PURDUE UNIVERSITY

OPEN ENROLLMENT

2027 – COBRA

Enrollment changes are due to Wex Health by Tuesday, December 1, 2026.

If you choose not to enroll, your 2026 benefit elections will rollover for the 2027 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 automatic payments set up, you will need to reset your payment arrangement in the WEX portal for 2027.

WHAT CAN YOU EXPECT FOR 2027

Enrollment

All of your current benefits will roll forward for 2027, unless you choose to make any changes.

Changes need to be provided to Wex Health by **Tuesday, December 1, 2026.**

Increase to Medical Premiums

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

The same three consumer-driven health plans (CDHPs) will be available for 2027. More: Page 3

Carrum Health

You are required to use Carrum Health for the following procedures: total shoulder replacement; total hip and knee replacements, partials and revisions; spinal fusion; spinal decompression; and bariatric surgery.

Center for Healthy Living (CHL)

The CHL services are included with the medical plan. If you choose not to elect medical plan coverage, you may elect the CHL plan for coverage for services through the CHL.

Additional premiums (in addition to your COBRA premiums) are as follows:

Employee Only	$29.37
Employee & Children	$52.86
Employee & Spouse	$66.06
Employee & Family	$89.56

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

2027 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	**Peace of mind.** Pay more now with higher premiums, spend less later on care.	**Balance.** Take a middle-ground approach.	**Savings.** 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	$831.85	$763.42	$734.94	$895.58
Employee & Children	$1,497.27	$1,374.18	$1,322.63	$1,612.03
Employee & Spouse	$1,830.03	$1,679.56	$1,616.86	$1,970.28
Employee & Family	$2,495.49	$2,290.29	$2,204.81	$3,896.42

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:

- Your Path Wellness Program
- Notice of Privacy Practices
- Notice of Special Enrollment Rights
- Women's Health and Cancer Rights 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

2027 MEDICAL PLANS

		Premier CDHP	Standard CDHP	Limited CDHP
Deductible Medical & Rx Combined	Employee only	**$1,750 (Tier 1/HealthSync)** $2,450 (Tier 2/in) $4,950 (Tier 3/out)	**$2,200 (Tier 1/HealthSync)** $2,975 (Tier 2/in) $5,550 (Tier 3/out)	**$3,200 (Tier 1/HealthSync)** $4,225 (Tier 2/in) $6,850 (Tier 3/out)
	Employee + one or more covered family members	**$3,500 (Tier 1/HealthSync)** $4,900 (Tier 2/in) $9,900 (Tier 3/out)	**$4,400 (Tier 1/HealthSync)** $5,950 (Tier 2/in) $11,100 (Tier 3/out)	**$6,400 (Tier 1/HealthSync)** $8,450 (Tier 2/in) $13,700 (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	**$2,550 (Tier 1/HealthSync)** $3,700 (Tier 2/in) $9,550 (Tier 3/out)	**$4,450 (Tier 1/HealthSync)** $5,475 (Tier 2/in) $10,425 (Tier 3/out)	**$5,700 (Tier 1/HealthSync)** $7,225 (Tier 2/in) $13,350 (Tier 3/out)
	Employee + one or more covered family members	**$5,100 (Tier 1/HealthSync)** $7,400 (Tier 2/in) $19,100 (Tier 3/out)	**$8,900 (Tier 1/HealthSync)** $10,950 (Tier 2/in) $20,850 (Tier 3/out)	**$11,400 (Tier 1/HealthSync)** $14,450 (Tier 2/in) $26,700 (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.

PHARMACY & LABS

		Prescription Drugs	
		Retail (30-day supply)	**Mail Order (90-day supply)**
Level 1 - Low-Cost Generics	Preventive	100% coverage	100% coverage
	Non-preventive	Deductible, then actual cost up to max of $10	Deductible, then actual cost up to max of $20
Level 2 - Higher-Cost Generics and Preferred Brands	Preventive	No deductible, 35% to max of $50	No deductible, 35% to max of $100
	Non-preventive	Deductible, then 35% to max of $50	Deductible, then 35% to max of $100
Level 3 - Highest-Cost, Mostly Brand Drugs	Preventive	No deductible, 50% up to max of $75	No deductible, 50% up to max of $150
	Non-preventive	Deductible, then 50% up to max of $75	Deductible, then 50% up to max of $150
Level 4 - Highest-Cost, Mostly Brand Drugs and Specialty Drugs		Deductible, then 55% up to max of $250	Deductible, then 55% up to max of $250

		Labs *(Tier 1 labs are part of HealthSync)*
Tier 1 Labs, including Center for Healthy Living and PUSH Labs	Preventive	100% coverage
	Non-preventive	Deductible and coinsurance
Tier 2 Labs (In-network)	Preventive	100% coverage
	Non-preventive	Deductible and coinsurance
Tier 3 Labs (Out-of-network)		Deductible and coinsurance

VISION & DENTAL

VISION COVERAGE

Note: Vision coverage is included in the medical plan.
You only need to select Vision if you are not enrolling in medical.

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

Monthly Vision Premiums

Employee Only	$9.55
Employee & Children	$18.45
Employee & Spouse	$17.30
Employee & Family	$27.93

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	$11.97	$45.47	$23.27
Employee & Children	$34.98	$118.98	$61.49
Employee & Spouse	$24.08	$92.19	$47.20
Employee & Family	$51.29	$179.05	$92.84

VISION RESOURCES

Tip: Use a VSP provider for best coverage.

Visit purdue.vspforme.com or **call 800-877-7195** to find a provider.

DENTAL RESOURCES

Visit 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 benefits will roll forward for 2027.
2. **If you need to make changes to your plans or dependents you cover, log onto the Wex Health portal and complete your enrollment by December 1, 2026.**
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**.
4. **You will receive monthly reminder notices regarding payment of your premiums to Wex Health.** Instructions will be provided and you can set up payments through the Wex Health portal or by mailing payment to them. Payments are due by the first of each month, beginning January 1, 2027. Remember that if your premium amount will change for 2027 and you have a fixed payment amount set, you will need to reset your payment with Wex Health.

NEW DEPENDENTS

If you are adding new dependents to your plan for 2027, please contact Purdue to arrange for providing verification documentation.

More information on required dependent documentation.

QUESTIONS?

You can contact Wex Health regarding any questions about open enrollment 2027 billings at **866-451-3399,** Monday-Friday, 6 a.m.-9 p.m. CT.