

# Andrews University 2010/2011 Plan Year Summary

Benefits	Premier Plan		Standard Plan		High Ded/HSA Plan	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Deductible(*)						
Per Covered Person	\$150	\$1,000	\$300	\$1,000	\$1,200	\$2,400
Per Family	\$300	\$2,000	\$600	\$2,000	\$2,400	\$4,800
General Benefit Percentage / Co-insurance (Unless specifically stated otherwise)	90%	60%	85%	60%	80%	60%
Calendar Year Maximum Out-of-pocket Facility (Subject to Deductible)	\$3,000/\$6,000	\$5,000/\$10,000	4,000/8,000	\$5,000/\$10,000	\$3,000/\$6,000	\$5,000/\$10,000
Inpatient	90%*	60%*	85%*	60%*	80%*	60%*
Outpatient	90%*	60%*	85%*	60%*	80%*	60%*
Physician Care						
Office Visits	\$15 Co-pay	60%*	\$25 Co-pay	60%*	80%*	60%*
Inpatient	90%*	60%*	85%*	60%*	80%*	60%*
Wellness	\$15 Co-pay	Not Covered	\$25 Co-pay	Not Covered	\$25 Co-pay**	Not Covered
Prescription Drugs - Generic/Brand	25% - Min \$0/Max \$50		35% - Min \$0/Max \$50		80%*	60%*
Mail (Mandatory for Maintenance drugs)	2X		2X		80%*	60%*
Emergency Room (Facility Charge)	\$100 Co-pay* then Co-ins applies	\$100 Co-pay* then Co-ins applies	\$100 Co-pay* then Co-ins applies	\$100 Co-pay* then Co-ins applies	80%*	60%*
Employee Contributions:					***Note	
Employee Only	<b>\$173/\$216</b>		<b>\$114/\$143</b>		<b>\$86/\$108</b>	
Employee Plus One	<b>\$257/\$321</b>		<b>\$172/\$215</b>		<b>\$156/\$195</b>	
Employee Plus Two or More	<b>\$344/\$430</b>		<b>\$229/\$286</b>		<b>\$156/\$195</b>	

Out of Network Claims will require increased level of case management

There will be no prescription copay for OTC Prilosec and Claritin

\* 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: \$55      Employee +1: \$110      Employee + 2 or more: \$110