

2025

# OPEN ENROLLMENT



UNDER 65 RETIREES

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, but please review the Tobacco Certification and Working Spouse Premium Waiver requirements below.

**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

### Enrollment

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.**

**Tobacco Certification:** It is important that you provide an updated certification regarding tobacco use. If you will be covering a spouse on your medical plan for 2025, you will also need to provide a tobacco certification for your spouse.

**Completed certification must be provided by December 1, 2024 to avoid being charged tobacco rates for your medical coverage in 2025.**

Complete the enclosed Tobacco Use Certification Form and return the completed form to Purdue HR - Benefits.

Fax: 765-496-1657

Email: [benefitshr@purdue.edu](mailto:benefitshr@purdue.edu)

Mail: Purdue University HR-Benefits, 2550 Northwestern Blvd, Suite 1100, West Lafayette, IN 47906

[See page 5 for details on tobacco certification.](#)

### Premiums

Premiums for 2025 have increased 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. [More: Page 3](#)

Dental premiums are also increasing slightly. (Reminder: The preventive-only plan continues to be provided at no cost.) [More: Page 4](#)

### Pharmacy

AffirmedRx will replace CVS Caremark on January 1, 2025. Specialty medications will continue to be managed by Archimedes.

### Carrum Health

We are expanding our partnership with Carrum Health to include hip and knee replacements, and spine and bariatric surgeries. Those who need joint replacement will benefit from our preferred provider relationship with OrthoIndy.

### Obesity Management

In partnership with AffirmedRx, we will implement a new obesity management program at the Center for Healthy Living to help you make lifestyle choices for managing your long-term health.

# 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 |
|---------------------|--------------|---------------|--------------|
| <b>Retirees</b>     |              |               |              |
| Employee Only       | \$781.10     | \$716.33      | \$683.76     |
| Employee & Children | \$1,405.95   | \$1,289.4     | \$1,230.57   |
| Employee & Spouse   | \$1,718.4    | \$1,575.95    | \$1,504.57   |
| Employee & Family   | \$2,343.27   | \$2,148.99    | \$2,051.3    |

**These rates do not include:**  
Additional tobacco-user premium of \$1,250 for employee and \$1,250 for covered spouse

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

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

# VISION & DENTAL



PHYSICAL  
HEALTH

## VISION COVERAGE

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

### 2025 Monthly Vision Premiums

|                     |         |
|---------------------|---------|
| Employee Only       | \$8.02  |
| Employee & Children | \$15.51 |
| Employee & Spouse   | \$14.54 |
| Employee & Family   | \$23.47 |

### 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<br>PREVENTIVE ONLY | DELTA DENTAL<br>OPTION 1 | DELTA DENTAL<br>OPTION 2 |
|------------------------------------|---------------------------------|--------------------------|--------------------------|
| <b>2025 Annual Dental Premiums</b> |                                 |                          |                          |
| Employee Only                      | \$0                             | \$30.77                  | \$11.61                  |
| Employee & Children                | \$0                             | \$77.93                  | \$28.31                  |
| Employee & Spouse                  | \$0                             | \$62.51                  | \$23.69                  |
| Employee & Family                  | \$0                             | \$118.22                 | \$43.83                  |

### 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 19, 2024.

**3** You will need to certify your Tobacco Use certification. If you do not complete a tobacco certification by December 1, 2024, you and your spouse (if applicable) will be charged the additional premium in 2025.

Tobacco users will have the option of completing an approved tobacco cessation program to avoid the \$1,250 per person additional tobacco-user annual premium charge.

Certified tobacco users with an approved waiver for 2024 will need to re-certify by submitting a 2025 certificate of completion of an approved tobacco cessation program. Programs must be completed within 2025 in order to waive some or all of the premium for the 2025 plan year. Completed program certificates submitted between Jan. 1 and March 31, 2025, will result in lower premiums for all of 2025.

Completed certifications submitted after March 31, 2025, will reduce premiums for the remainder of the plan year only.

**Details:** [purdue.edu/hr/Benefits/medical/tobaccoCessation.php](https://www.purdue.edu/hr/Benefits/medical/tobaccoCessation.php)

**4** If you have questions about plan coverage, contact Purdue's customer service team at [hr@purdue.edu](mailto:hr@purdue.edu), or by phone at 765-494-2222 or toll free at 877-725-0222.

**5** 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](https://www.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](mailto:COBRA@UnifyHR.com).