

Andrews University 2009/2010 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
Deductible						
Per Covered Person	\$150	\$1,000	\$300	\$1,000	\$1,150	\$2,300
Per Family	\$300	\$2,000	\$600	\$2,000	\$2,300	\$4,600
General Benefit Percentage / Co-insurance (Unless specifically stated otherwise)	90%	60%	85%	60%	80%	60%
Benefit Year Maximum Out-of-pocket (Including 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
Facility (Subject to Deductible)*						
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%*
Outpatient	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	\$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	

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