PURDUE UNIVERSITY

OPEN ENROLLMENT

2027 – LTD

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, 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 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.**

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 2027, you will also need to provide a tobacco certification for your spouse.

Completed certification must be provided by December 1, 2026, to avoid being charged tobacco rates for your medical coverage in 2027.

- Complete the enclosed Tobacco Use Certification Form and return the completed form to Purdue HR - Benefits.
- Fax: 765-496-1657
- Email: benefitshr@purdue.edu
- Mail: Purdue University HR-Benefits,
  2550 Northwestern Blvd, Suite 1100
  West Lafayette, IN 47906

Working Spouse: If you will be covering a spouse on the medical plan, you need to also review the enclosed Working Spouse Premium Waiver to see if it applies to you. Forms need to be returned to Purdue HR Benefits by Tuesday, December 1, 2026 in order to have the premium waived for 2027.

See page 5 for details on tobacco certification & working spouse premium.

Slight Increase to Dental Premiums

Dental premiums will increase in 2027, depending on your coverage level. Purdue will continue to provide preventive dental coverage at no cost to employees and their covered family members.

Carrum Health

You are required to use Carrum Health for the following procedures:

- Total shoulder replacements, partials, and revisions
- Total hip and knee replacements, partials and revisions
- Spinal fusion and spinal decompression
- Bariatric surgery

CHL Weight Management Program

All benefits-eligible faculty and staff, including those who do not participate in a Purdue health plan, are eligible to participate in the program. In addition, spouses and dependents covered on a Purdue health plan can also participate. The program is voluntary.

Note: Participation in the program is required to receive prescription coverage for any weight loss medication.

Learn more.

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
Employee Only	$24.01	$10.75	$3.96
Employee & Children	$43.93	$19.41	$6.65
Employee & Spouse	$125.44	$53.86	$15.85
Employee & Working Spouse	$208.77	$137.19	$99.18
Employee & Family	$173.48	$72.93	$18.79
Employee & Family (Working Spouse)	$256.81	$156.26	$102.12

These rates **do not** include the additional tobacco-user premium of $1,500 for employee and $1,500 for covered spouse.

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 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

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	$9.36
Employee & Children	$18.09
Employee & Spouse	$16.96
Employee & Family	$27.38

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	$0	$33.76	$11.99
Employee & Children	$0	$85.03	$28.66
Employee & Spouse	$0	$68.61	$24.50
Employee & Family	$0	$129.18	$44.66

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 enrollments 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. **You will need to complete your Tobacco Use certification.** If you do not complete a tobacco certification by December 1, 2026, you and your spouse (if applicable) will be charged the additional premium in 2027.

   Tobacco users will have the option of completing an approved tobacco cessation program to avoid the $1,500 per person additional tobacco-user annual premium charge.

   Certified tobacco users with an approved waiver for 2026 will need to re-certify by submitting a 2027 certificate of completion of an approved tobacco cessation program. Programs must be completed within 2027 in order to waive some or all of the premium for the 2027 plan year. Completed program certificates submitted between Jan. 1 and March 31, 2027, will result in lower premiums for all of 2027.

   Completed certifications submitted after March 31, 2027, will reduce premiums for the remainder of the plan year only.

4. **Working Spouse Premium:** If you will be covering a spouse with primary coverage through Purdue who is 1) employed or self-employed outside of Purdue, 2) has access to a group health plan where the employer pays at least 50% of the premium, and 3) your spouse does not take that plan, you will pay an additional Working Spouse Premium.

   - $1,000 annually for employees who elect the employee/spouse or family plan.

   To apply for a waiver, submit a completed Working Spouse Waiver Form to Purdue University no later than December 1, 2026, to avoid the additional premium.

   If you have questions about plan coverage, contact Purdue's customer service team at **hr@purdue.edu,** or by phone at **765-494-2222**.

   You must complete your Tobacco Use Certification and Working Spouse Waiver Form by December 1, 2026.
   If your forms are not received by the deadline, the December 2026 invoice (for January 2027 premiums) will include the additional surcharges.

5. **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

PURDUE UNIVERSITY

Tobacco Use Certification Form

All individuals who are covered under the health plans need to certify whether or not they have used tobacco products in the last 12 months. An additional premium amount for individuals who are "tobacco-users" as defined below, and are covered under a Purdue University health plan is applied to the health plan premium. All individuals who are covered under the health plans and have used tobacco in the last 12 months will pay an additional $1500 for the employee/former employee and an additional $1500 for a spouse covered under the plans. **If you or your covered spouse have not used tobacco in the last 12 months, complete and return this form by December 1 in order for premiums to be correct for January or March 31 to retroactively reduce your impacted premiums for the entire plan year (a refund will apply, if applicable). Forms received after March 31 will reduce your premiums going forward.**

Options are available to complete a tobacco cessation program, approved by Purdue, and have the premiums lowered following completion of such a program. For more information, visit the Tobacco Cessation page or contact Human Resources at (765) 494-2222, (877) 725-0222 toll-free, or your regional campus Human Resources office.

How is "tobacco user" defined?
A tobacco user is a person who has used tobacco in the past 12 months. "Tobacco" includes cigars, cigarettes, chewing tobacco, pipe tobacco or any other tobacco product. It also includes oral nicotine pouches and electronic cigarettes (vape pens and kits) which contain nicotine which is derived from tobacco.

Please check both of the following survey questions as appropriate.

EMPLOYEE CERTIFICATION:

___ I have not used tobacco products in the past 12 months.

___ I have used tobacco products in the past 12 months.

SPOUSE CERTIFICATION:

___ I do not cover a spouse on my Purdue medical insurance.

___ He/she has not used tobacco products in the past 12 months.

___ He/she has used tobacco products in the past 12 months.

TOBACCO-USER CERTIFICATION:

I attest that this certification is accurate and true. I understand that if I have given inaccurate or false information on behalf of myself or my spouse, I will be required to pay additional premiums consistent with my status as a tobacco user.

_____ _____

Printed Name Signature

_____

Date

Please send completed forms to:

benefitshr@purdue.edu- scanned copy or photo

OR fax to 765-496-1657

OR mail to

Purdue HR Benefits
2550 Northwestern Ave, Suite 1100
West Lafayette, IN 47906-1394

PURDUE UNIVERSITY | Human Resources

Purdue University
Working Spouse Premium Waiver Form

Printed Employee Name _____ Printed Spouse Name _____

This form must be completed and returned to Purdue no later than December 1, 2026 and is required ONLY if you will be covering a spouse through a Purdue medical plan in 2027 AND one of the following conditions applies:

- Spouse is employed somewhere other than Purdue, or self-employed, AND has no access in 2027 to an employer group plan where at least 50% of the employee-only premium is paid on their behalf. In this case, the working spouse premium can be waived and coverage through Purdue will be primary.
- Spouse is employed somewhere other than Purdue, or self-employed, AND will take coverage in 2027 through an employer group plan where at least 50% of the employee-only premium is paid for on their behalf. In this case, the working spouse premium can be waived and coverage through Purdue will be secondary.

Employer Certification – to be completed and signed by spouse's employer
- **If spouse is self-employed, this section should be completed by spouse.**
- **Purdue employee must sign the Employee Certification below.**

- Is the spouse named above eligible for medical insurance under a group plan where at least 50% of the employee-only premium is paid for on his/her behalf? ☐ Yes ☐ No
- If yes, is he/she enrolled in this plan for 2027? ☐ Yes ☐ No

Employer Name _____

Employer Representative Signature _____

Employer Representative Printed Name _____

Phone Number _____

Employee Certification – to be signed by Purdue employee

I hereby certify that the information above is accurate and true. I understand that if I have given inaccurate or false information, I may be subject to disciplinary action up to and including termination of employment by Purdue University. I understand further that I may be required to pay additional expenses in the event this information is not correct.

I acknowledge that if there are changes to the above information during the plan year, I am responsible for reporting the change to Human Resources so my benefits can be updated accordingly.

Purdue Employee Signature _____ Date _____