

# GRADUATE STAFF AND STUDENT BENEFITS Comparison

Graduate staff who intend to cover a dependent (spouse/child) will see a cost savings if they elect the student health insurance plan (SHIP) instead of the graduate staff medical plan; however, there are other things to consider/keep in mind, including overall cost, frequency of pay, plan design, and vision and dental needs. Here is a side-by-side comparison of the benefits available to graduate staff and to students to help you make an informed decision when enrolling in benefits for the 2022-2023 academic year.

## Medical Insurance

	GRADUATE STAFF		STUDENT	
	Dependent Coverage Level	Annual	Dependent Coverage Level	Annual
<b>Medical Premium</b>	Student	\$682.35	Student	\$1,487.00
	Student + Spouse	\$3,674.35	Student + Spouse	\$2,939.00
	Student + Spouse + Child	\$6,666.35	Student + Spouse + Child	\$4,469.00
	Student + Child	\$3,674.35	Student + Child	\$2,987.00
	Student + Spouse + Children	\$9,657.35	Student + Spouse + Children	\$5,878.00
	Student + Children	\$6,665.35	Student + Children	\$4,396.00
	<b>Frequency of pay</b>	Monthly auto deduction from bank or credit card		Pay for semester or academic year upon enrolling
<b>Medical Plan Design/Network/Coverage</b>	Same		Same	

## Dental Coverage

	GRADUATE STAFF			STUDENT		
<b>Dental Carrier</b>	Delta Dental (separate voluntary election)			Delta Dental (auto enrollment when medical is elected)		
<b>Dental Cost (Annual, rounded to the nearest dollar)</b>	<b>Coverage Level</b>	<b>Option 1</b>	<b>Option 2</b>	Included in the medical plan premium		
	Student	\$260	\$159.48			
	Student + Spouse	\$514.32	\$310.44			
	Student + Child(ren)	\$608.04	\$400.80			
	Student + Spouse + Child(ren)	\$930.12	\$599.28			
<b>Dental Coverage (in-network)</b>	<b>Delta Dental Option 1</b> <a href="#">(Click Here for Delta Dental Option 2 summary)</a>			<b>Delta Dental</b> <a href="#">(Domestic and International plans are the same)</a>		
	<b>Benefit</b>	<b>Description</b>	<b>Insurance pays</b>	<b>Benefit</b>	<b>Description</b>	<b>Insurance pays</b>
	Benefit Year Maximum (August 1 – July 31)	Maximum total amount insurance will pay for services in the plan year	\$1,000 per person	Benefit Year Maximum (August 1 – July 31)	Maximum total amount insurance will pay for services in the plan year	\$750 per person
	Diagnostic and Preventive Services	Exams and cleanings	100%	Diagnostic and Preventive Services	Exams and cleanings	100%
	Endodontics	E.g., root canals	50%	Endodontics	E.g., root canals	80%
	Prosthodontics	E.g., implants, bridges, dentures	40%	Prosthodontics	E.g., implants, bridges, dentures	50%
	Simple Extractions	Non-surgical extraction of teeth	60%	Simple Extractions	Non-surgical extraction of teeth	80%
	Oral Surgery	Extractions and dental surgery	50%	Oral Surgery	Extractions and dental surgery	80%
	Minor Restorative Services	E.g., fillings	60%	Minor Restorative Services	E.g., fillings	80%
	Major Restorative Services	E.g., crowns	40%	Major Restorative Services	E.g., crowns	50%
	<b>UnitedHealthcare StudentResources (UHCSR)</b> Pediatric (through age 18) dental benefits available through the UHCSR graduate staff medical insurance plan.			<b>UnitedHealthcare StudentResources (UHCSR)</b> Pediatric (through age 18) dental benefits available through the UHCSR student health insurance plan.		

## Vision Coverage

	GRADUATE STAFF			STUDENT		
<b>Vision Carrier</b>	VSP (auto enrollment when graduate staff medical plan is elected), UHCSR (benefits included with medical plan)			UHCSR		
<b>Vision Cost</b>	Included in the medical plan premium			Included in the medical plan premium		
	<b><u>VSP</u></b>			<b><u>Vision Benefits</u></b> Aside from the exam, the discounts for adult services shown in the table below are not 'covered benefits' under your vision plan		
<b>Vision Coverage/ Discounts (In-network)</b>	<b>Benefit</b>	<b>Description</b>	<b>Cost</b>	<b>Benefit</b>	<b>Description</b>	<b>Cost</b>
	WellVision Exam	Annual eye exam	\$5 copay	Eye Exam	Annual eye exam	\$20 copay
	Contact Lens Exam	Fitting and evaluation exam	15% discount	Contact Lens Exam	Fitting and evaluation exam	Up to %55
	Glasses and Sunglasses	Complete pair with lens enhancements within 12 months of WellVision exam	20% discount	Eyeglass Frames	One pair of frames only	35% discount
				Eyeglass Lenses	Single vision lenses (instead of contact lenses)	\$50
	Laser Vision Correction	Treatment for nearsightedness, farsightedness, and astigmatism	Average 15% discount on regular price or 5% on promotional price	Contact Lenses	Elective non-disposable (instead of eyeglass lenses)	15% discount
	<b><u>UnitedHealthcare StudentResources (UHCSR)</u></b> Enrollment in the graduate staff medical plan includes exam-only (\$20 copay) and pediatric (through age 18) vision benefits.			<b><u>UnitedHealthcare StudentResources (UHCSR)</u></b> Enrollment in the student health insurance plan includes pediatric (through age 18) vision benefits.		

**GRADUATE STAFF**

# *OPEN ENROLLMENT*

July 1 - September 6  
ends at 5 p.m. ET on September 6

**Your benefits. Your choices. Your well-being.**

[www.purdue.edu/hr/Benefits/gradStaff/](http://www.purdue.edu/hr/Benefits/gradStaff/)