

2025

OPEN ENROLLMENT



COBRA

Enrollment changes are due to UnifyHR by Tuesday, November 19, 2024.

If you choose not to enroll, your 2024 benefit elections will rollover for the 2025 plan year. Enrollment only needs to be completed if you would like to make changes to your plans or to who you want to cover.

Note: If you are making changes that will affect your monthly payment amount and you have a fixed payment amount set, you will need to reset your payment arrangement for 2025. Information is enclosed with instructions on how to set a new payment amount to begin in January 2025.

WHAT YOU CAN EXPECT FOR 2025

Benefits Will Roll Forward

All of your current benefits will roll forward for 2025, unless you choose to make any changes.

Changes need to be provided to UnifyHR by **Tuesday, November 19, 2024.**

Medical

Premiums for 2025 have increased slightly due to rising medical costs nationwide. The same three consumer-driven health plans (CDHPs) will be available for 2025. Each of the plans will see some increase in the deductible and out-of-pocket maximum amounts for 2025.

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Dental & Vision

Premiums for 2025 have increased slightly.

[More: Page 4](#)

2025 MEDICAL PLANS



PHYSICAL
HEALTH

You have a choice of three consumer-driven health plans (CDHPs).

All three plans have:

- **Free preventive care** with an in-network provider and **free generic preventive medications**
- \$10-or-less generic non-preventive prescriptions after you meet your deductible

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

MONTHLY PREMIUMS

	PREMIER CDHP	STANDARD CDHP	LIMITED CDHP	J-1 VISA
COBRA				
Employee Only	\$720.39	\$666.40	\$636.92	\$773.38
Employee & Children	\$1,296.65	\$1,199.55	\$1,146.25	\$1,392.10
Employee & Spouse	\$1,584.83	\$1,466.12	\$1,401.23	\$1,701.46
Employee & Family	\$2,161.11	\$1,999.22	\$1,910.75	\$3,364.81

Legal Notices

Purdue University complies with several laws regarding benefit offerings. You can now [view these notices online at purdue.edu/hr/benefits/medical/hipaa.php](https://www.purdue.edu/hr/benefits/medical/hipaa.php). If you would like to receive a copy of these notices, please contact Purdue to request a copy be mailed to you. These include:

- Healthy Boiler Wellness Program
- Notice of Privacy Practices
- Notice of Special Enrollment Rights
- Women's Health and Cancer Right Act of 1998
- Mental Health Parity Act
- Health Care Reform Notifications
- Premium Assistance under Medicare Children's Health Insurance Program (CHIP)
- Certificate of Creditable Coverage for Medicare Part D

2025 MEDICAL PLANS



PHYSICAL
HEALTH

		PREMIER CDHP	STANDARD CDHP	LIMITED CDHP
Deductible Medical & Rx Combined	Employee only	\$1,700 (Tier 1/HealthSync) \$2,400 (Tier 2/in) \$4,900 (Tier 3/out)	\$2,150 (Tier 1/HealthSync) \$2,925 (Tier 2/in) \$5,500 (Tier 3/out)	\$3,150 (Tier 1/HealthSync) \$4,175 (Tier 2/in) \$6,800 (Tier 3/out)
	Employee + one or more covered family members	\$3,400 (Tier 1/HealthSync) \$4,800 (Tier 2/in) \$9,800 (Tier 3/out)	\$4,300 (Tier 1/HealthSync) \$5,850 (Tier 2/in) \$11,000 (Tier 3/out)	\$6,300 (Tier 1/HealthSync) \$8,350 (Tier 2/in) \$13,600 (Tier 3/out)
Coinsurance		90%/10% (Tier 1/HealthSync) 80%/20% (Tier 2/in) 60%/40% (Tier 3/out)	90%/10% (Tier 1/HealthSync) 80%/20% (Tier 2/in) 60%/40% (Tier 3/out)	90%/10% (Tier 1/HealthSync) 75%/25% (Tier 2/in) 55%/45% (Tier 3/out)
Out-of-Pocket Maximum Medical & Rx Combined (includes deductible & coinsurance)	Employee only	\$2,500 (Tier 1/HealthSync) \$3,650 (Tier 2/in) \$9,500 (Tier 3/out)	\$4,400 (Tier 1/HealthSync) \$5,425 (Tier 2/in) \$10,375 (Tier 3/out)	\$5,650 (Tier 1/HealthSync) \$7,175 (Tier 2/in) \$13,300 (Tier 3/out)
	Employee + one or more covered family members	\$5,000 (Tier 1/HealthSync) \$7,300 (Tier 2/in) \$19,000 (Tier 3/out)	\$8,800 (Tier 1/HealthSync) \$10,850 (Tier 2/in) \$20,750 (Tier 3/out)	\$11,300 (Tier 1/HealthSync) \$14,350 (Tier 2/in) \$26,600 (Tier 3/out)
Center for Healthy Living Office Visit		\$25 towards ded.; coins. applies after ded.	\$25 towards ded.; coins. applies after ded.	\$25 towards ded.; coins. applies after ded.
Primary Care Office Visit		Ded. & coins.	Ded. & coins.	Ded. & coins.
Specialty Care Office Visit		Ded. & coins.	Ded. & coins.	Ded. & coins.
Preventive Care		100% coverage (in) Ded. & coins. (Out)	100% coverage (in) Ded. & coins. (Out)	100% coverage (in) Ded. & coins. (Out)
Emergency Room		Ded. & coins.	Ded. & coins.	Ded. & coins.
Urgent Care Facility		Ded. & coins.	Ded. & coins.	Ded. & coins.

Labs				
Tier 1 Labs, including Center for Healthy Living and PUSH Labs	Preventive	100% coverage	100% coverage	100% coverage
	Non-preventive	Ded. & coins.	Ded. & coins.	Ded. & coins.
Tier 2 Labs (In-network)	Preventive	100% coverage	100% coverage	100% coverage
	Non-preventive	Ded. & coins.	Ded. & coins.	Ded. & coins.
Tier 3 Labs (Out-of-network)		Ded. & coins.	Ded. & coins.	Ded. & coins.

VISION & DENTAL



PHYSICAL
HEALTH

VISION COVERAGE

	DESCRIPTION	COST
Well Vision Exam	<ul style="list-style-type: none"> Eligible each calendar year 	\$5
Frames	<ul style="list-style-type: none"> Eligible every other calendar year \$150 allowance for a wide selection of frames, \$200 for featured frame brands 20% savings on the amount over your allowance 	\$10, included in prescription glasses
Lenses	<ul style="list-style-type: none"> Eligible each calendar year Single, lined bifocal, lined trifocal lenses Polycarbonate lenses for dependent children 	\$10, included in prescription glasses
	<ul style="list-style-type: none"> Standard progressive lenses UV coating 	Covered in full at in-network providers
Contacts (instead of glasses)	<ul style="list-style-type: none"> Eligible each calendar year \$130 allowance for contacts; copay does not apply Contact lens exam (fitting and evaluation) 	Up to \$60
Primary EyeCare Plan	<ul style="list-style-type: none"> Supplemental medical eye care services (i.e., detection/treatment of ocular/visual condition) 40% off additional pairs of glasses 	\$20 copay

2025 Monthly Vision Premiums

Employee Only	\$8.18
Employee & Children	\$15.82
Employee & Spouse	\$14.83
Employee & Family	\$23.94

Resources

Learn more about your vision coverage on the [benefits website](#) or at [vsp.com](#).

Ways to Find a VSP Doctor

- Call VSP at 800-877-7195.
- Visit [vsp.com](#) and click on the Members tab.

New Users: Click on **Create An Account** and enter the last four digits of your SSN. Enter other required information and follow the on-screen instructions.

ANNUAL DENTAL PREMIUMS

Delta Dental has two dental networks: PPO and Premier. Our plan has the same coverage for both networks.

	DELTA DENTAL PREVENTIVE ONLY	DELTA DENTAL OPTION 1	DELTA DENTAL OPTION 2
2025 Annual Dental Premiums			
Employee Only	\$10.54	\$40.02	\$20.48
Employee & Children	\$30.78	\$104.73	\$54.12
Employee & Spouse	\$21.20	\$81.14	\$41.54
Employee & Family	\$45.15	\$157.60	\$81.72

Resources

For plan details:

- Visit the Benefits website at [purdue.edu/hr/Benefits/dentalvision/dental.php](#) or visit Delta Dental at [deltadentalin.com](#).
- Call Delta Dental at 800-524-0149.

HOW TO ENROLL

OPEN
ENROLLMENT

It's time to review your benefit options and soon you will enroll in plans that best meet the needs of you and your family.

- 1** If you do not need to make any changes to your plans, your enrollments will roll forward for 2025.
- 2** If you need to make changes to your plans or dependents you cover, you can either log onto the UnifyHR portal and enroll there, or you can complete the enclosed enrollment form and return to UnifyHR by November 17, 2024.
- 3** If you have questions about plan coverage, contact Purdue's customer service team at hr@purdue.edu, or by phone at 765-494-2222 or toll free at 877-725-0222.
- 4** You will receive monthly reminder notices regarding payment of your premiums to UnifyHR. Instructions will be provided and you can set up payments through the UnifyHR portal or by mailing payment to them. Payments are due by the first of each month, beginning January 1, 2025. Remember that if your premium amount will change for 2025 and you have a fixed payment amount set, you will need to reset your payment with UnifyHR.

New Dependents

If you are adding new dependents to your plan for 2025, please contact Purdue to arrange for providing verification documentation.

More information on required dependent documentation:

purdue.edu/hr/Benefits/employeebenefits/eligibility/eligible-dependents.php

Questions?

You can contact UnifyHR regarding any questions about open enrollment 2025 billings at 1-800-519-8366 or email COBRA@UnifyHR.com.