

PHYSICAL HEALTH

J-1 VISA MEDICAL PLANS



ANNUAL EMPLOYEE (J-1) PREMIUMS

	J-1 Visa		J-1 Visa
Employees earning under \$46,900*		Employees earning \$46,900 or more*	
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:

Additional tobacco-user 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 \$46,900 annual salary tier.

PLAN COVERAGE

		J-1 Visa	
Deductible No deductible on in-network primary care provider office visits and mental health/behavioral/substance abuse outpatient & professional visits.	Employee only	\$250 (Tier 1/HealthSync) \$500 (Tier 2/in) \$1,000 (Tier 3/out)	
	Employee + one or more covered family members	\$750 (Tier 1/HealthSync) \$1,000 (Tier 2/in) \$2,000 (Tier 3/out)	
Coinsurance		90/10%(Tier 1/HealthSync) 75/25% (Tier 2/in) 50/50% (Tier 3/out)	
Out-of-Pocket Maximum (Includes deductible)	Employee only	\$5,350 (Tier 1/HealthSync) \$6,350 (Tier 2/in) \$12,700 (Tier 3/out)	
	Employee + one or more covered family members	\$10,700 (Tier 1/HealthSync) \$12,700 (Tier 2/in) \$25,400 (Tier 3/out)	
Center for Healthy Living	West Lafayette	\$10 copay	Coverage includes: <ul style="list-style-type: none"> • 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
	Fort Wayne		

PHYSICAL HEALTH

J-1 VISA PHARMACY & LAB



		J-1 Visa
Prescription Drugs: Retail (30-day supply)		
Generic	Preventive	100% coverage
	Non-preventive	Actual cost; \$10 max
Preferred Brand Name		No deductible, 30% to max of \$100
Non-Preferred Brand Name		No deductible, 40% to max of \$150
Specialty Rx		No deductible, 50% to max of \$250
Prescription Drugs: Mail Order (90-day supply)		
Generic	Preventive	100% coverage
	Non-preventive	Actual cost; \$25 max
Preferred Brand Name		No deductible, 30% to max of \$250
Non-Preferred Brand Name		No deductible, 40% to max of \$350
Specialty Rx (30-day maximum)		No deductible, 50% to max of \$250
Labs		
Tier 1 Labs, including Center for Healthy Living Lab (In-network, best pricing option)		100% coverage
Tier 2 Labs (In-network)		Deductible and coinsurance
Tier 3 Labs (Out-of-network)		Deductible and coinsurance

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

HEALTHCARE SPENDING ACCOUNTS

J-1 Visa employees are not eligible for a Health Savings Account (HSA), but can receive a Health Reimbursement Arrangement (HRA) for any Healthy Boiler Incentive Program contributions.

Note: J-1 Visa employees are not eligible for Purdue's annual contribution amount.