PURDUE UNIVERSITY

OPEN ENROLLMENT

2027 – UNDER 65 RETIREES

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

If you choose not to enroll, your 2026 benefit elections will roll over 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 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

See page 5 for details on tobacco certification

Slight Increase to Medical Premiums

There will be a slight medical premium increase (depending plan election and coverage level) due to continued rising healthcare costs.

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

Slight Increase to Dental Premiums

Dental premiums will increase in 2027. Purdue will continue to provide preventive dental coverage at no cost to retirees and their covered family members.

CHL Weight Management Program

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

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

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
Retirees			
Employee Only	$861.17	$789.76	$753.85
Employee & Children	$1,550.06	$1,421.56	$1,356.71
Employee & Spouse	$1,894.54	$1,737.49	$1,658.79
Employee & Family	$2,583.45	$2,369.26	$2,261.56

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 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	$9.36
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 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. **You must complete your Tobacco Use Certification by December 1, 2026.**

   If your certification form is not received by the deadline, the December 2026 invoice (for January 2027 premiums) will include the additional tobacco surcharge. This surcharge will apply to both you and your spouse (if covered).

   The surcharge will continue for all of 2027 until a valid certification is submitted.

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

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, 6:00 a.m. – 9:00 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