

# PHYSICAL HEALTH 2024 MEDICAL PLANS



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

	Premier CDHP	Standard CDHP	Limited CDHP
<b>Employees earning under \$50,250</b>			
Employee Only	\$271.56	\$121.68	\$44.76
Employee & Children	\$496.92	\$219.48	\$75.24
Employee & Spouse	\$1,418.88	\$609.24	\$179.28
Employee & Working Spouse	\$2,168.88	\$1,359.24	\$929.28
Employee & Family	\$1,962.24	\$825.00	\$212.52
Employee & Family (Working Spouse)	\$2,712.24	\$1,575.00	\$962.52
<b>Employees earning \$50,250 or more</b>			
Employee Only	\$923.28	\$457.20	\$113.40
Employee & Children	\$1,553.88	\$823.44	\$307.44
Employee & Spouse	\$2,389.20	\$1,477.56	\$928.68
Employee & Working Spouse	\$3,889.20	\$2,977.56	\$2,428.68
Employee & Family	\$3,242.16	\$2,004.12	\$1,258.20
Employee & Family (Working Spouse)	\$4,742.16	\$3,504.12	\$2,758.20

## Frozen Benefit Rates

Benefit deduction rates for Jan. 1 – Dec. 31, 2024, will be based on employee salaries effective on Sept. 30, 2023. This means the rates for coverage you elect during open enrollment will not change during the 2024 calendar year when you have any changes that affect your salary. So, for example, employees who receive pay increases in 2024 that take them over the medical salary tier will not see a change in their medical plan rate until January 2025.

## These rates do not include:

Additional tobacco-user premium of \$1,000 for employee and \$1,000 for covered spouse.

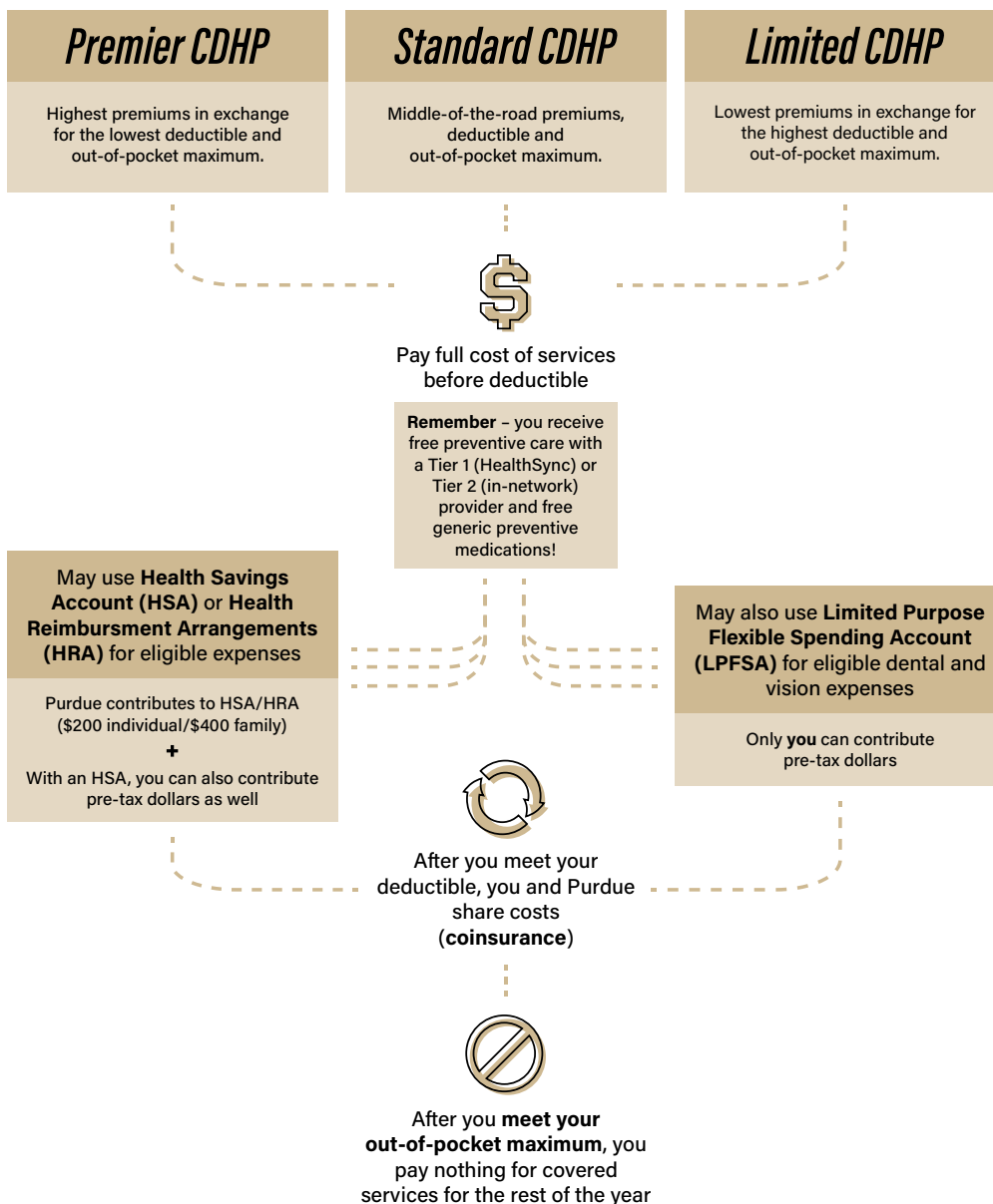
# PHYSICAL HEALTH

## 2024 MEDICAL PLANS



### CHOOSING THE RIGHT MEDICAL PLAN

The difference among the plans is how you manage your healthcare dollars—do you prefer to pay more upfront (premium), so your costs throughout the year will be lower (out-of-pocket)? Or do you like to pay less in premiums and, if you need care, pay more during the year for medical services?



### TERMS TO KNOW

**Coinsurance:** Percentage of costs you pay for covered services after you meet your deductible

**Deductible:** Amount you pay before the plan covers any medical benefits or copays take effect

**Out-of-pocket maximum:** Highest amount you would pay for covered medical and prescription expenses in a given year

**Premium:** Amount you pay each pay period for coverage; deducted from your paycheck

### NETWORK OPTIONS

**Tier 1 (HealthSync):** Most affordable care option; providers include Franciscan Health, Ascension St. Vincent, Lutheran Health Network and the Center for Healthy Living

**Tier 2 (in-network):** Next most affordable option; large network of Anthem providers

**Out-of-network:** Least affordable option; providers outside of HealthSync and Anthem networks

# PHYSICAL HEALTH

## 2024 MEDICAL PLANS



		Premier CDHP	Standard CDHP	Limited CDHP
<b>University's Contribution to Employee's HSA or HRA</b>	Employee only	\$200	\$200	\$200
	Employee + one or more covered family members	\$400	\$400	\$400
<b>Healthy Boiler Incentive to Employee's HSA or HRA</b> <small>(see page 20 for incentive structure)</small>	Employee only	\$450	\$450	\$450
	Employee + one or more covered family members	\$900	\$900	\$900
<b>Deductible</b> Medical & Rx Combined	Employee only	<b>\$1,600</b> (Tier 1/HealthSync) \$2,300 (Tier 2/in) \$4,600 (Tier 3/out)	<b>\$2,050</b> (Tier 1/HealthSync) \$2,825 (Tier 2/in) \$5,275 (Tier 3/out)	<b>\$3,050</b> (Tier 1/HealthSync) \$4,075 (Tier 2/in) \$6,650 (Tier 3/out)
	Employee + one or more covered family members	<b>\$3,200</b> (Tier 1/HealthSync) \$4,600 (Tier 2/in) \$9,200 (Tier 3/out)	<b>\$4,100</b> (Tier 1/HealthSync) \$5,650 (Tier 2/in) \$10,550 (Tier 3/out)	<b>\$6,100</b> (Tier 1/HealthSync) \$8,150 (Tier 2/in) \$13,300 (Tier 3/out)
<b>Coinsurance</b>		<b>90%/10%</b> (Tier 1/HealthSync) 80%/20% (Tier 2/in) 60%/40% (Tier 3/out)	<b>90%/10%</b> (Tier 1/HealthSync) 80%/20% (Tier 2/in) 60%/40% (Tier 3/out)	<b>90%/10%</b> (Tier 1/HealthSync) 75%/25% (Tier 2/in) 55%/45% (Tier 3/out)
<b>Out-of-Pocket Maximum</b> Medical & Rx Combined (includes deductible & coinsurance)	Employee only	<b>\$2,400</b> (Tier 1/HealthSync) \$3,550 (Tier 2/in) \$9,200 (Tier 3/out)	<b>\$4,300</b> (Tier 1/HealthSync) \$5,325 (Tier 2/in) \$10,150 (Tier 3/out)	<b>\$5,550</b> (Tier 1/HealthSync) \$7,075 (Tier 2/in) \$13,150 (Tier 3/out)
	Employee + one or more covered family members	<b>\$4,800</b> (Tier 1/HealthSync) \$7,100 (Tier 2/in) \$18,400 (Tier 3/out)	<b>\$8,600</b> (Tier 1/HealthSync) \$10,650 (Tier 2/in) \$20,300 (Tier 3/out)	<b>\$11,100</b> (Tier 1/HealthSync) \$14,150 (Tier 2/in) \$26,300 (Tier 3/out)
<b>Center for Healthy Living Office Visit</b>	West Lafayette/ Northwest	\$25 towards ded.; coins. applies after ded.	\$25 towards ded.; coins. applies after ded.	\$25 towards ded.; coins. applies after ded.
	Fort Wayne	Ded. & coins.	Ded. & coins.	Ded. & coins.
<b>Primary Care Office Visit</b>		Ded. & coins.	Ded. & coins.	Ded. & coins.
<b>Specialty Care Office Visit</b>		Ded. & coins.	Ded. & coins.	Ded. & coins.
<b>Preventive Care</b>		100% coverage (in) Ded. & coins. (Out)	100% coverage (in) Ded. & coins. (Out)	100% coverage (in) Ded. & coins. (Out)
<b>Emergency Room</b>		Ded. & coins.	Ded. & coins.	Ded. & coins.
<b>Urgent Care Facility</b>		Ded. & coins.	Ded. & coins.	Ded. & coins.

Employees may contribute to their HSAs if eligible, up to a combined University and employee limit of **\$4,150/employee and \$8,300/employee plus one or more covered family members**. Additional rules apply to employees with spouses who also have HSAs, HRAs and FSAs.

# PHYSICAL HEALTH PHARMACY & LAB



For more details, visit [purdue.edu/hr/Benefits/prescription/index.php](http://purdue.edu/hr/Benefits/prescription/index.php)

		Premier, Standard & Limited CDHPs	
		Prescription Drugs	
		Retail (30-day supply)	Mail Order (90-day supply)
<b>Generic</b>	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
<b>Preferred Brand Name</b>	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
<b>Non-Preferred Brand Name</b>	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
<b>Specialty Rx</b>		Deductible then 55% up to max of \$250	Deductible, then 55% up to max of \$250

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



REMINDER: FORMULARY CHANGES ARE MADE ON A QUARTERLY BASIS. IF YOU ARE AFFECTED, YOU WILL BE NOTIFIED BY CVS.