# J-1 VISA MEDICAL PLANS

### **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

<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 (Tier 1/HealthSync)</b> \$500 (Tier 2/in); \$1,000 (Tier 3/out)
	Employee + one or more covered family members	<b>\$750 (Tier 1/HealthSync)</b> \$1,000 (Tier 2/in); \$2,000 (Tier 3/out)
Coinsurance		<b>90/10% (Tier 1/HealthSync)</b> 75/25% (Tier 2/in); 50/50% (Tier 3/out)
Out-of-Pocket Maximum (Includes deductible)	Employee only	<b>\$5,350 (Tier 1/HealthSync)</b> \$6,350 (Tier 2/in); \$12,700 (Tier 3/out)
	Employee + one or more covered family members	<b>\$10,700 (Tier 1/HealthSync)</b> \$12,700 (Tier 2/in); \$25,400 (Tier 3/out)
Center for Healthy Living	West Lafayette	
	Fort Wayne	\$10 copay
	Northwest	

## **ANNUAL PREMIUMS**

Employees earning under \$52,750		
Employee Only	\$129.00	
Employee & Children	\$232.92	
Employee & Spouse	\$646.32	
Employee & Working Spouse	\$1,646.28	
Employee & Family	\$875.16	
Employee & Family (Working Spouse)	\$1,875.12	

Employees earning \$52,750 or more		
Employee Only	\$485.04	
Employee & Children	\$873.60	
Employee & Spouse	\$1,567.44	
Employee & Working Spouse	\$3,567.48	
Employee & Family	\$2,126.16	
Employee & Family (Working Spouse)	\$4,126.20	

### **Frozen Benefit Rates**

Benefit deduction rates for Jan. 1 – Dec. 31, 2026, will be based on employee salaries effective on Sept. 30, 2025. This means the rates for coverage you elect during open enrollment will not change during the 2026 calendar year when you have any changes that affect your salary. So, for example, employees who receive pay increases in 2026 that take them over the medical salary tier will not see a change in their medical plan rate until January 2027.

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

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# PHARMACY AND LABS

		Prescript	ion Drugs
		Retail (30-day supply)	Mail Order (90-day supply)
Level 1 - Low-Cost Generics	Preventive	100% coverage	100% coverage
	Non-preventive	Actual cost, up to max of \$10	Actual cost , up to max of \$25
Level 2 - Higher-Cost Generics and Preferred Brands		No deductible, 30% to max of \$100	No deductible, 30% to max of \$250
Level 3 - Highest-Cost, Mostly Brand Drugs		No deductible, 40% up to max of \$150	No deductible, 40% up to max of \$350
Level 4 - Highest-Cost, Mostly Brand Drugs and Specialty Drugs		Deductible then 50% up to max of \$250	Deductible, then 50% up to max of \$250

		<b>Labs</b> (Tier 1 labs are part of <mark>HealthSync</mark> )
Tier 1 Labs, including Center for Healthy Living and PUSH Labs	Preventive	100% coverage
	Non-preventive	Deductible and coinsurance
Tier 2 Labs (In-network)  Non-preventive	Preventive	100% coverage
	Non-preventive	Deductible and coinsurance
Tier 3 Labs (Out-of-network)		Deductible and coinsurance

# ▶ 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.

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