



**PURDUE**  
UNIVERSITY®

Human Resources

**2023**

# **OPEN ENROLLMENT**

**LTD**

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

# HEALTHY BOILER

## 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.**

It is important, though, that you return the Tobacco Use Certification Form you received in an earlier mailing to Purdue HR Benefits in order to confirm whether or not you have used tobacco products within the last 12 months. If you do not return a completed Tobacco Use Certification Form by December 9, 2022, you and your spouse (if applicable) will be charged the additional premium in 2023.

If you will be covering a spouse on the plan, you need to also review the Working Spouse Premium Waiver sent to you in an earlier mailing to see if it applies to you. Forms need to be returned to Purdue HR Benefits by December 9, 2022 in order to have the premium waived for 2023.

## 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 directions included. Purdue has hired UnifyHR to replace WEX for administrative services for LTD participants, including enrollment and billing effective January 1, 2023.

We're able to hold your share of the premiums to the current level, despite rising medical costs nationwide. That means, you won't have an increase in 2023!

### MEDICAL

**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.

You still have a choice of three consumer-driven health plans (CDHPs), which all include a Health Savings Account (HSA). [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.

# 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

### 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
<b>LTD</b>			
Employee Only	\$22.63	\$10.14	\$3.73
Employee & Children	\$41.41	\$18.29	\$6.27
Employee & Spouse	\$118.24	\$50.77	\$14.94
Employee & Working Spouse	\$180.74	\$113.27	\$77.44
Employee & Family	\$163.52	\$68.75	\$17.71
Employee & Family (Working Spouse)	\$226.02	\$131.25	\$80.21

**These rates do not include:**

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

## LEGAL NOTICES

Purdue University complies with several laws regarding benefit offerings. You can now [view these notices online at purdue.edu/hr/benefits/medical/hipaa.php](https://www.purdue.edu/hr/benefits/medical/hipaa.php). 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

# PHYSICAL HEALTH

## 2023 MEDICAL PLANS



		Premier CDHP	Standard CDHP	Limited CDHP
<b>Deductible</b> Medical & Rx Combined	Employee only	<b>\$1,500</b> (Tier 1/HealthSync) \$2,000 (Tier 2/in) \$3,500 (Tier 3/out)	<b>\$2,000</b> (Tier 1/HealthSync) \$2,750 (Tier 2/in) \$5,000 (Tier 3/out)	<b>\$3,000</b> (Tier 1/HealthSync) \$4,000 (Tier 2/in) \$6,500 (Tier 3/out)
	Employee + one or more covered family members	<b>\$3,000</b> (Tier 1/HealthSync) \$4,000 (Tier 2/in) \$7,000 (Tier 3/out)	<b>\$4,000</b> (Tier 1/HealthSync) \$5,500 (Tier 2/in) \$10,000 (Tier 3/out)	<b>\$6,000</b> (Tier 1/HealthSync) \$8,000 (Tier 2/in) \$13,000 (Tier 3/out)
<b>Coinsurance</b>		<b>90%/10%</b> (Tier 1/HealthSync) 80%/20% (Tier 2/in) 60%/40% (Tier 3/out)	<b>90%/10%</b> (Tier 1/HealthSync) 80%/20% (Tier 2/in) 60%/40% (Tier 3/out)	<b>90%/10%</b> (Tier 1/HealthSync) 75%/25% (Tier 2/in) 55%/45% (Tier 3/out)
<b>Out-of-Pocket Maximum</b> Medical & Rx Combined (includes deductible & coinsurance)	Employee only	<b>\$2,250</b> (Tier 1/HealthSync) \$3,250 (Tier 2/in) \$6,000 (Tier 3/out)	<b>\$4,250</b> (Tier 1/HealthSync) \$5,250 (Tier 2/in) \$10,000 (Tier 3/out)	<b>\$5,500</b> (Tier 1/HealthSync) \$7,000 (Tier 2/in) \$13,000 (Tier 3/out)
	Employee + one or more covered family members	<b>\$4,500</b> (Tier 1/HealthSync) \$6,500 (Tier 2/in) \$12,000 (Tier 3/out)	<b>\$8,500</b> (Tier 1/HealthSync) \$10,500 (Tier 2/in) \$20,000 (Tier 3/out)	<b>\$11,000</b> (Tier 1/HealthSync) \$14,000 (Tier 2/in) \$26,000 (Tier 3/out)
<b>Center for Healthy 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) Ded. & coins. (Out)	100% coverage (in) Ded. & coins. (Out)	100% coverage (in) Ded. & coins. (Out)
<b>Emergency Room</b>		Ded. & coins.	Ded. & coins.	Ded. & coins.
<b>Urgent Care Facility</b>		Ded. & coins.	Ded. & coins.	Ded. & coins.

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

# PHYSICAL HEALTH PHARMACY



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

		Premier, Standard & Limited CDHPs	
		Prescription Drugs	
		Retail (30-day supply)	Mail Order (90-day supply)
<b>Generic</b>	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
<b>Preferred Brand Name</b>	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
<b>Non-Preferred Brand Name</b>	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
<b>Specialty Rx</b>		Deductible then 55% up to max of \$250	Deductible, then 55% up to max of \$250

## TOBACCO CERTIFICATION STATUS

On the enrollment paperwork you receive from UnifyHR, you will need to choose your plan based on whether or not you have used tobacco in the last 12 months. All participants need to return a completed Tobacco Use Certification Form to Purdue HR Benefits in order to confirm whether or not you have used tobacco products within the last 12 months. If you do not return a completed Tobacco Use Certification Form by December 9, 2022, you and your spouse (if applicable) will be charged the additional premium in 2023.

Tobacco users will have the option of completing an approved tobacco cessation program to avoid the \$1,000 per person additional tobacco-user annual premium charge.

Certified tobacco users with an approved waiver for 2022 will need to re-certify by submitting a 2023 certificate of completion of an approved tobacco cessation program. Programs must be completed within 2023 in order to waive some or all of the premium for the 2023 plan year. Completed program certificates submitted between Jan. 1 and March 31, 2023, will result in lower premiums for all of 2023.

Completed certifications submitted after March 31, 2023, will reduce premiums for the remainder of the plan year only. Questions should be directed to Purdue. Submit completed tobacco cessation certifications to: Purdue HR Benefits, 2550 Northwestern Ave, Suite 1100, West Lafayette, IN 47906 or [purdue.edu/hrhelp](https://purdue.edu/hrhelp).

**Details:** [purdue.edu/hr/Benefits/medical/tobaccoCessation.php](https://purdue.edu/hr/Benefits/medical/tobaccoCessation.php)

## 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](https://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
<b>Well Vision Exam</b>	<ul style="list-style-type: none"> <li>Eligible each calendar year</li> </ul>	\$5
<b>Frames</b>	<ul style="list-style-type: none"> <li>Eligible every other calendar year</li> <li>\$150 allowance for a wide selection of frames, \$200 for featured frame brands</li> <li>20% savings on the amount over your allowance</li> </ul>	\$10, included in prescription glasses
<b>Lenses</b>	<ul style="list-style-type: none"> <li>Eligible each calendar year</li> <li>Single, lined bifocal, lined trifocal lenses</li> <li>Polycarbonate lenses for dependent children</li> </ul>	\$10, included in prescription glasses
	<ul style="list-style-type: none"> <li>Standard progressive lenses</li> <li>UV coating</li> </ul>	Covered in full at in-network providers
<b>Contacts (instead of glasses)</b>	<ul style="list-style-type: none"> <li>Eligible each calendar year</li> <li>\$130 allowance for contacts; copay does not apply</li> <li>Contact lens exam (fitting and evaluation)</li> </ul>	Up to \$60
<b>Primary EyeCare Plan</b>	<ul style="list-style-type: none"> <li>Supplemental medical eye care services (i.e., detection/treatment of ocular/visual condition)</li> <li>40% off additional pairs of glasses</li> </ul>	\$20 copay

## 2023 Monthly Vision Premiums

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 [benefits website](#) or at [vsp.com](#).

### Ways to Find a VSP Doctor



Call VSP at 800-877-7195.



Visit [vsp.com](#) 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
<b>2023 Monthly Dental Premiums</b>			
Employee Only	\$0.00	\$24.09	\$8.12
Employee & Children	\$0.00	\$60.42	\$19.07
Employee & Spouse	\$0.00	\$48.97	\$16.62
Employee & Family	\$0.00	\$91.88	\$29.89

## RESOURCES

For plan details:

Visit the Benefits website at [purdue.edu/hr/Benefits/dental/index.php](https://purdue.edu/hr/Benefits/dental/index.php) or visit Delta Dental at [deltadentalin.com](https://deltadentalin.com).

Call Delta Dental at 800-524-0149.

# OPEN 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.

- 1** If you do not need to make any changes to your plans, your enrollments will roll forward for 2023.
- 2** 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.
- 3** You will need to return a completed Tobacco Use Certification Form to Purdue HR Benefits in order to confirm whether or not you have used tobacco products within the last 12 months. If you do not return a completed Tobacco Use Certification Form by December 9, 2022, you and your spouse (if applicable) will be charged the additional premium in 2023.
- 4** If you will be covering a spouse with primary coverage through Purdue who is employed or self-employed outside of Purdue, and has access to a group health plan where the employer pays at least 50% of the premium, and your spouse does not take that plan, you will pay an additional \$750 for the year for the Working Spouse Premium.  
  
To apply for a waiver, submit a completed Working Spouse Waiver Form to Purdue University no later than December 9, 2022 to avoid the additional premium.
- 5** If you have questions about plan coverage or need help with submitting forms, contact Purdue's customer service team at [hr@purdue.edu](mailto:hr@purdue.edu), or by phone at 765-494-2222 or toll free at 877-725-0222.
- 6** 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](mailto:COBRA@UnifyHR.com).