

# 2020 BENEFITS

## MEDICAL PLAN COVERAGE

### PHARMACY & LABS

		Purdue Health Plan	Purdue Health Plan Plus HSA 1	Purdue Health Plan Plus HSA 2
<b>Prescription Drugs: Retail* (30-day supply)</b>				
<b>Generic</b>	Preventive	\$0	\$0	\$0
	Non-preventive	No deductible, actual cost, up to \$10 max	Deductible, then actual cost, up to \$10 max	Deductible, then actual cost, up to \$10 max
<b>Formulary/Preferred Brand Name</b>	Preventive	No deductible, 30%, up to \$100 max	No deductible, 35%, up to \$50 max	No deductible, 35%, up to \$50 max
	Non-preventive	No deductible, 30%, up to \$100 max	Deductible, then 35%, up to \$50 max	Deductible, then 35%, up to \$50 max
<b>Non-Formulary/ Non-Preferred Brand Name</b>	Preventive	No deductible, 40%, up to \$150 max	No deductible, 50%, up to \$75 max	No deductible, 50%, up to \$75 max
	Non-preventive	No deductible, 40%, up to \$150 max	Deductible, then 50%, up to \$75 max	Deductible, then 50%, up to \$75 max
<b>Specialty Rx</b>		No deductible, 50%, up to \$250 max	Deductible, then 55%, up to \$250 max	Deductible, then 55%, up to \$250 max
<b>Prescription Drugs: Mail Order (90-day supply)</b>				
<b>Generic</b>	Preventive	\$0	\$0	\$0
	Non-preventive	No deductible, actual cost, up to \$25 max	Deductible, then actual cost, up to \$20 max	Deductible, then actual cost, up to \$20 max
<b>Formulary/Preferred Brand Name</b>	Preventive	No deductible, 30%, up to \$250 max	No deductible, 35%, up to \$100 max	No deductible, 35%, up to \$100 max
	Non-preventive	No deductible, 30%, up to \$250 max	Deductible, then 35%, up to \$100 max	Deductible, then 35%, up to \$100 max
<b>Non-Formulary/ Non-Preferred Brand Name</b>	Preventive	No deductible, 40%, up to \$350 max	No deductible, 50%, up to \$150 max	No deductible, 50%, up to \$150 max
	Non-preventive	No deductible, 40%, up to \$350 max	Deductible, then 50%, up to \$150 max	Deductible, then 50%, up to \$150 max
<b>Specialty Rx</b>		No deductible, 50%, up to \$250 max	Deductible, then 55%, up to \$250 max	Deductible, then 55%, up to \$250 max
<b>Labs – Tier 1 labs are part of HealthSync</b>				
<b>Tier 1 Labs, including Center for Healthy Living and PUSH Labs</b>	Preventive	\$0	\$0	\$0
	Non-preventive	\$0	Deductible, then 20%	Deductible, then 25%
<b>Tier 2 Labs (In-network)</b>	Preventive	\$0	\$0	\$0
	Non-preventive	Deductible, then 20%	Deductible, then 20%	Deductible, then 25%
<b>Tier 3 Labs (Out-of-network)</b>		Deductible, then 40%	Deductible, then 40%	Deductible, then 45%

\*90-day supply of prescriptions available at CVS retail pharmacies, based on mail-order pricing.

# ANNUAL PREMIUMS

	Purdue Health Plan	Purdue Health Plan Plus HSA 1	Purdue Health Plan Plus HSA 2
<b>Employees earning under \$45,500*</b>			
Employee Only	\$880.92	\$209.88	\$60.00
Employee & Children	\$1,586.88	\$378.48	\$101.04
Employee & Spouse	\$3,335.88	\$1,050.36	\$240.72
Employee & Working Spouse	\$4,085.88	\$1,800.36	\$990.72
Employee & Family	\$4,521.96	\$1,422.48	\$285.24
Employee & Family (Working Spouse)	\$5,271.96	\$2,172.48	\$1,035.24
<b>Employees earning \$45,500 or more*</b>			
Employee Only	\$1,764.96	\$586.08	\$120.00
Employee & Children	\$3,176.88	\$1,055.76	\$325.32
Employee & Spouse	\$5,324.28	\$1,894.32	\$982.68
Employee & Working Spouse	\$6,824.28	\$3,394.32	\$2,482.68
Employee & Family	\$7,215.48	\$2,569.44	\$1,331.40
Employee & Family (Working Spouse)	\$8,715.48	\$4,069.44	\$2,831.40

**These rates do not include:**  
Tobacco-user additional premium of \$1,000 for employee and \$1,000 for spouse

\*Benefit plan premiums adjust accordingly at the time annual pay crosses above or below the \$45,500 annual salary tier.

# PLAN COVERAGE

		Purdue Health Plan	Purdue Health Plan Plus HSA 1	Purdue Health Plan Plus HSA 2
<b>University's Contribution to Employee's Health Savings Account</b>	Employee only	N/A	\$325	\$325
	Employee + one or more covered family members	N/A	\$650	\$650
<b>Healthy Boiler Wellness Incentive to Employee's Health Savings Account or Health Reimbursement Account</b>	Employee only	\$325	\$325	\$325
	Employee + spouse	\$650	\$650	\$650
<b>Deductible</b>	Employee only	<b>\$750 (HealthSync)</b> \$1,250 (in) \$3,000 (out)	<b>\$1,500 (HealthSync)</b> \$2,000 (in) \$3,500 (out)	<b>\$2,000 (HealthSync)</b> \$2,750 (in) \$5,000 (out)
	Employee + one or more covered family members	<b>\$1,500 (HealthSync)</b> \$2,500 (in) \$6,000 (out)	<b>\$3,000 (HealthSync)</b> \$4,000 (in) \$7,000 (out)	<b>\$4,000 (HealthSync)</b> \$5,500 (in) \$10,000 (out)
<b>Coinsurance</b>		<b>90/10% (HealthSync)</b> 80/20% (in) 60/40% (out)	<b>90/10% (HealthSync)</b> 80/20% (in) 60/40% (out)	<b>90/10% (HealthSync)</b> 75/25% (in) 55/45% (out)
<b>Out-of-Pocket Maximum</b> (Includes deductible)	Employee only	<b>\$2,000 (HealthSync)</b> \$2,900 (in) \$5,000 (out)	<b>\$3,000 (HealthSync)</b> \$3,750 (in) \$7,000 (out)	<b>\$4,250 (HealthSync)</b> \$5,250 (in) \$10,000 (out)
	Employee + one or more covered family members	<b>\$4,000 (HealthSync)</b> \$5,800 (in) \$10,000 (out)	<b>\$6,000 (HealthSync)</b> \$7,500 (in) \$14,000 (out)	<b>\$8,500 (HealthSync)</b> \$10,500 (in) \$20,000 (out)
<b>Center for Healthy Living (in the HealthSync network)</b>		\$10 copay	\$25 flat fee	\$25 flat fee

Employees in the Purdue Health Plan Plus HSA 1 and Purdue Health Plan Plus HSA 2 may contribute to their HSAs if eligible, up to a combined University and employee limit of **\$3,550/employee and \$7,100/employee plus one or more covered family members**. Additional rules apply to employees with spouses who also have HSAs, HRAs and FSAs.