined<br>(includes deductible & co-insurance) | Employee only                                 | <b>\$2,250 (HealthSync)</b><br>\$3,250 (in)<br>\$6,000 (out)  | <b>\$4,250 (HealthSync)</b><br>\$5,250 (in)<br>\$10,000 (out)  | <b>\$5,500 (HealthSync)</b><br>\$7,000 (in)<br>\$13,000 (out)   |
|                                                                                               | Employee + one or more covered family members | <b>\$4,500 (HealthSync)</b><br>\$6,500 (in)<br>\$12,000 (out) | <b>\$8,500 (HealthSync)</b><br>\$10,500 (in)<br>\$20,000 (out) | <b>\$11,000 (HealthSync)</b><br>\$14,000 (in)<br>\$26,000 (out) |
| <b>Center for Health Living Office Visit</b>                                                  | West Lafayette                                | \$25 towards ded.; coins. applies after ded.                  | \$25 towards ded.; coins. applies after ded.                   | \$25 towards ded.; coins. applies after ded.                    |
|                                                                                               | Fort Wayne                                    | Ded. & coins.                                                 | Ded. & coins.                                                  | Ded. & coins.                                                   |
| <b>Primary Care Office Visit</b>                                                              |                                               | Ded. & coins.                                                 | Ded. & coins.                                                  | Ded. & coins.                                                   |
| <b>Specialty Care Office Visit</b>                                                            |                                               | Ded. & coins.                                                 | Ded. & coins.                                                  | Ded. & coins.                                                   |
| <b>Preventive Care</b>                                                                        |                                               | 100% coverage (in)<br>Ded. & coins. (Out)                     | 100% coverage (in)<br>Ded. & coins. (Out)                      | 100% coverage (in)<br>Ded. & coins. (Out)                       |
| <b>Emergency Room</b>                                                                         |                                               | Ded. & coins.                                                 | Ded. & coins.                                                  | Ded. & coins.                                                   |
| <b>Urgent Care Facility</b>                                                                   |                                               | Ded. & coins.                                                 | Ded. & coins.                                                  | Ded. & coins.                                                   |

Employees may contribute to their HSAs if eligible, up to a combined University and employee limit of **\$3,600/employee and \$7,200/employee plus one or more covered family members**. Additional rules apply to employees with spouses who also have HSAs and FSAs.

# PHARMACY & LAB

## 2021 PLAN COVERAGE

For more details, visit [purdue.edu/hr/Benefits/prescription/index.php](http://purdue.edu/hr/Benefits/prescription/index.php)

|                          |                | Premier, Standard & Limited CDHPs               |                                                |
|--------------------------|----------------|-------------------------------------------------|------------------------------------------------|
|                          |                | Prescription Drugs                              |                                                |
|                          |                | Retail<br>(30-day supply)*                      | Mail Order<br>(90-day supply)                  |
| Generic                  | Preventive     | 100% coverage                                   | 100% coverage                                  |
|                          | Non-preventive | Deductible, then actual cost up maximum of \$10 | Deductible, then actual cost up to max of \$20 |
| Preferred Brand Name     | Preventive     | No deductible, 35% to max of \$50               | No deductible, 35% to max of \$100             |
|                          | Non-preventive | Deductible, then 35% to max of \$50             | Deductible, then 35% to max of \$100           |
| Non-Preferred Brand Name | Preventive     | No deductible, 50% up to max of \$75            | No deductible, 50% up to max of \$150          |
|                          | Non-preventive | Deductible, then 50% up to max of \$75          | Deductible, then 50% up to max of \$150        |
| Specialty Rx             |                | Deductible then 55% up to max of \$250 max      | Deductible, then 55% up to max of \$250        |

90-day supply of prescriptions available at CVS retail pharmacies, based on mail-order pricing.

|                                                                |                | Premier, Standard & Limited CDHPs            |  |
|----------------------------------------------------------------|----------------|----------------------------------------------|--|
|                                                                |                | Labs<br>(Tier 1 labs are part of HealthSync) |  |
| Tier 1 Labs, including Center for Healthy Living and PUSH Labs | Preventive     | 100% coverage                                |  |
|                                                                | Non-preventive | Deductible and coinsurance                   |  |
| Tier 2 Labs (In-network)                                       | Preventive     | 100% coverage                                |  |
|                                                                | Non-preventive | Deductible and coinsurance                   |  |
| Tier 3 Labs (Out-of-network)                                   |                | Deductible and coinsurance                   |  |