

CHOOSE THE PLAN THAT WORKS FOR YOU

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

- Access to the same Anthem provider network.
- Free preventive care when using Tier 1 (HealthSync) or Tier 2 (in-network) providers.
- Free generic preventive medications.
- \$10 or less for non-preventive generic prescriptions (after deductible).
- Purdue’s contribution to your Health Savings Account (HSA) or Health Reimbursement Arrangement (HRA) (\$200 individual / \$400 family)*.

**If you’re not eligible for an HSA, you’ll receive an HRA instead.*

► Find a provider at [anthem.com/find-care](https://www.anthem.com/find-care)

HERE’S HOW THE PLANS STACK UP

	Premium CDHP	Standard CDHP	Limited CDHP
Best For	Peace of mind. Pay more now with higher premiums, spend less later on care.	Balance. Take a middle-ground approach.	Savings. Save more now with lower premiums, spend more later if care is needed.
Premiums	Highest	Mid-range	Lowest
Deductible/ Out-of-pocket Maximum	Lowest	Mid-range	Highest



GROWING SUPPORT FOR GROWING FAMILIES

Family planning isn't one-size-fits-all. Through AllOne Health, you now have access to **three free fertility coaching sessions** and a library of educational resources.

Schedule your first free fertility coaching session now, even if you're just exploring your options, through the [AllOne Health portal](#) (company code: purdue).

We also offer infertility treatment, including medications, surgical procedures and IVF/donor egg impantation) through our Critical Illness insurance with Securian. See [page 18](#) for details.

2026 MEDICAL PLANS

		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 19 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.

▶ **On a J-1 Visa?** Your plan details are different. Visit our [J-1 Visa guide](#) for details about your coverage, costs and providers.

PHARMACY & LABS

		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

► **On a J-1 Visa?** Your plan details are different. Visit our [J-1 Visa guide](#) for details about your coverage, costs and providers.

2026 ANNUAL PREMIUMS

	Premier CDHP	Standard CDHP	Limited CDHP
Employees earning under \$52,750			
Employee Only	\$288.12	\$129.00	\$47.52
Employee & Children	\$527.16	\$232.92	\$79.80
Employee & Spouse	\$1,505.28	\$646.32	\$190.20
Employee & Working Spouse	\$2,505.24	\$1,646.28	\$1,190.16
Employee & Family	\$2,081.76	\$875.16	\$225.48
Employee & Family (Working Spouse)	\$3,081.72	\$1,875.12	\$1,225.44
Employees earning \$52,750 or more			
Employee Only	\$979.56	\$485.04	\$120.24
Employee & Children	\$1,648.44	\$873.60	\$326.16
Employee & Spouse	\$2,534.64	\$1,567.44	\$985.20
Employee & Working Spouse	\$4,534.68	\$3,567.48	\$2,985.24
Employee & Family	\$3,439.68	\$2,126.16	\$1,334.88
Employee & Family (Working Spouse)	\$5,439.72	\$4,126.20	\$3,334.92

These rates do not include the additional tobacco-user premium of \$1,500 for employee and \$1,500 for covered spouse.

Frozen Rates

Your medical rate is based on your Sept. 30, 2025, salary and will stay the same for all of 2026 even if your salary changes.

▶ **On a J-1 Visa?** Your premiums are different. Visit our [J-1 Visa guide](#) for details about your coverage, costs and providers.



NEED HELP CHOOSING A MEDICAL PLAN?

Try the plan comparison tool in [Benefitfocus](#). It helps you estimate your costs for each plan using your actual claims data—or lets you customize based on expected usage.

Here's how it works:

1. View Your Usage

Use your past 12 months of claims or customize with your own estimates.

2. See Your Tax Savings

Enter HSA or HRA contributions to see your estimated tax benefit.

3. Compare Plans Side-by-Side

Quickly see which plan offers the best value for you and your family.