

# OPEN ENROLLMENT

## 2026 – COBRA

### Enrollment changes are due to UnifyHR by Tuesday, November 18, 2025.

If you choose not to enroll, your 2025 benefit elections will rollover for the 2026 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 2026. Information is enclosed with instructions on how to set a new payment amount to begin in January 2026.

## WHAT CAN YOU EXPECT FOR 2026

### Enrollment

All of your current benefits will roll forward for 2026, unless you choose to make any changes.

Changes need to be provided to UnifyHR by **Tuesday, November 18, 2025.**

### Slight Increase to Medical Premiums

There will be a slight medical premium increase due to continued rising healthcare costs.

The same three consumer-driven health plans (CDHPs) will be available for 2026. You'll have the same Anthem/HealthSync network, but Ameriben will now manage your claims and member support. [More: Page 3](#)

### Carrum Health

You are required to use Carrum Health for the following procedures: hip and knee replacements and revisions, spinal fusion surgery and spinal decompression, and bariatric (weight loss) surgery.

### Center for Healthy Living (CHL)

You may purchase the CHL medical plan buy-up and utilize the Center for Healthy Living and its services, including the weight management program. Additional premiums (in addition to your COBRA premiums) are as follows:

|                     |         |
|---------------------|---------|
| Employee Only       | \$30.38 |
| Employee & Children | \$54.68 |
| Employee & Spouse   | \$68.33 |
| Employee & Family   | \$92.65 |

**CHL Weight Management Program:** Participation in the program is required to receive prescription coverage for any weight loss medication.

# 2026 MEDICAL PLANS

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

|                                   | Premium CDHP  | Standard CDHP                                     | Limited CDHP  |
|-----------------------------------|---|---|---|
| Best For                          | <b>Peace of mind.</b><br>Pay more now with higher premiums, spend less later on care. | <b>Balance.</b><br>Take a middle-ground approach. | <b>Savings.</b><br>Save more now with lower premiums, spend more later if care is needed. |
| Premiums                          | Highest   | Mid-range   | Lowest  |
| Deductible/ Out-of-pocket Maximum | Lowest  | Mid-range   | Highest   |

## MONTHLY PREMIUMS

|                     | Premier CDHP | Standard CDHP | Limited CDHP | J-1 Visa   |
|---------------------|--------------|---------------|--------------|------------|
| Employee Only       | \$770.42     | \$712.67      | \$681.16     | \$827.10   |
| Employee & Children | \$1,386.70   | \$1,282.85    | \$1,225.85   | \$1,488.77 |
| Employee & Spouse   | \$1,694.89   | \$1,567.93    | \$1,498.53   | \$1,819.63 |
| Employee & Family   | \$2,311.20   | \$2,138.06    | \$2,043.45   | \$3,598.49 |

## LEGAL NOTICES

Purdue University complies with several laws regarding benefit offerings. You can now [view these notices online](#). 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

## 2026 MEDICAL PLANS

|  |   | Premier CDHP  | Standard CDHP  | Limited CDHP  |
|--|---|---|--|---|
| <b>Deductible</b><br>Medical & Rx Combined   | Employee only                                 | <b>\$1,700</b><br>(Tier 1/HealthSync)<br>\$2,400 (Tier 2/in)<br>\$4,900 (Tier 3/out)  | <b>\$2,150</b><br>(Tier 1/HealthSync)<br>\$2,925 (Tier 2/in)<br>\$5,500 (Tier 3/out)   | <b>\$3,150</b><br>(Tier 1/HealthSync)<br>\$4,175 (Tier 2/in)<br>\$6,800 (Tier 3/out)    |
|  | Employee + one or more covered family members | <b>\$3,400</b><br>(Tier 1/HealthSync)<br>\$4,800 (Tier 2/in)<br>\$9,800 (Tier 3/out)  | <b>\$4,300</b><br>(Tier 1/HealthSync)<br>\$5,850 (Tier 2/in)<br>\$11,000 (Tier 3/out)  | <b>\$6,300</b><br>(Tier 1/HealthSync)<br>\$8,350 (Tier 2/in)<br>\$13,600 (Tier 3/out)   |
| <b>Coinsurance</b>   |   | <b>90%/10%</b><br>(Tier 1/HealthSync)<br>80%/20% (Tier 2/in)<br>60%/40% (Tier 3/out)  | <b>90%/10%</b><br>(Tier 1/HealthSync)<br>80%/20% (Tier 2/in)<br>60%/40% (Tier 3/out)   | <b>90%/10%</b><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                                 | <b>\$2,500</b><br>(Tier 1/HealthSync)<br>\$3,650 (Tier 2/in)<br>\$9,500 (Tier 3/out)  | <b>\$4,400</b><br>(Tier 1/HealthSync)<br>\$5,425 (Tier 2/in)<br>\$10,375 (Tier 3/out)  | <b>\$5,650</b><br>(Tier 1/HealthSync)<br>\$7,175 (Tier 2/in)<br>\$13,300 (Tier 3/out)   |
|  | Employee + one or more covered family members | <b>\$5,000</b><br>(Tier 1/HealthSync)<br>\$7,300 (Tier 2/in)<br>\$19,000 (Tier 3/out) | <b>\$8,800</b><br>(Tier 1/HealthSync)<br>\$10,850 (Tier 2/in)<br>\$20,750 (Tier 3/out) | <b>\$11,300</b><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 ded.                                       | \$25 towards ded.;<br>coins. applies after ded.  | \$25 towards ded.;<br>coins. applies after 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

## VISION COVERAGE

- Covers one eye exam per year
- Helps pay for glasses or contacts
- Offers discounts on LASIK and PRK procedures

### Monthly Vision Premiums

|                     |         |
|---------------------|---------|
| Employee Only       | \$8.64  |
| Employee & Children | \$16.70 |
| Employee & Spouse   | \$15.66 |
| Employee & Family   | \$25.28 |

## DENTAL

You have three dental plan options through Delta Dental. All plans use the same PPO and Premier networks.

### Monthly Dental Premiums

|                     | Preventive Only  | Option 1   | Option 2  |
|---------------------|--|--|---|
| Best For            | Basic coverage at no cost; covers cleanings and checkups | Full coverage, including restorative work, with in- and out-of-network providers | Preventive and basic care, in-network dentists only |
| 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   |



## VISION RESOURCES

**Tip:** Use a VSP provider for best coverage.

Visit [vsp.com](https://vsp.com) or call **800-877-7195** to find a provider.



## DENTAL RESOURCES

Visit [deltadental.com](https://deltadental.com) or call **800-524-0149** to find a provider.

# HOW TO ENROLL

**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 2026.
- 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 18, 2025.
- 3** 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.
- 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, 2026. Remember that if your premium amount will change for 2026 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 2026, please contact Purdue to arrange for providing verification documentation.



**[More information on required dependent documentation.](#)**



## QUESTIONS?

You can contact UnifyHR regarding any questions about open enrollment 2026 billings at **1-800-519-8366** or email **[COBRA@UnifyHR.com](mailto:COBRA@UnifyHR.com)**.