

Human Resources



ENROLLMENT CHANGES ARE DUE TO UNIFYHR BY WEDNESDAY, NOVEMBER 30, 2022

WHAT'S NEW

If you choose not to enroll, your 2022 benefit elections will rollover for the 2023 plan year. Enrollment only needs to be completed if you would like to make changes to your plans.

WHAT YOU CAN EXPECT FOR 2023

NEW ADMINISTRATOR Current Benefits Will Roll Forward	All of your current benefits will roll forward for 2023, unless you choose to make any changes. Changes can be made directly with UnifyHR through instructions included. Purdue has hired UnifyHR to replace WEX for administrative services for COBRA participants, including enrollment and billing effective January 1, 2023.
MEDICAL	There is a slight premium increase for COBRA participants. You still have a choice of three consumer-driven health plans. Increase to Premier CDHP Deductibles: Per IRS regulations, the deductibles for this plan will increase for both single (up \$50) and family (up \$100) coverage. MORE: PAGE 3
MEDICAL New partnership with Carrum Health	You will have access to highly rated providers for bariatric, musculoskeletal, cardiac and sports medicine services. This voluntary program comes with concierge services and a cash incentive.
MEDICAL Colonoscopy Preferred Provider	We have an agreement with Unity Health that will provide both you and the University with savings for routine colonoscopies.
MEDICAL Health Clinic at PNW	The onsite clinic will now be managed by One to One Health. Named the Center for Healthy Living, it will offer the same services to benefit eligible employees, spouses and dependents on a Purdue medical plan.
MEDICAL Telehealth Pilot	In January 2023, the Center for Healthy Living is launching a telehealth pilot to better serve employees, spouses and dependents on a Purdue medical plan. If successful, it will be rolled out to all employees.
MEDICAL Joint Replacement	Purdue has partnered with Franciscan Health to provide top-quality care at an affordable price for total knee and hip replacement procedures. To receive the cash payment, you must see a Franciscan provider. Once it is determined by Franciscan that you will need joint replacement and surgery is scheduled, contact HR Benefits at 765-494-2222 .

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

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

MONTHLY PREMIUMS

	Premier CDHP	Standard CDHP	Limited CDHP	
COBRA				COBRA J1-Visa
Employee Only	\$658.98	\$604.34	\$576.87	\$693.59
Employee & Children	\$1,186.15	\$1,087.82	\$1,038.19	\$1,248.46
Employee & Spouse	\$1,449.75	\$1,329.56	\$1,269.11	\$1,525.91
Employee & Family	\$1,976.93	\$1,813.02	\$1,730.61	\$2,080.78

LEGAL NOTICES

Purdue University complies with several laws regarding benefit offerings. You can now <u>view these</u> <u>notices online at purdue.edu/hr/benefits/medical/hipaa.php.</u> If you would like to receive a copy of these notices, please contact Purdue to request a copy be mailed to you. These include:

- Healthy Boiler Wellness Program
- Notice of Privacy Practices
- Notice of Special Enrollment Rights
- Women's Health and Cancer Right Act of 1998
- Mental Health Parity Act

- Health Care Reform Notifications
- Premium Assistance under Medicare Children's Health Insurance Program (CHIP)
- Certificate of Creditable Coverage for Medicare Part D

2023 MEDICAL PLANS



		Premier CDHP	Standard CDHP	Limited CDHP
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	\$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.

Labs **Tier 1 Labs, including** Preventive 100% coverage 100% coverage 100% coverage **Center for Healthy Living** and PUSH Labs Non-preventive Ded. & coins. Ded. & coins. Ded. & coins. Preventive 100% coverage 100% coverage 100% coverage Tier 2 Labs (In-network) Ded. & coins. Ded. & coins. Non-preventive Ded. & coins. Tier 3 Labs (Out-of-network) Ded. & coins. Ded. & coins. Ded. & coins.

PHARMACY HEALTH



		Premier, Standard & Limited CDHPs		
For more details, visit purdue.edu/hr/ Benefits/prescription/index.php		Prescription Drugs		
		Retail (30-day supply)	Mail Order (90-day supply)	
	Preventive	100% coverage	100% coverage	
Generic	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	
Freierreu Branu Name	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	

NEW DEPENDENTS?

If you are adding new dependents to your plan for 2023, please contact Purdue to arrange for providing verification documentation.

More information on required dependent documentation: purdue.edu/hr/Benefits/employeebenefits/eligibility/eligible_dependents.php

PHYSICAL HEALTH VISION



Purdue provides vision coverage through Vision Service Plan (VSP). Here's what you need to know about your vision coverage:

VSP

Benefits cover a yearly^{*} exam as well as the glasses or contacts you need.

- You can use VSP or non-VSP doctors but you'll receive greater coverage and lower costs with VSP doctors.
- Your coverage also includes lower costs on LASIK and PRK procedures.

*per calendar year

WHO'S ELIGIBLE?

Purdue's vision plan will be a separate election from the medical plan.

- Free benefit for employees and eligible family members
- Must be elected during open enrollment
- Available even if not covered by a Purdue medical plan
- Must elect vision coverage for yourself in order to elect it for your dependents

VISION COVERAGE

	Description	Cost
Well Vision Exam	Eligible each calendar year	\$5
Frames	 Eligible every other calendar year \$150 allowance for a wide selection of frames, \$200 for featured frame brands 20% savings on the amount over your allowance 	\$10, included in prescription glasses
Lenses	 Eligible each calendar year Single, lined bifocal, lined trifocal lenses Polycarbonate lenses for dependent children 	\$10, included in prescription glasses
	Standard progressive lensesUV coating	Covered in full at in-network providers
Contacts (instead of glasses)	 Eligible each calendar year \$130 allowance for contacts; copay does not apply Contact lens exam (fitting and evaluation) 	Up to \$60
Primary EyeCare Plan	 Supplemental medical eye care services (i.e., detection/treatment of ocular/visual condition) 40% off additional pairs of glasses 	\$20 copay

COBRA				
Employee Only	\$7.01			
Employee & Children	\$13.56			
Employee & Spouse	\$12.71			
Employee & Family	\$20.52			

RESOURCES

Learn more about your vision coverage on the **<u>benefits website</u>** or at **<u>vsp.com</u>**.

Ways to Find a VSP Doctor

> Call VSP at 800-877-7195.

Visit <u>vsp.com</u> and click on the Members tab.

New Users: Click on **Create An Account** and enter the last four digits of your SSN. Enter other required information and follow the on-screen instructions.

PHYSICAL HEALTH DENTAL



You have three choices for dental coverage. All use the Delta Dental Premier Network and allow you to visit any PPO or Premier dentist.

DELTA DENTAL PREMIER/PPO PLAN PREVENTIVE ONLY

This option covers preventive services only.

Preventive services provided by out-of network dentists are covered at the in-network rate and may be subject to balance billing.

DELTA DENTAL Premier/ppo plan Option 1

This plan provides the broadest choice of dental providers.

While you will receive the greatest benefits for preventive, diagnostic and restorative work with in-network providers, this plan also allows you to use non-network dentists at a reduced level of coverage.

DELTA DENTAL PREMIER/PPO PLAN OPTION 2

This plan provides the most cost-effective benefits for preventive, diagnostic and basic treatments, but ONLY when a Delta Dental in-network dentist provides the care.

Very little coverage is provided when using non-network dentists.

MONTHLY DENTAL PREMIUMS

Delta Dental has two dental networks: PPO and Premier. Our plan has the same coverage for both networks.

	Delta Dental Preventive Only	Delta Dental Option 1	Delta Dental Option 2
COBRA			
Employee Only	\$8.78	\$33.35	\$17.06
Employee & Children	\$25.65	\$87.28	\$45.10
Employee & Spouse	\$17.67	\$67.62	\$34.62
Employee & Family	\$37.62	\$131.34	\$68.11

RESOURCES

For plan details:



Call Delta Dental at 800-524-0149.

OPFN ENROLLMENT HOW TO ENROLL

It's time to review your benefit options and soon you will enroll in plans that best meet the needs of you and your family.

If you do not need to make any changes to your plans, your enrollments will roll forward for 2023.

- If you need to make changes to your plans or dependents you cover, you can either log onto the UnifyHR portal and enroll there, or you can complete the enclosed enrollment form and return to UnifyHR by November 30, 2022.
- If you have questions about plan coverage or need help with submitting forms, contact Purdue's customer service team at **hr@purdue.edu**, or by phone at 765-494-2222 or toll free at 877-725-0222.
- You will receive monthly reminder notices beginning in December 2022 regarding payment of your premiums to UnifyHR. Instructions will be provided and you can set up payments through the UnifyHR portal or by mailing payment to them. Payments are due by the first of each month, beginning January 1, 2023.

QUESTIONS?

Beginning November 1, 2022, you can contact UnifyHR regarding any questions about open enrollment or your 2023 benefits at 1-800-519-8366 or email COBRA@ UnifyHR.com.