

PHYSICAL HEALTH

2023 MEDICAL PLANS



You have a choice of three consumer-driven health plans (CDHPs).

All three plans have:

- Free preventive care with an in-network provider and free generic preventive medications
- \$10-or-less generic non-preventive prescriptions after you meet your deductible
- Purdue HSA contributions (\$200 individual/\$400 family)*

**Those not eligible for HSAs will be offered an HRA.*

PREMIER CDHP

- Highest premiums
- Lowest deductible
- Lowest out-of-pocket maximum

STANDARD CDHP

Middle-of-the-road premiums, deductible and out-of-pocket maximum

LIMITED CDHP

- Lowest premiums
- Highest deductible
- Highest out-of-pocket maximum

ANNUAL PREMIUMS

	Premier CDHP	Standard CDHP	Limited CDHP
Employees earning under \$48,800			
Employee Only	\$271.56	\$121.68	\$44.76
Employee & Children	\$496.92	\$219.48	\$75.24
Employee & Spouse	\$1,418.88	\$609.24	\$179.28
Employee & Working Spouse	\$2,168.88	\$1,359.24	\$929.28
Employee & Family	\$1,962.24	\$825.00	\$212.52
Employee & Family (Working Spouse)	\$2,712.24	\$1,575.00	\$962.52
Employees earning \$48,800 or more			
Employee Only	\$923.28	\$457.20	\$113.40
Employee & Children	\$1,553.88	\$823.44	\$307.44
Employee & Spouse	\$2,389.20	\$1,477.56	\$928.68
Employee & Working Spouse	\$3,889.20	\$2,977.56	\$2,428.68
Employee & Family	\$3,242.16	\$2,004.12	\$1,258.20
Employee & Family (Working Spouse)	\$4,742.16	\$3,504.12	\$2,758.20

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.

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		Premier CDHP	Standard CDHP	Limited CDHP
University's Contribution to Employee's HSA or HRA	Employee only	\$200	\$200	\$200
	Employee + one or more covered family members	\$400	\$400	\$400
Healthy Boiler Incentive to Employee's HSA or HRA <small>(see page 16 for new incentive structure)</small>	Employee only	\$450	\$450	\$450
	Employee + one or more covered family members	\$900	\$900	\$900
Deductible Medical & Rx Combined	Employee only	\$1,500 (Tier 1/HealthSync) \$2,000 (Tier 2/in) \$3,500 (Tier 3/out)	\$2,000 (Tier 1/HealthSync) \$2,750 (Tier 2/in) \$5,000 (Tier 3/out)	\$3,000 (Tier 1/HealthSync) \$4,000 (Tier 2/in) \$6,500 (Tier 3/out)
	Employee + one or more covered family members	\$3,000 (Tier 1/HealthSync) \$4,000 (Tier 2/in) \$7,000 (Tier 3/out)	\$4,000 (Tier 1/HealthSync) \$5,500 (Tier 2/in) \$10,000 (Tier 3/out)	\$6,000 (Tier 1/HealthSync) \$8,000 (Tier 2/in) \$13,000 (Tier 3/out)
Coinsurance		90%/10% (Tier 1/HealthSync) 80%/20% (Tier 2/in) 60%/40% (Tier 3/out)	90%/10% (Tier 1/HealthSync) 80%/20% (Tier 2/in) 60%/40% (Tier 3/out)	90%/10% (Tier 1/HealthSync) 75%/25% (Tier 2/in) 55%/45% (Tier 3/out)
Out-of-Pocket Maximum Medical & Rx Combined (includes deductible & coinsurance)	Employee only	\$2,250 (Tier 1/HealthSync) \$3,250 (Tier 2/in) \$6,000 (Tier 3/out)	\$4,250 (Tier 1/HealthSync) \$5,250 (Tier 2/in) \$10,000 (Tier 3/out)	\$5,500 (Tier 1/HealthSync) \$7,000 (Tier 2/in) \$13,000 (Tier 3/out)
	Employee + one or more covered family members	\$4,500 (Tier 1/HealthSync) \$6,500 (Tier 2/in) \$12,000 (Tier 3/out)	\$8,500 (Tier 1/HealthSync) \$10,500 (Tier 2/in) \$20,000 (Tier 3/out)	\$11,000 (Tier 1/HealthSync) \$14,000 (Tier 2/in) \$26,000 (Tier 3/out)
Center for Healthy Living Office Visit	West Lafayette/ Northwest	\$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.
Primary Care Office Visit		Ded. & coins.	Ded. & coins.	Ded. & coins.
Specialty Care Office Visit		Ded. & coins.	Ded. & coins.	Ded. & coins.
Preventive Care		100% coverage (in) Ded. & coins. (Out)	100% coverage (in) Ded. & coins. (Out)	100% coverage (in) Ded. & coins. (Out)
Emergency Room		Ded. & coins.	Ded. & coins.	Ded. & coins.
Urgent Care Facility		Ded. & coins.	Ded. & coins.	Ded. & coins.

Employees may contribute to their HSAs if eligible, up to a combined University and employee limit of **\$3,850/employee and \$7,750/employee plus one or more covered family members**. Additional rules apply to employees with spouses who also have HSAs, HRAs and FSAs.

PHYSICAL HEALTH PHARMACY & LAB



For more details, visit purdue.edu/hr/Benefits/prescription/index.php

		Premier, Standard & Limited CDHPs	
		Prescription Drugs	
		Retail (30-day supply)	Mail Order (90-day supply)
Generic	Preventive	100% coverage	100% coverage
	Non-preventive	Deductible, then actual cost up to max 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	Deductible, then 55% up to max of \$250

		Premier, Standard & Limited CDHPs	
		Labs (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	