

## Andrews University 2006/2007 Plan Year

Benefits	Premier Plan		Standard Plan		High Ded/HSA Plan	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
<b>Deductible</b>						
<b>Per Covered Person</b>	\$100	\$1,000	\$250	\$500	\$1,050	\$2,100
<b>Per Family</b>	\$200	\$2,000	\$500	\$1,000	\$2,100	\$4,200
<b>General Benefit Percentage / Co-insurance</b>	95%	75%	90%	70%	80%	60%
<b>(Unless specifically stated otherwise)</b>						
<b>Calendar Year Maximum Out-of-pocket</b>	\$2,500/\$5,000	\$4,000/\$8,000	\$3,000/\$6,000	\$4,000/\$8,000	\$2,500/\$5,000	\$4,000/\$8,000
<b>(Including Deductible)</b>						
<b>Facility</b>						
<b>Inpatient</b>	95%*	75%*	90%*	70%*	80%*	60%*
<b>Outpatient</b>	95%*	75%*	90%*	70%*	80%*	60%*
<b>Physician Care</b>						
<b>Office Visits</b>	\$15 Co-pay	75%*	\$25 Co-pay	70%*	80%*	60%*
<b>Inpatient</b>	95%*	75%*	90%*	70%*	80%*	60%*
<b>Outpatient</b>	95%*	75%*	90%*	70%*	80%*	60%*
<b>Wellness</b>	\$15 Co-pay	Not Covered	\$25 Co-pay	Not Covered	\$25 Co-pay**	Not Covered
<b>Prescription Drugs - Generic</b>	20% - Min \$10/Max \$40		\$10		80%*	60%*
<b>Prescription Drugs - Brand</b>	50% - Min \$10/Max \$40		\$40		80%*	60%*
<b>Mail</b>	2X		2X		80%*	60%*
<b>Emergency Room</b>	\$100 Co-pay	\$100 Co-pay*	\$100 Co-pay	\$100 Co-pay*	80%*	60%*
<b>Employee Contributions:</b>					***Note	
<b>Employee Only</b>	\$158/\$165		\$105/\$110		\$79/\$83	
<b>Employee Plus One</b>	\$236/\$248		\$158/\$165		\$143/\$150	
<b>Employee Plus Two or More</b>	\$315/\$330		\$210/\$220		\$143/\$150	

There will be no prescription copay for OTC Prilosec and Claritan

\* Deductible Applies

\*\*Wellness Co-pays do not apply to the deductible but do accumulate toward the maximum Out-of-pocket

\*\*\*Note: Andrews HSA Bank contributions per month are as follows:

Employee Only: \$50      Employee +1: \$100      Employee + 2 or more: \$100

Employee Contribution: 5%/10%