

Andrews University 2017 - 2018 Plan Year

Benefits	Premier Plan		Standard Plan		High Ded/HSA Plan**	
	In-Network	Out-of-Net	In-Network	Out-of-Net	In-Network	Out-of-Net
Deductible*						
Per Covered Person	\$500	\$3,000	\$650	\$3,000	\$1,450	\$3,000
Per Family	\$1,000	\$6,000	\$1,300	\$6,000	\$2,900	\$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 Max Out-of-Pocket (does not include RX co-pays)	\$4,350/\$8,700	N/A	\$5,350/\$10,700	N/A	\$3,250/\$6,500	\$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*	90%	60%	80%	60%	80%	60%
Wellness	100%	Not Covered	100%	Not Covered	100%	Not Covered
Prescription Drugs - Generic Tier 1/ Tier 2	\$10 / \$20		\$10 / \$20		20% after ded	
Prescription Drugs -Brand Tier 3/ Tier 4	\$50 / \$70		\$60 / \$80		20% after ded	
Prescription Drugs - Specialty Drugs	\$150		\$200		20% after ded	
Emergency Room (Physician/Provider Charge)*	90%	90%	80%	80%	80%	80%
Emergency Room (Facility Charge)	\$250 copay	\$250 copay	\$250 copay	\$250 copay	80%	80%

*Deductible Applies

**Deductible applies to all charges except in-network Wellness services

2017/2018 AU Employee Contributions				
Benefit Selection	Premier	Standard	QHDHP	Dental/Vision
Employee Only	\$96	\$67	\$27	\$14.00
	\$194	\$165	\$50	
Employee Plus One	\$143	\$102	\$46	\$28.00
	\$241	\$200	\$144	
Employee Plus Two or more	\$190	\$135	\$58	\$40.00
	\$288	\$233	\$156	

The Bolded number indicates wellness requirements have been met

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