

# MEDICAL

## 2021 PLAN COVERAGE

		Premier CDHP	Standard CDHP	Limited CDHP
<b>University's Contribution to Employee's Health Savings Account</b>	Employee only	\$325	\$325	\$325
	Employee + one or more covered family members	\$650	\$650	\$650
<b>Healthy Boiler Wellness Incentive to Employee's Health Savings Account</b>	Employee only	\$325	\$325	\$325
	Employee + one or more covered family members	\$650	\$650	\$650
<b>Deductible</b> Medical & Rx Combined	Employee only	<b>\$1,450 (HealthSync)</b> \$2,000 (in) \$3,500 (out)	<b>\$2,000 (HealthSync)</b> \$2,750 (in) \$5,000 (out)	<b>\$3,000 (HealthSync)</b> \$4,000 (in) \$6,500 (out)
	Employee + one or more covered family members	<b>\$2,900 (HealthSync)</b> \$4,000 (in) \$7,000 (out)	<b>\$4,000 (HealthSync)</b> \$5,500 (in) \$10,000 (out)	<b>\$6,000 (HealthSync)</b> \$8,000 (in) \$13,000 (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> Medical & Rx Combined (includes deductible & co-insurance)	Employee only	<b>\$2,250 (HealthSync)</b> \$3,250 (in) \$6,000 (out)	<b>\$4,250 (HealthSync)</b> \$5,250 (in) \$10,000 (out)	<b>\$5,500 (HealthSync)</b> \$7,000 (in) \$13,000 (out)
	Employee + one or more covered family members	<b>\$4,500 (HealthSync)</b> \$6,500 (in) \$12,000 (out)	<b>\$8,500 (HealthSync)</b> \$10,500 (in) \$20,000 (out)	<b>\$11,000 (HealthSync)</b> \$14,000 (in) \$26,000 (out)
<b>Center for Health 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.

Employees may contribute to their HSAs if eligible, up to a combined University and employee limit of **\$3,600/employee and \$7,200/employee plus one or more covered family members**. Additional rules apply to employees with spouses who also have HSAs and FSAs.

# PHARMACY & LAB

## 2021 PLAN COVERAGE

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

		Premier, Standard & Limited CDHPs	
		Prescription Drugs	
		Retail (30-day supply)*	Mail Order (90-day supply)
Generic	Preventive	100% coverage	100% coverage
	Non-preventive	Deductible, then actual cost up maximum 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
	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 max	Deductible, then 55% up to max of \$250

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

		Premier, Standard & Limited CDHPs	
		Labs (Tier 1 labs are part of HealthSync)	
Tier 1 Labs, including Center for Healthy Living and PUSH Labs	Preventive	100% coverage	
	Non-preventive	Deductible and coinsurance	
Tier 2 Labs (In-network)	Preventive	100% coverage	
	Non-preventive	Deductible and coinsurance	
Tier 3 Labs (Out-of-network)		Deductible and coinsurance	