

Andrews University

Benefits effective 7/1/2024

| Medical | Premier Plan | | Standard Plan | | High Ded/HSA Plan** | |
|---|----------------------------|------------------|-------------------------------|------------------|---------------------|------------------|
| | In-Network | Out-of-Network | In-Network | Out-of-Network | In-Network | Out-of-Network |
| Deductible* | | | | | | |
| Per Covered Person | \$500 | \$3,000 | \$650 | \$3,000 | \$1,600 | \$3,000 |
| Per Family | \$1,000 | \$6,000 | \$1,300 | \$6,000 | \$3,200 | \$6,000 |
| General Benefit / Co-insurance % (Unless specifically stated otherwise) | 90% | 60% | 80% | 60% | 80% | 60% |
| Co-Insurance Maximum | \$2,850/\$5,700 | \$5,000/\$10,000 | \$3,700/\$7,400 | \$5,000/\$10,000 | N/A | N/A |
| Total Max Out-of-Pocket | \$7,150/\$14,300 | N/A | \$7,150/\$14,300 | N/A | \$4,250 / \$8,500 | \$8,000/\$16,000 |
| Preventive Care | 100% | | 100% | | 100% | |
| Physician Care | | | | | | |
| Office Visits (PCP/Specialist) | \$20/ \$30 | 60%* | \$30/\$40 | 60%* | 80%* | 60%* |
| Virtual Visits | \$0 | 60%* | \$0 | 60%* | \$45 | 60%* |
| Specialist Office Visit | \$20 | 60%* | \$30 | 60%* | 80%* | 60%* |
| Urgent Care | \$75 | 60%* | \$75 | 60%* | 80%* | 60%* |
| Emergency Room (Professional) | 90%* | | 80%* | | 80%* | |
| Emergency Room (Facility Charge) | \$250 | | \$250 | | 80%* | |
| Hospital Care | | | | | | |
| Inpatient Services | 90%* | 60%* | 80%* | 60%* | 80%* | 60%* |
| Outpatient Services | 90%* | 60%* | 80%* | 60%* | 80%* | 60%* |
| Diagnostic, X-ray & Lab Charges | 90%* | 60%* | 80%* | 60%* | 80%* | 60%* |
| Preventive Drug List | N/A | | N/A | | 80%* | |
| Prescription Drugs | Included in Total MOOP | | Included in Total MOOP | | | |
| Generic Tier 1/Tier 2 | \$10 / \$20 | | \$10 / \$20 | | 20%* | |
| Brand Tier 3/ Tier 4 | \$50 / \$70 | | \$60 / \$80 | | 20%* | |
| Specialty Drugs | \$1,000 / \$ 1,500 | | \$1,000 / \$ 1,500 | | 20%* | |
| Hearing - Testing | 90%* | | 80%* | | 80%* | |
| Hearing - Office Visits / hearing aids (Max-\$2,500/2 benefit year periods) | \$20 OV / 75%* | | \$20 OV / 75%* | | 80%* | |
| Dental | | | Vision | | | |
| Preventive Services | 100% | | Preventive Vision Exam | | \$15 | |
| Deductible* | | | Prescription Glasses | | 100% | |
| Per Covered Person | \$25 | | Plan Year Maximum | | \$350 | |
| Per Family | \$75 | | (excluding exams) | | | |
| Basic & Major services | 75%* | | | | | |
| Plan Year Maximum / member | \$1,100 | | | | | |
| Orthodontia | 50% - \$1,760 lifetime max | | | | | |

* Benefit is subject to deductible before coinsurance or copay applies ** MOOP is embedded

Bi-Weekly Employee Contributions

| | Premier | Standard | High Ded/HSA | Dental/Vision |
|---------------------------|----------------------|----------------------|---------------------|---------------|
| Employee Only | \$97 / \$202 | \$72 / \$177 | \$31 / \$58 | \$15 |
| Employee Plus One | \$144 / \$249 | \$109 / \$214 | \$53 / \$158 | \$30 |
| Employee Plus Two or more | \$192 / \$297 | \$144 / \$249 | \$67 / \$172 | \$44 |

The Bolded number indicates wellness requirements have been met

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