

Andrews University

2014 - 2015 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	\$400	\$3,000	\$550	\$3,000	\$1,350	\$3,000
Per Family	\$800	\$6,000	\$1,100	\$6,000	\$2,700	\$6,000
General Benefit Percentage / Co-insurance*	90%	60%	80%	60%	80%	60%
(Unless specifically stated otherwise)						
Co-Insurance Maximum	\$2,850/\$5,700	\$5,000/\$10,000	\$3,700/\$7,400	\$5,000/\$10,000	N/A	N/A
Total Maximum Out-of-Pocket per benefit yr	\$6,350/\$12,700	N/A	\$6,300/\$12,700	N/A	\$3,150/\$6,300	\$8,000/\$16,000
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%	80%	60%
Hospital Care*						
Inpatient Services	90%	60%	80%	60%	80%	60%
Outpatient Services	90%	60%	80%	60%	80%	60%
Diagnostic, X-ray & Lab Charges*	100%	60%	100%	60%	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		20% after ded	
Mail (Mandatory for Maintenance Drugs)	2X		2X		20% after ded	
Emergency Room (Physician/Providery Charge)*	90%	90%	80%	80%	80%	80%
Emergency Room (Facility Charge)	\$250 copay, then 100%	\$250 copay, then 100%	\$250 copay, then 100%	\$250 copay, then 100%	80%	60%

***Deductible Applies**

OTC Prilosec, Claritan will be covered subject to the co-payments shown above. A physician's prescription is required.

2014/2015	AU Employee Contributions				AU Employer Contributions	
Benefit Selection	Premier	Standard	QHDHP	Dental/Vision	H S A	Opt-Out Benefit
Employee Only	\$96	\$67	\$50	\$5	\$22.50	\$87.50
	\$147	\$103	\$77			
Employee Plus One	\$143	\$102	\$91	\$10	\$45.00	\$87.50
	\$218	\$155	\$140			
Employee Plus Two or more	\$190	\$135	\$91	\$15	\$45.00	\$87.50
	\$292	\$208	\$140			

The Bolded number indicates wellness requirements have been met

The above numbers may be rounded/Based On 24 Bi-Weekly Pays