

Andrews University
2011 - 2012 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	\$250	\$2,500	\$400	\$2,500	\$1,200	\$2,500
Per Family	\$500	\$5,000	\$800	\$5,000	\$2,400	\$5,000
General Benefit Percentage / Co-insurance*	90%	60%	80%	60%	80%	60%
(Unless specifically stated otherwise)						
Plan Year Maximum Out-of-pocket	\$3,100/\$6,200	\$7,500/\$15,000	\$4,100/\$8,200	\$7,500/\$15,000	\$3,000/\$6,000	\$7,500/\$15,000
Facility (Subject to Deductible)						
Inpatient	90%	60%	80%	60%	80%	60%
Outpatient	90%	60%	80%	60%	80%	60%
Physician Care						
Office Visits	\$20 co-pay	60%	\$30 co-pay	60%	80%	60%
Specialist Office Visit	\$20 co-pay	60%	\$30 co-pay	60%		
Inpatient Co-Pay**	\$100	\$250	\$100	\$250	80%	60%
Inpatient Services	90%	60%	80%	60%	80%	60%
Outpatient Services	90%	60%	80%	60%	80%	60%
Outpatient Surgical Services Co-Pay**	\$100	\$250	\$100	\$250	80%	60%
Diagnostic x-ray and lab (DXL) tests	100% After Ded	60% After Ded	100% After Ded	60% After Ded	80%	60%
Wellness	100%	Not Covered	100%	Not Covered	100%	Not Covered
Prescription Drugs - Generic/Brand	25% - Min \$0/Max \$60		35% - Min \$0/Max \$60		80%	60%
Mail (Mandatory for Maintenance Drugs)	2X		2X		80%	60%
Emergency Room (Facility Charge)	\$100 copay	\$100 copay	\$100 copay	\$100 copay	80%	60%
Employee Contributions					***Note	
Employee Only	\$216		\$143		\$108	
Employee Plus 1	\$321		\$215		\$195	
Employee Plus 2 or More	\$430		\$286		\$195	

*Deductible Applies

**Waived for Spectrum Health or Lakeland HealthCare

There will be no prescription copay for OTC Prilosec, Claritin

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

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

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