

Andrews University 2008/2009 Plan Year

Benefits	Premier Plan		Standard Plan		High Ded/HSA Plan	
Deductible	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Per Covered Person	\$100	\$1,000	\$250	\$500	\$1,100	\$2,200
Per Family	\$200	\$2,000	\$500	\$1,000	\$2,200	\$4,400
General Benefit % / Co-insurance (Unless specifically stated otherwise)	95%	75%	90%	70%	80%	60%
Calendar Year Max Out-of-pocket (Including Deductible)	\$2,500/\$5,000	\$4,000/\$8,000	\$3,000/\$6,000	\$4,000/\$8,000	\$2,500/\$5,000	\$4,000/\$8,000
Facility						
Inpatient	95%*	75%*	90%*	70%*	80%*	60%*
Outpatient	95%*	75%*	90%*	70%*	80%*	60%*
Physician Care						
Office Visits	\$15 Co-pay	75%*	\$25 Co-pay	70%*	80%*	60%*
Inpatient	95%*	75%*	90%*	70%*	80%*	60%*
Outpatient	95%*	75%*	90%*	70%*	80%*	60%*
Wellness	\$15 Co-pay	Not Covered	\$25 Co-pay	Not Covered	\$25 Co-pay**	Not Covered
Prescription Drugs - Generic	20% - Min \$10/Max \$40		\$10		80%*	60%*
Prescription Drugs - Brand	50% - Min \$10/Max \$40		\$40		80%*	60%*
Mail	2X		2X		80%*	60%*
Emergency Room	\$100 Co-pay	\$100 Co-pay*	\$100 Co-pay	\$100 Co-pay*	80%*	60%*
Employee Contributions:					***Note	
Employee Only	\$165 / \$189		\$109 / \$125		\$82 / \$95	
Employee Plus One	\$245 / \$281		\$164 / \$188		\$149 / \$172	
Employee Plus Two or More	\$328 / \$375		\$218 / \$251		\$149 / \$172	

There will be no prescription copay for OTC Prilosec, 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: \$50 Employee +1: \$100 Employee + 2 or more: \$100

Employee Contributions: Wellness (complete all 3 components) Participant / Non-Wellness Participant