



PURDUE  
UNIVERSITY

Human Resources

PURDUE UNIVERSITY

# RETIRE SMART 2026

BENEFIT OPTIONS FOR PURDUE RETIREES

# RETIRE SMART

Thank you for your dedicated service and your help in making Purdue a great place to learn and work. We appreciate your efforts and the valuable contributions that you have made to the continued success of the University. As you begin to make your retirement plans, we want to do everything possible to assist in your transition to retirement.

## WHO QUALIFIES AS AN OFFICIAL RETIREE?

You qualify to be an Official Retiree if you meet the requirements outlined in any of the categories below.

■ **A faculty or staff member who meets the following qualifications:**

1. Age 55 or older and
2. Employed by Purdue University in a benefits-eligible position for 10 or more years

**Or**

1. Employed by Purdue University in a benefits-eligible position, and
2. Received income replacement benefits under the University's long-term disability program (LTD) until the age limit at which LTD benefits ended and
3. Was continuously employed with the University for five years or more prior to qualifying for LTD.

**Or**

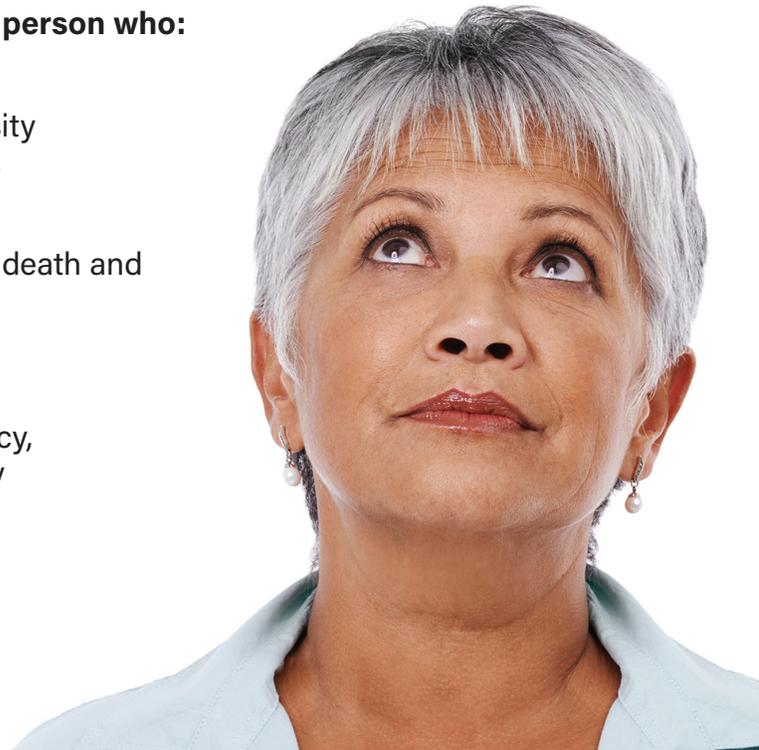
■ **The surviving spouse and surviving children of a person who:**

1. Was an Official Retiree of the University
2. Had been continuously employed by the University for five or more years immediately prior to death.

**Or**

1. Was a Purdue employee at the time of his or her death and
2. Was continuously employed by the University in a benefits-eligible position for five or more years immediately prior to death.

Additionally, to be considered qualifying under this policy, surviving spouses and children must meet the eligibility requirements for benefits under University policy.



# OFFICIAL RETIREE PRIVILEGES

Purdue University grants a variety of privileges to official retirees. The list below highlights some of them. For additional information, visit [www.purdue.edu/retirees](http://www.purdue.edu/retirees).

## **Purdue retiree photo identification card.**

Retirees may obtain the card at the ID Card Office Stewart Center, Room 194. The card will facilitate access to computer services, recreational facilities, sports events, cultural events, University Libraries, and the Purdue discount programs offered by local businesses. Surviving spouses also are eligible for an ID card.

## **PURA-sponsored programs.**

Opportunity to participate in all PURA-sponsored programs, events, trips and tours, including PURA's Annual Spring Conference, an educational program featuring topics and presentations of current interest to retirees.

## **Entertainment and recreational senior rates.**

Senior (60+ or 62+) rates for some Purdue Convocation events and at University golf courses.

## **Purdue Today / Purdue News Weekly.**

Purdue retirees can subscribe to Purdue Today and Purdue News Weekly. The online form for Purdue Today, the university's publication for faculty and staff, is available at [here](#). The e-newsletter publishes Monday through Thursday. To sign up for Purdue News Weekly, which pulls together the latest news from Purdue, go [here](#). Purdue News Weekly publishes on Fridays. For more information or help with issues related to subscribing, email [purduetoday@purdue.edu](mailto:purduetoday@purdue.edu). Purdue University Retirees Association will communicate by email and mail about upcoming events and other news for retirees.

## **Complimentary parking permit.**

Permits for retiree use are available at:

Purdue Parking

Stewart Center, room G054

<https://www.purdue.edu/parking/>

For information call 765-494-9497 or email, [parking@purdue.edu](mailto:parking@purdue.edu)

## **Purdue discount programs.**

Retirees can take advantage of discounts for a variety of services and items. For more information, call 765-494-7397 or visit [www.purdue.edu/cssac/Employee\\_Discounts](http://www.purdue.edu/cssac/Employee_Discounts).

## **Medical plan participation.**

Optional participation for retirees/spouses/eligible dependents. See pages 4 - 10 for description of the University supported group Health Plans.

## **Use of the Purdue University Pharmacy.**

The pharmacy is located in the Robert E. Heine Pharmacy Building (RHPH), Room 118. Licensed pharmacists, graduate student instructors, and pharmacy students staff the pharmacy, which accepts the PURcare prescription drug plan as well as Purdue drug plans for retirees under 65. Payment must be made at the time of purchase by cash, check, or credit card.

## **Wellness services at the Nursing Center for Family Health.**

During the year retirees have access to one free wellness screening. This includes a finger stick for a Lipid Profile with glucose and a basic hearing screening if requested. Additional lipid profiles can be done for a fee. Retirees are always welcome to come for free blood pressure checks/screenings. The Nursing Center for Family Health is located on the first floor of Lyles-Porter Hall, which has an attached parking garage. The Nursing Center for Family Health does not accept medical insurance, Medicare or Medicaid. For more information call 765-496-0308.

## **Purdue University's M.D. Steer Audiology Clinic housed in Lyles-Porter Hall offers free hearing screenings on scheduled days.**

Screenings are open to adults 18 and older. To schedule an appointment, call 765-494-4229.

The screenings are recommended for anyone who has experienced ringing in ears, exposure to loud noise, frequent ear infections or difficulty hearing speech in noisy rooms. Clinical instructors and graduate students from the clinic will perform the 20-minute screenings.

## **Use of University email and data network remote facilities.**

All official retirees are eligible to use the University's electronic mail services.

## **Free flu shots.**

Convenient access to Flu shots is provided annually to Purdue retirees and their spouses. Information is available by calling HR Customer Service at 765-494-2222.

## **Fee privileges.**

Retired faculty and staff and their qualified children have the same privileges for Purdue class enrollments as current faculty and staff. Information about enrolling in classes is available through the Office of Admissions, 765-494-1776, and information about fees is available through the Office of the Bursar, 765-494-7570. Identify yourself as a Purdue retiree.

Free tuition is also available for qualifying Indiana residents age 60 and older through the Ivy Tech Community College Senior Scholars program. For details about taking credit courses for letter grades, contact the Ivy Tech Admissions Office at 765-269-5200.

**Purdue University Libraries.** Retirees have access to the wide-ranging Purdue University Libraries facilities.

# PURDUE UNIVERSITY RETIREES ASSOCIATION (PURA)

An official retiree of Purdue University automatically becomes a member of the Purdue University Retirees Association (PURA). PURA offers many opportunities to participate in continuing education and social programs. It offers help in meeting the challenges of retirement and in sharing views with others who have similar concerns. And best of all, it offers the advantages of membership with no dues.

The PURA executive board and committees work to improve the state of and opportunities for retirees. Regular attention is given to medical insurance, financial planning and other quality-of-life issues. The association also encourages volunteer opportunities on campus and in the community and keeps you informed of campus news. The continuing and primary goal of PURA is to help you enjoy a stimulating, involved, productive and happy retirement. We encourage you to make frequent use of the PURA website: [www.purdue.edu/retirees](http://www.purdue.edu/retirees).

## A MESSAGE ABOUT PURCARE AND ITS ADVANTAGES FROM THE PURDUE UNIVERSITY RETIREES ASSOCIATION

The future of medical insurance is very much unknown. But no matter what changes occur, Purdue retirees serving on the Benefits Committee of PURA will work hard to provide the best supplemental medical/drug insurance program for Purdue retirees through the PURcare plan.

The PURcare plan offers these advantages for Purdue retirees:

- PURcare has a Purdue staff member assigned full-time to provide assistance and support for members should they have insurance problems or questions.
- New Purdue retirees cannot be denied coverage in PURcare because of pre-existing conditions.
- PURcare provides dependable coverage and premiums are not age or gender-rated, as are most individual supplement plans.
- PURcare participants do not need to re-enroll each year. It happens automatically, unless they choose to stop participating.
- All official Purdue retirees and spouses who are 65 years old and enrolled in Medicare Parts A and B are eligible for the PURcare or the Medicare Advantage PPO insurance pool when they retire, or in the next two Medicare Annual Enrollment periods. The retiree must be enrolled in a Purdue plan to cover the spouse.
- The larger the population in the insurance pool, the wider the risk is spread. This benefits everyone in PURcare. Healthy people subsidize the people with more health problems:
  - As people grow older, they tend to have more health problems
  - Healthy people cannot opt out of Purdue retiree group plans and then opt in when they develop health problems. That is not fair to those who have been in the program from the beginning.
- Purdue retirees, hired before January 2021, who retire prior to age 65, are eligible to continue enrollment in the University's employee group health plan or Marketplace plans through Henriott Group, Inc. until they reach age 65/are eligible for Medicare. A retiree's spouse and eligible dependents can continue coverage until the spouse is Medicare eligible. Disabled adult children (over age 26) will terminate coverage when the Official Retiree becomes eligible for Medicare.

## HEALTH CARE OPTIONS FOR RETIREES AGE 65 AND OVER

Purdue University currently sponsors two health plans for eligible Purdue University retirees. The plans are structured and administered differently, but they are both group plans designed specifically for Purdue retirees.

While each plan has distinct advantages, the most important consideration when choosing a plan is how well it suits you. Think about your current health care needs as well as those you see down the road. Both plans cover Medicare services and supplies, plus coverage for medications and certain other types of care.

The differences come when you look at how much you are likely to spend out of your own pocket during the year – for monthly premiums to participate in a plan as well as copayments (copays), plan deductibles and coinsurance when you need care.

To help you understand the differences between the two plans:

- Read the sections that follow, and review the examples in this booklet
- Review your enrollment materials.

Contact a Purdue Human Resources (HR) Customer Service representative at 765-494-2222 or email [hr@purdue.edu](mailto:hr@purdue.edu), if you have questions.



# RETIREES UNDER AGE 65

If you were hired in a benefits eligible position at the University before January 2021, and are under age 65 when you retire, you are offered the same medical plans available to faculty and staff.

Contact a Purdue Human Resources (HR) Customer Service representative at 765-494-2222 or email [hr@purdue.edu](mailto:hr@purdue.edu), for details and cost.

## ABOUT PLAN 1: PURcare

While Medicare becomes the primary health insurance coverage for retirees age 65 and older, it doesn't cover everything. So, Purdue University offers this group plan to retirees – called a Senior Supplement plan with prescription drug (Rx) coverage that complies with Medicare Part D – as a way to fill in the gaps.

Plan 1 assumes that you are enrolled in Medicare Parts A and B and are paying the required Medicare Part B premium, usually deducted from your Social Security check. When you elect this plan, you pay a monthly premium to the insurance company for enhanced coverage. By combining coverage under this plan with Medicare, you are covered for most services and supplies you will need.

To learn more about your premiums under this plan, refer to the summary of benefits on pages 6-7.

When you need care, you can see any doctor or provider that accepts Medicare for medically necessary care. All Medicare providers and facilities in the US are “in-network”.

With the exception of vision benefits, before medical coverage begins, you must satisfy a \$500 annual deductible.

A yearly “wellness” visit and certain preventive tests are covered 100% by Medicare. No deductible applies.

Claims are first processed through Medicare. Then, the Senior Supplement reviews the claim and pays claim balances according to provisions and features of Plan 1.

That means that you will get two separate Explanations of Benefits (EOBs) – one quarterly from Medicare and a separate one from the insurance company.

The deductible will be applied as appropriate toward the Medicare deductibles for Parts A and B until you have paid a total of \$500. The remainder of the Medicare deductible amounts will be paid by the plan. Once the deductible is met, all other Medicare-eligible medical expenses for that individual are covered for the rest of the year.

There is a \$300 annual deductible for prescriptions covered by Medicare Part D. See “Plan 1 Prescription Drug Benefits” on page 10 to learn about how prescription drugs are covered.

## ABOUT PLAN 2: MEDICARE ADVANTAGE PPO

Plan 2 is a group Medicare Advantage plan (Medicare Part C) for Purdue retirees. It includes a Medicare Part D prescription drug benefit. Plan 2 offers a lower monthly premium than Plan 1, which means you will pay less on a monthly basis in exchange for higher out-of-pocket costs when you need care. There is a \$500 annual deductible for Medicare-covered hospital and medical services and a \$300 deductible for Part D covered prescriptions. Under this plan, there's more financial risk, because you will pay a portion of the cost through the yearly deductible, and then copays and coinsurance until you reach an Out-of-Pocket Maximum.

The plan assumes that you are enrolled in Medicare Parts A and B and are paying the required Medicare Part B premium, usually deducted from your Social Security check. When you elect this plan, you pay a monthly premium to the insurance company for enhanced coverage.

To learn more about your premiums under the plans, refer to the summary of benefits on pages 6-7 .

Since this is a Medicare Advantage plan, claims are processed directly through the insurance company – rather than first through Medicare and then through the insurance company.

Plan 2 takes into account what Medicare would have paid toward a covered service or supply and then coordinates benefits behind the scenes. That means that you will get only one Explanation of Benefits (EOB), directly from the insurance company, stating how much was paid to the provider and what is left for you to pay.

This plan provides a 100% benefit for an annual wellness visit and certain preventive tests– with no office visit copay required.

See “Plan 2 Prescription Drug Benefits” on page 10 to learn about how prescription drugs are covered.

# UNDERSTANDING MEDICARE

Medicare is the federal government's principal health care insurance program for individuals age 65 and over. In general, Medicare pays for "acute" care, which is care that the program's administrators view as reasonable and necessary to diagnose or treat an illness or injury.

For purposes of your plan election, it is important for you to understand the following four Medicare parts:

- **Medicare Part A** (hospital insurance) covers inpatient hospital expenses and has a deductible that is applied per benefit period
- **Medicare Part B** (medical insurance) covers medical expenses such as (doctor's office and outpatient expenses) and has an annual deductible
- **Medicare Part C** (Medicare Advantage) plans offer people with Medicare Parts A and B the option of receiving all of their health care services through a private health insurance company instead of directly through Medicare
- **Medicare Part D** (administered by insurance companies) covers a portion of the cost of prescription drugs you purchase

## SUMMARY OF BENEFITS

Review the chart below to see how the plans compare and how much each plan would cost you in 2026.

### PLAN COMPARISONS

#### THE PLAN PAYS - TOWARD COVERED CHARGES

FEATURE	PLAN 1 - PURcare	PLAN 2 - Medicare Advantage PPO
<b>Preventive care</b>	Yearly "wellness" visit covered 100% by Medicare. Annual physical covered 100% by the plan	100% of the cost of 1 annual "wellness" visit – no office visit copay applies. Annual physical covered 100% by the plan.
<b>Hospital and Skilled Nursing Inpatient stay</b>	100% after the plan deductible - coverage continues after the Medicare 100 day limit	100% after your annual deductible and per day copay - No additional benefit above what Medicare covers
<b>Outpatient surgery, services and supplies</b>	100% after the plan deductible	After you meet deductible, usually 80% or balance after applicable copays
<b>Other covered services and supplies</b>	100% after the plan deductible	After you meet deductible, usually 80% or balance after applicable copays
<b>Telehealth/virtual visits</b>	100% after the plan deductible for visits with participating medical doctors and mental health professionals	100% with participating medical doctors; balance after Specialist copay with participating mental health professionals
<b>Home health services</b>	100% after the plan deductible, plus up to a \$5,000 annual benefit above what Medicare covers	100% for Medicare approved services - No additional benefit above what Medicare covers
<b>Other services not covered by Medicare</b>	Vision: reimbursement up to \$150 a year for services not covered by Medicare  No plan deductible applies  Can be used for refraction, contacts and/or glasses	Vision: 100% for 1 refraction per year after your vision copay – contacts and glasses are not covered  Hearing aids: \$500 every 3 years when purchased through approved provider.

# YOU PAY - TOWARD COVERED CHARGES

FEATURE	PLAN 1 - PURcare	PLAN 2 - MEDICARE ADVANTAGE PPO																														
<b>Monthly premium</b> (Your cost to participate in the plan for 2026)	<b>\$366.87</b> <b>\$225.98 for members with VA coverage for Rx</b>	<b>\$190.45</b>																														
<b>Annual deductible</b> (This is the amount you pay before the plan begins to pay)	<b>\$500 - applied in coordination with Medicare Parts A &amp; B deductibles</b>	<b>\$500</b>																														
<b>Copays and coinsurance</b> After the deductible is met, Copays are the fixed dollar amounts you pay. Coinsurance is the percentage of covered costs you share with the plan.	There are generally no copays or coinsurance – per plan provisions	Copays apply – per plan provisions, including: <ol style="list-style-type: none"> <li>Office visits               <ul style="list-style-type: none"> <li>\$20 Primary care</li> <li>\$35 Specialist</li> <li>\$35 Mental health individual visit</li> </ul> </li> <li>Inpatient Hospital Care: \$200/day</li> <li>Outpatient lab and standard X-rays: \$15</li> <li>Skilled nursing facilities: \$50 - \$100/day</li> <li>Emergency room: \$75</li> <li>Urgent care: \$35</li> <li>Ambulance: \$175</li> </ol> Coinsurance is the portion of allowed costs you share with the plan – usually 20% per plan provisions – for most other outpatient services/supplies.																														
<b>Medical/Hospital Annual out-of-pocket (OOP) maximum</b> (Once your annual medical plan costs total this amount, the plan pays 100% of covered charges for the rest of the year )	<b>Once you satisfy the annual deductible, all services covered by Medicare Part A &amp; B will be covered by the plan.</b>	<b>\$5,000</b> <b>(Does not include Part B Rx or Durable Medical Equipment when purchased at the pharmacy, or Part D deductible, copays/coinsurance)</b>																														
<b>Prescription drugs</b> (For a more complete description, see “How Your Prescription Drug Benefits Work” on page 10)	<p>The plan has an Open Formulary arranged into four tiers. There is \$300 deductible on covered prescriptions. After deductible you pay 50% of the cost for medications (45% by mail order), up to the Medicare maximum co-pay listed below. In 2026, the Out-of-Pocket Maximum you'll pay for Medicare Part D prescription drugs is \$2,100.</p> <table border="1"> <thead> <tr> <th></th> <th>RETAIL (30-day supply)</th> <th>MAIL ORDER (90-day supply)</th> </tr> </thead> <tbody> <tr> <td><b>Tier 1</b> Preferred Generic Drugs</td> <td><b>max \$15</b></td> <td><b>max \$30</b></td> </tr> <tr> <td><b>Tier 2</b> Preferred Brand Drugs (incl. some Generics)</td> <td><b>max \$47</b></td> <td><b>max \$94</b></td> </tr> <tr> <td><b>Tier 3</b> Non-Preferred Brand Drugs (incl. some Generics)</td> <td><b>max \$100</b></td> <td><b>max \$200</b></td> </tr> <tr> <td><b>Tier 4</b> Specialty Tier Drugs</td> <td><b>max \$100</b></td> <td><b>max \$200</b></td> </tr> </tbody> </table> <p>You may purchase a 30- or 90-day supply of covered medications at most pharmacies; 90-day supplies are also available through the mail order program.</p>		RETAIL (30-day supply)	MAIL ORDER (90-day supply)	<b>Tier 1</b> Preferred Generic Drugs	<b>max \$15</b>	<b>max \$30</b>	<b>Tier 2</b> Preferred Brand Drugs (incl. some Generics)	<b>max \$47</b>	<b>max \$94</b>	<b>Tier 3</b> Non-Preferred Brand Drugs (incl. some Generics)	<b>max \$100</b>	<b>max \$200</b>	<b>Tier 4</b> Specialty Tier Drugs	<b>max \$100</b>	<b>max \$200</b>	<p>The plan has a four-tier formulary that covers preferred generic, preferred brand, non-preferred brand and specialty tier prescription medications. There is \$300 deductible on covered prescriptions. Below are the copay/coinsurance amounts you will pay for covered prescriptions. In 2026, the Out-of-Pocket Maximum you'll pay for Medicare Part D prescription drugs is \$2,100.</p> <table border="1"> <thead> <tr> <th></th> <th>RETAIL (30-day supply)</th> <th>MAIL ORDER (90-day supply)</th> </tr> </thead> <tbody> <tr> <td><b>Tier 1</b> Preferred Generic Drugs</td> <td><b>\$4 copay</b></td> <td><b>\$8 copay</b></td> </tr> <tr> <td><b>Tier 2</b> Preferred Brand Drugs (incl. some Generics)</td> <td><b>\$28 copay</b></td> <td><b>\$74 copay</b></td> </tr> <tr> <td><b>Tier 3</b> Non-Preferred Brand Drugs (incl. some Generics)</td> <td><b>\$58 copay</b></td> <td><b>\$164 copay</b></td> </tr> <tr> <td><b>Tier 4</b> Specialty Tier Drugs</td> <td><b>29%</b></td> <td><b>29%</b></td> </tr> </tbody> </table>		RETAIL (30-day supply)	MAIL ORDER (90-day supply)	<b>Tier 1</b> Preferred Generic Drugs	<b>\$4 copay</b>	<b>\$8 copay</b>	<b>Tier 2</b> Preferred Brand Drugs (incl. some Generics)	<b>\$28 copay</b>	<b>\$74 copay</b>	<b>Tier 3</b> Non-Preferred Brand Drugs (incl. some Generics)	<b>\$58 copay</b>	<b>\$164 copay</b>	<b>Tier 4</b> Specialty Tier Drugs	<b>29%</b>	<b>29%</b>
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# EXAMPLES

One way for you to decide which plan is right for you is to look at some examples of how benefits would be paid under each plan. This section includes side-by-side examples of hypothetical retirees with different care needs. These examples are intended to show you, from a simplified view, how to compare these plans. In these examples, you will notice that only the Purdue plan deductibles are addressed — not the specifics about how the Medicare Part A and Part B deductibles are applied.



## EXAMPLE #1

Charlie is a 66-year-old retiree who has already taken advantage of his preventive care exam benefits. Later in the year, he has a pain in his leg and again visits his doctor for an exam. Charlie learns that he will have to go to the hospital, followed by a stay at a skilled nursing facility. Here are the services for which Charlie will incur costs:

- Charlie enters the hospital and receives care for seven days.
- He is then transferred to a skilled nursing facility for a 34 day rehabilitation stay.

Based on the 2026 premium rates, the following side-by-side example shows you how total estimated annual costs compare under the two plans.

### CHARLIE

HEALTH CARE SERVICES	BILLED AMOUNT	TYPICAL MEDICARE ALLOWANCE
1 primary care office visit	\$120	\$67.50
7-day hospital stay	\$11,663	\$5,460
34-day skilled nursing facility stay	\$35,719	\$24,960
<b>Overall charges</b>	<b>\$47,502</b>	<b>\$30,487.50</b>

SIDE-BY-SIDE COST COMPARISON		
SERVICE	PLAN 1 CHARLIE PAYS	PLAN 2 CHARLIE PAYS
1 primary care office visit (\$120)	\$67.50 (counts toward plan deductible)	\$67.50 (counts toward plan deductible)
7-day hospital stay (\$11,663)	\$432.50 ((\$500 plan deductible reached))	\$432.50 to deductible + \$1,200 co-pay ((\$200/day copay))
34-day skilled nursing facility stay (\$35,719)	\$0	\$1,600 (\$10 - \$100/day copay)
<b>Charlie's total cost sharing</b>	<b>\$500</b>	<b>\$3,300</b>
<b>Annual Premium</b>	<b>\$4,402.44</b> ((\$366.87/month))	<b>\$2,285.40</b> ((\$190.45/month))
<b>Charlie's total out-of-pocket medical expenses</b> <i>(assuming no other costs during year)</i>	<b>Annual Premium: \$4,402.44</b> <b>Deductible: \$500</b> <b>Total: \$4,902.44</b>	<b>Annual Premium: \$2,285.40</b> <b>Copays: \$3,300</b> <b>Total: \$5,585.40</b>



## MARY

## Example #2

Mary is a 67-year-old retiree who has already taken advantage of her preventive care exam benefits. She is being treated for high blood pressure and high cholesterol, but is otherwise generally healthy. Mary visits her primary care physician and a specialist periodically throughout the year to monitor her blood pressure and cholesterol levels. Here are the services for which Mary will incur costs:

- Mary visits her primary care physician three times during the year.
- Mary visits her specialist four times during the year.

Based on the 2026 premium rates, the following side-by-side example shows you how total estimated annual costs compare under the two plans.

HEALTH CARE SERVICES	BILLED AMOUNT	TYPICAL MEDICARE ALLOWANCE
3 primary care office visits	\$360	\$235
4 specialist office visits	\$1,200	\$800
<b>Overall charges</b>	<b>\$1,560</b>	<b>\$1,035</b>

Side-by-Side Cost Comparison		
SERVICE	PLAN 1 MARY PAYS	PLAN 2 MARY PAYS
1st primary care office visit (\$120)	\$67.50 (counts toward plan deductible)	\$120
2nd primary care office visit (\$120)	\$67.50 (counts toward plan deductible)	\$120
1st specialist office visit (\$300)	\$100 (counts toward plan deductible)	\$260 + \$35 co-pay (\$500 plan deductible reached)
2nd specialist office visit (\$300)	\$100 (counts toward plan deductible)	\$35
3rd specialist office visit (\$300)	\$100 (counts toward plan deductible)	\$35
3rd primary care office visit (\$150)	\$65 (\$500 plan deductible reached)	\$20
<b>Mary's total cost sharing</b>	<b>\$500</b>	<b>\$625</b>
<b>Annual Premium</b>	<b>\$4,402.44 (\$366.87/month)</b>	<b>\$2,285.40 (\$190.45/month)</b>
<b>Mary's total out-of-pocket medical expenses</b> <i>(assuming no other costs during year)</i>	<b>Annual Premium: \$4,402.44</b> <b>Deductible: \$500</b> <b>Total: \$4,902.44</b>	<b>Annual Premium: \$2,285.40</b> <b>Copays: \$625</b> <b>Total: \$2,910.40</b>

## THINGS TO CONSIDER WHEN MAKING YOUR CHOICE

Ultimately, the decision about which plan to choose is yours to make. Choose the option that is likely to have the coverage you need at a total cost that makes you most comfortable. Keep in mind that even though you can switch between the Purdue plan options each calendar year, most retirees prefer to avoid making changes to their health insurance. And, of course, you have the option to waive coverage. You can choose to enroll in one of the Purdue retiree group plans in either the first or second Medicare Open Enrollment period after you become eligible. **Once you cancel a Purdue retiree group plan to enroll in a plan from the individual market, you are not eligible to re-enroll.**

Medicare-eligible official retirees who choose to continue coverage through another employer plan are eligible to return to a Purdue sponsored plan at the point they lose the other coverage. Retirees have 31 days to contact HR Customer Service to make this change or other Life Event changes, (e.g. marriage, divorce).

# HOW YOUR PRESCRIPTION DRUG BENEFITS WORK

Your prescription drug plan is an important aspect to consider when electing your health care options, because Plan 1 and Plan 2 deal with prescription drugs differently.

You cannot be enrolled in more than one Medicare Part D prescription plan. It is critical that you do not enroll in another Part D plan or you will not be eligible to continue in Purdue Retiree Group plans.

## PLAN 1 PRESCRIPTION DRUG BENEFITS

Plan 1 prescription drug coverage is a Group Medicare Part D plan featuring customized benefits. Those who have prescription drug coverage through the Veterans Administration (VA) may elect Senior Supplement only for medical care – at a lower premium.

You pay a \$300 annual deductible and then your share of the cost of Part D covered medications up to an annual Rx out-of-pocket limit (\$2,100 for 2026). Once you reach this limit, the plan pays 100 percent of covered charges for the rest of the year. Unique features of the Plan 1 prescription drug benefits include:

- A wide range of prescription drugs are covered – even those not typically included on the Medicare Part D formulary listing.
- You have an open formulary – there are no preferred brand name distinctions or step-therapy limitations to think about.
- There are only a few required prior approvals.
- You can purchase a 30- or 90-day supply of maintenance medications at most local pharmacies; 90-day supplies are also available through the mail order program.

## PLAN 2 PRESCRIPTION DRUG BENEFITS

Plan 2 includes Medicare Part D prescription drug coverage. You pay a \$300 annual deductible and then your share of the cost of covered medications until you reach the annual Rx out-of-pocket limit set each year by Medicare (\$2,100 for 2026). Once you reach this limit, the plan pays 100 percent of covered charges for the rest of the year. Unique features of the Plan 2 prescription drug benefits include:

- A wide range of prescription drugs are covered – including more brand name drugs than on most individual Part D plans.
- There are four drug tiers, each with a different copay or coinsurance arrangement for retail or mail order coverage.
- You can purchase a 30-day supply of maintenance medications at most local pharmacies; 90-day supplies are available through the mail order program.

# YOUR TERM LIFE INSURANCE OPTIONS

If you retire from Purdue University prior to age 65, you may continue all or a portion of your University-provided Basic Employee Term life coverage and any Additional Employee Term life coverage for which you are insured as an employee. You may also continue any coverage in force for your dependents.

In addition, you may port your Additional Employee Accidental Death and Dismemberment (AD&D), Spouse, AD&D, and Child AD&D. All options are available without providing proof of good health.

## HOW DO I CONTINUE COVERAGE AT RETIREMENT?

You will receive more information from Securian Financial (formerly Minnesota Life Insurance) once they are notified of your retirement. Securian Financial will mail the information along with an election form to your home address. If you choose to keep any or all coverage, you will need to complete and return the election form directly to Securian Financial by the deadline they specify, usually within 31 days of the date coverage would otherwise terminate.

## WHAT OPTIONS EXIST AT AGE 65?

At age 65, any continued Term Life coverage will terminate, and you will have two options that do not require proof of good health.

- Life coverage paid for by the University prior to retirement may be converted to an individual policy. You can maintain this coverage for the rest of your life. Premiums are based on the age rate applicable at the time of conversion.
- Life coverage paid for by you prior to retirement may be ported to age 70. This coverage continues to be a group Term Life policy, though your rates are higher than those paid as an active employee and those paid during retirement prior to age 65.

When ported life coverage terminates at age 70, you may convert it to an individual policy without proof of good health.

**If you have questions about your continuation options for life insurance and AD&D coverage in retirement, call Securian Financial Customer Service at 866-293-6047.**

**All options for retaining life insurance protection without providing proof of good health require action within 31 days of the date your coverage would otherwise terminate.**





## IMPORTANT PHONE NUMBERS

### MEDICAL

PURcare Senior Supplement: 800-851-3802  
PURcare Medicare Rx for Groups: 888-556-6648  
PURcare Premium Billing 866-225-6928  
Email: [directbilladministration@uhc.com](mailto:directbilladministration@uhc.com)

Medicare Advantage PPO: 888-556-6648

### CUSTOMER SERVICE

765-494-2222  
Email: [hr@purdue.edu](mailto:hr@purdue.edu)

### RETIREMENT COUNSELING

765-494-1694  
765-496-4281

### PERF INFORMATION

844-GO-INPRS  
844-464-6777

### FIDELITY

National Call Center: 800-343-0860  
Purdue Memorial Union Office:  
(To make an appointment ) 800-642-7131  
or [schedule online](#)

### TIAA

General Retirement Questions: 800-842-2252  
[TIAA Customer Service Contact | TIAA](#)

West Lafayette, Indiana Office: 866-842-3516  
[Wealth Management and Retirement Planning](#)

### REGIONAL CAMPUSES

Retirees with questions or concerns about various benefits should contact human resources offices at the following numbers:

Purdue Fort Wayne: 260-481-6840  
Purdue Northwest: 219-989-2251

This booklet highlights the main features of the Purdue University retiree health care plans. While this booklet is intended to be as accurate as possible, the explanations are subject to the detailed provisions of the plan documents or insurance certificates. If there is any difference between the information in this booklet and the legal plan document or insurance certificates, the plan document or insurance certificates will govern.