

2026 MEDICAL PLAN OPTIONS

This is how you maintain your health and well-being. All three health plans cover preventive services at 100%

		CDHP	Health Fund	Select
Purdue Global Contributions	Employee Only	\$300	\$250	N/A
	Employee +1	\$400	\$500	N/A
	Employee & Family	\$500	\$750	N/A
Health Fund Coinsurance		N/A	100%/0% (in)	N/A
Deductibles	Employee Only	\$3,450 (in)/\$4,200 (out)	\$2,000 (in)/\$3,000 (out)	\$1,500 (in)
	Employee +1	\$6,900 (in)/\$8,400 (out)	\$4,500 (in)/\$6,000 (out)	\$3,000 (in)
	Employee & Family	\$6,900 (in)/\$8,400 (out)	\$4,500 (in)/\$6,000 (out)	\$3,000 (in)
Coinsurance		75%/25% (in) 50%/50% (out)	75%/25% (in) 60%/40% (out)	75%/25% (in) 0%/100% (out)
Out-of-Pocket Maximums	Employee Only	\$6,800 (in)/\$12,500 (out)	\$4,500 (in)/\$9,000 (out)	\$6,000 (in)
	Employee +1	\$13,600 (in)/\$25,000 (out)	\$9,000 (in)/\$18,000 (out)	\$14,000 (in)
	Employee & Family	\$13,600 (in)/\$25,000 (out)	\$9,000 (in)/\$18,000 (out)	\$14,000 (in)
Preventive Care		Covered in full	Covered in full	Covered in full
Primary Care Physician		25% coinsurance	25% coinsurance	\$30 copay**
Specialist		25% coinsurance	25% coinsurance	\$60 copay**
Emergency Room		25% coinsurance	25% coinsurance	\$500 copay**
Urgent Care		25% coinsurance	25% coinsurance	\$75 copay**
Hospital Stay		25% coinsurance	25% coinsurance	25% coinsurance
Eligible Health Care Spending Accounts		Health Savings Account, Limited Purpose FSA	Health Reimbursement Account, Health Care FSA	Health Care FSA

► For medical plan details, [click here](#).

**Deductible doesn't apply

2026 BI-WEEKLY MEDICAL PREMIUMS

	CDHP	Health Fund	Select
Employees earning <\$45,000			
Employee Only	\$42.95	\$99.63	\$71.01
Employee & Child	\$114.52	\$159.77	\$122.54
Employee & Spouse	\$187.82	\$268.56	\$201.57
Family	\$235.35	\$334.98	\$252.53
Employees earning \$45,000 - \$90,000			
Employee Only	\$42.95	\$151.17	\$113.95
Employee & Child	\$187.82	\$251.39	\$201.57
Employee & Spouse	\$309.79	\$425.46	\$330.97
Family	\$396.83	\$527.39	\$424.32
Employees earning >\$90,000			
Employee Only	\$42.95	\$197.55	\$142.01
Employee & Child	\$234.78	\$329.26	\$251.38
Employee & Spouse	\$387.67	\$560.03	\$414.00
Family	\$503.34	\$691.16	\$539.41

FIND A PROVIDER

- Go to [UMR.com](#). Select **Find a provider**.
- Type **UnitedHealthcare Choice Plus Network** in the search bar or find the plan name using the alphabet navigation.
- For medical providers: Choose **View Providers**. For behavioral health providers (including counseling and substance abuse): Select **Behavioral health directory**.

For each provider, you will see:

- Provider name, address and phone number
- Hospital affiliation
- Board certification
- UnitedHealth Premium® Quality & Cost Efficiency designations*
- Average costs for care in your area and how different providers compare to the local average
- Provider ID number
- Office language capabilities (English, Spanish, etc.)
- Map and directions to each office

*This highlights physicians by quality of care and cost standards in their specialty.