

2025 MEDICAL PLANS



PHYSICAL
HEALTH

You have a choice of three consumer-driven health plans (CDHPs).

All three plans have:

- Same nationwide network of providers
- Free preventive care with a Tier 1 (HealthSync) or Tier 2 (in-network) provider and free generic preventive medications, as well as \$10-or-less generic non-preventive prescriptions after you meet your deductible
- Purdue HSA contributions (\$200 individual/\$400 family)*

*Those not eligible for HSAs will be offered an HRA.

PREMIER CDHP

- Highest premiums
- Lowest deductible
- Lowest out-of-pocket maximum

STANDARD CDHP

Middle-of-the-road premiums, deductible and out-of-pocket maximum

LIMITED CDHP

- Lowest premiums
- Highest deductible
- Highest out-of-pocket maximum

ANNUAL PREMIUMS

Frozen Benefit Rates

Benefit deduction rates for Jan. 1 - Dec. 31, 2025, will be based on employee salaries effective on Sept. 30, 2024. This means the rates for coverage you elect during open enrollment will not change during the 2025 calendar year when you have any changes that affect your salary. So, for example, employees who receive pay increases in 2025 that take them over the medical salary tier will not see a change in their medical plan rate until January 2026.

These rates do not include:

Additional tobacco-user premium of \$1,250 for employee and \$1,250 for covered spouse.

	PREMIER CDHP	STANDARD CDHP	LIMITED CDHP
Employees earning under \$51,750			
Employee Only	\$279.72	\$125.28	\$46.08
Employee & Children	\$511.80	\$226.08	\$77.52
Employee & Spouse	\$1,461.48	\$627.48	\$184.68
Employee & Working Spouse	\$2,336.52	\$1,502.52	\$1,059.72
Employee & Family	\$2,021.16	\$849.72	\$218.88
Employee & Family (Working Spouse)	\$2,896.20	\$1,724.76	\$1,093.92
Employees earning \$51,750 or more			
Employee Only	\$951.00	\$470.88	\$116.76
Employee & Children	\$1,600.44	\$848.16	\$316.68
Employee & Spouse	\$2,460.84	\$1,521.84	\$956.52
Employee & Working Spouse	\$4,210.80	\$3,271.80	\$2,706.48
Employee & Family	\$3,339.48	\$2,064.24	\$1,296.00
Employee & Family (Working Spouse)	\$5,089.44	\$3,814.20	\$3,045.96

2025 MEDICAL PLANS



PHYSICAL
HEALTH

		PREMIER CDHP	STANDARD CDHP	LIMITED CDHP
University's Contribution to Employee's HSA or HRA	Employee only	\$200	\$200	\$200
	Employee + one or more covered family members	\$400	\$400	\$400
Healthy Boiler Incentive to Employee's HSA or HRA <small>(see page 20 for incentive structure)</small>	Employee only	\$550	\$550	\$550
	Employee + one or more covered family members	\$1,100	\$1,100	\$1,100
Deductible Medical & Rx Combined	Employee only	\$1,700 (Tier 1/HealthSync) \$2,400 (Tier 2/in) \$4,900 (Tier 3/out)	\$2,150 (Tier 1/HealthSync) \$2,925 (Tier 2/in) \$5,500 (Tier 3/out)	\$3,150 (Tier 1/HealthSync) \$4,175 (Tier 2/in) \$6,800 (Tier 3/out)
	Employee + one or more covered family members	\$3,400 (Tier 1/HealthSync) \$4,800 (Tier 2/in) \$9,800 (Tier 3/out)	\$4,300 (Tier 1/HealthSync) \$5,850 (Tier 2/in) \$11,000 (Tier 3/out)	\$6,300 (Tier 1/HealthSync) \$8,350 (Tier 2/in) \$13,600 (Tier 3/out)
Coinsurance		90%/10% (Tier 1/HealthSync) 80%/20% (Tier 2/in) 60%/40% (Tier 3/out)	90%/10% (Tier 1/HealthSync) 80%/20% (Tier 2/in) 60%/40% (Tier 3/out)	90%/10% (Tier 1/HealthSync) 75%/25% (Tier 2/in) 55%/45% (Tier 3/out)
Out-of-Pocket Maximum Medical & Rx Combined (includes deductible & coinsurance)	Employee only	\$2,500 (Tier 1/HealthSync) \$3,650 (Tier 2/in) \$9,500 (Tier 3/out)	\$4,400 (Tier 1/HealthSync) \$5,425 (Tier 2/in) \$10,375 (Tier 3/out)	\$5,650 (Tier 1/HealthSync) \$7,175 (Tier 2/in) \$13,300 (Tier 3/out)
	Employee + one or more covered family members	\$5,000 (Tier 1/HealthSync) \$7,300 (Tier 2/in) \$19,000 (Tier 3/out)	\$8,800 (Tier 1/HealthSync) \$10,850 (Tier 2/in) \$20,750 (Tier 3/out)	\$11,300 (Tier 1/HealthSync) \$14,350 (Tier 2/in) \$26,600 (Tier 3/out)
Center for Healthy Living Office Visit		\$25 towards ded.; coins. applies after ded.	\$25 towards ded.; coins. applies after ded.	\$25 towards ded.; coins. applies after ded.
Primary Care Office Visit		Ded. & coins.	Ded. & coins.	Ded. & coins.
Specialty Care Office Visit		Ded. & coins.	Ded. & coins.	Ded. & coins.
Preventive Care		100% coverage (in) Ded. & coins. (Out)	100% coverage (in) Ded. & coins. (Out)	100% coverage (in) Ded. & coins. (Out)
Emergency Room		Ded. & coins.	Ded. & coins.	Ded. & coins.
Urgent Care Facility		Ded. & coins.	Ded. & coins.	Ded. & coins.

Employees may contribute to their HSAs if eligible, up to a combined University and employee limit of **\$4,300/employee and \$8,550/employee plus one or more covered family members**. Additional rules apply to employees with spouses who also have HSAs, HRAs and FSAs.

PHARMACY & LABS



PHYSICAL
HEALTH

For more details, visit purdue.edu/hr/Benefits/prescription/index.php

PREMIER, STANDARD & LIMITED CDHPS

		PRESCRIPTION DRUGS	
		Retail (30-day supply)	Mail Order (90-day supply)
Level 1 - Low-Cost Generics	Preventive	100% coverage	100% coverage
	Non-preventive	Deductible, then actual cost up to max of \$10	Deductible, then actual cost up to max of \$20
Level 2 - Higher-Cost Generics and Preferred Brands	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
Level 3 - Highest-Cost, Mostly Brand Drugs	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
Level 4 - Highest-Cost, Mostly Brand Drugs and Specialty Drugs		Deductible then 55% up to max of \$250	Deductible, then 55% up to max of \$250

		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



REMINDER

If you are affected by changes, you will be notified by AffirmedRx.

J-1 VISA MEDICAL PLANS



PHYSICAL
HEALTH

ANNUAL EMPLOYEE (J-1 PREMIUMS)

	J-1 VISA		J-1 VISA
Employees earning under \$51,750		Employees earning \$51,750 or more	
Employee Only	\$125.28	Employee Only	\$470.88
Employee & Children	\$226.08	Employee & Children	\$848.16
Employee & Spouse	\$627.48	Employee & Spouse	\$1,521.84
Employee & Working Spouse	\$1,502.52	Employee & Working Spouse	\$3,271.80
Employee & Family	\$849.72	Employee & Family	\$2,064.24
Employee & Family (Working Spouse)	\$1,724.76	Employee & Family (Working Spouse)	\$3,814.20

Frozen Benefit Rates

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These rates do not include:

Additional tobacco-user premium of \$1,250 for employee and \$1,250 for covered spouse.

PLAN COVERAGE

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

		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
	Fort Wayne	
	Northwest	



		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 17-18](#).

Health Care 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.