Andrews University

Seek Knowledge. Affirm Faith. Change the World.

2024 - 2025
Employee Benefits Guide

CONTENTS

This guide is a summary of your benefits. Andrews University has tried to ensure its accuracy, but if there is any discrepancy between the benefits discussed in this guide and the official plan document, the official plan document will rule.

Actual benefits will be paid in accordance with the carrier contracts and any amendments to those contracts in place at the time of the claim. Please refer to your benefit booklets for details regarding your coverage, including benefit limitations and exclusions. Andrews University reserves the right to amend, modify, or terminate any plan at any time and in any manner.

Contacts

Andrews University Benefits Department	T: 269.471.3886 www.andrews.edu/hr benefits@andrews.edu
Priority Health: Medical, Rx	T: 800.956.1954 (back of ID card) www.priorityhealth.com
Express Scripts: Mail-Order Prescriptions	T: 888.378.2589 www.express-scripts.com
Networks while traveling: Cigna	www.cigna.com
Health Plan Advocate: Pharmacy Savings Program	T: 616.575.0211 x 206 F: 616.828.0990 pharmsavings@healthplanadvocate.com
ASR Health Benefits: Dental, Vision, FSA	T: 800.968.2449 F: 616.464.4458 www.asrhealthbenefits.com
Dental Network: Dentemax	T: 800.752.1547 www.dentemax.com
University Wellness: Rachel Keele	T: 269.471.6165 www.andrews.edu/wellness wellness@andrews.edu
Employer Sponsored & Supplemental Life/AD&D Unum (Contact AU Benefits Office)	T: 800.445-0402
Long Term Disability: Unum	T: 800.858.6843 www.unum.com
Voluntary Short-Term Disability, Accident, Critical Illness: Unum	T: 800.635.5597 T: In-force coverage: (800) 635-5595 www.unum.com
Employee Assistance Program: Unum	T: 800.854.1446 www.unum.com/lifebalance
Travel Assistance: Assist America Through Unum: Reference # 01-AA-UN-762490 Through Priority: Reference #: 01-AA-PHP-12123	T: 800.872.1414 International: 301.656.4152
Retirement: Empowerment Retirement, Suzanne McHugh and Brian Hand	T: 240.224.4911 (Suzanne), 720.701.2039 (Brian) suzanne.mchugh@empower-retirement.com brian.hand@empower-retirement.com
Short Term Travel: Adventist Risk Management	T: 888.951.4ARM (4276)

Andrews University strives to provide you and your family with a comprehensive and valuable benefits package. If you have any questions regarding the benefits mentioned in this guide, please do not hesitate to reach out to Human Resources.

Benefit Eligibility

All regularly appointed employees working at least 20 hours per week or 50% are considered benefits eligible. The following benefits are available to those working a minimum number of hours each week:

- Medical: 30 hours
- Dental/Vision: 30 hours
- FSA/Limited Purpose FSA: 30 hours
- HSA: 30 hours
- Employer Sponsored Life: 20 hours
- Supplemental Life/AD&D: 20 hours
- Long Term Disability: 35 hours
- Travel Assistance: 20 hours
- Employee Assistance Program: 20 hours
- Voluntary Short-Term Disability: 20 hours
- Voluntary Accident: 20 hours
- Voluntary Critical Illness: 20 hours
- Whole Life: 20 hours
- Time-off, Tuition Assistance, Retirement, Free class: See pages 49-51

Employees eligible for health insurance may cover the following family members for medical, dental, and vision benefits:

- Your spouse by marriage with the following exception: If your spouse is a full-time employee with access to their own group sponsored healthcare benefits, he/she is not eligible to enroll as a dependent under the Andrews University Medical plan. This exception does not apply to Dental/Vision.
- Dependent children by birth, adoption, marriage, or legal guardianship.
- ***Coverage may be terminated retroactively if the Plan Administrator determines that a spouse or dependent is ineligible for coverage under the Plan. You must reimburse the Plan for the costs associated with providing coverage to any ineligible persons (including benefit claims, processing fees, administrative charges and all other costs.***

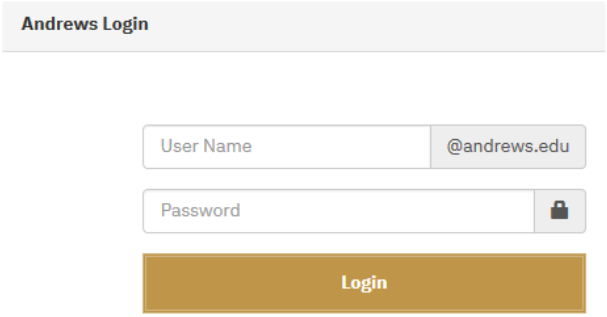
Enrollment

Begin reviewing your plan options in this benefit guide. All benefit selections need to be made online through bswift. To access bswift, visit **www.andrews.edu/go/mybenefits**. Once logged in, begin the enrollment process by clicking "Start my Enrollment." Once your enrollment is complete, review your elections via your confirmation statement. Please print and/or email yourself a copy for your records. If you are not making changes to your current elections, you do not need to log in UNLESS you are participating in a Flexible Spending Account. **FSA elections do NOT roll over from year to year, so you will need to log in and make a new selection.**

When to Enroll: The Open Enrollment period runs from April 1 through April 15, 2024. The benefits you choose during Open Enrollment will become effective on July 1, 2024.

Changes Outside of Open Enrollment: Unless you experience a qualified life event, you are not able to make changes to your benefits until the next Open Enrollment period. You have 30 days from your qualifying event to request a corresponding change to your benefits. Qualifying events include:

- Marriage/Divorce
- Birth or adoption of a child
- Change in child's dependent status
- Death of a spouse or dependent child
- Change in employment status for self, spouse, or child
- Change in coverage status under another employer-sponsored plan that creates a gain or loss of coverage for self, spouse, or child



New Hire/Newly Benefit Eligible: Newly hired or newly benefit eligible employees must log into bswift to make benefit selections within 30 days of your hire or benefit eligibility date.

Wellness

To receive the wellness benefit on the health insurance premiums effective July 1, 2024, employees must complete each of the following:

1. Sign an online attestation form stating you have read the 2024/2025 Employee Benefit Guide
2. Attend one of the three Wellness Resource meetings in February of 2024
3. Attend one of the two Benefit Townhall meetings in March of 2024

Benefit Contributions

Contribution per Pay (24 pays)	Premier Medical Plan	Standard Medical Plan	HDHP Medical Plan	Dental/Vision Plan
Employee Only	**$97** / $202	**$72** / $177	**$31** / $58	$15
Employee + 1	**$144** / $249	**$109** / $214	**$53** / $158	$30
Employee + 2 or more	**$192** / $297	**$144** / $249	**$67** / $172	$44

***Bolded dollar amount indicates you have earned the wellness discount**

Medical Options – Premier Plan

ANDREWS UNIVERSITY
SCHEDULE OF MEDICAL BENEFITS
Preferred Provider Organization (PPO) – Premier Plan
Effective Date: July 1, 2024
Benefit Year: The 12-month period beginning each July 1 and ending each June 30.

Network Benefits are provided by a network provider (except as otherwise provided by the Plan Document and Summary Plan Description (PDSPD)), and may require prior certification with the Benefit Administrator (except in a medical emergency). For a directory of Priority Health and Cigna Open Access network providers, call the Customer Service Department at **616 956-1954 or 800 956-1954** or access the Find a Doctor tool on the Priority Health website at prioritythealth.com.

Non-Network Benefits are provided by non-network providers. Services may require the satisfaction of deductibles and coinsurance amounts, and are subject to reasonable and customary charges. Some benefits must be prior certified with the Benefit Administrator (except in a medical emergency).

Prior Certification: Prior certification is required for all inpatient hospital or facility services. Providers must access the Priority Health provider portal to prior certify services. If you are receiving intensive treatment for mental health services, including inpatient hospitalization and partial hospitalization, your provider must notify the Behavioral Health Department as soon as possible at **616 464-8500** or **800 673-8043** for assistance. You do not need prior certification from Benefit Administrator for hospital stays for a mother and her newborn of up to 48 hours following a vaginal delivery and 96 hours following a cesarean section. Other services requiring prior certification are:

- Home Health Care
- Skilled Nursing, Sub acute & Long-term Acute Facility Care
- Inpatient Rehabilitation Care
- Durable Medical Equipment over $1,000
- Clinical Trials (all stages) for Cancer or a Life-threatening Illness/Condition
- Transplants
- Advanced Diagnostic Imaging Services
- Prosthetic Devices over $1,000
- Certain Surgeries and Treatments

The full list of services that require prior certification is included in the PDSPD and may be updated from time to time. A current listing is also available by calling the Priority Health Customer Service Department at **616 956-1954** or **800 956-1954**. Other services may be prior certified by you or your provider to determine medical/clinical necessity before treatment. Prior certification is not a guarantee of coverage or a final determination of benefits under this plan.

Network deductible, coinsurance and out-of-pocket amounts do not apply to non-network deductible, coinsurance and out-of-pocket amounts, and, non-network deductibles, coinsurance and out-of-pocket amounts do not apply to network deductible, coinsurance and out-of-pocket amounts.

The following information is provided as a summary of benefits available under your Plan. This summary is not intended as a substitute for your PDSPD. It is not a binding contract. Limitations and exclusions apply to benefits listed below. A complete listing of covered services, limitations and exclusions is contained in the PDSPD and any applicable amendments to the Plan.

BENEFITS	NETWORK BENEFITS	NON-NETWORK BENEFITS
Deductibles	$500 per individual; $1,000 per family per benefit year.	$3,000 per individual; $6,000 per family per benefit year.
Benefit Percentage Rate	90% paid by the plan; 10% paid by the participant, unless otherwise noted.	60% paid by the plan; 40% paid by the participant, unless otherwise noted.
Coinsurance Maximums *Please note the deductible does not apply to the coinsurance maximum.*	$2,850 per individual; $5,700 per family per benefit year. All services apply to the maximum except as noted.	$5,000 per individual; $10,000 per family per benefit year. All services apply to the maximum except as noted.
Out-of-Pocket Limit (Includes deductible, coinsurance and copayment expenses.)	$7,150 per individual; $14,300 per family per benefit year.	Not applicable.

BENEFITS	NETWORK BENEFIT	NON-NETWORK BENEFIT
Preventive Health Care Services - Preventive Health Care Services are described in Priority Health's Preventive Health Care Guidelines available in the member center at priorityhealth.com or you may request a copy from the Customer Service Department. Priority Health's Guidelines include preventive services required by legislation. The list below also includes procedures approved by your Employer in addition to those included in the Priority Health Guidelines.		
Routine Adult Physical Exams, Screening and Counseling	Covered at 100%. Deductible does not apply.	Not covered.
Women's Preventive Health Care Services (Includes routine pre-and postnatal services for employees/ covered spouses and routine prenatal care services required by the Patient Protection and Affordable Care Act (PPACA) for dependent children.)	Covered at 100%. Deductible does not apply.	Not covered.
Routine Laboratory Tests, Screening and Counseling (Includes additional select lab procedures, ekg and chest x-ray.)	Covered at 100%. Deductible does not apply.	Not covered.
Routine Prostate-Specific Antigen (PSA)	Covered at 100%. Deductible does not apply.	Not covered.
Well Child and Adolescent Care, Screening and Assessments	Covered at 100%. Deductible does not apply.	Not covered.
Immunizations	Covered at 100%. Deductible does not apply.	Not covered.
Certain Drugs and Medications	Covered at 100%. Deductible does not apply.	Not covered.
Medical Office/Home Services		
Primary Care Providers Office Visits (Includes Family Practice, General Practice, Pediatrics, Internal Medicine and Obstetrics/Gynecology.) (Face-to-face visit.)	$20 copayment per visit. Deductible does not apply.	Covered at 60% after deductible.
Virtual Care Services (Telehealth includes telephonic and telemedicine.) (Including medication management visits.)	$0 copayment per visit. Deductible does not apply.	Covered at 60% after deductible.
Specialty Care Providers Office Visits (Face-to-face visit.)	$30 copayment per visit. Deductible does not apply.	Covered at 60% after deductible.
Office Surgery	Covered at 90% after deductible.	Covered at 60% after deductible.
Office Injections	Covered at 90% after deductible.	Covered at 60% after deductible.
Allergy Injections	Covered at 90% after deductible.	Covered at 60% after deductible.
Allergy Testing and Serum	Covered at 90% after deductible.	Covered at 60% after deductible.
Diagnostic Radiology and Lab Services (Performed in physician's office or freestanding facility.)	Covered at 90% after deductible.	Covered at 60% after deductible. **Genetic Testing services are not covered.**
Advanced Diagnostic Imaging Services (Includes MRI, CAT Scans, PET Scans, CT/CTA and Nuclear Cardiac Studies) (Performed in physician's office or freestanding facility.) Prior certification required.	Covered at 90% after deductible.	Covered at 60% after deductible.
Maternity Services **(Dependent children maternity services benefits are limited to routine prenatal care services only required by PPACA.)**	Routine prenatal and postnatal visits are covered at 100%, deductible waived under the Preventive Health Care Services benefits above. See the Hospital Services section for facility and physician benefits related to delivery and nursery services.	Covered at 60% after deductible.

BENEFITS	NETWORK BENEFIT	NON-NETWORK BENEFIT
Medical Office/Home Services (continued)		
Maternity Education Classes	Attendance at an approved maternity education program is covered at 100%. Deductible does not apply.	Not covered.
Education Services (Other than as provided in Priority Health's Preventive Health Care Guidelines.)	$30 copayment per visit. Deductible does not apply.	Not covered.
Hospital Services		
Inpatient Hospital and Inpatient Longterm Acute Care Services Prior certification is required except in emergencies or for hospital stays for a mother and her newborn of up to 48 hours following a vaginal delivery and 96 hours following a cesarean section.	Covered at 90% after deductible.	Covered at 60% after deductible.
Inpatient Professional and Surgical Charges *Evaluation and Management for Inpatient and Observation services covered at the Network rate when at a network facility.	Covered at 90% after deductible.	Covered at 60% after deductible.*
Human Organ Tissue Transplants Covered only with prior certification from Benefit Administrator.	Covered at 90% after deductible.	Covered at 60% after deductible.
Travel and Lodging Expenses Associated with an Organ Transplant Limitations apply. (Combined Network/Non-Network Benefit.)	Covered at 90% after deductible up to a maximum of $5,000 per lifetime.	Covered at 60% after deductible up to a maximum of $5,000 per lifetime.
Approved Clinical Trial Expenses (Routine expenses related to an approved clinical trial.)	Covered at 90% after deductible.	Covered at 60% after deductible.
Outpatient Hospital Care and Observation Care Services (Including ambulatory surgery center facility charges.)	Covered at 90% after deductible.	Covered at 60% after deductible.
Outpatient Hospital Professional and Surgical Charges	Covered at 90% after deductible.	Covered at 60% after deductible.
Maternity Services in Hospital (Delivery, facility and anesthesia services.) **Dependent maternity services expenses are not covered.**	Covered at 90% after deductible.	Covered at 60% after deductible.
Hospital Diagnostic Laboratory & Radiology Services	Covered at 90% after deductible.	Covered at 60% after deductible. **Genetic Testing services are not covered.**
Hospital Advanced Diagnostic Imaging Services (Includes MRI, CAT Scans, PET Scans, CT/CTA and Nuclear Cardiac Studies.) Prior certification required for outpatient services.	Covered at 90% after deductible.	Covered at 60% after deductible.

BENEFITS	NETWORK BENEFIT	NON-NETWORK BENEFIT
Medical Emergency and Urgent Care Services		
Certain Surgeries and Treatments • **Reconstructive Surgery**: blepharoplasty of upper eyelids, breast reduction, panniculectomy*, rhinoplasty*, septorhinoplasty* and surgical treatment of male gynecomastia • **Skin Disorder Treatments**: Scar revisions, keloid scar treatment, treatment of hyperhidrosis, excision of lipomas, excision of seborrheic keratoses, excision of skin tags, treatment of vitiligo and port wine stain and hemangioma treatment. • **Varicose Veins Treatments** • **Sleep Apnea Treatment Procedures**	Covered at 90% after deductible. **Bariatric surgery is excluded.** *Prior certification required for panniculectomy, rhinoplasty and septorhinoplasty. Additional limitations may apply.	Covered at 60% after deductible. **Bariatric surgery is excluded.** *Prior certification required for panniculectomy, rhinoplasty and septorhinoplasty. Additional limitations may apply.
If the services of a surgical assistant are required for a surgical procedure, the non-network covered expenses will be the lesser of: (1) the amount charged by the assistant; or (2) 20% of the amount allowable to the physician who performed the surgery.		
Emergency Room Services	$250 copayment per visit, then covered at 90% after deductible.	Paid at the Network Benefit Level. Reasonable and customary limitations apply.
Note: If you are admitted for hospital inpatient care or hospital observation care from the emergency room, your emergency room charges will be paid under the hospital services benefits and the emergency room services copayment does not apply.		
Ambulance Services	Covered at 90% after deductible.	Paid at the Network Benefit Level. Reasonable and customary limitations apply.
Urgent Care Facility Services	$75 copayment per visit, then covered at 90% after deductible.	Covered at 60% after deductible.
Behavioral Health Services - Prior certification by our Behavioral Health Department is required, except in emergencies, for inpatient services as noted below: Call 616 464-8500 or 800 673-8043.		
Inpatient Mental Health & Substance Use Disorder Services (Including subacute residential treatment and partial hospitalization.) Prior certification required except in emergencies.	Covered at 90% after deductible.	Covered at 60% after deductible.
Outpatient Mental Health Services (Face-to-face visit.)	The first three visits (within 90 days of discharge) from a network hospital for mental health inpatient care are covered at 100%, deductible does not apply. Visits thereafter apply as noted below. $20 copayment per visit. Deductible does not apply.	Covered at 60% after deductible.
Outpatient Substance Use Disorder Services (Face-to-face visit.)	$20 copayment per visit. Deductible does not apply.	Covered at 60% after deductible.
Family Planning and Reproductive Services		
Infertility Counseling & Treatment Covered for diagnosis and treatment of underlying cause only.	Covered at 90% after deductible.	Not covered.
Fertility Treatment Services related to induction of pregnancy with infertility diagnosis codes.	Covered at 60% after deductible up to a $3,000 lifetime maximum benefit.	Not covered.

BENEFITS	NETWORK BENEFIT	NON-NETWORK BENEFIT
Family Planning and Reproductive Services (continued)		
Vasectomy Covered only when performed in physician's office or when in connection with other covered inpatient or outpatient surgery.	Covered at 100% when performed in physician's office. Deductible does not apply. Covered at 90% after deductible when performed in an inpatient or outpatient facility.	Covered at 60% after deductible.
Tubal Ligation/Tubal Obstructive Procedures (Included as part of the Women's Preventive Health Services benefits.)	Covered at 100%, deductible waived when performed at outpatient facilities. If received during an inpatient stay, only the services related to the tubal ligation/tubal obstructive procedure are covered in full. Deductible does not apply.	Covered at 60% after deductible.
Birth Control Services Medical Plan (i.e. doctor's office) (Included as part of the Women's Preventive Health Services benefits.) Includes; diaphragms, implantables, injectables, and IUD (insertion and removal), etc.	Covered at 100%. Deductible does not apply.	Covered at 60% after deductible.
Rehabilitative Medicine Services – Not related to Autism Treatment		
Physical, Occupational, and Speech Therapy; Cardiac and Pulmonary Rehabilitation (Combined Network/Non-Network Benefit.)	Covered at 90% after deductible up to a benefit maximum of 50 visits per benefit year.	Covered at 60% after deductible up to a benefit maximum of 50 visits per benefit year.
Chiropractic Services (Includes maintenance care.) (Combined Network/Non-Network Benefit.)	$20 copayment per visit up to a benefit maximum of 12 visits per benefit year. Deductible does not apply.	$20 copayment per visit up to a benefit maximum of 12 visits per benefit year. Deductible does not apply.
Massage Therapy in a Chiropractor's Office (Combined Network/Non-Network Benefit.)	Covered at 50% after deductible up to a benefit maximum of 12 visits per benefit year.	Covered at 50% after deductible up to a benefit maximum of 12 visits per benefit year.
Rehabilitative Medicine Services - Related to the Treatment of Autism Spectrum Disorder		
Physical and Occupational Therapy for the Treatment of Autism Spectrum Disorder	Covered at 90% after deductible.	Covered at 60% after deductible.
Speech Therapy for the Treatment of Autism Spectrum Disorder	Covered at 90% after deductible.	Covered at 60% after deductible.
Applied Behavior Analysis (ABA) for the Treatment of Autism Spectrum Disorder Prior certification required.	Covered at 90% after deductible.	Covered at 60% after deductible.
Other Services		
Accidental Dental Services Limited to treatment within 2 years of the accident.	Covered at 90% after deductible.	Covered at 60% after deductible.
Durable Medical Equipment Prior certification is required for charges over $1,000.	Covered at 90% after deductible.	Covered at 60% after deductible.
Prosthetic & Orthotic/Support Devices Prior certification is required for charges over $1,000.	Covered at 90% after deductible.	Covered at 60% after deductible.
Wigs, Toupees and Hairpieces	Covered at 90% after deductible.	Covered at 60% after deductible.
Temporomandibular Joint Dysfunction or Syndrome Treatment	Covered at 90% after deductible.	Covered at 60% after deductible.

BENEFITS	NETWORK BENEFIT	NON-NETWORK BENEFIT
Other Services (continued)		
Orthognathic Surgery & Treatment	Covered at 90% after deductible.	Covered at 60% after deductible.
Non-Hospital Facility Services – Including skilled nursing care services received in a: • Skilled Nursing Care Facility • Subacute Facility • Inpatient Rehabilitation Facilities Treatment Prior certification required. (Combined Network/Non-Network Benefit.)	Covered at 90% after deductible up to a maximum of 45 days per benefit year.	Covered at 60% after deductible up to a maximum of 45 days per benefit year.
Home Health Services and Infusion Therapy (Excluding rehabilitative medicine.) Prior certification required.	Covered at 90% after deductible.	Covered at 60% after deductible.
Hospice Care	Covered at 90% after deductible.	Covered at 60% after deductible.
Custodial Care/Private Duty Nursing/ Home Health Aides	Not covered.	
Hearing Care Services – Exams	$20 copayment per visit. Deductible does not apply.	Not covered.
Hearing Care Services – Testing	Covered at 90% after deductible.	Not covered.
Hearing Care Services - Hearing Aids (Combined Network/Non-Network Benefit.)	Covered at 75% after deductible up to a maximum benefit of $2,500 per ear, every 2 consecutive years.	Covered at 75% after deductible up to a maximum benefit of $2,500 per ear, every 2 consecutive years.
Pharmacy Benefits – Participating Pharmacies		
Prescription Drugs – Managed Formulary Includes smoking cessation medications. Disposable needles and syringes for diabetics covered at 100% when dispensed with insulin or other covered injectable. CGM available at pharmacy only, covered at the Tier 2 copayment. Excludes select sexual dysfunction medications. Any medications provided in Priority Health's Preventive Health Care Guidelines, including certain women's prescribed contraceptive methods are covered at 100%, copayments waived. Brand-name contraceptives (except those without a generic equivalent) are subject to applicable copayments. Expenses for non-covered prescription drugs will not be applied towards your deductible or out of pocket maximum. For information about the mail order program, visit their website at express-scripts.com.	Deductible does not apply. <u>Retail Pharmacy (up to 31 days):</u> Tier 1a Drugs: $10 copayment Tier 1b Drugs: $20 copayment Tier 2 Drugs: $50 copayment Tier 3 Drugs: $70 copayment Tier 4 Drugs: $1,000 copayment Tier 5 Drugs: $1,500 copayment <u>Infertility Drugs:</u> 40% copayment (limited to a lifetime maximum of $3,000) <u>Mail Service Program and Retail Pharmacy (90 days):</u> Tier 1a Drugs: $25 copayment Tier 1b Drugs: $50 copayment Tier 2 Drugs: $125 copayment Tier 3 Drugs: $175 copayment <u>Drugs $400 or more filled through a Retail Pharmacy or Mail Service Program*:</u> • If a Prescription Drug Assistance Program is <u>not</u> available: Copayment subject to applicable amounts listed above • If a Prescription Drug Assistance Program <u>is</u> available: Copayment is up to 50% of the drug cost *For prescriptions $400 and over, **Health Plan Advocate (HPA)** will help reduce copayments through a manufacturer assistance program or other means. Generally, there is $0 out-of-pocket expense by utilizing a Prescription Drug Assistance Program. Contact HPA at **(866) 680-4859 ext. 206** to see if a Prescription Drug Assistance Program is available.	

Coverage Information	
Waiting Period Requirement	Date of hire.
Full-Time Employee	30 hours worked per week.
Part-Time Employee	Salaried employees: 20 hours worked per week. Hourly employees: 30 hours worked per week.
Retiree Coverage	Not applicable.
Spousal Access Provision	See your PDSPD for details.
Dependent Children	Covered up to the end of the month in which they turn age 26. Age 26 and older, covered if mentally or physically incapacitated dependent.
Motor Vehicle Injuries	Motor vehicle injuries are excluded.
Motorcycle Injuries	For motorcycle operator only: This Plan excludes the initial $20,000 in eligible charges if the accident does not include a motor vehicle.

In accordance with the terms and conditions of the PDSPD, you are entitled to covered services when these services are:

A. Medically/clinically necessary; and
B. Not excluded in the PDSPD.

You will be responsible for services rendered that are beyond those prior certified as medically/clinically necessary.

If the hospital confinement extends beyond the number of prior certified days, the additional days will not be covered unless:

- The extension of days is medically/clinically necessary, and
- Prior certification for the extension is obtained before exceeding the number of prior certified days.

For emergency admissions, the Benefit Administrator should be notified by the end of the next business day following the admission or as soon as reasonably possible.

The amount used to meet the individual deductible for each member of a family is also used in meeting the family deductible. Deductible and out-of-pocket amounts are applied in the order that claims are processed for payment.

The "coinsurance maximum" applies to certain inpatient and outpatient hospital services and non-hospital facility services. The coinsurance maximum limits the amount of coinsurance for covered services that you or your covered dependents will pay during a benefit year, except as described below. If the individual coinsurance maximum is reached during a benefit year, the benefit percentage is 100% of covered expenses incurred by that person for the rest of the benefit year. If the family coinsurance maximum is reached during a benefit year, the benefit percentage is 100% of covered expenses for the employee and all of the employee's covered dependents for the rest of the benefit year. Amounts you pay for any of the following will not apply toward the coinsurance maximum. (Your cost sharing (copayments or coinsurance) applies to these services even after the coinsurance maximum has been reached.)

- Any flat dollar copayments, such as copayments for office visits, RX, ambulance and emergency services;
- Deductibles;
- Rehabilitative Medicine Services;
- Durable Medical Equipment (DME);
- Prosthetic and orthotic/support devices;
- Orthognathic surgery;
- Temporomandibular joint dysfunction or syndrome; and
- Family Planning/Infertility Services.

Additionally, your coinsurance maximum will not take into account:

- any monies you paid for non-covered services; and
- any monies you paid for covered services that exceed the annual day/visit or dollar benefit maximum for a specific benefit and therefore, denied as non-covered services; and
- any monies you paid to providers for non-network benefits that exceed reasonable and customary.

The “out-of-pocket limit” is the total amount of deductible (if any), coinsurance and copayments for covered services, including covered prescription drug services, that you will pay during the plan year, except as described below. If the individual annual out-of-pocket limit is reached during a benefit year, the plan will pay 100% of covered expenses incurred by that person for the rest of the benefit year. If the family out-of-pocket limit is reached during a benefit year, the plan will pay 100% of covered expenses for the employee and all of the employee's covered dependents for the rest of the benefit year. Amounts paid for any of the following will not apply toward the out-of-pocket limit and you will be responsible for the following expenses even after the out-of-pocket limit has been reached:

- any monies you paid to providers for non-network benefits that exceed reasonable and customary; and
- any monies you paid for non-covered services; and
- any monies you paid for covered services that exceed the annual day/visit or dollar benefit maximum for a specific benefit and therefore, denied as non-covered services.

Coverage maximums up to a certain number of days or visits per benefit year are reached by combining either network or non-network benefits up to the limit for one or the other but not both. (Example: If the network benefit is for 60 visits and the non-network benefit is for 60 visits, the maximum benefit is 60 visits, not 120 visits.)

Medical Options – Standard Plan

ANDREWS UNIVERSITY
SCHEDULE OF MEDICAL BENEFITS
Preferred Provider Organization (PPO) – Standard Plan
Effective Date: July 1, 2024
Benefit Year: The 12-month period beginning each July 1 and ending each June 30.

Network Benefits are provided by a network provider (except as otherwise provided by the Plan Document and Summary Plan Description (PDSPD)), and may require prior certification with the Benefit Administrator (except in a medical emergency). For a directory of Priority Health and Cigna Open Access network providers, call the Customer Service Department at **616 956-1954 or 800 956-1954** or access the Find a Doctor tool on the Priority Health website at prioritythealth.com.

Non-Network Benefits are provided by non-network providers. Services may require the satisfaction of deductibles and coinsurance amounts, and are subject to reasonable and customary charges. Some benefits must be prior certified with the Benefit Administrator (except in a medical emergency).

Prior Certification: Prior certification is required for all inpatient hospital or facility services. Providers must access the Priority Health provider portal to prior certify services. If you are receiving intensive treatment for mental health services, including inpatient hospitalization and partial hospitalization, your provider must notify the Behavioral Health Department as soon as possible at **616 464-8500** or **800 673-8043** for assistance. You do not need prior certification from Benefit Administrator for hospital stays for a mother and her newborn of up to 48 hours following a vaginal delivery and 96 hours following a cesarean section. Other services requiring prior certification are:

- Home Health Care
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- Advanced Diagnostic Imaging Services
- Prosthetic Devices over $1,000
- Certain Surgeries and Treatments

The full list of services that require prior certification is included in the PDSPD and may be updated from time to time. A current listing is also available by calling the Priority Health Customer Service Department at **616 956-1954** or **800 956-1954**. Other services may be prior certified by you or your provider to determine medical/clinical necessity before treatment. Prior certification is not a guarantee of coverage or a final determination of benefits under this plan.

Network deductible, coinsurance and out-of-pocket amounts do not apply to non-network deductible, coinsurance and out-of-pocket amounts, and, non-network deductibles, coinsurance and out-of-pocket amounts do not apply to network deductible, coinsurance and out-of-pocket amounts.

The following information is provided as a summary of benefits available under your Plan. This summary is not intended as a substitute for your PDSPD. It is not a binding contract. Limitations and exclusions apply to benefits listed below. A complete listing of covered services, limitations and exclusions is contained in the PDSPD and any applicable amendments to the Plan.

BENEFITS	NETWORK BENEFITS	NON-NETWORK BENEFITS
Deductibles	$650 per individual; $1,300 per family per benefit year.	$3,000 per individual; $6,000 per family per benefit year.
Benefit Percentage Rate	80% paid by the plan; 20% paid by the participant, unless otherwise noted.	60% paid by the plan; 40% paid by the participant, unless otherwise noted.
Coinsurance Maximums *Please note the deductible does not apply to the coinsurance maximum.*	$3,700 per individual; $7,400 per family per benefit year. All services apply to the maximum except as noted.	$5,000 per individual; $10,000 per family per benefit year. All services apply to the maximum except as noted.
Out-of-Pocket Limit (Includes deductible, coinsurance and copayment expenses.)	$7,150 per individual; $14,300 per family per benefit year.	Not applicable.

BENEFITS	NETWORK BENEFIT	NON-NETWORK BENEFIT
Preventive Health Care Services - Preventive Health Care Services are described in Priority Health's Preventive Health Care Guidelines available in the member center at priorityhealth.com or you may request a copy from the Customer Service Department. Priority Health's Guidelines include preventive services required by legislation. The list below also includes procedures approved by your Employer in addition to those included in the Priority Health Guidelines.		
Routine Adult Physical Exams, Screening and Counseling	Covered at 100%. Deductible does not apply.	Not covered.
Women's Preventive Health Care Services (Includes routine pre-and postnatal services for employees/ covered spouses and routine prenatal care services required by the Patient Protection and Affordable Care Act (PPACA) for dependent children.)	Covered at 100%. Deductible does not apply.	Not covered.
Routine Laboratory Tests, Screening and Counseling (Includes additional select lab procedures, ekg and chest x-ray.)	Covered at 100%. Deductible does not apply.	Not covered.
Routine Prostate-Specific Antigen (PSA)	Covered at 100%. Deductible does not apply.	Not covered.
Well Child and Adolescent Care, Screening and Assessments	Covered at 100%. Deductible does not apply.	Not covered.
Immunizations	Covered at 100%. Deductible does not apply.	Not covered.
Certain Drugs and Medications	Covered at 100%. Deductible does not apply.	Not covered.
Medical Office/Home Services		
Primary Care Providers Office Visits (Includes Family Practice, General Practice, Pediatrics, Internal Medicine and Obstetrics/Gynecology.) (Face-to-face visit.)	$30 copayment per visit. Deductible does not apply.	Covered at 60% after deductible.
Virtual Care Services (Telehealth includes telephonic and telemedicine.) (Including medication management visits.)	$0 copayment per visit. Deductible does not apply.	Covered at 60% after deductible.
Specialty Care Providers Office Visits (Face-to-face visit.)	$40 copayment per visit. Deductible does not apply.	Covered at 60% after deductible.
Office Surgery	Covered at 80% after deductible.	Covered at 60% after deductible.
Office Injections	Covered at 80% after deductible.	Covered at 60% after deductible.
Allergy Injections	Covered at 80% after deductible.	Covered at 60% after deductible.
Allergy Testing and Serum	Covered at 80% after deductible.	Covered at 60% after deductible.
Diagnostic Radiology and Lab Services (Performed in physician's office or freestanding facility.)	Covered at 80% after deductible.	Covered at 60% after deductible. **Genetic Testing services are not covered.**
Advanced Diagnostic Imaging Services (Includes MRI, CAT Scans, PET Scans, CT/CTA and Nuclear Cardiac Studies) (Performed in physician's office or freestanding facility.) Prior certification required.	Covered at 80% after deductible.	Covered at 60% after deductible.
Maternity Services **(Dependent children maternity services benefits are limited to routine prenatal care services only required by PPACA.)**	Routine prenatal and postnatal visits are covered at 100%, deductible waived under the Preventive Health Care Services benefits above. See the Hospital Services section for facility and physician benefits related to delivery and nursery services.	Covered at 60% after deductible.

BENEFITS	NETWORK BENEFIT	NON-NETWORK BENEFIT
Medical Office/Home Services (continued)		
Maternity Education Classes	Attendance at an approved maternity education program is covered at 100%. Deductible does not apply.	Not covered.
Education Services (Other than as provided in Priority Health's Preventive Health Care Guidelines.)	$40 copayment per visit. Deductible does not apply.	Not covered.
Hospital Services		
Inpatient Hospital and Inpatient Longterm Acute Care Services Prior certification is required except in emergencies or for hospital stays for a mother and her newborn of up to 48 hours following a vaginal delivery and 96 hours following a cesarean section.	Covered at 80% after deductible.	Covered at 60% after deductible.
Inpatient Professional and Surgical Charges *Evaluation and Management for Inpatient and Observation services covered at the Network rate when at a network facility.	Covered at 80% after deductible.	Covered at 60% after deductible.*
Human Organ Tissue Transplants Covered only with prior certification from Benefit Administrator.	Covered at 80% after deductible.	Covered at 60% after deductible.
Travel and Lodging Expenses Associated with an Organ Transplant Limitations apply. (Combined Network/Non-Network Benefit.)	Covered at 80% after deductible up to a maximum of $5,000 per lifetime.	Covered at 60% after deductible up to a maximum of $5,000 per lifetime.
Approved Clinical Trial Expenses (Routine expenses related to an approved clinical trial.)	Covered at 80% after deductible.	Covered at 60% after deductible.
Outpatient Hospital Care and Observation Care Services (Including ambulatory surgery center facility charges.)	Covered at 80% after deductible.	Covered at 60% after deductible.
Outpatient Hospital Professional and Surgical Charges	Covered at 80% after deductible.	Covered at 60% after deductible.
Maternity Services in Hospital (Delivery, facility and anesthesia services.) **Dependent maternity services expenses are not covered.**	Covered at 80% after deductible.	Covered at 60% after deductible.
Hospital Diagnostic Laboratory & Radiology Services	Covered at 80% after deductible.	Covered at 60% after deductible. **Genetic Testing services are not covered.**
Hospital Advanced Diagnostic Imaging Services (Includes MRI, CAT Scans, PET Scans, CT/CTA and Nuclear Cardiac Studies.) Prior certification required for outpatient services.	Covered at 80% after deductible.	Covered at 60% after deductible.

BENEFITS	NETWORK BENEFIT	NON-NETWORK BENEFIT
Medical Emergency and Urgent Care Services		
Certain Surgeries and Treatments • **Reconstructive Surgery**: blepharoplasty of upper eyelids, breast reduction, panniculectomy*, rhinoplasty*, septorhinoplasty* and surgical treatment of male gynecomastia • **Skin Disorder Treatments**: Scar revisions, keloid scar treatment, treatment of hyperhidrosis, excision of lipomas, excision of seborrheic keratoses, excision of skin tags, treatment of vitiligo and port wine stain and hemangioma treatment. • **Varicose Veins Treatments** • **Sleep Apnea Treatment Procedures**	Covered at 80% after deductible. **Bariatric surgery is excluded.** *Prior certification required for panniculectomy, rhinoplasty and septorhinoplasty. Additional limitations may apply.	Covered at 60% after deductible. **Bariatric surgery is excluded.** *Prior certification required for panniculectomy, rhinoplasty and septorhinoplasty. Additional limitations may apply.
If the services of a surgical assistant are required for a surgical procedure, the non-network covered expenses will be the lesser of: (1) the amount charged by the assistant; or (2) 20% of the amount allowable to the physician who performed the surgery.		
Emergency Room Services	$250 copayment per visit, then covered at 80% after deductible.	Paid at the Network Benefit Level. Reasonable and customary limitations apply.
Note: If you are admitted for hospital inpatient care or hospital observation care from the emergency room, your emergency room charges will be paid under the hospital services benefits and the emergency room services copayment does not apply.		
Ambulance Services	Covered at 80% after deductible.	Paid at the Network Benefit Level. Reasonable and customary limitations apply.
Urgent Care Facility Services	$75 copayment per visit, then covered at 80% after deductible.	Covered at 60% after deductible.
Behavioral Health Services - Prior certification by our Behavioral Health Department is required, except in emergencies, for inpatient services as noted below: Call 616 464-8500 or 800 673-8043.		
Inpatient Mental Health & Substance Use Disorder Services (Including subacute residential treatment and partial hospitalization.) Prior certification required except in emergencies.	Covered at 80% after deductible.	Covered at 60% after deductible.
Outpatient Mental Health Services (Face-to-face visit.)	The first three visits (within 90 days of discharge) from a network hospital for mental health inpatient care are covered at 100%, deductible does not apply. Visits thereafter apply as noted below. $30 copayment per visit. Deductible does not apply.	Covered at 60% after deductible.
Outpatient Substance Use Disorder Services (Face-to-face visit.)	$30 copayment per visit. Deductible does not apply.	Covered at 60% after deductible.
Family Planning and Reproductive Services		
Infertility Counseling & Treatment Covered for diagnosis and treatment of underlying cause only.	Covered at 80% after deductible.	Not covered.
Fertility Treatment Services related to induction of pregnancy with infertility diagnosis codes.	Covered at 60% after deductible up to a $3,000 lifetime maximum benefit.	Not covered.

BENEFITS	NETWORK BENEFIT	NON-NETWORK BENEFIT
Family Planning and Reproductive Services (continued)		
Vasectomy Covered only when performed in physician's office or when in connection with other covered inpatient or outpatient surgery.	Covered at 100% when performed in physician's office. Deductible does not apply. Covered at 80% after deductible when performed in an inpatient or outpatient facility.	Covered at 60% after deductible.
Tubal Ligation/Tubal Obstructive Procedures (Included as part of the Women's Preventive Health Services benefits.)	Covered at 100%, deductible waived when performed at outpatient facilities. If received during an inpatient stay, only the services related to the tubal ligation/tubal obstructive procedure are covered in full. Deductible does not apply.	Covered at 60% after deductible.
Birth Control Services Medical Plan (i.e. doctor's office) (Included as part of the Women's Preventive Health Services benefits.) Includes; diaphragms, implantables, injectables, and IUD (insertion and removal), etc.	Covered at 100%. Deductible does not apply.	Covered at 60% after deductible.
Rehabilitative Medicine Services – Not related to Autism Treatment		
Physical, Occupational, and Speech Therapy; Cardiac and Pulmonary Rehabilitation (Combined Network/Non-Network Benefit.)	Covered at 80% after deductible up to a benefit maximum of 50 visits per benefit year.	Covered at 60% after deductible up to a benefit maximum of 50 visits per benefit year.
Chiropractic Services (Includes maintenance care.) (Combined Network/Non-Network Benefit.)	$30 copayment per visit up to a benefit maximum of 12 visits per benefit year. Deductible does not apply.	$30 copayment per visit up to a benefit maximum of 12 visits per benefit year. Deductible does not apply.
Massage Therapy in a Chiropractor's Office (Combined Network/Non-Network Benefit.)	Covered at 50% after deductible up to a benefit maximum of 12 visits per benefit year.	Covered at 50% after deductible up to a benefit maximum of 12 visits per benefit year.
Rehabilitative Medicine Services - Related to the Treatment of Autism Spectrum Disorder		
Physical and Occupational Therapy for the Treatment of Autism Spectrum Disorder	Covered at 80% after deductible.	Covered at 60% after deductible.
Speech Therapy for the Treatment of Autism Spectrum Disorder	Covered at 80% after deductible.	Covered at 60% after deductible.
Applied Behavior Analysis (ABA) for the Treatment of Autism Spectrum Disorder Prior certification required.	Covered at 80% after deductible.	Covered at 60% after deductible.
Other Services		
Accidental Dental Services Limited to treatment within 2 years of the accident.	Covered at 80% after deductible.	Covered at 60% after deductible.
Durable Medical Equipment Prior certification is required for charges over $1,000.	Covered at 80% after deductible.	Covered at 60% after deductible.
Prosthetic & Orthotic/Support Devices Prior certification is required for charges over $1,000.	Covered at 80% after deductible.	Covered at 60% after deductible.
Wigs, Toupees and Hairpieces	Covered at 80% after deductible.	Covered at 60% after deductible.
Temporomandibular Joint Dysfunction or Syndrome Treatment	Covered at 80% after deductible.	Covered at 60% after deductible.

BENEFITS	NETWORK BENEFIT	NON-NETWORK BENEFIT
Other Services (continued)		
Orthognathic Surgery & Treatment	Covered at 80% after deductible.	Covered at 60% after deductible.
Non-Hospital Facility Services – Including skilled nursing care services received in a: • Skilled Nursing Care Facility • Subacute Facility • Inpatient Rehabilitation Facilities Treatment Prior certification required. (Combined Network/Non-Network Benefit.)	Covered at 80% after deductible up to a maximum of 45 days per benefit year.	Covered at 60% after deductible up to a maximum of 45 days per benefit year.
Home Health Services and Infusion Therapy (Excluding rehabilitative medicine.) Prior certification required.	Covered at 80% after deductible.	Covered at 60% after deductible.
Hospice Care	Covered at 80% after deductible.	Covered at 60% after deductible.
Custodial Care/Private Duty Nursing/ Home Health Aides	Not covered.	
Hearing Care Services – Exams	$30 copayment per visit. Deductible does not apply.	Not covered.
Hearing Care Services – Testing	Covered at 80% after deductible.	Not covered.
Hearing Care Services - Hearing Aids (Combined Network/Non-Network Benefit.)	Covered at 75% after deductible up to a maximum benefit of $2,500 per ear, every 2 consecutive years.	Covered at 75% after deductible up to a maximum benefit of $2,500 per ear, every 2 consecutive years.
Pharmacy Benefits – Participating Pharmacies		
Prescription Drugs – Managed Formulary Includes smoking cessation medications. Disposable needles and syringes for diabetics covered at 100% when dispensed with insulin or other covered injectable. CGM available at pharmacy only, covered at the Tier 2 copayment. Excludes select sexual dysfunction medications. Any medications provided in Priority Health's Preventive Health Care Guidelines, including certain women's prescribed contraceptive methods are covered at 100%, copayments waived. Brand-name contraceptives (except those without a generic equivalent) are subject to applicable copayments. Expenses for non-covered prescription drugs will not be applied towards your deductible or out of pocket maximum. For information about the mail order program, visit their website at express-scripts.com.	Deductible does not apply. Retail Pharmacy (up to 31 days): Tier 1a Drugs: $10 copayment Tier 1b Drugs: $20 copayment Tier 2 Drugs: $60 copayment Tier 3 Drugs: $80 copayment Tier 4 Drugs: $1,000 copayment Tier 5 Drugs: $1,500 copayment Infertility Drugs: 40% copayment (limited to a lifetime maximum of $3,000) Mail Service Program and Retail Pharmacy (90 days): Tier 1a Drugs: $25 copayment Tier 1b Drugs: $50 copayment Tier 2 Drugs: $150 copayment Tier 3 Drugs: $200 copayment Drugs $400 or more filled through a Retail Pharmacy or Mail Service Program*: • If a Prescription Drug Assistance Program is not available: Copayment subject to applicable amounts listed above • If a Prescription Drug Assistance Program is available: Copayment is up to 50% of the drug cost *For prescriptions $400 and over, **Health Plan Advocate (HPA)** will help reduce copayments through a manufacturer assistance program or other means. Generally, there is $0 out-of-pocket expense by utilizing a Prescription Drug Assistance Program. Contact HPA at **(866) 680-4859 ext. 206** to see if a Prescription Drug Assistance Program is available.	

Coverage Information	
Waiting Period Requirement	Date of hire.
Full-Time Employee	30 hours worked per week.
Part-Time Employee	Salaried employees: 20 hours worked per week. Hourly employees: 30 hours worked per week.
Retiree Coverage	Not applicable.
Spousal Access Provision	See your PDSPD for details.
Dependent Children	Covered up to the end of the month in which they turn age 26. Age 26 and older, covered if mentally or physically incapacitated dependent.
Motor Vehicle Injuries	Motor vehicle injuries are excluded.
Motorcycle Injuries	For motorcycle operator only: This Plan excludes the initial $20,000 in eligible charges if the accident does not include a motor vehicle.

In accordance with the terms and conditions of the PDSPD, you are entitled to covered services when these services are:

A. Medically/clinically necessary; and
B. Not excluded in the PDSPD.

You will be responsible for services rendered that are beyond those prior certified as medically/clinically necessary.

If the hospital confinement extends beyond the number of prior certified days, the additional days will not be covered unless:

- The extension of days is medically/clinically necessary, and
- Prior certification for the extension is obtained before exceeding the number of prior certified days.

For emergency admissions, the Benefit Administrator should be notified by the end of the next business day following the admission or as soon as reasonably possible.

The amount used to meet the individual deductible for each member of a family is also used in meeting the family deductible. Deductible and out-of-pocket amounts are applied in the order that claims are processed for payment.

The "coinsurance maximum" applies to certain inpatient and outpatient hospital services and non-hospital facility services. The coinsurance maximum limits the amount of coinsurance for covered services that you or your covered dependents will pay during a benefit year, except as described below. If the individual coinsurance maximum is reached during a benefit year, the benefit percentage is 100% of covered expenses incurred by that person for the rest of the benefit year. If the family coinsurance maximum is reached during a benefit year, the benefit percentage is 100% of covered expenses for the employee and all of the employee's covered dependents for the rest of the benefit year. Amounts you pay for any of the following will not apply toward the coinsurance maximum. (Your cost sharing (copayments or coinsurance) applies to these services even after the coinsurance maximum has been reached.)

- Any flat dollar copayments, such as copayments for office visits, RX, ambulance and emergency services;
- Deductibles;
- Rehabilitative Medicine Services;
- Durable Medical Equipment (DME);
- Prosthetic and orthotic/support devices;
- Orthognathic surgery;
- Temporomandibular joint dysfunction or syndrome; and
- Family Planning/Infertility Services.

Additionally, your coinsurance maximum will not take into account:

- any monies you paid for non-covered services; and
- any monies you paid for covered services that exceed the annual day/visit or dollar benefit maximum for a specific benefit and therefore, denied as non-covered services; and
- any monies you paid to providers for non-network benefits that exceed reasonable and customary.

The “out-of-pocket limit” is the total amount of deductible (if any), coinsurance and copayments for covered services, including covered prescription drug services, that you will pay during the plan year, except as described below. If the individual annual out-of-pocket limit is reached during a benefit year, the plan will pay 100% of covered expenses incurred by that person for the rest of the benefit year. If the family out-of-pocket limit is reached during a benefit year, the plan will pay 100% of covered expenses for the employee and all of the employee's covered dependents for the rest of the benefit year. Amounts paid for any of the following will not apply toward the out-of-pocket limit and you will be responsible for the following expenses even after the out-of-pocket limit has been reached:

- any monies you paid to providers for non-network benefits that exceed reasonable and customary; and
- any monies you paid for non-covered services; and
- any monies you paid for covered services that exceed the annual day/visit or dollar benefit maximum for a specific benefit and therefore, denied as non-covered services.

Coverage maximums up to a certain number of days or visits per benefit year are reached by combining either network or non-network benefits up to the limit for one or the other but not both. (Example: If the network benefit is for 60 visits and the non-network benefit is for 60 visits, the maximum benefit is 60 visits, not 120 visits.)

Medical Options – HDHP Plan

ANDREWS UNIVERSITY

SCHEDULE OF MEDICAL BENEFITS
Preferred Provider Organization (PPO) Plan
High Deductible Health Plan (HDHP)
Effective Date: July 1, 2024
Benefit Year: The 12-month period beginning each July 1 and ending each June 30.

Network Benefits are provided by a network provider (except as otherwise provided by the Plan Document and Summary Plan Description (PDSPD)), and may require prior certification with the Benefit Administrator (except in a medical emergency). For a directory of Priority Health and Cigna Open Access network providers, call the Customer Service Department at **616 956-1954 or 800 956-1954** or access the Find a Doctor tool on the Priority Health website at prioritythealth.com.

Non-Network Benefits are provided by non-network providers. Services may require the satisfaction of deductibles and coinsurance amounts, and are subject to reasonable and customary charges. Some benefits must be prior certified with the Benefit Administrator (except in a medical emergency).

Prior Certification: Prior certification is required for all inpatient hospital or facility services. Providers must access the Priority Health provider portal to prior certify services. If you are receiving intensive treatment for mental health services, including inpatient hospitalization and partial hospitalization, your provider must notify our Behavioral Health Department as soon as possible at **616 464-8500** or **800 673-8043** for assistance. You do not need prior certification from Priority Health for hospital stays for a mother and her newborn of up to 48 hours following a vaginal delivery and 96 hours following a cesarean section. Other services requiring prior certification are:

- Home Health Care
- Skilled Nursing, Sub acute & Long-term Acute Facility Care
- Inpatient Rehabilitation Care
- Durable Medical Equipment over $1,000
- Clinical Trials (all stages) for Cancer or a Life-threatening Illness/Condition
- Transplants
- Advanced Diagnostic Imaging Services
- Prosthetic Devices over $1,000
- Certain Surgeries and Treatments

The full list of services that require prior certification is included in the PDSPD and may be updated from time to time. A current listing is also available by calling the Priority Health Customer Service Department at **616 956-1954** or **800 956-1954**. Other services may be prior certified by you or your provider to determine medical/clinical necessity before treatment. Prior certification is not a guarantee of coverage or a final determination of benefits under this Plan.

Deductibles:

The deductible is the dollar amount of covered services you must incur during the benefit year before benefits will be paid. The deductible is applicable to all covered services except:

- Network preventive health services that are listed in Priority Health's preventive health care guidelines.
- Network routine maternity services provided in your physician's office (deductible **will** apply to delivery, facility charges and anesthesia charges associated with the delivery).
- Certain drugs set forth in IRS Notice 2004-50 and Notice 2019-45. Applicable copayments will apply.
- Certain network services and supplies set forth in IRS Notice 2019-45 to treat IRS allowed chronic conditions (such as A1c testing, Lipoprotein (LDL) testing, and glucometers). Applicable copayments or coinsurance will apply. Contact the Priority Health Customer Service Department at **616 956-1954** or **800 956-1954** or visit the Priority Health website at prioritythealth.com for a list of these drugs, services and supplies.

If you have individual coverage, you must meet the individual deductible below. If you have more than one person in your family, you have family coverage and the family deductible below must be met. The family deductible can be satisfied by only one family member or by any combination of family members.

The network and non-network deductible are calculated separately. You must meet the deductible at the network benefit level before benefits will be paid for services you seek under the network benefits. If you choose to use the non-network benefits, you must meet the deductible at the non-network benefits level before benefits will be paid for services you seek under the non-network benefits.

The deductible amounts renew each benefit year. This plan does not carry over any deductible amounts incurred in the prior benefit year.

The network benefits deductible will include any monies paid for covered pharmacy services.

Notwithstanding the above, the following costs shall not apply towards the deductible: Non-covered services; services that exceed the annual day or dollar benefit maximums for a specific benefit (denied as non-covered services); penalties paid for failure to prior certify services; and any amounts paid by participants for non-network benefits that exceed reasonable and customary.

Out-of-Pocket Limits:

The out-of-pocket limit limits the total amount of covered expenses that you or your covered dependents will pay during a benefit year.

The network and out-of-network out-of-pocket limits are calculated separately. Once the applicable out-of-pocket limit for the network benefits level is met, all further medical and pharmacy covered services for that benefit year for network benefits will be paid at 100% of network's contracted rate. Once the applicable out-of-pocket for the non-network benefits level is met, all further medical covered services for that benefit year for non-network benefits will be paid at 100% of the lesser of billed charges or reasonable and customary charges.

If you have individual coverage, you must meet the individual out-of-pocket limit below. If you have more than one person in your family, you have family coverage and the family out-of-pocket limit below must be met.

Notwithstanding the above, the following out-of-pocket costs do not apply towards the out-of-pocket limit: Expenses for non-covered services, services that exceed the annual day or dollar benefit maximums for a specific benefit (denied as non-covered services); and costs paid by participants to provider for non-network benefits that exceed reasonable and customary.

The following information is provided as a summary of benefits available under your Plan. This summary is not intended as a substitute for your PDSPD. It is not a binding contract. Limitations and exclusions apply to benefits listed below. A complete listing of covered services, limitations and exclusions is contained in the PDSPD and any applicable amendments to the Plan.

BENEFITS	NETWORK BENEFIT	NON-NETWORK BENEFIT
Deductibles	$1,600 per individual; $3,200 per family per benefit year.	$3,000 per individual; $6,000 per family per benefit year.
Benefit Percentage Rate	80% paid by the plan; 20% paid by the participant, unless otherwise noted.	60% paid by the plan; 40% paid by the participant, unless otherwise noted.
Out-of-Pocket Limits (Includes deductible, coinsurance and copayment expenses.)	$4,250 per individual; $8,500 per family per benefit year (but not to exceed $4,250 per person under the family).	$8,000 per individual; $16,000 per family per benefit year (but not to exceed $8,000 per person under the family).
BENEFITS	**NETWORK BENEFIT**	**NON-NETWORK BENEFIT**
Preventive Health Care Services - Preventive Health Care Services are described in Priority Health's Preventive Health Care Guidelines available on priorityhealth.com or you may request a copy from the Customer Service Department. Priority Health's Guidelines include preventive services required by legislation. The list below also includes procedures approved by your Employer in addition to those included in the Priority Health Guidelines.		
Routine Adult Physical Exams, Screening and Counseling	Covered at 100%. Deductible does not apply.	Not covered.
Women's Preventive Health Care Services (Includes routine pre-and postnatal services for employees/ covered spouses and routine prenatal care services required by the Patient Protection and Affordable Care Act (PPACA) for dependent children.)	Covered at 100%. Deductible does not apply.	Not covered.
Routine Laboratory Tests, Screening and Counseling (Includes additional select lab procedures, ekg and chest x-ray.)	Covered at 100%. Deductible does not apply.	Not covered.
Routine Prostate-Specific Antigen (PSA)	Covered at 100%. Deductible does not apply.	Not covered.

BENEFITS	NETWORK BENEFIT	NON-NETWORK BENEFIT
Preventive Health Care Services (continued)		
Well Child and Adolescent Care, Screening and Assessments	Covered at 100%. Deductible does not apply.	Not covered.
Immunizations	Covered at 100%. Deductible does not apply.	Not covered.
Certain Drugs and Medications	Covered at 100%. Deductible does not apply.	Not covered.
Medical Office/Home Services		
Primary Care Providers Office Visits (Including medication management visits.) (Includes Family Practice, General Practice, Pediatrics, Internal Medicine and Obstetrics/Gynecology.) (Face-to-face visit.)	Covered at 80% after deductible.	Covered at 60% after deductible.
Virtual Care Services (Telehealth includes telephonic and telemedicine.) (Including medication management visits.)	Covered at 80% after deductible.	Covered at 60% after deductible.
Specialty Care Providers Office Visits (Face-to-face visit.)	Covered at 80% after deductible.	Covered at 60% after deductible.
Office Surgery	Covered at 80% after deductible.	Covered at 60% after deductible.
Office Injections	Covered at 80% after deductible.	Covered at 60% after deductible.
Allergy Injections	Covered at 80% after deductible.	Covered at 60% after deductible.
Allergy Testing and Serum	Covered at 80% after deductible.	Covered at 60% after deductible.
Diagnostic Radiology and Lab Services (Performed in physician's office or freestanding facility.)	Covered at 80% after deductible.	Covered at 60% after deductible. **Genetic Testing Services are not covered.**
Advanced Diagnostic Imaging Services (Includes MRI, CAT Scans, PET Scans, CT/CTA and Nuclear Cardiac Studies.) (Performed in physician's office or freestanding facility.) Prior certification required.	Covered at 80% after deductible.	Covered at 60% after deductible.
Maternity Services **(Dependent children maternity services benefits are limited to routine prenatal care services only required by PPACA.)**	Routine prenatal and postnatal visits are covered at 100%, deductible waived under the Preventive Health Care Services benefits above. See the Hospital Services section for facility and physician benefits related to delivery and nursery services.	Covered at 60% after deductible.
Maternity Education Classes	Attendance at an approved maternity education program is covered at 100% after deductible.	Not covered.
Education Services (Other than as provided in Priority Health's Preventive Health Care Guidelines.)	Covered at 80% after deductible.	Not covered.
Hospital Services		
Inpatient Hospital and Inpatient Longterm Acute Care Services Prior certification is required except in emergencies or for hospital stays for a mother and her newborn of up to 48 hours following a vaginal delivery and 96 hours following a cesarean section.	Covered at 80% after deductible.	Covered at 60% after deductible.

BENEFITS	NETWORK BENEFIT	NON-NETWORK BENEFIT
Hospital Services (continued)		
Inpatient Professional and Surgical Charges *Evaluation and Management for Inpatient and Observation services covered at the Network rate when at a network facility.	Covered at 80% after deductible.	Covered at 60% after deductible.
Human Organ Tissue Transplants Covered only with prior certification from Benefit Administrator.	Covered at 80% after deductible.	Covered at 60% after deductible.
Travel and Lodging Expenses Associated with an Organ Transplant Limitations apply. (Combined Network/Non-Network Benefit.)	Covered at 80% after deductible up to a maximum of $5,000 per lifetime.	Covered at 60% after deductible up to a maximum of $5,000 per lifetime.
Approved Clinical Trial Expenses (Routine expenses related to an approved clinical trial.)	Covered at 80% after deductible.	Covered at 60% after deductible.
Outpatient Hospital Care and Observation Care Services (Including ambulatory surgery center facility charges.)	Covered at 80% after deductible.	Covered at 60% after deductible.
Outpatient Hospital Professional and Surgical Charges	Covered at 80% after deductible.	Covered at 60% after deductible.
Maternity Services in Hospital (Delivery, facility and anesthesia services.) **Dependent maternity services expenses are not covered.**	Covered at 80% after deductible.	Covered at 60% after deductible.
Hospital Diagnostic Laboratory & Radiology Services	Covered at 80% after deductible.	Covered at 60% after deductible. **Genetic Testing services are not covered.**
Hospital Advanced Diagnostic Imaging Services (Includes MRI, CAT Scans, PET Scans, CT/CTA and Nuclear Cardiac Studies.) Prior certification required for outpatient services.	Covered at 80% after deductible.	Covered at 60% after deductible.
Certain Surgeries and Treatments • **Reconstructive Surgery**: blepharoplasty of upper eyelids, breast reduction, panniculectomy*, rhinoplasty*, septorhinoplasty* and surgical treatment of male gynecomastia • **Skin Disorder Treatments**: Scar revisions, keloid scar treatment, treatment of hyperhidrosis, excision of lipomas, excision of seborrheic keratoses, excision of skin tags, treatment of vitiligo and port wine stain and hemangioma treatment. • **Varicose Veins Treatments** • **Sleep Apnea Treatment Procedures**	Covered at 80% after deductible. **Bariatric surgery is excluded.** *Prior certification required for panniculectomy, rhinoplasty and septorhinoplasty. Additional limitations may apply.	Covered at 60% after deductible. **Bariatric surgery is excluded.** *Prior certification required for panniculectomy, rhinoplasty and septorhinoplasty. Additional limitations may apply.
If the services of a surgical assistant are required for a surgical procedure, the non-network covered expenses will be the lesser of: (1) the amount charged by the assistant; or (2) 20% of the amount allowable to the physician who performed the surgery.		

BENEFITS	NETWORK BENEFIT	NON-NETWORK BENEFIT
Medical Emergency and Urgent Care Services		
Emergency Room Services	Covered at 80% after deductible.	Paid at the Network Benefit Level. Reasonable and customary limitations apply.
Note: If you are admitted for hospital inpatient care or hospital observation care from the emergency room, your emergency room charges will be paid under the Hospital Services benefits.		
Ambulance Services	Covered at 80% after deductible.	Paid at the Network Benefit Level. Reasonable and customary limitations apply.
Urgent Care Facility Services	Covered at 80% after deductible.	Covered at 60% after deductible.
Behavioral Health Services - Prior certification by our Behavioral Health Department is required, except in emergencies, for inpatient services as noted below: Call 616 464-8500 or 800 673-8043.		
Inpatient Mental Health & Substance Use Disorder Services (Including subacute residential treatment and partial hospitalization.) Prior certification required except in emergencies.	Covered at 80% after deductible.	Covered at 60% after deductible.
Outpatient Mental Health Services (Face-to-face visit.)	The first three visits (within 90 days of discharge) from a network hospital for mental health inpatient care are covered at 100% after deductible. Visits thereafter apply as noted below. Covered at 80% after deductible.	Covered at 60% after deductible.
Outpatient Substance Use Disorder Services (Face-to-face visit.)	Covered at 80% after deductible.	Covered at 60% after deductible.
Family Planning and Reproductive Services		
Infertility Counseling & Treatment (Covered for diagnosis and treatment of underlying cause only.)	Covered at 80% after deductible.	Not covered.
Fertility Treatment Services related to induction of pregnancy with infertility diagnosis codes.	Covered at 60% after deductible up to a $3,000 lifetime maximum benefit.	Not covered.
Vasectomy Covered only when performed in physician's office or when in connection with other covered inpatient or outpatient surgery.	Covered at 80% after deductible.	Covered at 60% after deductible.
Tubal Ligation/Tubal Obstructive Procedures (Included as part of the Women's Preventive Health Services benefits.)	Covered at 100%, deductible waived when performed at outpatient facilities. If received during an inpatient stay, only the services related to the tubal ligation/tubal obstructive procedure are covered in full, deductible waived.	Covered at 60% after deductible.
Birth Control Services Medical Plan (i.e. doctor's office) (Included as part of the Women's Preventive Health Services benefits.) Includes; diaphragms, implantables, injectables, and IUD (insertion and removal), etc.	Covered at 100%, deductible waived.	Covered at 60% after deductible.

BENEFITS	NETWORK BENEFIT	NON-NETWORK BENEFIT
Rehabilitative Medicine Services – Not related to Autism Treatment		
Physical, Occupational, and Speech Therapy; Cardiac and Pulmonary Rehabilitation (Combined Network/Non-Network Benefit.)	Covered at 80% after deductible up to a benefit maximum of 50 visits per benefit year.	Covered at 60% after deductible up to a benefit maximum of 50 visits per benefit year.
Chiropractic Services (Includes maintenance care.) (Combined Network/Non-Network Benefit.)	Covered at 80% after deductible up to a benefit maximum of 12 visits per benefit year.	Covered at 80% after deductible up to a benefit maximum of 12 visits per benefit year.
Massage Therapy in a Chiropractor's Office (Combined Network/Non-Network Benefit.)	Covered at 50% after deductible up to a benefit maximum of 12 visits per benefit year.	Covered at 50% after deductible up to a benefit maximum of 12 visits per benefit year.
Services Related to the Treatment of Autism Spectrum Disorder		
Physical, Occupational and Speech Therapy; Applied Behavior Analysis (ABA). Prior certification is required for ABA.	Covered at 80% after deductible.	Covered at 60% after deductible.
Other Services		
Accidental Dental Services Limited to treatment within 2 years of the accident.	Covered at 80% after deductible.	Covered at 60% after deductible.
Durable Medical Equipment Prior certification is required for charges over $1,000.	Covered at 80% after deductible.	Covered at 60% after deductible.
Prosthetic & Orthotic/Support Devices Prior certification is required for charges over $1,000.	Covered at 80% after deductible.	Covered at 60% after deductible.
Wigs, Toupees and Hairpieces	Covered at 80% after deductible.	Covered at 60% after deductible.
Temporomandibular Joint Syndrome (TMJS) Treatment	Covered at 80% after deductible.	Covered at 60% after deductible.
Orthognathic Treatment	Covered at 80% after deductible.	Covered at 60% after deductible.
Non-Hospital Facility Services – Including skilled nursing care services received in a: • Skilled Nursing Care Facility • Subacute Facility • Inpatient Rehabilitation Facilities Treatment Prior certification required. (Combined Network/Non-Network Benefit.)	Covered at 80% after deductible up to a maximum of 45 days per benefit year.	Covered at 60% after deductible up to a maximum of 45 days per benefit year.
Home Health Services and Infusion Therapy (Excluding rehabilitative medicine.) Prior certification required.	Covered at 80% after deductible.	Covered at 60% after deductible.
Hospice Care	Covered at 80% after deductible.	Covered at 60% after deductible.
Radiation Therapy and Chemotherapy	Covered at 80% after deductible.	Covered at 60% after deductible.
Hemodialysis	Covered at 80% after deductible.	Covered at 60% after deductible.
Custodial Care/Private Duty Nursing/Home Health Aides	Not covered.	
Hearing Care Services – Exams/Test	Covered at 80% after deductible.	Not covered.
Hearing Care Services - Hearing Aids (Combined Network/Non-Network Benefit.)	Covered at 75% after deductible up to a maximum benefit of $2,500 per ear, every 2 consecutive years.	Covered at 75% after deductible up to a maximum benefit of $2,500 per ear, every 2 consecutive years.

Pharmacy Benefits – Participating Pharmacies	
Prescription Drugs – Managed Formulary Includes smoking cessation medications. Disposable needles and syringes for diabetics covered at 100% when dispensed with insulin or other covered injectible. CGM available at pharmacy only, covered at the Tier 2 copayment. Excludes select sexual dysfunction medications. Any medications provided in Priority Health's Preventive Health Care Guidelines, including certain women's prescribed contraceptive methods are covered at 100%, copayments and deductible waived. Brand-name contraceptives (except those without a generic equivalent) are subject to applicable deductible and copayments. Expenses for non-covered prescription drugs will not be applied towards your deductible or out of pocket maximum. For information about the mail order program, visit their website at express-scripts.com.	Covered prescription drugs apply to the plan deductible and out-of-pocket maximum. Copayments apply after satisfaction of the deductible. Retail Pharmacy (up to 31 days): Tier 1-5 Drugs: 20% copayment Infertility Drugs: 40% copayment (limited to a lifetime maximum of $3,000) Mail Service Program and Retail Pharmacy (90 days): Tier 1-3 Drugs: 20% copayment Certain drugs set forth in IRS Notice 2004-50 and Notice 2019-45 shall be covered prior to satisfying your deductible. Applicable copayments listed above will apply. Drugs $400 or more filled through a Retail Pharmacy or Mail Service Program*: • If a Prescription Drug Assistance Program is not available: Copayment subject to applicable amounts listed above • If a Prescription Drug Assistance Program is available: Copayment is up to 50% of the drug cost *For prescriptions $400 and over, **Health Plan Advocate (HPA)** will help reduce copayments through a manufacturer assistance program or other means. Generally, there is $0 out-of-pocket expense by utilizing a Prescription Drug Assistance Program. Contact HPA at **(866) 680-4859 ext. 206** to see if a Prescription Drug Assistance Program is available.
Coverage Information	
Waiting Period Requirement	Date of hire.
Full-Time Employee	30 hours worked per week.
Part-Time Employee	Salaried employees: 20 hours worked per week. Hourly employees: 30 hours worked per week.
Retiree Coverage	Not applicable.
Spousal Access Provision	See your PDSPD for details.
Dependent Children	Covered up to the end of the month in which they turn age 26. Age 26 and older, covered if mentally or physically incapacitated dependent.
Motor Vehicle Injuries	Motor vehicle injuries are excluded.
Motorcycle Injuries	For motorcycle operator only: This Plan excludes the initial $20,000 in eligible charges if the accident does not include a motor vehicle.

In accordance with the terms and conditions of the PDSPD, you are entitled to covered services when these services are:

A. Medically/clinically necessary; and
B. Not excluded in the PDSPD.

You will be responsible for services rendered that are beyond those prior certified as medically/clinically necessary.

If the hospital confinement extends beyond the number of prior certified days, the additional days will not be covered unless:

- The extension of days is medically/clinically necessary, and
- Prior certification for the extension is obtained before exceeding the number of prior certified days.

For emergency admissions, the Benefit Administrator should be notified by the end of the next business day following the admission or as soon as reasonably possible.

Coverage maximums up to a certain number of days or visits per benefit year are reached by combining either network or non-network benefits up to the limit for one or the other but not both. (Example: If the network benefit is for 60 visits and the non-network benefit is for 60 visits, the maximum benefit is 60 visits, not 120 visits.

Priority Health Plan Information

Preventive Health: Being in good health comes not just from receiving quality medical care when you need it. It also comes from finding and stopping health problems before they start.

- No-cost preventive care includes: Immunizations or vaccines, physical exams, some lab tests, some prescriptions
- For preventive health services to be covered at no cost to you, you must receive the care at an in-network provider
- If you have other symptoms or are feeling sick when you receive preventive services, you will be responsible for payment of the non-preventive (called diagnostic) care
- For more information, access the member website or download the Priority Health app

Priority Health Member Website/App:

1. Visit member.priorityhealth.com or download the Priority Health app from the App Store or Google Play
2. Click "Sign up" and follow the instructions
    a. If you need technical support you can email techsupport@priorityhealth.com or call 833.207.3210
    b. If you have a MyHealth account, you can use your existing MyHealth username and password to log into the app. Continue using your MyHealth account to access your Spectrum Health providers, appointments and other patient information.

- Through the app you can: track spending balances, search claims and prescription costs, plan ID information, access virtual care, find in-network doctors, hospitals, labs, etc., and compare the costs of medical procedures and prescriptions.

Find a Doctor: Your benefit dollars go further when using an in-network provider for medical care

- Log into member.proirityhealth.com. Select "My Health Care" from the menu at the top of the screen (website) or bottom of the screen (app)
- Select "Find a Doctor"
- Search by category (doctors by name, specialty, locations, etc.)

Virtual Health: For members residing in Michigan, virtual health is through the Corewell Health MyChart website or App. For employees outside of Michigan, begin your virtual visit through MDLIVE. Premier and Standard plan participants will have a $0 virtual visit copay. Members in the HDHP will owe 20% coinsurance after the deductible has been met.

1. Create/log into your Priority Health member account at member.priorityhealth.com and select Virtual Care. Click "Get Started" with the Corewell Health app
2. Download the Corewell Health app or visit mychart.corewellhealth.org
3. Log in or create an account and select "On-Demand Video Visit"
4. You'll be asked a few health questions including a brief description of your current symptoms. Complete the eCheck-in process before your visit. Select "Begin Video Visit" to connect with a provider.

Prescription Drugs: Formulary, Mail Order, Medication Therapy Management

Check your prescriptions to make sure you are accessing the appropriate, lowest cost drug:

- Visit www.priorityhealth.com/formulary
- Click “Employer Group & Employee”
- Click “No” when asked if you have an Optimized Rx Plan
- Review the prescription drug list available

Mail-Order Rx – Express Scripts

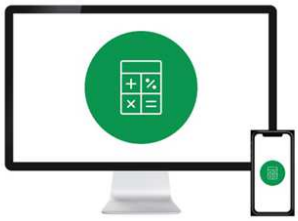
- Regular shipping is free and your first order will arrive within 14 days of Express Scripts receiving it (7-10 days for refills). Send in one prescription for a 90-day supply.
- You can set up an online account at express-scripts.com to set up automatic refills or order refills (non-automatic). You can also order your prescriptions over the phone by calling 888.378.2589. or complete an Express Scripts Home Delivery Order form and return by mail

Over-the-Counter (OTC) medications are not covered through the medical plan.

Medication Therapy Management (MTM)

- Medication Therapy Management helps members taking four or more medications for chronic conditions understand their drugs and maximize their results while controlling out-of-pocket costs. Qualified members receive a free 30-minute face-to-face visit with a pharmacist to review their medications and possibly simplify their regimen. During the consultation, the pharmacist will review and possibly help simplify the medication regimen, recommend alternatives to relieve current side effects, provide prescription drug education, offer generic alternatives to provide financial relief, etc. on average, two prescription drug-related issues are resolved for each patient engaged in the MTM program!

Cost Estimator– Know your costs, save on care! Through your Priority Health account, you can access the Cost Estimator tool. This tool allows you to shop for the lowest cost procedures, lab tests, or office visits



- See your costs before you receive care
    - Log into your member account and click Cost Estimator
    - Enter procedure name and search for locations where procedure is available. Out-of-pocket cost estimates are provided for each location
- Save on procedures and prescriptions by choosing the best value options

Care Management: The Priority Health care management program puts your care front and center by pairing you with a professional who is trained and ready to help you manage your health. Care managers include licensed nurses and social workers who offer guidance and support to members with chronic conditions (diabetes, asthma, hypertension, etc.). visit priorityhealth.com/caremanagement for more information

Diabetes Prevention: Members who are at risk of or are diagnosed with prediabetes may be eligible to participate in the Diabetes Prevention Program. The program offers tools and resources you need to prevent diabetes through in-person sessions or a virtual experience with a lifestyle coach. Visit priorityhealth.com/prevent-diabetes/find-a-program for more information

TruHearing: You have access to discounts on hearing exams and hearing aids through Priority Health's partnership with TruHearing. Learn more at priorityhealth.com/truhearing

Behavioral Health: Mental health is just as important as physical health. If you're looking for a referral to a specialist, advice on your situation, support related to substance abuse and/or mental health, Priority Health's licensed social workers are available 24/7. Call 800.673-8043 for more information.

PriorityMOM: Maternity Offering for Members (MOM) is designed to help navigate the health care costs and coverage throughout pregnancy and beyond. The goal is to offer helpful information on ways to stay happy and healthy throughout pregnancy. Priority Health will contact you if you qualify for the program.

BenefitHub: Priority Health members can access deals on travel, restaurants, shopping, family care, car rentals, and more through an online marketplace called BenefitHub. You'll receive exclusive offers, cash back, discounted gift cards, etc. to businesses near you. Visit priorityhealth.com/member/plan-features/benefithub for more information.

Priority Health Connect: An online resource that connects individuals living in Michigan with free or reduced-cost programs and critical social services. The service is included at no cost to you. Learn more at priorityhealth.com/connect

Assist America: Assist America provides Priority Health members and their dependents emergency travel assistance. Services include emergency medical evaluation, prescription assistance, care of minors and children, lost luggage and document assistance, and much more. You can call Assist America's 24-hour operations center at 800.872.1414 or download the Assist America app (PH reference number is 01-AA-PHP-12123).

Pharmacy Savings Program

Health Plan Advocate (HPA) is administering the Pharmacy Savings Program. This program is available to all plan members who fill eligible prescription drugs that have a retail cost of $400 or more AND have a manufacturer assistance coupon. If you or one of your dependents if taking a program-eligible prescription drug, HPA will contact you and assist you with enrollment. For those who enroll, your final cost for the prescription will be $0. If you choose not to respond to HPA, a co-pay of up to 50% of the retail cost will apply for the program-eligible drug(s).

Auto-Related Medical Claims

Motor Vehicle Exclusion: Michigan Residents: Benefits are not payable under this plan for injuries received in an accident involving a motor vehicle as defined in the plan. It is your responsibility to obtain proper motor vehicle insurance that will give you and your family benefits. This exclusion shall not apply to a covered person who is a Michigan resident involved in an accident outside the state of Michigan for which Michigan no-fault coverage is not legally available. This exclusion shall apply if a covered person is injured while in his or her own uninsured motor vehicle for which a Michigan no-fault policy is legally required and would have provided coverage, had such a policy been in effect. **Non-Michigan Residents:** In the event that a covered person is injured in an accident involving an automobile, this Plan shall be the primary plan for purposes of paying benefits and the covered person's automobile insurance shall pay as secondary.

Motorcycle Exclusion: The plan will exclude the first $20,000 per driver, per accident in eligible charges related to a motorcycle injury.

Consult your auto insurance agent to make sure you are properly insured.

Penalties Associated with the QHDHP and Medicare

Medicare Part D late enrollment penalty: You may experience Medicare Prescription (Part D) late enrollment penalties if you select the QHDHP plan. The late enrollment penalty is an amount added to your Medicare Part D monthly premium. You may owe a late enrollment penalty if, for any continuous period of 63 days or more after your Initial Enrollment Period is over, you go without "creditable coverage". For each month you delay enrollment in Medicare Part D, you will have to pay a 1% Part D late enrollment penalty (LEP), unless you:

- Have creditable drug coverage
- Qualify for the Extra Help program

How do you calculate your premium penalty? Example: you delayed enrollment in Part D for seven months (and you do not meet any of the exceptions listed above). Your monthly premium would be 7% higher for as long as you have Part D (7 months x 1%). The national base beneficiary premium in 2024 is $34.70 a month. Your monthly premium penalty would be $2.32 ($32.74 x 1% = $0.3319 x 7 = $2.32) per month, which you would pay in addition to your plan's premium. This penalty never expires or goes away.

Benefit options for full-time employees over age 65: Full-time, benefit eligible employees have an alternative to a group sponsored healthcare plan. Medicare Advantage plans often have small copays and out of pocket cost share for members. Advantage plans may also provide coverage for dental, vision and hearing services. You may also benefit from discounts on gym memberships and other perks. When it comes to Medicare and Medicare Advantage plans, few of us know facts from fiction. It's always good to know your options.

Where can I get help?

Laurie De Ridder-Eppink, Coldbrook Insurance Group: Individual Life, Health, and Medicare Agent
Direct Line: (616)284-5901 / **Toll-Free** (800)434-5405 x 521
Fax: (616)419-2000
Email: lauried@coldbrookins.com
Location: 2000 Oak Industrial Drive NE, Grand Rapids, MI 49505

Social Security Office:
Location: 455 Bond Street, Benton Harbor, MI 49022
Phone: (877)405-5457
Hours: Monday, Tuesday, Thursday, Friday: 9:00 AM – 4:00 PM, Wednesday: 9:00 AM – 12:00 PM

Central County Center for Senior Citizens:
Location: 4083 East Shawnee / PO Box 252 Berrien Springs, MI 49103

Dental and Vision

Dental and vision benefits are offered as a combined package.

Benefit Description	Dental Plan Limits (In-Network and Out-of-Network)
Benefit Year	July 1 through June 30
Deductible per Benefit Year	$25/person $75/family
Special Note about the Dental Deductible: An individual within a family has to meet only the per-person deductible specified above before the Plan will begin paying benefits for Type II, Type III, & Type IV dental services.	
Benefit Percentage Type I - Preventive Dental Services	100%; deductible waived (0% coinsurance)
Type II - Minor Restorative Dental Services	75% after deductible (25% coinsurance)
Type III - Major Restorative Dental Services	75% after deductible (25% coinsurance)
Type IV - Orthodontic Services (for dependent children under age 24 only)	50% after deductible (50% coinsurance)
Maximum Benefit Paid per Covered Person per Benefit Year for Types I, II, and III Dental Services Claims for Type I Preventive Dental Services incurred by covered persons under age 19 are not subject to the Benefit Year dollar maximum.	$1,100
Lifetime Maximum Benefit Paid per Dependent Child for Type IV Orthodontic Services	$1,760

Benefit Description	Vision Plan Limits
Benefit Year	July 1 through June 30
Vision Examinations	$15 co-payment* per exam, then 100% (0% coinsurance) *Eligible charges for routine vision exams for covered persons under age 19 will be paid at 100% and no co-payment shall apply.
Benefit Percentage Eyeglass Frames	100% (0% coinsurance)
Eyeglass Lenses, Including Eyeglass Lens Add-Ons Such As Tinting, Ultraviolet Coatings, Scratch-Resistant Coatings, and Anti-Reflective Coatings	100% (0% coinsurance)
Contact Lenses	100% (0% coinsurance)
Maximum Benefit Paid per Covered Person per Benefit Year for All Eligible Vision Supply Expenses	$350

Dental Network – DenteMax

Why use DenteMax?

- **Access:** There are over 224,000 credentialed dentist access points nationwide
- **Quality:** Every DenteMax provider undergoes rigorous credentialing before they can join the network
- **Savings:** Reduce out-of-pocket costs, stretch your annual benefit maximums, and possibly even receive network discounts on services after your annual maximum has been reached

Find a provider: Visit www.dentemax.com or call customer service (800) 752-1547

Flexible Spending Accounts (FSA)

Andrews University is giving you the opportunity to enroll in an employee benefit plan called a flexible spending account (FSA) through Section 125 of the Internal Revenue Code. An FSA is an employer-established benefit plan that is generally funded with pretax contributions by employees. The Internal Revenue Service (IRS) sets a maximum amount of money that you can contribute to an FSA, and your employer may set a minimum contribution. The main disadvantage of an FSA is the use-or-lose rule, which states that any unspent funds remaining at the plan year's end will revert back to the plan, not to you. You may minimize this potential risk by allocating only enough pretax dollars to cover expenses that you expect to incur in the coming plan year.

Healthcare FSA (HCFSA): A medical FSA covers eligible health-care expenses not reimbursed by any medical, dental, or vision care plan you or your dependents may have (but not health insurance premiums). You may submit claims for yourself and your eligible dependents, including your spouse, children, and any other person who is a qualified IRS dependent. The medical FSA operates much like a bank account. Deposits are made into the account in the form of pretax payroll deductions. You can withdraw funds from the account to pay for qualified medical expenses even if you have not yet placed the funds in the account. Withdrawals from the account are made using a flex reimbursement form. You should submit the reimbursement form and a copy of your receipt or bill to ASR Health Benefits, who will then issue you a check. Alternatively, your Andrews offers a more convenient method of reimbursement; a Benefits (debit) Card (see description below). You can manage your account at www.asrhealthbenefits.com. Review your past medical expenses and plan your future needs carefully to decide if the medical FSA is right for you. Also, note the deductible, coinsurance, and co-payment amounts required in the health plan option that you have selected, as they can also be reimbursed from your medical FSA. For a complete list of eligible and ineligible medical expenses, refer to Internal Revenue Publication 502 at www.irs.gov.

The annual maximum contribution can be no higher than $3,200 per federal law. You may submit claims for yourself and your eligible dependents, including spouse, children, and any other person who is a qualified IRS dependent.

Eligible Expenses	
Acupuncture	Lifetime care
Alcoholism or drug treatment	Massage therapy (physician prescribed to treat a medical condition)
Ambulances	Menstrual care products
Birth control	Nursing services (medically necessary, including midwife fees)
Body scans	Optometrist's fees
Car controls (handicapped equipment)	Over-the-counter drugs to alleviate or treat illness or injury
Chiropractors	Pap smears
Cord blood storage (for future use for child born with medical condition)	Personal protective equipment to prevent COVID-19 (masks, sanitizers)
Cosmetic surgery (medically necessary)	Physical therapy
COVID-19 testing (including home testing)	Prescription drugs
Crutches	Smoking cessation aids/programs
Deductibles and co-payments	Sterilization
Dental expenses	Surgery (general)
Diagnostic tests (pregnancy, ovulation, cholesterol & blood pressure)	Syringes
Doctor's fees	Teeth whitening (for discoloration from disease, birth defect, or injury)
Equipment (medical)	Television (closed captioned)
Guide dogs	Travel or transportation for medical care

Eligible Expenses, continued	
Hearing aids	Vision expenses (including exams, eyeglasses, & contact lenses)
Hypnosis (for treatment of disease)	Vitamins and supplements to treat a medical condition
Immunizations	Weight-loss program fees/expenses (treatment for underlying disease)
Lab fees	Well-baby care
Lasik (Laser) eye surgery	Wheelchairs
Learning disabilities (instructional fees)	X-rays
Ineligible Expenses	
Bottled water	Insurance premiums
Cosmetics, toiletries, toothpaste, etc.	Long-term care
Custodial care in an institution	Marriage or family counseling
Electrolysis	Maternity clothes, diaper services, etc.
Food for weight-loss programs	Meals and general lodging
Funeral and burial expenses	Travel (vacation or general)
Health or social club dues	Uniforms
Household and domestic help	Vitamins and supplements taken for general health purposes

Limited Purpose Healthcare FSA: If you participate in the High Deductible Health Plan and contribute to a Health Savings Account (HSA), you may only be reimbursed through a Healthcare FSA for dental, vision, and hearing expenses. Medical expenses can only be reimbursed once your medical insurance deductible has been satisfied. Further, you cannot submit claims to both the Healthcare FSA and HSA. The same $3,200 contribution maximum applies to the Limited Purpose Healthcare FSA as the non-Limited Purpose Healthcare FSA.

FAQs on LIMITED-PURPOSE MEDICAL FSA

- **What is a limited-purpose medical flexible spending account (FSA)?** A limited-purpose medical FSA is identical to a general-purpose medical FSA, except that the qualifying medical expenses are limited to dental, vision, and hearing care (see eligible expenses on next page). **Medical expenses can only be reimbursed once your medical insurance deductible has been satisfied.**

- **Why is my employer offering a limited-purpose medical FSA?** Your employer is offering an HSA-qualifying high-deductible health plan (HDHP) for employees who want to open and contribute to an HSA. While contributing to an HSA, you must be enrolled in an HDHP, and you may not have any coverage that is not an HDHP. A general-purpose medical FSA is considered non-HDHP coverage, but a limited-purpose medical FSA is not. Therefore, a limited-purpose option is offered so you may contribute to an HSA. Benefits are limited to dental, vision, and preventive care as of the first day of the plan year you are covered by the medical FSA.

- **If I meet my deductible under the HDHP, may I use my medical FSA for any IRS-qualifying expense?** Yes. Once you have satisfied the HDHP deductible for a plan year, you may submit expenses to your medical FSA for any IRS-qualifying expenses for the remainder of the plan year. Please see your flex plan document for a list of those expenses.

- **What if my medical FSA has a grace period?** If you have a $0 balance in your medical FSA as of the last day of the plan year, you are still HSA eligible, notwithstanding the grace period. Your balance at year-end is determined on a cash basis, taking into account only those expenses that have been incurred and paid as of year-end. Pending claims, claims submitted, claims received, or claims under review that have not been paid as of year-end are not taken into account when determining your year-end FSA balance. If you have a balance in your medical FSA, you may open and contribute to an HSA on the first calendar month after the end of the grace period.

- **Will I still be able to contribute the maximum allowed amount to my HSA if I have to wait until the first calendar month after the end of the grace period?** Yes. If you are HSA eligible for only a portion of the year, you may make a full year's worth of HSA contributions. For example, if you open your HSA on April 1, you may still contribute up to the statutory amount to your HSA.

- **What if my employer offers an HDHP option midyear, and I am enrolled in a general-purpose medical FSA?** You will not be eligible to open and contribute to an HSA until the next plan year begins, and you enroll in the limited-purpose medical FSA.
- **May I change my election to a limited-purpose medical FSA so I may enroll in the HDHP midyear and open an HSA?** No, this change is not permissible under the IRS regulations unless you have a change in status (e.g., marriage, divorce, birth of a child). The HDHP

Dependent Care FSA (DCFSA)

With the dependent care FSA, you can reduce your tax burden by using pretax dollars to pay expenses for eligible childcare or adult care for senior-citizen dependents that live with you. Federal law also allows you to claim a direct credit against federal income taxes for eligible child or dependent care expenses. However, any amount you claim under the dependent care tax credit will be reduced by the amount you are reimbursed under the dependent care FSA. The amount reimbursed under the dependent care FSA reduces, dollar-for-dollar, the amount of dependent care expenses that are eligible for the dependent care tax credit; therefore, you should either participate in the dependent care FSA to the fullest extent possible or claim the tax credit. The dependent care FSA operates much like a bank account. Deposits are made into the account in the form of pretax payroll deductions. Withdrawals from the account are made using a flex reimbursement form. You should submit the reimbursement form and a copy of your receipt or bill to ASR Health Benefits, who will then issue you a check. Alternatively, Andrews offers a more convenient method of reimbursement; a Benefits (debit) Card (see description below). You can manage your account at www.asrhealthbenefits.com. Dependent care expenses are expenses you incur to enable you to work. If you are married, the expenses must be incurred to enable you and your spouse to work, or to enable your spouse to attend school on a full-time basis. The expenses must be for the care of your dependent who is under age 13 and for whom a personal-exemption deduction is allowed for federal income tax purposes, for the care of your dependent or spouse who is physically or mentally incapable of self-care, or for household services in connection with the care of a qualifying dependent. The maximum amount that can be reimbursed (i.e., deposited) is the lowest of your earned income, your spouse's earned income, or $5,000.00 ($2,500.00 if you are married and you file a separate tax return). If your spouse is a full-time student or is incapable of self-care, your spouse's earned income is assumed to be not less than $250.00 if you provide care for one dependent, or $500.00 for two or more dependents, for each month that your spouse is a student or incapable of self-care. Please refer to Internal Revenue Publication 503 for more information on eligible and ineligible expenses at www.irs.gov.

Flexible Spending Debit Card

You may use the ASR Health Benefits Card to pay for eligible expenses with funds from your own medical or dependent care FSA at the time and place the expense is incurred. The ASR Health Benefits Card operates within the Visa® credit card network. Your card will be accepted at most service providers and merchants where FSA-eligible expenses can be purchased, including hospitals, doctors' offices, dental offices, optical stores, pharmacies, and even some day-care centers. By law, merchants may choose to require either a signature debit or a personal identification number (PIN) debit. If you do not have a PIN or forget your PIN, the merchant can run the transaction as a signature debit or require another form of payment. You may obtain your PIN or reset your PIN by calling (866) 898-9795. Your PIN is system generated and cannot be customized. You are unable to make cash withdrawals at ATMs or at stores that allow for cash back on PIN debit purchases. Note: Report a lost or stolen card by calling ASR's Plan Administration Department at (800) 968-2449. When you use your ASR Health Benefits Card, you will not have to pay for the expense, file substantiating documentation with a request for reimbursement, and then wait for the refund check to come. Most merchants have what is called an inventory information approval system (IIAS) in place to ensure FSA debit cards are used only for medical expenses that are FSA eligible. Examples of these merchants are drug stores, pharmacies, and grocery stores.

Because most items in these stores will be identified as FSA eligible through IIAS, you will not have to substantiate the FSA-eligible items that you purchase with your ASR Health Benefits Card. Make sure that you use your ASR Health Benefits Card only for FSA-eligible expenses! If you purchase an ineligible item using your ASR Health Benefits Card, you will have to write

a personal check to reimburse your FSA account, or the amount will be deducted from a future claim request. In order to purchase over-the-counter (OTC) medications with your ASR Health Benefits Card, you must present a prescription for an OTC medication to your pharmacy or your mail-order or Web-based vendor that dispenses the medication and retain proper records of the transaction. However, you may purchase non-medicine OTC items, such as bandages, blood sugar test kits, and test strips, with the ASR Health Benefits Card at merchants that have an IIAS in place, or you may purchase them manually, without a prescription.

Grace Period

Your medical FSA has a two and one-half month grace period at the end of the plan year. This grace period is a time when you may incur qualified medical expenses and pay them from any amounts leftover in your FSA at the end of the previous year. The grace period ends on the 15th day of the third month of the next plan year. You will have a time period after the grace period to submit (but not incur) the claims. You must forfeit any funds remaining in your FSA at the end of the grace period. Here is an example of how the grace period works:

Your plan year runs on a July 1 to June 30 basis and has a two and one-half month grace period. You have three months after the grace period to submit claims incurred during the plan year and the grace period. At the end of June 2024, you have $250 left in your medical FSA. You incur $250 of qualified medical expenses during July 1 through September 15 of 2025, the grace period for the 2024/2025 plan year. You may submit these expenses by December 15, 2025 in order to receive reimbursement.

Healthcare Savings Accounts (HSA)

If you are enrolled in the high Deductible Health Plan (HDHP), you are eligible to open a Healthcare Savings Account (HSA).

You determine the amount to be deducted from each paycheck (if any) on a tax-free basis, which is then deposited into an HSA that you open at the financial institution of your choice. You will need to complete the HSA Response Form upon opening your HSA and return it to Human Resources.

HSA funds can be used for eligible out-of-pocket medical, dental, vision, and hearing expenses. Unlike the FSA, unused funds rollover from year to year and can earn interest tax-free.

You CANNOT use HSA funds for items that have been paid for or have been reimbursed by a Flexible Spending Account. For additional information, consult your tax advisor or visit www.treas.gov.

The maximum contribution to an HSA for a single person is $4,150 and $8,300 for a family. Employees aged 55 and over are allowed to contribute an additional $1,000 total.

IMPORTANT: If you are enrolled in Medicare Part A and/or B, you CANNOT contribute pre-tax dollars into your HSA. You may use any funds leftover in your HSA for eligible, out-of-pocket medical, dental, vision, and hearing expenses, but you cannot continue to put pre-tax dollars in the account. If you are 65, you can also use any remaining HSA funds for your Medicare Parts A, B, D and Medicare HMO premiums.

Life and AD&D provided through Unum

Eligibility: All eligible employees in active employment in the United States with Andrews University

Who pays for the cost of coverage?

- **Basic Employee, Spouse, Child(ren) Benefits:** Andrews University
- **Additional/Supplemental Employee, Spouse, Child(ren) Benefits:** You

Base Life Coverage for Employees:

- Base Life Benefit: $100,000
- Non-Medical Maximum: $100,000
- All amounts are rounded to the next higher multiple of $1,000, if not already an exact multiple thereof

Additional Life and Accidental Death & Dismemberment coverage for Employees:

- Additional Life Benefit Options: 7x annual earnings, rounded to the next higher multiple of $10,000, if not already an exact multiple thereof; or $750,000
- Additional AD&D Benefit Options: 7x annual earnings, rounded to the next higher multiple of $10,000, if not already an exact multiple thereof; or $750,000
- Non-medical Maximum: The lesser of 3x earnings or $250,000
- All amounts are rounded to the next higher multiple of $1,000, if not already an exact multiple thereof

Base Life Coverage for Dependents:

- Base Spouse Life Benefit Options: $50,000
- Non-Medical Maximum: $50,000
- Base Child Benefit Options for Live Birth to under age 19: $10,000
- Base Child Benefit Limit(s): to age 19 or age 26 if a full-time student

Additional Life and Accidental Death & Dismemberment coverage for Dependents:

- Additional Spouse Life Benefit Options: Amounts in $5,000 increments to an overall maximum of $250,000 as applied for by you and approved by Unum. The Non-Medical Maximum for Spouse: $50,000
- Additional Spouse AD&D Benefit Options: Amounts in $5,000 increments to an overall maximum of $250,000 as applied for by you and approved by Unum
- Additional Child Life Benefit Options: Live birth, but under age 19 or 26 if a full-time student - $5,000 increments to an overall maximum of $25,000 as applied for by you and approved by Unum
- Additional AD&D Child AD&D Benefit Options: Live birth, but under age 19 or 26 if a full-time student - $5,000 increments to an overall maximum of $25,000 as applied for by you and approved by Unum.

  *The Amount of Life Insurance for a dependent will not be more than 100% of the employee benefit. Employees must be covered to insure coverage for dependents.

AD&D Covered Losses and Benefits:

- Full Benefit for loss of:
    - Life
    - Both hands, both feet, or sight in both eyes
    - One hand & one foot
    - One hand or foot & one eye
    - Speech and hearing
- Half Benefit for loss of:
    - One hand or one foot
    - Sight of one eye
    - Speech or hearing
- Quarter Benefit for loss of:
    - Thumb and index finger of the same hand

AD&D Educational Benefit: An additional lump sum benefit, to each qualified child (provided death occurs within 365 days of the accidental bodily injury), equal to the lessor of 6% of the employee's AD&D Benefit Amount OR $6,000. The maximum benefit payment is 4 per lifetime. The maximum benefit amount is $24,000. The maximum benefit period is 6 years from the date of the first benefit payment.

AD&D Repatriation Benefit: Unum will pay an additional AD&D benefit up to $5,000 for the preparation and transportation of your remains if the death occurs at least 100 miles from your principal residence.

AD&D Seatbelt and Airbag Benefit: Unum will pay you or your authorized representative an additional benefit if you sustain an accidental bodily injury which results in death while properly wearing a seatbelt and protected by an airbag.

- Benefit Amount:
    - Seatbelt: 10% of the full amount of your AD&D benefit. The maximum benefit is $25,000.
    - Airbag: 5% of the full amount of your AD&D benefit. The maximum benefit is $5,000.

Portability: If your employment ends with or you retire from Andrews University or you are working less than the minimum number of hours as described under Eligible Groups in this plan, you may be eligible to elect portable coverage and continue your term insurance at group rates.

Conversion: When coverage ends under the plan, you can convert to an individual permanent life policy without evidence of insurability.

Life Insurance Coverage Exclusions: Life benefits will not be paid when death is caused by, contributed to by, or results from suicide that occurs within 24 months after the initial effective date of the insurance and/or occurs within 24 months after the date any increase or additional insurance becomes effective.

AD&D Insurance Coverage Exclusions: AD&D benefits are excluded (not paid) for losses caused by, contributed to by, or resulting from:

- Self-destruction while sane, intentionally self-inflicted injury while sane, or self-inflicted injury while sane, or self-inflicted injury while insane;
- Active participation in a riot
- An attempt to commit or commission of a crime
- The use of any prescription or non-prescription drug, poison, fume, or other chemical substance unless used according to the prescription or direction of your or your dependent's physician. This exclusion will not apply to you or your dependent if the chemical substance is ethanol;
- Disease of the body or diagnostic, medical or surgical treatment or mental disorder as set forth in the latest edition of the Diagnostic and Statistical Manual of Mental Disorders;
- Being intoxicated;
- War, declared or undeclared, or any act of war.

Questions: If you should have any questions about your coverage or how to enroll, please contact the Andrews University Benefits Department.

Changes to Coverage: At each annual enrollment period or within 31 days of a change in status, you will be given the opportunity to change your coverage.

Delayed Effective Date of Coverage:

- Employee: Insurance coverage will be delayed if you are not in an active employment because of an injury, sickness, temporary layoff, or leave of absence on the date that insurance would otherwise become effective
- Dependent: Insurance coverage will be delayed if that dependent is totally disabled on the date that insurance would otherwise be effective. Exception: Infants are insured from Live Birth.
- "Totally disabled" means that, as a result of an injury, sickness, or disorder, your dependent is confined in a hospital or similar institution; is unable to perform two or more activities of daily living (ADLs) because of a physical or mental incapacity resulting from an injury or a sickness; is cognitively impaired; or has a life-threatening condition.

Long Term Disability provided through Unum

Eligibility: All eligible Full-Time Employees in the United States with the Employer.

Monthly Benefit Amount: The lesser of 66.67% of monthly earnings or a maximum monthly benefit of $6,000. Your payment may be reduced by deductible sources of income and disability earnings. Some disabilities may not be covered or may have limited coverage under this plan.

Minimum Monthly Benefit: An amount equal to the greater of $100 or 10% of your gross disability payment.

Elimination/Accumulation Periods: You must be continuously disabled through your elimination period. The days that you are not disabled will not count toward your elimination period. **Your elimination period is 90 days.** In addition, if you return to work while satisfying your elimination period and are no longer disabled, you may satisfy your elimination period within the accumulation period. You do not need to be continuously disabled through your elimination period if you are satisfying your elimination period under this provision. If you do not satisfy the elimination period within the accumulation period, a new period of disability will begin. **Your Accumulation period is 180 days.**

Duration of Benefit: Your duration of benefits is based on your age when the disability occurs. Your LTD benefits are payable for the period during which you continue to meet the definition of disability and in accordance with the SSADEA (Social Security Normal Retirement Age) duration schedule.

Definition of Disability: Two Year Own Occupation with Residual

- You are disabled when Unum determines that you are limited from performing the material and substantial duties of your regular occupation due to your sickness or injury AND you have 20% or more loss in your indexed monthly earnings due to the same sickness or injury.
- After 24 months of payments, you are disabled when Unum determines that due to the same sickness or injury, you are unable to perform the duties of any gainful occupation for which you are reasonably fitted by education, training, or experience.
- You must be under the regular care of a physician in order to be considered disabled.

Survivor Benefit: When Unum receives proof that you have died, your eligible survivor will be paid a lump sum benefit equal to 3 months of your gross disability payment if, on the date of your death your disability had continued for 180 or more consecutive days AND you were receiving or were entitled to receive payments under the plan.

Rehabilitation and Return to Work Services: The rehabilitation program may include, but is not limited to, the following services and benefits:

- Coordination with your Employer to assist you to return to work;
- Adaptive equipment or job accommodations to allow you to work;
- Vocational evaluation to determine how your disability may impact your employment options;
- Job placement services;
- Resume preparation
- Job seeking skills training; or education and retraining expenses for a new occupation

Rehabilitation and Return to Work Benefits: We will pay an additional disability benefit of 10% of your gross disability payment to a maximum benefit of $1,000 per month. This benefit is not subject to policy provisions which would otherwise

increase or reduce the benefit amount such as Deductible Sources of Income. In addition, we will make monthly payments to you for 3 months following the date your disability ends if we determine you are no longer disabled while:

- You are participating in the Rehabilitation and Return to Work Assistance program; and
- You are not able to find employment

Pre-Existing Conditions: You have a pre-existing condition if:

- You received medical treatment, consultation, care or services including diagnostic measures, or took prescribed drugs or medicines in the three months just prior to your effective date of coverage;
- The disability begins in the first 12 months after your effective date of coverage unless you have been treatment free for three consecutive months after your effective date of coverage.

Mental Nervous and Self-Reported Symptoms Limitation: The lifetime cumulative maximum benefit period for all disabilities due to mental illness and self-reported symptoms is 24 months. Only 24 months of benefits will be paid for any combination of such disabilities even if the disabilities are not continuous and/or are not related. Payments would continue beyond 24 months if you are defined to a hospital or institution

Coverage Exclusions: Your plan does not cover any disabilities cause by, contributed to by, or resulting from:

- Intentionally self-inflicted injuries;
- Active participation in a riot;
- Loss of a professional license, occupational license or certification;
- Commission of a crime for which you have been convicted;
- Pre-existing condition
- Disability due to war, declared or undeclared, or any act of war
- Period of disability of disability during which you are incarcerated.

Worldwide Travel Assistance provided through Unum

If you travel at least 100 miles from home, be sure to pack your emergency travel assistance information! Travel assistance speaks your language, helping you locate hospitals, embassies, and other unexpected travel destinations. One call connects you and your family to medical and other important services 24 hours a day. **Call: 1-800-872-1414 or 301-656-4152, reference #: 01-AA-UN-762490**

Use your travel assistance phone numbers to access:

- Hospital admission assistance*
- Emergency medical evacuation
- Prescription replacement assistance
- Transportation for a friend or family member to join a hospitalized patient
- Care and transport of unattended minor children
- Assistance with the return of a vehicle
- Emergency message service
- Critical care monitoring
- Emergency trauma counseling
- Referrals to Western-trained, English-speaking medical providers
- Legal and interpreter referrals
- Passport replacement assistance

When traveling for business or pleasure, one phone call connects you to:

- Multi-lingual medically certified crisis management professionals
- A state-of-the-art global response operations center
- Qualified medical providers around the world

Travel Assistance FAQs:

Q: Which countries can I travel to? **A:** Assist America's services have no geographical exclusions.

Q: Is my family covered? **A:** Your spouse and dependent children up to age 19 (or the age specified by your medical plan) are covered. Spouses and children traveling on business for their employers are not eligible to access these services during those trips.

Q: Are pre-existing conditions excluded? **A:** No. Whether your medical emergency is the result of a new or pre-existing condition, Assist America's trained representatives will help you find qualified medical care and facilities.

Q: What about sports related injuries? **A:** Whether you've been involved in recreational or extreme sporting, travel assistance will provide support for all your medical needs.

Q: Who pays for the services I use? **A:** Assist America arranges and pays for 100% of the services the company provides with no caps or charge-backs to either you or your employer. You MUST call Assist America first – you can't be reimbursed for services you arrange on your own.

** Hospital admission is coordinated by Assist America, Inc. It may require a validation of your medical insurance or an advance of funds to the foreign medical facility. You must repay any expenses related to emergency hospital admissions to Assist America, Inc. within 45 days. Worldwide emergency travel assistance services are provided by Assist America Inc. All emergency travel assistance must be arranged by Assist America, which pays for all services it provides. Medical expenses such as prescriptions or physician, lab or medical facility fees, are paid by the employee or the employee's health insurance. Services are available with selected Unum insurance offerings. Exclusions, limitations and prior notice requirements may apply, and service features, terms and eligibility criteria are subject to change. These services are not valid after termination of overage and may be withdrawn at any time. Employees are covered for business or personal travel; spouses and dependent children are covered for personal travel only. Please contact your Unum representative for full details. For trips longer than 90 days, expatriate coverage is available. Call the number provided for more information.*

Employee Assistance Program (EAP) provided through Unum

When you have questions, concerns or emotional issues surrounding your personal or work life, you can count on us to offer help. Unum's work-life balance employee assistance program (EAP) offers unlimited access to master's-level consultants by telephone, resources and tools online, and up to three face-to-face visits with a consultant for help with a short-term problem.*

Help for personal challenges, big and small

- Keeping your work and personal life in balance can sometimes be tricky. Stressful situations can affect your health, well-being and ability to focus on what's important. That's when you can pick up the phone and speak confidentially** to a master's-level consultant who can help you or a family member to:
- Locate child care and elder care services and obtain matches to the appropriate provider based on your or your family's preferences and criteria. The consultant will even confirm space availability.
- Speak with financial experts by phone regarding issues such as budgeting, controlling debt, teaching children to manage money, investing for college, and preparing for retirement
- Work through complex, sensitive issues such as personal or work relationships, depression or grief, or issues surrounding substance abuse
- Get a referral to a local attorney for a free, 30-minute in-person or telephonic legal consultation

You'll have access to an attorney for state-specific legal information and services. If you decide to retain the attorney, you may be eligible to receive a 25% discount on additional services.

- You also have unlimited website access at www.unum.com/lifebalance where you can:
- Read booklets, life articles and guides
- View videos and online seminars, as well as listen to podcasts
- Subscribe to email newsletters
- Find information on parenting, retirement, finances, education and more
- Use health management online calculators and other tools to help you with topics such as losing weight or starting a new exercise program
- Access links to other informative websites
- Use school, camp, elder care and child care locators
- Use financial calculators, retirement planners, worksheets and more

* In CA and NV, employees and their family members may confer with a local consultant up to three times in a six-month time period.

** The consultants must abide by federal regulations regarding duty to warn of harm to self or others. In these instances, the consultant may be mandated to report a situation to the appropriate authority.

The Work-life Balance Employee Assistance Program, provided by Ceridian HCM, is available with select Unum insurance offerings. Terms and availability of service are subject to change. Service provider does not provide legal advice; please consult your attorney for guidance. Services are not valid after coverage terminates. Please contact your Unum representative for details.

Voluntary Short-Term Disability provided through Unum

Individual short term disability insurance can pay you a percentage of your monthly salary if you are injured or ill, off-the-job and cannot work due to a disability or covered pregnancy. You choose monthly benefit amounts and you can use it any way you choose. This plan is offered to all eligible employees ages 17 to 69 who are actively at work. You decide if its right for you and you can choose from the following options:

- **Benefit period**: If you become disabled, this is the maximum amount of time you can receive benefits for a covered disability
- **Elimination period**: This is the number of days that must pass between your first day of a covered disability and the day you can begin to accrue your disability benefits
- **Benefit amount:** Choose a monthly benefit between $400 and $5,000 for an off-the-job illness or injury disability. Coverage of up to 60% of your gross monthly salary may be offered.

Four reasons to buy this coverage at work:

1. You own the policy and can keep it if you leave or retire. Unum will bill you directly for the same cost.
2. Coverage is effective on the first of the month that payroll deductions begin.
3. Your policy is guaranteed renewable until age 72 as long as you pay the premiums on time.
4. Premiums are based on your age on the policy effective date and are deducted from your paycheck.

Waiver of Premium: You don't have to pay your premiums after 90 days of total disability or the elimination period (whichever is longer). They'll be waived as long as the disability continues, up to the maximum benefit period.

Policy Provisions:

- **Pregnancy:** Nine months after coverage becomes effective, pregnancy is considered the same as any other covered illness. Benefits will not be paid if the insured individual gives birth within nine months after the coverage becomes effective. However, medical complications of pregnancy may be considered as any other covered sickness, subject to the pre-existing condition* limitation.
- **Pre-existing condition limitation:** If you have a pre-existing condition* within a 12-month period before your coverage effective date, benefits will not be paid for a disability period if it begins during the first 12 months the policy is in-force.

** Pre-existing condition: A condition for which symptoms existed (within 12 months before your coverage effective date) that would cause a person to seek treatment from a physician or for which a person was treated/received medical advice from a physician or took prescribed medicine. The determination on whether your condition qualifies as pre-existing will be based on the date of disability and not the date you notify Unum.*

My Short-Term Disability Coverage *(For your records)*

Amount I applied for: $_____

Date deductions begin: ____/____/_____

Cost per pay period: $ _____

Voluntary Accident provided by Unum

Voluntary accident provides lump sum benefits for covered accidents that occur on or off the job. The plan is offered to all eligible employees who are actively at work, spouse ages 17-64 and children up to age 26.

Examples of covered injuries and expenses include:

- Broken bones
- Burns
- Torn ligaments
- Stitches
- Concussion
- Emergency Room treatment
- Outpatient surgery facility
- Physical Therapy
- Doctor's office visit

Four reasons to buy this coverage at work:

1. No health questions! If you apply, you automatically receive this base plan.
2. This plan is portable, so you may take the coverage with you if you leave or retire. Unum will bill you for the same cost
3. Coverage becomes effective on the first day of the month in which payroll deductions begin.
4. Premiums are deducted from your paycheck.

The following benefits are automatically included in your plan:

- **Wellness Benefits:** This benefit can pay $50 per calendar year per insured individual if a covered health screening test is performed, including blood tests, stress tests, colonoscopies, mammograms
- **Catastrophic Benefits:** This pays an additional sum if a covered individual has a serious injury such as loss of sight, hearing or a limb before age 65.

Additional option - Sickness Hospital confinement benefit: This option pays the insured member a daily benefit if he/she is in the hospital for a covered illness. The amount you receive can be $100 per day and 75% of the employee's amount for children. This benefit is available to family members who are covered by the base plan. There is an additional charge for this feature. There is a 12-month pre-existing condition limitation. Employees and their spouses need to answer certain health questions when applying for this benefit.

Example: *Claimant falls at home resulting in a torn ACL*

- ***Expenses incurred:*** *$100 ER copay, $500 deductible, $700 surgery costs, $150 PT copays*
- ***Benefits Paid:*** *$150 ER visit, $100 knee brace, $800 surgical ligament repair, $150 PT, $75 follow-up appointment*

My Accident Coverage *(For your records)*

Coverage Plan chosen: _____ Date deductions begin: ____/____/_____

Cost per pay period: $ _____

Voluntary Critical Illness provided through Unum

Critical illness insurance pays benefits at the diagnosis of a covered illness. If you receive a full benefit payout for a covered illness, coverage can be continued for the remaining covered conditions. The diagnosis of a new covered illness must occur at least 90 days after the most recent diagnosis and be medically unrelated. Each condition is payable once per lifetime.

Eligibility:

- **Employee:** Must be actively at work. Can purchase benefits in $1,000 increments, from $5,000 up to $50,000
- **Spouse:** Age 17-64 and employee coverage must be selected. Can purchase benefits in $1,000 increments from $5,000 up to $30,000
- **Dependent Children:** Up to age 26. Children are automatically covered at 25% of the employee benefit at no additional cost.

Three reasons to buy this coverage at work:

1. You get affordable rates. The premiums are then deducted from your paycheck.
2. Coverage is portable. You may take it with you if you leave or retire Unum will bill you directly for the same cost.
3. Benefits are effective the first of the month that payroll deductions begin

Examples of covered illnesses:

- Heart attack
- Major organ failure
- Coma
- Stroke
- Occupational HIV
- Blindness

Additional illnesses covered for dependent children (diagnosis must occur after effective date):

- Cerebral Palsy
- Cystic Fibrosis
- Spinal Bifida
- Cleft Lip or Palate
- Downs Syndrome

- **You can also purchase a cancer coverage rider to include cancer as a covered diagnosis (you must check the box).**

The following is automatically included:

- **Wellness:** Based on the plan selected by your employer, this benefit can pay $50 per calendar year per individual if a covered health screening is performed. If you have other policies with the wellness feature, you can receive a total of one benefit payment per year. A complete list of covered tests will be provided in your certificate.
- **Reduction of benefits:** The benefit amount for the employee and spouse reduces 50% on the first policy anniversary date after the insured's 70th birthday. Premiums will not be reduced. For coverage purchased after age 70, benefit amounts will not be reduced.

My Critical Illness Coverage *(For your records)*

Amount I applied for: $ _____ Date deductions start: ____/____/_____

Cost per pay period: $ _____

Whole Life provided through Unum

Everyone's life insurance needs are different. Whether you are single and just starting your career, married and have increasing family obligations, or getting close to retirement, life insurance is an important financial consideration to help you plan for the future.

Interest sensitive Whole Life Insurance

- **Level premium**: premium rates do not increase as you get older
- **Level death benefit:** death benefit does not reduce as you get older
- **Cash value with 4.5% guaranteed interest rate:** The cash value or equity of the policy builds at an interest rate guaranteed to be at least 4.5%
- **Long-term care benefit included:** Access 100% of the death benefit for Long-Term care needs (paid out evenly over the course of 16-25 months).
- **Continuation Rider** available that will double the Long-Term Care benefit duration (paid out evenly over the course of 32-50 months)
- **Restoration Rider** available (after death benefit has exhausted due to Long-Term Care benefits, this rider restores 100% of death benefit)
- **Continuation/Restoration Rider Combination** is available

Fully paid-up option at age 70 (issue ages 15-50): You can exercise a paid-up option at a future time if desired

100% portable: you can take this policy with you at the exact same premiums if you leave or retire from your company

Stand-alone coverage for spouse, children, and even grandchildren: You do not have to purchase coverage on yourself as an employee in order to elect coverage on an eligible family member.

Sample Rates	**Face amounts based on $5 per week**	
Issue Age	Non-Tobacco User	Tobacco User
25	$29,851	$17,128
35	$19,417	$11,786
45	$11,581	$6,835
55	$6,066	$3,636
65	$2,943	$2,066

Sample Rates	**Face amounts based on $10 per week**	
Issue Age	Non-Tobacco User	Tobacco User
25	$57,701	$34,256
35	$38,835	$23,572
45	$23,163	$13,670
55	$12,133	$7,273
65	$5,885	$4,133

Paid Leave Plan

This plan is available to **Hourly Employees** in classifications: HH, HF, HP.

The Purpose of this plan is to provide a continuity of income during specific periods of absence which includes vacation and personal time, holidays, short-term sick leave, and medical/vision/dental appointments.

Accrual Rate: Time begins to accrue on the first day of employment at the following rate, as determined by total denomination employment. The leave bank illustrated below is based on a 40-hour work week.

Except for holidays and sick leave, the Paid Leave Bank (PLB) may be used at the discretion of the employee upon prior arrangement with the department head. Time in the PLB may be paid only when the employee is off duty during his/her normal working hours, except at the time of termination or retirement. Time in the PLB accrues only on the first 80 hours of paid time in a two-week pay period.

Years of Service	Total Hours	Equivalent Days	Maximum Annual Accrual	Hourly Rate of Accrual
1 through 4	0 – 7,488	26	208 hours	0.1
5 through 9	7,489 – 16,848	31	248 hours	0.1192308
Starting 10th year	Begin 16,849	36	288 hours	0.1384615

Andrews University recognizes nine holidays, two of which are 1.5 days, for a total of ten days annually. The holidays are as follows:

- New Year's Day
- Martin Luther King Jr. Day
- President's Day
- Memorial Day
- Juneteenth
- Independence Day
- Labor Day
- Thanksgiving (1.5)
- Christmas (1.5)

Vacation Plan

This plan is available to **Salary/Faculty Employees** in classifications: AF, AP, SA, SF, SP, FA, FF, FT, FP.

On a pro-rated basis, according to your appointment percentage, annual vacation is based on a full year of service and consists of:

Years of Service	Annual Vacation Allowances	Bi-Weekly Accrual
1 through 4	10 days	0.39 day
5 through 9	15 days	0.58 day
Starting 10th year	20 days	0.77 day

Part-time salaried employees are eligible based on the percent they are scheduled to work, i.e., a three-quarters time employee would only receive three-quarters the above schedule annually.

For complete details regarding Paid Leave and Vacation, visit:
https://www.andrews.edu/services.hr/current_employees/handbook/timeoff.html

Free Class

For Employees: Regular full-time employees may take up to four credits each semester without cost to themselves through the doctoral level. Normally, the class must be outside of regular scheduled work hours. Employees are not paid for the time they are attending class.

For the Employees' Spouse: The spouse of a regular full-time employee may receive assistance through the master's level degree program. Assistance is up to four credits free plus 50% of the tuition on classes in excess of four credits each semester.

The Internal Revenue Service (IRS) considers employer-provided graduate tuition assistance as part of your wage package therefore the assistance may be subject to tax withholding. Per IRS code section 127, tuition assistance for employees at the graduate-level are tax free for the first $5,250 per calendar year. All graduate level tuition assistance for employees' spouses must be included as taxable income of the employee, as required by the IRS.

Please contact the Benefits Office on how to apply for a Free Class and for full details on how the Free Class Benefit is processed. Certain restrictions and guidelines apply—please see full policy online.

Tuition Assistance

If you are a full-time, regular employee and have unmarried dependent children who are less than 24 years of age attending school, the following policy applies to you (age requirement exceptions may be made if education has been interrupted due to compulsory military service, volunteer service for the church, or a documented medical condition). Dependent children enrolled in the Adventist Colleges Abroad are eligible for tuition assistance. Employees eligible for dependent tuition assistance whose spouse is denominationally employed and also eligible for tuition benefits will receive half of the computed benefits. Scholarship Grants are computed as follows:

- **Hourly Employees:** 35% of basic tuition costs for the child(ren) attending a local SDA church elementary school, a Lake Union Conference day academy, or an undergraduate program of Andrews University as a day/village student.
- **Salaried Employees:** 35% of basic tuition costs for the child(ren) attending a local SDA church elementary school, a Lake Union Conference day academy, an undergraduate program of Andrews University as a day student, or (for approved positions) an undergraduate program at other North American Division schools
- **For all employees:** 60% of basic tuition costs for child(ren) enrolled as boarding student(s) at a Lake Union Conference SDA academy or in an undergraduate program at Andrews University.

Tuition assistance shall be provided for credits that are earned through the College Level Examination Program (CLEP). The assistance on both is 35% whether the student is residing in a school dormitory or not. The amount of the grant will be based on the actual tuition costs and general fees when charged separately and does not include charges for special music lessons. Fees for required music lessons may be included for music majors or minors.

Assistance may continue for a maximum of ten semesters (including summer semesters) of undergraduate or graduate study; graduate study must occur at Andrews University. The number of semesters eligible for assistance is prorated, based on prior university enrollment, when eligibility begins.

Assistance may be available for the child(ren) who enters a professional program in medicine or dentistry prior to completing undergraduate degree requirements. The assistance will not be available for a period longer than that which would have been required to complete the undergraduate degree nor for more dollars than would have been allowed as a full-time undergraduate student at Andrews University.

Grants shall be available for the child(ren) of the employee who is employed at the beginning of the child(ren)'s school year and scholarships will be prorated if the individual is employed after the beginning of the school year. It is understood that the child(ren) must be in school at the time for which the scholarship is paid. The scholarship shall be credited to the student's account each semester when bills are presented. The payment of the scholarship will be made directly to the school involved.

Defined Contribution Retirement Plan

The Adventist Retirement Plan (ARP) and Empower Retirement have joined forces to provide you with the tools and resources to help you develop a retirement package that may meet your financial needs for the future. Here are some of the tools that are available to you:

- www.empowermyarp.com, providing secure 24-hour online access to your account and investment information
- Call 855-756-4738 to speak with a Participant Services Representative between 6:00 AM and 8:00 PM MT, Monday through Friday
- A quarterly statement will be sent to keep you up to date on your portfolio's progress

Please carefully read any materials regarding retirement that you receive. If you are interested in meeting with the Empower Retirement Education Counselor during one of their monthly visits to the university, you may arrange a one-on-one meeting by contacting them directly. They will be happy to answer your questions and work with you to develop an investment strategy that will meet your retirement needs.

Counselors: Suzanne McHugh and Brian Hand
Email: suzanne.mchugh@empower-retirement.com and brian.hand@empower-retirement.com
Phone: Suzanne: 240.224.4911. Brian: 720.701.2039

Auto-Enroll: The ARP has an automatic enrollment feature for all newly hired employees whereby a 3% employee contribution is applied starting with the first paycheck. You must notify Empower Retirement if you want to opt-out of the APR's auto-enroll and receive a refund of any salary reduction contributions made within the first 90 days of your employment.

Auto-Escalation: If your employee voluntary contribution level is under 7%, it will increase by 1% each July until your contribution reaches 7%. You may choose a different level or notify Empower Retirement that you want to opt-out of this plan feature; this must be done each year.

To make changes to your elections and beneficiaries, log on to the Empower Retirement website.

Andrews University

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