

# MEDICAL

## 2021 J1 VISA PLAN & PREMIUMS

### ANNUAL EMPLOYEE (J-1) PREMIUMS

	J-1 Visa		J-1 Visa
<b>Employees earning under \$45,500</b>		<b>Employees earning \$45,500 or more*</b>	
Employee Only	\$121.68	Employee Only	\$457.20
Employee & Children	\$219.48	Employee & Children	\$823.44
Employee & Spouse	\$609.24	Employee & Spouse	\$1,477.56
Employee & Working Spouse	\$1,359.24	Employee & Working Spouse	\$2,977.56
Employee & Family	\$825.00	Employee & Family	\$2,004.12
Employee & Family (Working Spouse)	\$1,575.00	Employee & Family (Working Spouse)	\$3,504.12

#### 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

		J-1 Visa
<b>Deductible</b> No deductible on in-network primary care provider office visits and mental health/behavioral/substance abuse outpatient & professional visits.	Employee only	<b>\$250 (HealthSync)</b> \$500 (in) \$1,000 (out)
	Employee + one or more covered family members	<b>\$750 (HealthSync)</b> \$1,000 (in) \$2,000 (out)
<b>Coinsurance</b>		<b>90/10% (HealthSync)</b> 75/25% (in) 50/50% (out)
<b>Out-of-Pocket Maximum</b> (Includes deductible)	Employee only	<b>\$5,350 (HealthSync)</b> \$6,350 (in) \$12,700 (out)
	Employee + one or more covered family members	<b>\$10,700 (HealthSync)</b> \$12,700 (in) \$25,400 (out)
<b>Center for Healthy Living</b>	West Lafayette	\$10 copay
	Fort Wayne	\$10 copay

#### Coverage includes:

- Repatriation of remains in the amount of \$25,000
- Expenses for medical evacuation of the visitor to his or her home country in the amount of \$50,000



# PHARMACY & LAB

## 2021 J1 VISA – PLAN COVERAGE

		J-1 Visa
<b>Prescription Drugs: Retail* (30-day supply)</b>		
<b>Generic</b>	Preventive	100% coverage
	Non-preventive	Actual cost; \$10 maximum
<b>Preferred Brand Name</b>		30% to a maximum of \$100
<b>Non-Preferred Brand Name</b>		40% to a maximum of \$150
<b>Specialty Rx</b>		50% to a maximum of \$250
<b>Prescription Drugs: Mail Order (90-day supply)</b>		
<b>Generic</b>	Preventive	100% coverage
	Non-preventive	Actual cost; \$25 maximum
<b>Preferred Brand Name</b>		30% to a maximum of \$250
<b>Non-Preferred Brand Name</b>		40% to a maximum of \$350
<b>Specialty Rx (30-day maximum)</b>		50% to a maximum of \$250
<b>Labs</b>		
<b>Tier 1 Labs, including Center for Healthy Living Lab</b> (In-network, best pricing option)		100% coverage
<b>Tier 2 Labs</b> (In-network)		Ded. & Coins.
<b>Tier 3 Labs</b> (Out-of-network)		Ded. & Coins.

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

**For vision and dental plans and rates, see pages 14-15.**