



PURDUE
UNIVERSITY

Human Resources

RETIRE SMART 2023

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.

Purdue faculty/staff 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, CityBus service, and the Purdue discount programs offered by local businesses. (Surviving spouses 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 entertainment events and at University golf courses.

Free issues of the PURA Newsletter from the Purdue University Retirees Association.

Newsletters are emailed to retirees as they are published and are available on the PURA website, www.purdue.edu/retirees.

Complimentary parking permit.

Permits for retiree use are available at: Parking Facilities
700 Ahlers Drive
West Lafayette, IN 47907-2012
For information call 765-494-9494 or email, parking@purdue.edu

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.

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.

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 discount programs offered

locally. 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.

Use of University email and data network remote facilities.

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

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.
- Enrollment in Purdue Global classes, and certificate and degree programs is tuition-free.
- 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.

Free rides on CityBus. With the Purdue faculty/staff/retiree ID, retirees can ride the CityBus routes throughout the Lafayette-West Lafayette area, including the Campus Loop routes. CityBus schedules and maps are available at the Purdue Welcome Center, located in the Purdue Memorial Union, and at the CityBus office at Rhiele Plaza in downtown Lafayette.

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.

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 and affordable coverage that is not age or gender-rated, as are most private plans.
- Participating in PURcare is one way to maintain a link to Purdue after retirement.
- All official Purdue retirees and their eligible dependents 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.
 - o Purdue retirees and spouses who retire prior to age 65 are eligible to participate in the Purdue University active employee health care plan or Marketplace plans through Henriott Group, Inc. until they reach the age of 65 and are eligible for PURcare.
 - o Purdue retirees covered by a spouse's employer plan will be eligible to enroll in Purdue retiree plans when other coverage ends.
- PURcare participants do not need to re-enroll each year. It happens automatically, unless they choose to stop participating.
- 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:
 - o As people grow older, they tend to have more health problems.
 - o 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.

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, if you have questions.



RETIREES UNDER AGE 65

If you were hired 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, 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 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 through automatic deductions 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 100% 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 use any service that accepts Medicare for medically necessary care. Under this plan, claims are first processed through Medicare. Then, the insurance company reviews the claim and, in most cases, provides added benefits 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.

With the exception of vision benefits, before medical coverage begins, you must satisfy an individual yearly

deductible of \$300. The deductible will be applied as appropriate toward the Medicare deductibles for Parts A and B until you have paid a total of \$300. 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.

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

There is no deductible for Rx. 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 Medicare Part C (Medicare Advantage) plan that has been created 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 no annual deductible, but there are copays and coinsurance that you will be responsible for during the year. Under this plan, you have more financial risk if you need care during the year, because you will have to pay a portion of the cost at that time through copays and coinsurance.

The plan assumes that you are enrolled in Medicare Parts A and B and are paying the required Medicare Part B premium automatically 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.

A preventive care feature under this plan provides a 100 percent benefit for the cost of an annual wellness visit–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 2023.

PLAN COMPARISONS

THE PLAN PAYS - TOWARD COVERED CHARGES

FEATURE	PLAN 1 - PURcare	PLAN 2 - Medicare Advantage PPO
Preventive care	Yearly "wellness" visit covered 100% by Medicare. Annual physical covered 100% by the plan, no deductible applies.	100% of the cost of 1 annual "wellness" visit – no office visit copay applies
In-hospital stay	100% after the plan deductible	100% after your per/day copay
Outpatient surgery, services and supplies	100% after the plan deductible	80% or balance after applicable copays
Other covered services and supplies <i>(Including treatment of illnesses and injuries, and the purchase of certain supplies)</i>	100% after the plan deductible	Usually 80% or balance after applicable copays
Skilled nursing facility	100% after the plan deductible - coverage continues after the Medicare 100 day limit	100% after your per/day copay - No additional benefit above what Medicare covers
Home health services	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
Vision care	100% up to \$150 a year for services not covered by Medicare <ul style="list-style-type: none">▪ No plan deductible applies▪ Can be used for refraction, contacts and/or glasses	100% for 1 exam per year after your vision copay – contacts and glasses are not covered

YOU PAY - TOWARD COVERED CHARGES

FEATURE	PLAN 1 - PURcare	PLAN 2 - MEDICARE ADVANTAGE PPO																														
Monthly premium (Your cost to participate in the plan for 2023)	\$290.97 \$185.43 for members with VA or Tricare Rx coverage	\$172.91																														
Annual deductible (This is the amount you pay before the plan begins to pay)	\$300 - applied in coordination with Medicare Parts A & B deductibles	\$0																														
Copays and coinsurance	There are generally no copays or coinsurance - per plan provisions Coinsurance is the portion of covered costs you share with the plan after the deductible is met	Copays apply - per plan provisions, including: <ol style="list-style-type: none"> Office visits <ul style="list-style-type: none"> \$20 Primary care \$35 Specialist \$35 Mental health individual visit Inpatient Hospital Care: \$200/day Outpatient lab and standard X-rays: \$15 Skilled nursing facilities: \$50 - \$100/day Emergency room: \$75 Urgent care: \$35 Ambulance: \$175 Coinsurance is the portion of allowed costs you share with the plan - usually 20% per plan provisions - for most other outpatient services/supplies.																														
Annual out-of-pocket (OOP) maximum (Once your annual medical plan costs total this amount, the plan pays 100% of covered charges for the rest of the year)	Once you satisfy the annual deductible, all services covered by Medicare Part A & B will be covered by the plan	\$3,400 (Does not include Part B Rx or Durable Medical Equipment purchased at the pharmacy, or Part D copays/coinsurance)																														
Prescription drugs (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 no deductible on covered prescriptions. You pay 50% of the cost for medications (45% by mail order), up to the Medicare maximum co-pay listed below, until you reach the coverage gap (when the total cost of covered prescriptions reaches \$4,660).</p> <table> <tr> <th></th><th>RETAIL (30-day supply)</th><th>MAIL ORDER (90-day supply)</th></tr> <tr> <td>Tier 1 Preferred Generic Drugs</td><td>max \$10</td><td>max \$20</td></tr> <tr> <td>Tier 2 Preferred Brand Drugs (incl. some Generics)</td><td>max \$45</td><td>max \$90</td></tr> <tr> <td>Tier 3 Non-Preferred Brand Drugs (incl. some Generics)</td><td>max \$95</td><td>max \$190</td></tr> <tr> <td>Tier 4 Specialty Tier Drugs</td><td>max \$95</td><td>max \$190</td></tr> </table> <p>In the gap: You pay your share of the cost of covered prescriptions, 25% for generics or brand names, until you reach the Rx True-Out-of-Pocket limit stated each year by Medicare (\$7,400 for 2023). Then, in the Catastrophic coverage phase, you pay \$0.</p> <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)	Tier 1 Preferred Generic Drugs	max \$10	max \$20	Tier 2 Preferred Brand Drugs (incl. some Generics)	max \$45	max \$90	Tier 3 Non-Preferred Brand Drugs (incl. some Generics)	max \$95	max \$190	Tier 4 Specialty Tier Drugs	max \$95	max \$190	<p>The plan has a four-tier formulary that covers preferred generic, preferred brand, non-preferred brand and specialty tier prescription medications. There is no deductible on covered prescriptions. Below are the copay/coinsurance amounts you will pay until you reach the coverage gap (when the total cost of covered prescriptions reaches \$4,660).</p> <table> <tr> <th></th><th>RETAIL (30-day supply)</th><th>MAIL ORDER (90-day supply)</th></tr> <tr> <td>Tier 1 Preferred Generic Drugs</td><td>\$4 copay</td><td>\$8 copay</td></tr> <tr> <td>Tier 2 Preferred Brand Drugs (incl. some Generics)</td><td>\$28 copay</td><td>\$74 copay</td></tr> <tr> <td>Tier 3 Non-Preferred Brand Drugs (incl. some Generics)</td><td>\$58 copay</td><td>\$164 copay</td></tr> <tr> <td>Tier 4 Specialty Tier Drugs</td><td>33%</td><td>33%</td></tr> </table> <p>In the gap: Tier 1 prescriptions are covered - you pay only your copay. You pay your share of the cost of Tier 2, 3, and 4 prescriptions, 25% for generics or brand names, until you reach the Rx True-Out-of-Pocket limit stated each year by Medicare (\$7,400 for 2023). Then, in the Catastrophic coverage phase, you pay the greater of 5% or</p> <ul style="list-style-type: none"> \$4.15 copay for generics \$10.35 copay for other covered brand names 		RETAIL (30-day supply)	MAIL ORDER (90-day supply)	Tier 1 Preferred Generic Drugs	\$4 copay	\$8 copay	Tier 2 Preferred Brand Drugs (incl. some Generics)	\$28 copay	\$74 copay	Tier 3 Non-Preferred Brand Drugs (incl. some Generics)	\$58 copay	\$164 copay	Tier 4 Specialty Tier Drugs	33%	33%
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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.

Based on the 2023 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
Overall charges	\$47,502	\$30,487.50

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)	\$20
7-day hospital stay (\$11,663)	\$232.50 (\$300 plan deductible reached)	\$1,400 (\$200/day copay)
34-day skilled nursing facility stay (\$35,719)	\$0	\$1,980 (\$50 - \$100/day copay until \$3,400 OOP max is reached)
Charlie's total cost sharing	\$300	\$3,400
Annual Premium	\$3,491.64 (\$290.97/month)	\$2,074.92 (\$172.91/month)
Charlie's total out-of-pocket medical expenses (assuming no other costs during year)	Annual Premium: \$3,491.64 Deductible: \$300 Total: \$3,791.64	Annual Premium: \$2,074.92 Copays: \$3,400 Total: \$5,474.92



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 2023 premium rates, the following side-by-side example shows you how total estimated annual costs compare under the two plans.

MARY

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

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)	\$20
2nd primary care office visit (\$120)	\$67.50 (counts toward plan deductible)	\$20
1st specialist office visit (\$300)	\$100 (counts toward plan deductible)	\$35
2nd specialist office visit (\$300)	\$65 (\$300 plan deductible reached)	\$35
3rd specialist office visit (\$300)	\$0	\$30
3rd primary care office visit (\$150)	\$0	\$20
4th specialist office visit (\$300)	\$0	\$35
Mary's total cost sharing	\$300	\$195
Annual Premium	\$3,491.64 (\$290.97/month)	\$2,074.92 (\$172.91/month)
Mary's total out-of-pocket medical expenses (assuming no other costs during year)	Annual Premium: \$3,491.64 Deductible: \$300 Total: \$3,791.64	Annual Premium: \$2,074.92 Copays: \$195 Total: \$2,269.92

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. But, when you're choosing your plan, keep in mind that even though you can switch between the Purdue plan options each calendar year, most retirees prefer to avoid the paperwork that a change like that requires. 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.**

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.

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 very differently.

PLAN 1 PRESCRIPTION DRUG BENEFITS

Plan 1 prescription drug coverage is “creditable coverage” under Medicare Part D. That means that the plan is designed to offer benefits that are as good as or better than what you would receive if you were enrolled in an individual Medicare Part D plan. Those who have prescription drug coverage through the VA or Tricare may elect Plan 1 for medical care only – at a lower premium.

You pay your share of the cost of medications up to an annual Rx out-of-pocket limit (\$7,400 for 2023). 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:

- No deductible for prescription drugs.
- 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.
- There is an annual limit on the amount you pay out of your pocket – then the plan pays 100 percent of covered charges for the rest of the year.

If you are enrolled in Plan 1, it is critical that you do not enroll in another Part D plan or you will not be eligible to continue coverage under Plan 1.

PLAN 2 PRESCRIPTION DRUG BENEFITS

Plan 2 prescription drug coverage is a Medicare Part D plan – with some enhancements. If you require several medications during the year, you may reach a coverage gap and will be required to pay your share of the cost of medications until your Rx out-of-pocket expenses reach the annual Catastrophic limit set by Medicare each year (\$7,400 for 2023). Above this limit, you once again pay a portion of the cost of drugs. Unique features of the Plan 2 prescription drug benefits include:

- No deductible for prescription drugs.
- 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.
- While in the coverage gap, the plan continues to provide coverage for Tier 1 generic prescriptions after your copay, but you are responsible for your share of the negotiated cost of Tier 2, 3, and 4 prescriptions.
- You can purchase a 30-day supply of maintenance medications at most local pharmacies; 90-day supplies are available through the mail order program.

One way to avoid the coverage gap is to work with your doctor to see if:

- Generics are an option, or
- There are low-cost brand name alternatives.

If you are enrolled in Plan 2, it is critical that you do not enroll in another Part D plan or you will not be eligible to continue coverage under Plan 2.

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 866-365-2374.

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
Medicare Advantage PPO	800-457-8506

ON-CAMPUS

765-494-2222

CUSTOMER SERVICE

Toll-free number: 877-725-0222

RETIREMENT COUNSELING

765-494-1694

765-496-1964

PERF INFORMATION

844-GO-INPRS

844-464-6777

FIDELITY

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

TIAA-CREF

Benefit Payment Information Center	800-842-2776
West Lafayette Office	765-497-8759

REGIONAL CAMPUSES

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

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.