



ANNUAL EMPLOYEE (J-1) PREMIUMS

	J-1 Visa		J-1 Visa
Employees earning under \$48,800		Employees earning \$48,800 or more	
Employee Only	\$121.68	Employee Only	\$457.20
Employee & Children	\$219.48	Employee & Children	\$823.44
Employee & Spouse	\$609.24	Employee & Spouse	\$1,477.56
Employee & Working Spouse	\$1,359.24	Employee & Working Spouse	\$2,977.56
Employee & Family	\$825.00	Employee & Family	\$2,004.12
Employee & Family (Working Spouse)	\$1,575.00	Employee & Family (Working Spouse)	\$3,504.12

Frozen Benefit Rates

Benefit deduction rates for Jan. 1 – Dec. 31, 2023 will be based on employee salaries effective on Sept. 30, 2022. This means the rates for coverage you elect during open enrollment will not change during the 2023 calendar year when you have any changes that affect your salary. So, for example, employees who receive pay increases in 2023 that take them over the medical salary tier will not see a change in their medical plan rate until January 2024.

These rates do not include:

Additional tobacco-user premium of \$1,000 for employee and \$1,000 for covered spouse.

PLAN COVERAGE

Coverage includes: Repatriation of remains in the amount of \$25,000 Expenses for medical evacuation of the visitor to his or her home country in the amount of \$50,000		J-1 Visa	
Deductible No deductible on in-network primary care provider office visits and mental health/behavioral/substance abuse outpatient & professional visits.	Employee only	\$250 (Tier 1/HealthSync) \$500 (Tier 2/in); \$1,000 (Tier 3/out)	
	Employee + one or more covered family members	\$750 (Tier 1/HealthSync) \$1,000 (Tier 2/in); \$2,000 (Tier 3/out)	
Coinsurance	90/10%(Tier 1/HealthSync) 75/25% (Tier 2/in); 50/50% (Tier 3/out)		
Out-of-Pocket Maximum (Includes deductible)	Employee only	\$5,350 (Tier 1/HealthSync) \$6,350 (Tier 2/in); \$12,700 (Tier 3/out)	
	Employee + one or more covered family members	\$10,700 (Tier 1/HealthSync) \$12,700 (Tier 2/in); \$25,400 (Tier 3/out)	
	West Lafayette	\$10 copay	
Center for Healthy Living	Fort Wayne		
	Northwest		





		J-1 Visa		
Prescription Drugs: Retail (30-day supply)				
Generic	Preventive	100% coverage		
	Non-preventive	Actual cost; \$10 max		
Preferred Brand Name		No deductible, 30% to max of \$100		
Non-Preferred Brand Name		No deductible, 40% to max of \$150		
Specialty Rx	No deductible, 50% to max of \$250			
Prescription Drugs: Mail Order (90-day supply)				
Generic	Preventive	100% coverage		
	Non-preventive	Actual cost; \$25 max		
Preferred Brand Name	No deductible, 30% to max of \$250			
Non-Preferred Brand Name		No deductible, 40% to max of \$350		
Specialty Rx (30-day maximum)		No deductible, 50% to max of \$250		
Labs				
Tier 1 Labs, including Center for Healthy Living Lab (In-network, best pricing option)		100% coverage		
Tier 2 Labs (In-network)		Deductible and coinsurance		
Tier 3 Labs (Out-of-network)		Deductible and coinsurance		

For vision and dental plans and rates, see pages 14-15.

HEALTHCARE SPENDING ACCOUNTS

J-1 Visa employees are not eligible for a Health Savings Account (HSA), but can recieve a Health Reimbursement Arrangement (HRA) for any Healthy Boiler Incentive Program contributions.

Note: J-1 Visa employees are not eligible for Purdue's annual contribution amount.