Employee Benefits Guide

Effective

May 1, 2025 - April 30, 2026

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Andrews University

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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
HMA: Medical	T: 833.865.0141 (back of ID card) www.accesshma.com
Priority Health: Medical Provider Network	www.priorityhealth.com/findadoc
Drexi: Prescription Drugs International Rx Program (Drexi Advocacy Team):	www.drexi.com T: 844.728.3479 Drexi_CustomerService@amps.com T: 877.688.5461 drexiadvocacy@amps.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
Health Saving Account: UMB (preferred vendor)	T: 866.293.9605 Myhsa.umb.com/HSAEnrollment/eligibility Employer Verification Code: THA0001 - 161681
Life/AD&D, Short- and Long-Term Disability Unum	In-force Coverage: 800.421.0344 LTD Claims: 800.858.6843 www.unum.com
Voluntary Accident, Critical Illness, Hospital, Whole Life: Unum	T: (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	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)
Legal Resources:	T: 800.728.5768 www.legalresources.com

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, Dental/Vision, FSA, HSA: 30 hours or as defined by benefit class
- Employer Sponsored Life, Short-Term Disability, Long-Term Disability: 35 hours or as defined by benefit class
- Supplemental Life and AD&D: 20 hours or as defined by benefit class
- Travel Assistance: 20 hours or as defined by benefit class
- Employee Assistance Program: 20 hours or as defined by benefit class
- Voluntary Accident, Critical Illness, Hospital: 20 hours or as defined by benefit class
- Whole Life: 20 hours or as defined by benefit class
- 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.***

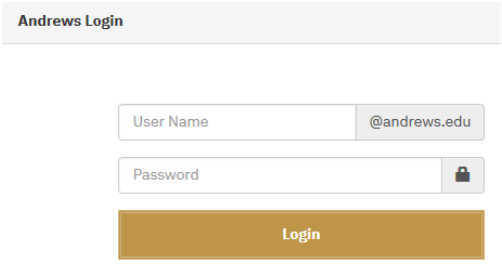
Enrollment

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 **March 24 through April 4, 2025**. The medical and dental/vision you choose during Open Enrollment will become effective **May 1, 2025 through April 30, 2026** while Life, Disability, and Voluntary Products become effective **July 1, 2025 and run through April 30, 2026** .

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.

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**

Wellness

You will receive a wellness reward reducing your health plan contribution by completing an online attestation (due by March 14, 2025) plus two offered program options. **See Human Resources for more information.**

Medical Options – Premier Plan

ANDREWS UNIVERSITY
SCHEDULE OF MEDICAL BENEFITS
Preferred Provider Organization (PPO) – Premier Plan
Effective Date: May 1, 2025
Benefit Year: The 12-month period beginning May 1, 2025 thru April 30, 2026

This brochure provides a general overview of the benefits offered to you by Andrews University. This document does not replace your Summary Plan Description ("SPD"). Please refer to the SPD for specific coverage terms and conditions. Our customer care team is available to answer your questions from 5am PST- 6pm PST M-F to assist you at 833/865-0141.

Prior Authorization: This health plan has prior authorization requirements for certain services. Please have your provider contact HMA at 833/865-0144 to confirm if prior authorization is required and to initiate the review process.

At the time that your doctor recommends surgery or an inpatient admission for you, your doctor should contact the HMA Care Management Department to request pre-authorization. All inpatient and outpatient non-emergency surgeries and all non-emergency admissions (excluding normal vaginal deliveries where the length of stay is 48 hours or less and cesarean section deliveries where the length of stay is 96 hours or less) must be pre-authorized in advance. Your provider must call no later than 5 days prior to the medical facility admission or surgery. Some surgeries performed in the doctor's own office may need to be pre-authorized. Your provider should contact the Care Management Department for confirmation.

The following services may be reviewed for medical necessity and other conditions of the Plan:

- Inpatient admissions and Outpatient surgeries.
- Home Health and Hospice Care.
- Radiation therapy (other than conformal).
- Durable Medical Equipment and Prosthetics that exceed $2,000.
- Infusions, Injections and Chemotherapy.
- Inpatient Acute Rehabilitation and Skilled Nursing Facility admissions.
- Residential, Partial Hospital Programs, and Intensive Outpatient Programs.
- Kidney Dialysis.
- Blood/Marrow and Solid Organ Transplants.
- Formula for PKU or other inborn errors of metabolism.
- Non-urgent ambulance.
- Genetic testing.

Please consult the SPD for full description of services for which prior authorization applies.

This Plan does not require the designation of a primary care provider or to obtain a referral for services received from a specialist. You shall have the free choice to obtain services from any licensed physician/provider or surgeon, acting within the license's scope. The level of benefits received is based upon your decision at the time treatment is needed to access care through either Preferred or non-preferred providers. Benefits are payable at the Preferred level by accessing your care through a Preferred Provider, Preferred Medical Facility or from a Preferred Hospital. Out-of-Network charges will be paid at the Out-of-Network level of benefits.

Medical Benefits	Preferred	Out of Network	COMMENTS
PPO Network	Priority Health Cigna	Not Applicable	Type of Plan: PPO
Pre-authorization Penalty	See Comments	See Comments	All inpatient admissions (excluding obstetrical) and outpatient surgeries must be pre-authorized through HMA's UR at least 5 days prior to an elective admission or surgery. Failure to preauthorize inpatient admissions or outpatient surgeries will result in no penalty. Emergency hospitalizations are recommended to be certified within 48 hours of admission, but failure to do so will not result in a penalty.
Deductible	$500 – Individual $1,000 – Family	$3,000 – Individual $6,000 – Family	Preferred and out of network are tracked separately.
Out-of-Pocket Maximum	$5,000 – Individual $10,000 – Family	Not Applicable	Includes: Deductible, copays, and coinsurance, unless stated below. Excludes: Penalties and ineligible charges. Preferred and out of network are tracked separately. The medical out of pocket maximum is integrated with pharmacy. It is not integrated with any other benefits.

Your individual and family out-of-pocket maximum includes eligible Medical and Prescription Drug expenses.

Amounts credited to your deductibles are not combined for the Preferred and Out-of-Network eligible expenses. Each amount must be satisfied separately.

Amounts credited to your out-of-pocket maximums are not combined for Preferred Network and Out-of-Network eligible expenses. Each out-of-pocket maximum must be satisfied separately.

Your benefit maximums (calendar year and lifetime) are combined for Preferred and Out-of-Network eligible expenses.

Once your out-of-pocket maximum is reached, your eligible expenses are paid at 100% of allowable charges for the remainder of the calendar year. Where a copay is applicable, only one copay is to be taken per day for related outpatient services rendered. Deductibles are included in the out-of-pocket maximum. There are some benefits that are not payable at the 100% coinsurance rate. The following expenses do not apply to the out-of-pocket maximum:

- Penalties.
- Ineligible charges.

Medical Benefits	Preferred	Out of Network	COMMENTS
ABA Therapy	See Outpatient Mental/Nervous	See Outpatient Mental/Nervous	
Acupuncture	Not Covered	Not Covered	
Air Ambulance	Paid at 90% after deductible	Paid at 90% after deductible	Out of network is subject to the preferred deductible and out of pocket maximum.
Allergy Injections	Paid at 90% after deductible	Paid at 60% after deductible	
Allergy Testing	Paid at 90% after deductible	Paid at 60% after deductible	
Ambulance	Paid at 90% after deductible	Paid at 90% after deductible	Out of network is subject to the preferred deductible and out of pocket maximum.
Ambulatory Surgical Centers	Paid at 90% after deductible	Paid at 60% after deductible	
Anesthesia	Paid at 90% after deductible	Paid at 60% after deductible	Out of network anesthesiologists are paid at the preferred level if the surgeon and facility are preferred.
Assistant Surgeon	Paid at 90% after deductible	Paid at 60% after deductible	Out of network assistant surgeons are paid at the preferred level if the surgeon and facility are preferred.
Biofeedback	Paid at 90% after deductible	Paid at 60% after deductible	
Breast Pumps	Paid at 100%, deductible waived	Paid at 100%, deductible waived	
Cabulance	Paid at 90% after deductible	Paid at 90% after deductible	Preauthorization is required. Out of network is subject to the preferred deductible and out of pocket maximum.
Chemical Dependency – Inpatient	Paid at 90% after deductible	Paid at 60% after deductible	Preauthorization is required. Residential treatment is covered.
Chemical Dependency – Outpatient Facility	Paid at 90% after deductible	Paid at 60% after deductible	Preauthorization is required for partial hospitalization. Preauthorization is required for intensive outpatient.
Chemical Dependency – Outpatient Professional	$20 copay, Paid at 100%, deductible waived	Paid at 60% after deductible	Preauthorization is required for intensive outpatient.
Chemotherapy	Paid at 90% after deductible	Paid at 60% after deductible	Preauthorization is required.
Chiropractic	$20 copay, Paid at 100%, deductible waived	$20 copay, Paid at 100%, deductible waived	Limited to a 12 visit plan year maximum. Out of network is subject to the preferred out of pocket maximum.
Cologuard – Medical	Paid at 100%, deductible waived	Paid at 100%, deductible waived	
Cologuard – Preventive	Paid at 100%, deductible waived	Paid at 100%, deductible waived	

Medical Benefits	Preferred	Out of Network	COMMENTS
Contraceptive Services	Paid at 100%, deductible waived	Paid at 60%	Includes: Consultations, implants, injectables, IUDs, oral contraceptives, emergency contraceptives, transdermal contraceptives, diaphragms, insertion of implants and devices, and removal of implants and devices. Excludes: Nothing specifically listed.
COVID-19 Testing	See Laboratory Benefit	See Laboratory Benefit	Asymptomatic testing (e.g. return to work, back to school, travel reasons) is covered. At-home tests are not covered.
COVID-19 Vaccine	See Immunization Benefit	See Immunization Benefit	
Dental Accident	Paid at 90% after deductible	Paid at 60% after deductible	Eligible under medical if a direct result of an accidental injury to natural teeth and services are within 24 months of the accident date.
Diabetic Education	Paid at 100%, deductible waived	Not Covered	
Diabetic Equipment, Supplies, and Self-Management Training	Paid at 90% after deductible	Paid at 60% after deductible	
Diagnostic Testing / Laboratory / MRI / X-rays	Paid at 90% after deductible	Paid at 60% after deductible	
Dietary Education	Paid at 100%, deductible waived	Not Covered	
Doctor's Inpatient Hospital Visit	Paid at 90% after deductible	Paid at 60% after deductible	
Doctor's Office Surgery	Paid at 90% after deductible	Paid at 60% after deductible	
Doctor's Office Visit – PCP	$20 copay, Paid at 100%, deductible waived	Paid at 60% after deductible	PCP includes: General Practice, OB/GYN, Internal Medicine, Pediatrics, Family Practice, Naturopathy, Nurse Practitioner, Nurse Midwife, Doctor of Osteopathic Medicine, and Physician's Assistants.
Doctor's Office Visit – Specialist	$30 copay, Paid at 100%, deductible waived	Paid at 60% after deductible	
Donor Benefit	Paid at 90% after deductible	Paid at 60% after deductible	For bone marrow typing and searching, see Transplant benefit.
DOT Exams	Not Covered	Not Covered	
Durable Medical Equipment	Paid at 90% after deductible	Paid at 60% after deductible	Preauthorization is required for DME that exceeds $2,000.
Emergency Room	$250 copay, Paid at 90% after deductible	$250 copay, Paid at 90% after deductible	Copay waived if admitted. Out of network is subject to the preferred deductible and out of pocket maximum.
Fertility Preservation	Not Covered	Not Covered	
Flu Shots	Paid at 100%, deductible waived	Paid at 100%, deductible waived	

Medical Benefits	Preferred	Out of Network	COMMENTS
Gender Reassignment	Not Covered	Not Covered	
Gene Therapy	Not Covered	Not Covered	
Gene Therapy Expenses (Travel, Meals, Lodging)	Not Covered	Not Covered	
Genetic Testing	Paid at 90% after deductible	Paid at 60% after deductible	Preauthorization is required.
Gynecological/ Pap Smear Office Visit	Paid at 100%, deductible waived	Not Covered	
Hearing Aids	Paid at 75% after deductible	Paid at 75% after deductible	Limited to a $2,500 maximum per ear every 2 plan years. Out of network is subject to the preferred deductible and out of pocket maximum.
Hearing Exams	$30 copay, Paid at 100%, deductible waived	Paid at 60% after deductible	
Home Health Care Nursing Visits and Miscellaneous Services	Paid at 90% after deductible	Paid at 60% after deductible	Limited to a 90 visit plan year maximum. Preauthorization is required.
Hospice Bereavement	Paid at 90% after deductible	Paid at 60% after deductible	
Hospice Care	Paid at 90% after deductible	Paid at 60% after deductible	No maximum. Preauthorization is required.
Hospital Outpatient Miscellaneous	Paid at 90% after deductible	Paid at 60% after deductible	
Hospital Room and Board	Paid at 90% after deductible	Paid at 60% after deductible	
Immunizations	Paid at 100%, deductible waived	Paid at 100%, deductible waived	Travel immunizations are not covered.
Infertility – Counseling and Treatment	Paid at 90% after deductible	Not Covered	Includes diagnosis and treatment of underlying cause only.
Infertility –Treatment	Paid at 60% after deductible	Not Covered	Services related to induction of pregnancy. Limited to a $3,000 lifetime maximum.
Infusion Therapy	Paid at 90% after deductible	Paid at 60% after deductible	Preauthorization is required.
Injections	Paid at 90% after deductible	Paid at 60% after deductible	Preauthorization is required for specialty pharmacy drugs.
Inpatient Miscellaneous	Paid at 90% after deductible	Paid at 60% after deductible	
Kidney Dialysis	Paid at 90% after deductible	Paid at 60% after deductible	Preauthorization is required.

Medical Benefits	Preferred	Out of Network	COMMENTS
Massage Therapy	Paid at 50% after deductible	Paid at 50% after deductible	Limited to a 12 visit plan year maximum. Out of network is subject to the preferred deductible and out of pocket maximum.
Maternity for Dependent Children	Not Covered	Not Covered	
Mental/Nervous – Inpatient	Paid at 90% after deductible	Paid at 60% after deductible	Preauthorization is required. Residential treatment is covered.
Mental/Nervous – Outpatient Facility	Paid at 90% after deductible	Paid at 60% after deductible	Preauthorization is required for partial hospitalization. Preauthorization is required for intensive outpatient.
Mental/Nervous – Outpatient Professional	$20 copay, Paid at 100%, deductible waived	Paid at 60% after deductible	Preauthorization is required for intensive outpatient.
Motor Vehicle Injuries	See Comments	See Comments	Michigan: Not covered. Non-Michigan: Benefits are coordinated with the auto insurance. Motorcycles: For motorcycle operator only: This Plan excludes the initial $20,000 in eligible charges if the accident does not include a motor vehicle. Note: This plan is not a QHC.
Naturopathic Services	Paid the same as any other condition	Paid the same as any other condition	
Neurodevelopmental Therapy	See Outpatient Rehabilitation Benefit	See Outpatient Rehabilitation Benefit	No age limit.
Newborn Hospital Room & Board	Paid at 90% after deductible	Paid at 60% after deductible	
Obesity	Not Covered	Not Covered	
Orthotics	Paid at 90% after deductible	Paid at 60% after deductible	
Pap Smear Lab Test	Paid at 100%, deductible waived	Not Covered	
Preadmission Testing	Paid at 90% after deductible	Paid at 60% after deductible	
Preventive Mammograms	Paid at 100%, deductible waived	Not Covered	
Preventive/Wellness Services All Ages	Paid at 100%, deductible waived	Not Covered	
Private Duty Nursing	Paid at 90% after deductible	Paid at 60% after deductible	Limited to a 60 hour plan year maximum.
Prosthetics	Paid at 90% after deductible	Paid at 60% after deductible	Preauthorization is required for prosthetics that exceed $2,000.
Radiation Therapy	Paid at 90% after deductible	Paid at 60% after deductible	Preauthorization is required.

Medical Benefits	Preferred	Out of Network	COMMENTS
Rehabilitation – Inpatient	Paid at 90% after deductible	Paid at 60% after deductible	Limited to a 30 day plan year maximum. Preauthorization is required.
Rehabilitation – Outpatient	Paid at 90% after deductible	Paid at 60% after deductible	Limited to a 50 visit plan year maximum.| Swim therapy is covered.
Rehabilitation – Outpatient Autism	Paid at 90% after deductible	Paid at 60% after deductible	Limited to a 50 visit plan year maximum.
Second Surgical Opinion	$30 copay, Paid at 100%, deductible waived	Paid at 60% after deductible	
Skilled Nursing Facility	Paid at 90% after deductible	Paid at 60% after deductible	Limited to a 90 day plan year maximum. Preauthorization is required.
Smoking Cessation	Paid at 100%, deductible waived	Not Covered	
Sports/School Physicals	$20 copay, Paid at 100%, deductible waived	Paid at 60% after deductible	
Sterilization (Elective) – Females	Paid at 100%, deductible waived	Paid at 60% after deductible	Employee and spouse only. Reversal is not covered.
Sterilization (Elective) – Males	Paid at 100%, deductible waived	Paid at 60% after deductible	Employee and spouse only. Reversal is not covered.
Supplies	Paid at 90% after deductible	Paid at 60% after deductible	
Surgeon's Fee – Inpatient	Paid at 90% after deductible	Paid at 60% after deductible	
Surgeon's Fee – Outpatient	Paid at 90% after deductible	Paid at 60% after deductible	
Telehealth	See Comments	See Comments	Services must be provided by MDLive to be eligible for coverage. Medical services are covered. Behavioral health services are not covered. Telederm services are not covered. Covered services are subject to a $0 copay. The deductible is waived.
Telemedicine	Paid the same as any other condition	Paid the same as any other condition	
TMJ	Paid at 90% after deductible	Paid at 60% after deductible	
Transplant	Paid at 90% after deductible	Paid at 60% after deductible	Preauthorization is required.
Urgent Care Facility	$75 copay, Paid at 90% after deductible	$75 copay, Paid at 90% after deductible	Out of network is subject to the preferred deductible and out of pocket maximum.
Wigs	Paid at 90% after deductible	Paid at 60% after deductible	Following chemotherapy or radiation therapy.

PRESCRIPTION DRUG BENEFITS	
Drexi 30-Day Supply https://drexi.com	Generic Drugs – $25 copay Brand Drugs – 25% coinsurance up to $100 Specialty Drugs – 25% coinsurance up to $1,000 Retail Fill – 30 days
Drexi 90-Day Supply https://drexi.com	Generic Drugs – $62.50 copay Brand Drugs – 25% coinsurance up to $250 Specialty Drugs – Retail Only Mail-Order Fill – 90 days

Medical Options – Standard Plan

ANDREWS UNIVERSITY
SCHEDULE OF MEDICAL BENEFITS
Preferred Provider Organization (PPO) – Standard Plan
Effective Date: May 1, 2025
Benefit Year: The 12-month period beginning May 1, 2025 thru April 30, 2026

This brochure provides a general overview of the benefits offered to you by Andrews University. This document does not replace your Summary Plan Description ("SPD"). Please refer to the SPD for specific coverage terms and conditions. Our customer care team is available to answer your questions from 5am PST- 6pm PST M-F to assist you at 833/865-0141.

Prior Authorization: This health plan has prior authorization requirements for certain services. Please have your provider contact HMA at 833/865-0144 to confirm if prior authorization is required and to initiate the review process.

At the time that your doctor recommends surgery or an inpatient admission for you, your doctor should contact the HMA Care Management Department to request pre-authorization. All inpatient and outpatient non-emergency surgeries and all non-emergency admissions (excluding normal vaginal deliveries where the length of stay is 48 hours or less and cesarean section deliveries where the length of stay is 96 hours or less) must be pre-authorized in advance. Your provider must call no later than 5 days prior to the medical facility admission or surgery. Some surgeries performed in the doctor's own office may need to be pre-authorized. Your provider should contact the Care Management Department for confirmation.

The following services may be reviewed for medical necessity and other conditions of the Plan:

- Inpatient admissions and Outpatient surgeries.
- Home Health and Hospice Care.
- Radiation therapy (other than conformal).
- Durable Medical Equipment and Prosthetics that exceed $2,000.
- Infusions, Injections and Chemotherapy.
- Inpatient Acute Rehabilitation and Skilled Nursing Facility admissions.
- Residential, Partial Hospital Programs, and Intensive Outpatient Programs.
- Kidney Dialysis.
- Blood/Marrow and Solid Organ Transplants.
- Formula for PKU or other inborn errors of metabolism.
- Non-urgent ambulance.
- Genetic testing.

Please consult the SPD for full description of services for which prior authorization applies.

This Plan does not require the designation of a primary care provider or to obtain a referral for services received from a specialist. You shall have the free choice to obtain services from any licensed physician/provider or surgeon, acting within the license's scope. The level of benefits received is based upon your decision at the time treatment is needed to access care through either Preferred or non-preferred providers. Benefits are payable at the Preferred level by accessing your care through a Preferred Provider, Preferred Medical Facility or from a Preferred Hospital. Out-of-Network charges will be paid at the Out-of-Network level of benefits.

Medical Benefits	Preferred	Out of Network	COMMENTS
PPO Network	Priority Health Cigna	Not Applicable	Type of Plan: PPO
Pre-authorization Penalty	See Comments	See Comments	All inpatient admissions (excluding obstetrical) and outpatient surgeries must be pre-authorized through HMA's UR at least 5 days prior to an elective admission or surgery. Failure to preauthorize inpatient admissions or outpatient surgeries will result in no penalty. Emergency hospitalizations are recommended to be certified within 48 hours of admission, but failure to do so will not result in a penalty.
Deductible	$650 – Individual $1,300 – Family	$3,000 – Individual $6,000 – Family	Preferred and out of network are tracked separately.
Out-of-Pocket Maximum	$6,000 – Individual $12,000 – Family	Not Applicable	Includes: Deductible, copays, and coinsurance, unless stated below. Excludes: Penalties and ineligible charges. Preferred and out of network are tracked separately. The medical out of pocket maximum is integrated with pharmacy. It is not integrated with any other benefits.

Your individual and family out-of-pocket maximum includes eligible Medical and Prescription Drug expenses.

Amounts credited to your deductibles are not combined for the Preferred and Out-of-Network eligible expenses. Each amount must be satisfied separately.

Amounts credited to your out-of-pocket maximums are not combined for Preferred Network and Out-of-Network eligible expenses. Each out-of-pocket maximum must be satisfied separately.

Your benefit maximums (calendar year and lifetime) are combined for Preferred and Out-of-Network eligible expenses.

Once your out-of-pocket maximum is reached, your eligible expenses are paid at 100% of allowable charges for the remainder of the calendar year. Where a copay is applicable, only one copay is to be taken per day for related outpatient services rendered. Deductibles are included in the out-of-pocket maximum. There are some benefits that are not payable at the 100% coinsurance rate. The following expenses do not apply to the out-of-pocket maximum:

- Penalties.
- Ineligible charges.

Medical Benefits	Preferred	Out of Network	COMMENTS
ABA Therapy	See Outpatient Mental/Nervous	See Outpatient Mental/Nervous	
Acupuncture	Not Covered	Not Covered	
Air Ambulance	Paid at 80% after deductible	Paid at 80% after deductible	Out of network is subject to the preferred deductible and out of pocket maximum.
Allergy Injections	Paid at 80% after deductible	Paid at 60% after deductible	
Allergy Testing	Paid at 80% after deductible	Paid at 60% after deductible	
Ambulance	Paid at 80% after deductible	Paid at 80% after deductible	Out of network is subject to the preferred deductible and out of pocket maximum.
Ambulatory Surgical Centers	Paid at 80% after deductible	Paid at 60% after deductible	
Anesthesia	Paid at 80% after deductible	Paid at 60% after deductible	Out of network anesthesiologists are paid at the preferred level if the surgeon and facility are preferred.
Assistant Surgeon	Paid at 80% after deductible	Paid at 60% after deductible	Out of network assistant surgeons are paid at the preferred level if the surgeon and facility are preferred.
Biofeedback	Paid at 80% after deductible	Paid at 60% after deductible	
Breast Pumps	Paid at 100%, deductible waived	Paid at 100%, deductible waived	
Cabulance	Paid at 80% after deductible	Paid at 80% after deductible	Preauthorization is required. Out of network is subject to the preferred deductible and out of pocket maximum.
Chemical Dependency Inpatient	Paid at 80% after deductible	Paid at 60% after deductible	Preauthorization is required. Residential treatment is covered.
Chemical Dependency Outpatient Facility	Paid at 80% after deductible	Paid at 60% after deductible	Preauthorization is required for partial hospitalization. Preauthorization is required for intensive outpatient.
Chemical Dependency Outpatient Professional	$30 copay, Paid at 100%, deductible waived	Paid at 60% after deductible	Preauthorization is required for intensive outpatient.
Chemotherapy	Paid at 80% after deductible	Paid at 60% after deductible	Preauthorization is required.
Chiropractic	$30 copay, Paid at 100%, deductible waived	$30 copay, Paid at 100%, deductible waived	Limited to a 12 visit plan year maximum. Out of network is subject to the preferred out of pocket maximum.
Cologuard – Medical	Paid at 100%, deductible waived	Paid at 100%, deductible waived	
Cologuard – Preventive	Paid at 100%, deductible waived	Paid at 100%, deductible waived	

Medical Benefits	Preferred	Out of Network	COMMENTS
Contraceptive Services	Paid at 100%, deductible waived	Paid at 60% after deductible	Includes: Consultations, implants, injectables, IUDs, oral contraceptives, emergency contraceptives, transdermal contraceptives, diaphragms, insertion of implants and devices, and removal of implants and devices. Excludes: Nothing specifically listed.
COVID-19 Testing	See Laboratory Benefit	See Laboratory Benefit	Asymptomatic testing (e.g. return to work, back to school, travel reasons) is covered. At-home tests are not covered.
COVID-19 Vaccine	See Immunization Benefit	See Immunization Benefit	
Dental Accident	Paid at 80% after deductible	Paid at 60% after deductible	Eligible under medical if a direct result of an accidental injury to natural teeth and services are within 24 months of the accident date.
Diabetic Education	Paid at 100%, deductible waived	Not Covered	
Diabetic Equipment, Supplies, and Self-Management Training	Paid at 80% after deductible	Paid at 60% after deductible	
Diagnostic Testing / Laboratory / MRI / X-rays	Paid at 80% after deductible	Paid at 60% after deductible	
Dietary Education	Paid at 100%, deductible waived	Not Covered	
Doctor's Inpatient Hospital Visit	Paid at 80% after deductible	Paid at 60% after deductible	
Doctor's Office Surgery	Paid at 80% after deductible	Paid at 60% after deductible	
Doctor's Office Visit – PCP	$30 copay, Paid at 100%, deductible waived	Paid at 60% after deductible	PCP includes: General Practice, OB/GYN, Internal Medicine, Pediatrics, Family Practice, Naturopathy, Nurse Practitioner, Nurse Midwife, Doctor of Osteopathic Medicine, and Physician's Assistants.
Doctor's Office Visit – Specialist	$40 copay, Paid at 100%, deductible waived	Paid at 60% after deductible	
Donor Benefit	Paid at 80% after deductible	Paid at 60% after deductible	For bone marrow typing and searching, see Transplant benefit.
DOT Exams	Not Covered	Not Covered	
Durable Medical Equipment	Paid at 80% after deductible	Paid at 60% after deductible	Preauthorization is required for DME that exceeds $2,000.
Emergency Room	$250 copay, Paid at 80% after deductible	$250 copay, Paid at 80% after deductible	Copay waived if admitted. Out of network is subject to the preferred deductible and out of pocket maximum.
Fertility Preservation	Not Covered	Not Covered	
Flu Shots	Paid at 100%, deductible waived	Paid at 100%, deductible waived	

Medical Benefits	Preferred	Out of Network	COMMENTS
Gender Reassignment	Not Covered	Not Covered	
Gene Therapy	Not Covered	Not Covered	
Gene Therapy Expenses (Travel, Meals, Lodging)	Not Covered	Not Covered	
Genetic Testing	Paid at 80% after deductible	Paid at 60% after deductible	Preauthorization is required.
Gynecological/Pap Smear Office Visit	Paid at 100% deductible waived	Not Covered	
Hearing Aids	Paid at 75% after deductible	Paid at 75% after deductible	Limited to a $2,500 maximum per ear every 2 plan years. Out of network is subject to the preferred deductible and out of pocket maximum.
Hearing Exams	$40 copay, Paid at 100%, deductible waived	Paid at 60% after deductible	
Home Health Care Nursing Visits and Miscellaneous Services	Paid at 80% after deductible	Paid at 60% after deductible	Limited to a 90 visit plan year maximum. Preauthorization is required.
Hospice Bereavement	Paid at 80% after deductible	Paid at 60% after deductible	
Hospice Care	Paid at 80% after deductible	Paid at 60% after deductible	No maximum. Preauthorization is required.
Hospital Outpatient Miscellaneous	Paid at 80% after deductible	Paid at 60% after deductible	
Hospital Room and Board	Paid at 80% after deductible	Paid at 60% after deductible	
Immunizations	Paid at 100%, deductible waived	Paid at 100%, deductible waived	Travel immunizations are not covered.
Infertility – Counseling and Treatment	Paid at 80% after deductible	Not Covered	Includes diagnosis and treatment of underlying cause only.
Infertility – Treatment	Paid at 60% after deductible	Not Covered	Services related to induction of pregnancy. Limited to a $3,000 lifetime maximum.
Infusion Therapy	Paid at 80% after deductible	Paid at 60% after deductible	Preauthorization is required.
Injections	Paid at 80% after deductible	Paid at 60% after deductible	Preauthorization is required for specialty pharmacy drugs.
Inpatient Miscellaneous	Paid at 80% after deductible	Paid at 60% after deductible	
Kidney Dialysis	Paid at 80% after deductible	Paid at 60% after deductible	Preauthorization is required.
Massage Therapy	Paid at 50% after deductible	Paid at 50% after deductible	Limited to a 12 visit plan year maximum. Out of network is subject to the preferred deductible and out of pocket maximum.

Medical Benefits	Preferred	Out of Network	COMMENTS
Maternity for Dependent Children	Not Covered	Not Covered	
Mental/Nervous – Inpatient	Paid at 80% after deductible	Paid at 60% after deductible	Preauthorization is required. Residential treatment is covered.
Mental/Nervous – Outpatient Facility	Paid at 80% after deductible	Paid at 60% after deductible	Preauthorization is required for partial hospitalization. Preauthorization is required for intensive outpatient.
Mental/Nervous – Outpatient Professional	$30 copay, Paid at 100%, deductible waived	Paid at 60% after deductible	Preauthorization is required for intensive outpatient.
Motor Vehicle Injuries	See Comments	See Comments	Michigan: Not covered. Non-Michigan: Benefits are coordinated with the auto insurance. Motorcycles: For motorcycle operator only: This Plan excludes the initial $20,000 in eligible charges if the accident does not include a motor vehicle. Note: This plan is not a QHC.
Naturopathic Services	Paid the same as any other condition	Paid the same as any other condition	
Neurodevelopmental Therapy	See Outpatient Rehabilitation Benefit	See Outpatient Rehabilitation Benefit	No age limit.
Newborn Hospital Room & Board	Paid at 80% after deductible	Paid at 60% after deductible	
Obesity	Not Covered	Not Covered	
Orthotics	Paid at 80% after deductible	Paid at 60%	
Pap Smear Lab Test	Paid at 100%, deductible waived	Not Covered	
Preadmission Testing	Paid at 80% after deductible	Paid at 60% after deductible	
Preventive Mammograms	Paid at 100%, deductible waived	Not Covered	
Preventive/Wellness Services All Ages	Paid at 100%, deductible waived	Not Covered	
Private Duty Nursing	Paid at 80% after deductible	Paid at 60% after deductible	Limited to a 60 hour plan year maximum.
Prosthetics	Paid at 80% after deductible	Paid at 60% after deductible	Preauthorization is required for prosthetics that exceed $2,000.
Radiation Therapy	Paid at 80% after deductible	Paid at 60% after deductible	Preauthorization is required.
Rehabilitation – Inpatient	Paid at 80% after deductible	Paid at 60% after deductible	Limited to a 30 day plan year maximum. Preauthorization is required.

Medical Benefits	Preferred	Out of Network	COMMENTS
Rehabilitation – Outpatient	Paid at 80% after deductible	Paid at 60% after deductible	Limited to a 50 visit plan year maximum. Swim therapy is covered.
Rehabilitation – Outpatient Autism	Paid at 80% after deductible	Paid at 60% after deductible	Limited to a 50 visit plan year maximum.
Second Surgical Opinion	$40 copay, Paid at 100%, deductible waived	Paid at 60% after deductible	
Skilled Nursing Facility	Paid at 80% after deductible	Paid at 60% after deductible	Limited to a 90 day plan year maximum. Preauthorization is required.
Smoking Cessation	Paid at 100%, deductible waived	Not Covered	
Sports/School Physicals	$30 copay, Paid at 100%, deductible waived	Paid at 60% after deductible	
Sterilization (Elective) Females	Paid at 100%, deductible waived	Paid at 60% after deductible	Employee and spouse only. Reversal is not covered.
Sterilization (Elective) Males	Paid at 100%, deductible waived	Paid at 60% after deductible	Employee and spouse only. Reversal is not covered.
Supplies	Paid at 80% after deductible	Paid at 60% after deductible	
Surgeon's Fee – Inpatient	Paid at 80% after deductible	Paid at 60% after deductible	
Surgeon's Fee – Outpatient	Paid at 80% after deductible	Paid at 60% after deductible	
Telehealth	See Comments	See Comments	Services must be provided by MDLive to be eligible for coverage. Medical services are covered. Behavioral health services are not covered. Telederm services are not covered. Covered services are subject to a $0 copay. The deductible is waived.
Telemedicine	Paid the same as any other condition	Paid the same as any other condition	
TMJ	Paid at 80% after deductible	Paid at 60% after deductible	
Transplant	Paid at 80% after deductible	Paid at 60%	Preauthorization is required.
Urgent Care Facility	$75 copay, Paid at 80% after deductible	$75 copay, Paid at 80% after deductible	Out of network is subject to the preferred deductible and out of pocket maximum.
Wigs	Paid at 80% after deductible	Paid at 60% after deductible	Following chemotherapy or radiation therapy.

PRESCRIPTION DRUG BENEFITS	
Drexi 30-Day Supply https://drexi.com	Generic Drugs – $25 copay Brand Drugs – 30% coinsurance up to $100 Specialty Drugs – 30% coinsurance up to $1,000 Retail Fill – 30 days
Drexi 90-Day Supply https://drexi.com	Generic Drugs – $62.50 copay Brand Drugs – 30% coinsurance up to $250 Specialty Drugs – Retail Only Mail-Order Fill – 90 days

Medical Options – HDHP Plan

ANDREWS UNIVERSITY
SCHEDULE OF MEDICAL BENEFITS
Preferred Provider Organization (PPO) – HDHP Plan
Effective Date: May 1, 2025
Benefit Year: The 12-month period beginning May 1, 2025 thru April 30, 2026

This brochure provides a general overview of the benefits offered to you by Andrews University. This document does not replace your Summary Plan Description ("SPD"). Please refer to the SPD for specific coverage terms and conditions. Our customer care team is available to answer your questions from 5am PST- 6pm PST M-F to assist you at 833/865-0141.

Prior Authorization: This health plan has prior authorization requirements for certain services. Please have your provider contact HMA at 833/865-0144 to confirm if prior authorization is required and to initiate the review process.

At the time that your doctor recommends surgery or an inpatient admission for you, your doctor should contact the HMA Care Management Department to request pre-authorization. All inpatient and outpatient non-emergency surgeries and all non-emergency admissions (excluding normal vaginal deliveries where the length of stay is 48 hours or less and cesarean section deliveries where the length of stay is 96 hours or less) must be pre-authorized in advance. Your provider must call no later than 5 days prior to the medical facility admission or surgery. Some surgeries performed in the doctor's own office may need to be pre-authorized. Your provider should contact the Care Management Department for confirmation.

The following services may be reviewed for medical necessity and other conditions of the Plan:

- Inpatient admissions and Outpatient surgeries.
- Home Health and Hospice Care.
- Radiation therapy (other than conformal).
- Durable Medical Equipment and Prosthetics that exceed $2,000.
- Infusions, Injections and Chemotherapy.
- Inpatient Acute Rehabilitation and Skilled Nursing Facility admissions.
- Residential, Partial Hospital Programs, and Intensive Outpatient Programs.
- Kidney Dialysis.
- Blood/Marrow and Solid Organ Transplants.
- Formula for PKU or other inborn errors of metabolism.
- Non-urgent ambulance.
- Genetic testing.

Please consult the SPD for full description of services for which prior authorization applies.

This Plan does not require the designation of a primary care provider or to obtain a referral for services received from a specialist. You shall have the free choice to obtain services from any licensed physician/provider or surgeon, acting within the license's scope. The level of benefits received is based upon your decision at the time treatment is needed to access care through either Preferred or non-preferred providers. Benefits are payable at the Preferred level by accessing your care through a Preferred Provider, Preferred Medical Facility or from a Preferred Hospital. Out-of-Network charges will be paid at the Out-of-Network level of benefits.

Medical Benefits	Preferred	Out of Network	COMMENTS
PPO Network	Priority Health Cigna	Not Applicable	Type of Plan: HDHP
Pre-authorization Penalty	See Comments	See Comments	All inpatient admissions (excluding obstetrical) and outpatient surgeries must be pre-authorized through HMA's UR at least 5 days prior to an elective admission or surgery. Failure to preauthorize inpatient admissions or outpatient surgeries will result in no penalty. Emergency hospitalizations are recommended to be certified within 48 hours of admission, but failure to do so will not result in a penalty.
Deductible	$3,300 – Employee + Dependents $1,650 - Employee Only	$6,000 – Employee + Dependents $3,000 - Employee Only	Preferred and out of network are tracked separately. The deductible is non-embedded.
Out-of-Pocket Maximum	$4,250 – Individual $8,500 – Family	$8,000 – Individual $16,000 – Family	Includes: Deductible, copays, and coinsurance, unless stated below. Excludes: Penalties and ineligible charges. Preferred and out of network are tracked separately. The medical out of pocket maximum is integrated with pharmacy. It is not integrated with any other benefits. The out of pocket maximum is embedded.

Your individual and family out-of-pocket maximum includes eligible Medical and Prescription Drug expenses.

Amounts credited to your deductibles are not combined for the Preferred and Out-of-Network eligible expenses. Each amount must be satisfied separately.

Amounts credited to your out-of-pocket maximums are not combined for Preferred Network and Out-of-Network eligible expenses. Each out-of-pocket maximum must be satisfied separately.

Your benefit maximums (calendar year and lifetime) are combined for Preferred and Out-of-Network eligible expenses.

Once your out-of-pocket maximum is reached, your eligible expenses are paid at 100% of allowable charges for the remainder of the calendar year. Where a copay is applicable, only one copay is to be taken per day for related outpatient services rendered. Deductibles are included in the out-of-pocket maximum. There are some benefits that are not payable at the 100% coinsurance rate. The following expenses do not apply to the out-of-pocket maximum:

- Penalties.
- Ineligible charges.

Medical Benefits	Preferred	Out of Network	COMMENTS
ABA Therapy	See Outpatient Mental/Nervous	See Outpatient Mental/Nervous	
Acupuncture	Not Covered	Not Covered	
Air Ambulance	Paid at 80% after deductible	Paid at 80% after deductible	Out of network is subject to the preferred deductible and out of pocket maximum.
Allergy Injections	Paid at 80% after deductible	Paid at 60% after deductible	
Allergy Testing	Paid at 80% after deductible	Paid at 60% after deductible	
Ambulance	Paid at 80% after deductible	Paid at 80% after deductible	Out of network is subject to the preferred deductible and out of pocket maximum.
Ambulatory Surgical Centers	Paid at 80% after deductible	Paid at 60% after deductible	
Anesthesia	Paid at 80% after deductible	Paid at 60% after deductible	Out of network anesthesiologists are paid at the preferred level if the surgeon and facility are preferred.
Assistant Surgeon	Paid at 80% after deductible	Paid at 60% after deductible	Out of network assistant surgeons are paid at the preferred level if the surgeon and facility are preferred.
Biofeedback	Paid at 80% after deductible	Paid at 60% after deductible	
Breast Pumps	Paid at 100%, deductible waived	Paid at 100%, deductible waived	
Cabulance	Paid at 80% after deductible	Paid at 80% after deductible	Preauthorization is required. Out of network is subject to the preferred deductible and out of pocket maximum.
Chemical Dependency – Inpatient	Paid at 80% after deductible	Paid at 60% after deductible	Preauthorization is required. Residential treatment is covered.
Chemical Dependency – Outpatient Facility	Paid at 80% after deductible	Paid at 60% after deductible	Preauthorization is required for partial hospitalization. Preauthorization is required for intensive outpatient.
Chemical Dependency – Outpatient	Paid at 80% after deductible	Paid at 60% after deductible	Preauthorization is required for intensive outpatient.
Chemotherapy	Paid at 80% after deductible	Paid at 60% after deductible	Preauthorization is required.
Chiropractic	Paid at 80% after deductible	Paid at 80% after deductible	Limited to a 12 visit plan year maximum. Out of network is subject to the preferred deductible and out of pocket maximum.
Cologuard – Medical	Paid at 100%, deductible waived	Paid at 100%, deductible waived	Out of network is subject to the preferred deductible and out of pocket maximum.
Cologuard – Preventive	Paid at 100%, deductible waived	Paid at 100%, deductible waived	

Medical Benefits	Preferred	Out of Network	COMMENTS
Contraceptive Services	Paid at 100%, deductible waived	Paid at 60% after deductible	Includes: Consultations, implants, injectables, IUDs, oral contraceptives, emergency contraceptives, transdermal contraceptives, diaphragms, insertion of implants and devices, and removal of implants and devices. Excludes: Nothing specifically listed.
COVID-19 Testing	See Laboratory Benefit	See Laboratory Benefit	Asymptomatic testing (e.g. return to work, back to school, travel reasons) is covered. At-home tests are not covered.
COVID-19 Vaccine	See Immunization Benefit	See Immunization Benefit	
Dental Accident	Paid at 80% after deductible	Paid at 60% after deductible	Eligible under medical if a direct result of an accidental injury to natural teeth and services are within 24 months of the accident date.
Diabetic Education	Paid at 100%, deductible waived	Not Covered	
Diabetic Equipment, Supplies, and Self-Management Training	Paid at 80% after deductible	Paid at 60% after deductible	
Diagnostic Testing/ Laboratory / MRI / X-rays	Paid at 80% after deductible	Paid at 60% after deductible	
Dietary Education	Paid at 100%, deductible waived	Not Covered	
Doctor's Inpatient Hospital Visit	Paid at 80% after deductible	Paid at 60% after deductible	
Doctor's Office Surgery	Paid at 80% after deductible	Paid at 60% after deductible	
Doctor's Office Visit – PCP	Paid at 80% after deductible	Paid at 60% after deductible	PCP includes: General Practice, OB/GYN, Internal Medicine, Pediatrics, Family Practice, Naturopathy, Nurse Practitioner, Nurse Midwife, Doctor of Osteopathic Medicine, and Physician's Assistants.
Doctor's Office Visit – Specialist	Paid at 80% after deductible	Paid at 60% after deductible	
Donor Benefit	Paid at 80% after deductible	Paid at 60% after deductible	For bone marrow typing and searching, see Transplant benefit.
DOT Exams	Not Covered	Not Covered	
Durable Medical Equipment	Paid at 80% after deductible	Paid at 60% after deductible	Preauthorization is required for DME that exceeds $2,000
Emergency Room	Paid at 80% after deductible	Paid at 80% after deductible	Out of network is subject to the preferred deductible and out of pocket maximum.
Fertility Preservation	Not Covered	Not Covered	
Flu Shots	Paid at 100%, deductible waived	Paid at 100%, deductible waived	

Medical Benefits	Preferred	Out of Network	COMMENTS
Gender Reassignment	Not Covered	Not Covered	
Gene Therapy	Not Covered	Not Covered	
Gene Therapy Expenses (Travel, Meals, Lodging)	Not Covered	Not Covered	
Genetic Testing	Paid at 80% after deductible	Paid at 60% after deductible	Preauthorization is required.
Gynecological/ Pap Smear Office Visit	Paid at 100%, deductible waived	Not Covered	
Hearing Aids	Paid at 75% after deductible	Paid at 75% after deductible	Limited to a $2,500 maximum per ear every 2 plan years. Out of network is subject to the preferred deductible and out of pocket maximum.
Hearing Exams	Paid at 80% after deductible	Paid at 60% after deductible	
Home Health Care Nursing Visits and Miscellaneous Services	Paid at 80% after deductible	Paid at 60% after deductible	Limited to a 90 visit plan year maximum. Preauthorization is required.
Hospice Bereavement	Paid at 80% after deductible	Paid at 60% after deductible	
Hospice Care	Paid at 80% after deductible	Paid at 60% after deductible	No maximum. Preauthorization is required.
Hospital Outpatient Miscellaneous	Paid at 80% after deductible	Paid at 60% after deductible	
Hospital Room and Board	Paid at 80% after deductible	Paid at 60% after deductible	
Immunizations	Paid at 100%, deductible waived	Paid at 100%, deductible waived	Travel immunizations are not covered.
Infertility – Counseling and Treatment	Paid at 80% after deductible	Not Covered	Includes diagnosis and treatment of underlying cause only.
Infertility – Treatment	Paid at 60% after deductible	Not Covered	Services related to induction of pregnancy. Limited to a $3,000 lifetime maximum.
Infusion Therapy	Paid at 80% after deductible	Paid at 60% after deductible	Preauthorization is required.
Injections	Paid at 80% after deductible	Paid at 60% after deductible	Preauthorization is required for specialty pharmacy drugs.
Inpatient Miscellaneous	Paid at 80% after deductible	Paid at 60% after deductible	
Kidney Dialysis	Paid at 80% after deductible	Paid at 60% after deductible	Preauthorization is required.
Massage Therapy	Paid at 50% after deductible	Paid at 50% after deductible	Limited to a 12 visit plan year maximum.

Medical Benefits	Preferred	Out of Network	COMMENTS
Maternity for Dependent Children	Not Covered	Not Covered	
Mental/Nervous – Inpatient	Paid at 80% after deductible	Paid at 60% after deductible	Preauthorization is required. Residential treatment is covered.
Mental/Nervous – Outpatient Facility	Paid at 80% after deductible	Paid at 60% after deductible	Preauthorization is required for partial hospitalization. Preauthorization is required for intensive outpatient.
Mental/Nervous – Outpatient Professional	Paid at 80% after deductible	Paid at 60% after deductible	Preauthorization is required for intensive outpatient.
Motor Vehicle Injuries	See Comments	See Comments	Michigan: Not covered. Non-Michigan: Benefits are coordinated with the auto insurance. Motorcycles: For motorcycle operator only: This Plan excludes the initial $20,000 in eligible charges if the accident does not include a motor vehicle. Note: This plan is not a QHC.
Naturopathic Services	Paid the same as any other condition	Paid the same as any other condition	
Neurodevelopmental Therapy	See Outpatient Rehabilitation Benefit	See Outpatient Rehabilitation Benefit	No age limit.
Newborn Hospital Room & Board	Paid at 80% after deductible	Paid at 60% after deductible	
Obesity	Not Covered	Not Covered	
Orthotics	Paid at 80% after deductible	Paid at 60% after deductible	
Pap Smear Lab Test	Paid at 100%, deductible waived	Not Covered	
Preadmission Testing	Paid at 80% after deductible	Paid at 60% after deductible	
Preventive Mammograms	Paid at 100%, deductible waived	Not Covered	
Preventive/Wellness Services All Ages	Paid at 100%, deductible waived	Not Covered	
Private Duty Nursing	Paid at 80% after deductible	Paid at 60% after deductible	Limited to a 60 hour plan year maximum.
Prosthetics	Paid at 80% after deductible	Paid at 60% after deductible	Preauthorization is required for prosthetics that exceed $2,000.
Radiation Therapy	Paid at 80% after deductible	Paid at 60% after deductible	Preauthorization is required.
Rehabilitation – Inpatient	Paid at 80% after deductible	Paid at 60% after deductible	Limited to a 30 day plan year maximum. Preauthorization is required.
Rehabilitation – Outpatient	Paid at 80% after deductible	Paid at 60% after deductible	Limited to a 50 visit plan year maximum. Swim therapy is covered.

Medical Benefits	Preferred	Out of Network	COMMENTS
Rehabilitation – Outpatient Autism	Paid at 80% after deductible	Paid at 60% after deductible	Limited to a 50 visit plan year maximum.
Second Surgical Opinion	Paid at 80% after deductible	Paid at 60% after deductible	
Skilled Nursing Facility	Paid at 80% after deductible	Paid at 60% after deductible	Limited to a 90 day plan year maximum. Preauthorization is required.
Smoking Cessation	Paid at 100%, deductible waived	Not Covered	
Sports/School Physicals	Paid at 80% after deductible	Paid at 60% after deductible	
Sterilization (Elective) Females	Paid at 100%, deductible waived	Paid at 60% after deductible	Employee and spouse only. Reversal is not covered.
Sterilization (Elective) Males	Paid at 100%, after deductible	Paid at 60% after deductible	Employee and spouse only. Reversal is not covered.
Supplemental Accident	Not Applicable	Not Applicable	
Supplies	Paid at 80% after deductible	Paid at 60% after deductible	
Surgeon's Fee – Inpatient	Paid at 80% after deductible	Paid at 60% after deductible	
Surgeon's Fee – Outpatient	Paid at 80% after deductible	Paid at 60% after deductible	
Telehealth	See Comments	See Comments	Services must be provided by MDLive to be eligible for coverage. Medical services are covered. Behavioral health services are not covered. Telederm services are not covered. Covered services are paid at 100% after the deductible.
Telemedicine	Paid the same as any other condition	Paid the same as any other condition	
TMJ	Paid at 80% after deductible	Paid at 60% after deductible	
Transplant	Paid at 80% after deductible	Paid at 60% after deductible	Preauthorization is required.
Urgent Care Facility	Paid at 80% after deductible	Paid at 80% after deductible	Out of network is subject to the preferred deductible and out of pocket maximum.
Wigs	Paid at 80% after deductible	Paid at 60% after deductible	Following chemotherapy or radiation therapy.

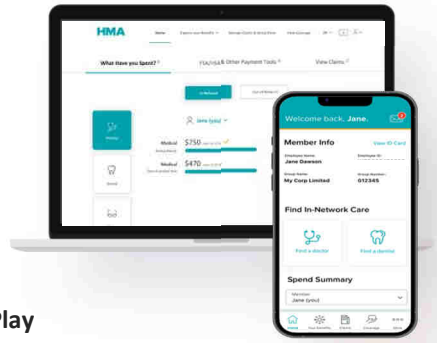
PRESCRIPTION DRUG BENEFITS	
Drexi 30-Day Supply https://drexi.com	Generic Drugs – 20% coinsurance Brand Drugs – 20% coinsurance Specialty Drugs – 20% coinsurance Retail Fill – 30 Days
Drexi 90-Day Supply https://drexi.com	Generic Drugs – 20% coinsurance Brand Drugs – 20% coinsurance Specialty Drugs – Retail Only Mail-Order Fill – 90 days

Medical deductible applies. You must pay 100% of the prescription at the pharmacy until the deductible has been satisfied. The Drexi pharmacy will submit the claim to the Plan and charges will be applied towards your deductible. Once your deductible is met, you will only be required to pay the applicable coinsurance at the pharmacy. The deductible is waived for preventive prescription drugs (as determined by Drexi) in accordance with IRS guidelines.

Health Management Administrators (HMA) Medical 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 HMA App



HMA Online Member Portal/App:

- Visit accesshma.com, then HMA Member Login at the top of the page
- Click "Create an account now" and follow the prompts
    - If you need technical support you can call 833.865.0141
    - **You can also download the HMA app through the App store or Google Play**
- Through the member portal/app, you can: track spending balances, search claims and prescription costs, plan ID information, shop and compare procedure costs, find in-network providers, and more.

Find a Doctor / Network Access: Your benefit dollars go further when using an in-network provider for medical care. You will still access the same Priority Health provider network, through HMA. You will receive a provider support card designed to help reinforce your access with Priority Health providers.

- Log into your HMA member portal and select Find a Provider. You will be directed to the Priority Health Find a Doctor tool. You can search your location for specific providers, provider types, places by name, etc.
    - The "Plan type" in the top right corner should say "PriorityTPA"
- Without logging into your member portal, you can visit accesshma.com, select your area, then Member, then Find a Provider

Telehealth with MDLIVE: When you are too sick to leave the house or are traveling, Telehealth gives you and your family access to Urgent Care online or over the phone, 24 hours a day, 7 days a week. Commonly treated conditions include insect bites, pink eye, rashes, cold/flu, and more. MDLIVE physicians may even send in a prescription to your nearest pharmacy if needed. Premier and Standard plan participants will have a $0 virtual visit copay. Members in the HDHP will owe a $43 copay until the deductible has been met, then it is covered 100%.

- To get started, create/log into your HMA member account
- Once logged in, scroll down to your home dashboard to "Explore Your Benefits" and select "See a Doctor Now" to access MDLIVE.
- OR You can also register with a Virtual Health Assistant, Sophie, by texting text **HMA** to **635483** and follow the link to register or you can call **1.877.596.8826**

Prescription Drugs: Formulary, Mail Order, Medication Management

New for 2025: Drexi. Andrews University has partnered with Drexi to manage our medical plan's prescription drugs. Drexi's network includes over 65,000 pharmacies including most national, regional, and independent pharmacies. Mail-order is available, but not required for 90 day supplies of medications. Members have access to a member portal and an App.

- Visit www.drexi.com and click "Enroll Now" to create your account or download the Drexi+ App.
- Online and through the App you can: Review pricing comparisons between pharmacies, view cost-effective and clinically approved alternatives to current medications, access ID cards, and more.

Mail-Order Rx – HyVee: If you choose to have your prescriptions delivered to you by mail, Drexi partners with HyVee

  - Call: 1.866.794.9833 or email mailorder@hy-vee.com

International Rx Program ($0 copay)

- For high-cost medications exceeding $1,000, connect with the dedicated Drexi advocacy team. You can receive your medications from FDA-approved sources outside of the United States for a $0 copay. Call 1.877.688.5461 or email drexiadvocacy@amps.com.

  1. Prescriber writes your Rx
  2. Based on the plan, if the drug is available internationally, you have access to the International Rx program
  3. Per your plan's set-up, you are approved for one or two "gap fills" via a retail pharmacy
  4. After that, the medication becomes filled internationally.

- **It is NOT recommended that you utilize the International Rx Program while contributing to a Health Savings Account.**

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

Auto-Related Claims

Motor Vehicle Exclusion: Michigan Residents: Benefits are not payable under the medical and dental/vision plans 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.

Penalties Associated with the QHDHP and Medicare

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. Below are resources to 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

Healthcare Savings Accounts (HSA)

Benefit Year: The 12-month period beginning May 1, 2025 thru April 30, 2026

If you are enrolled in the high Deductible Health Plan (HDHP), you are eligible to open a Healthcare Savings Account (HSA). 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. The maximum contribution to an HSA for a single person is $4,300 and $8,550 for a family. Employees aged 55 and over are allowed to contribute an additional $1,000 total.

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.

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. Andrews University Partners with UMB as a trusted financial institution for your HSA.

- Visit: https://myhsa.umb.com/HSAEnrollment/eligiblity
- Answer the eligibility questions
- Enter your personal information and follow the prompts to complete your account set-up
- If you need an Employer Verification Code: THA0001 - 161681

You can alternatively open an HSA at the institute of your choice. You will need to complete the HSA Response Form upon opening your HSA and return it to Human Resources.

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. **It is also NOT recommended that you utilize the International Rx Program while contributing to a Health Savings Account.**

Dental and Vision

Benefit Year: The 12-month period beginning May 1, 2025 thru April 30, 2026

Dental and vision benefits are offered as a combined package.

Benefit Description	Dental Plan Limits (In-Network and Out-of-Network)
Benefit Year	May 1 through April 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

DenteMax Dental Network

- **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

Benefit Description	Vision Plan Limits
Benefit Year	May 1 through April 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

Flexible Spending Accounts (FSA)

Benefit Year (SHORT): The 10-month period beginning July 1, 2025 thru April 30, 2026

Andrews University sponsors flexible spending accounts (FSAs) through Section 125 of the Internal Revenue Code. The 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. The main disadvantage of an FSA is the use-or-lose rule, which states any unspent funds remaining at the plan year's end will revert back to the plan. **For 2025/2026, the FSA plan year will only run for 10 months to realign with the new medical, dental, and vision plan year beginning May 1. Due to the shorter plan year, the maximum allowed contribution amounts have been reduced.**

Healthcare FSA (HCFSA): The Healthcare FSA covers eligible health-care expenses not reimbursed by any medical, dental, or vision care plan you or your dependents may have (excluding premiums). The maximum amount of money you can elect for the HCFSA this plan year is $2,667. 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 HCFSA operates like a bank account. Deposits are made into the account by pretax payroll deductions. You can withdraw funds from the account to pay for qualified expenses even if you have not yet placed the funds in the account (HCFSAs are pre-funded by Andrews). You will be provided with a debit card to pay for expenses or if you pay out-of-pocket, you can submit a reimbursement form along with the itemized receipt and ASR Health Benefits will issue you a check. You can manage your account at www.asrhealthbenefits.com. For a complete list of eligible and ineligible medical expenses, refer to Internal Revenue Publication 502 at www.irs.gov.

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 (Limited HCFSA): If you participate in the High Deductible Health Plan and contribute to a Health Savings Account (HSA), you may only be reimbursed through a HCFSA for dental, vision, and hearing expenses. Medical expenses can only be once your medical deductible has been satisfied. You cannot submit claims to both the HCFSA and HSA. The same $2,667 contribution maximum applies to the Limited HCFSA as the traditional HCFSA.

FAQs on LIMITED-PURPOSE Healthcare FSA

- **What is a limited-purpose healthcare flexible spending account (FSA)?** A Limited HCFSA is identical to a traditional HCFSA, 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 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. Once you have satisfied the HDHP deductible for a plan year, you may submit expenses to your HCFSA for the remainder of the plan year.

- **What if my medical FSA has a grace period?** If you have a $0 balance in your HCFSA 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

Grace Period

The healthcare 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 leftover funds in your HCFSA 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. All funds remaining in your FSA at the end of the grace period will be forfeited.

How it works: This plan year runs on a July 1 to April 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 April 2026, you have $250 left in your medical FSA. You incur $250 of qualified medical expenses during May 1 through July 15 of 2026, the grace period for the 2025/2026 plan year. You may submit these expenses by October 15, 2026, in order to receive reimbursement.

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 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 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 $4,166 ($2,083 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 many 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. 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. It is advised that you keep copies of your detailed receipts should your purchases need to be substantiated.

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.

Life and AD&D provided through Unum

Benefit Year (SHORT): The 10-month period beginning July 1, 2025 thru April 30, 2026

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 (age 26 if a full-time student): $10,000

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

Benefit Year (SHORT): The 10-month period beginning July 1, 2025 thru April 30, 2026

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 caused 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.

Short Term Disability provided through Unum

Benefit Year (SHORT): The 10-month period beginning July 1, 2025 thru April 30, 2026

Andrews University is providing Short Term Disability (STD) for full-time employees. Short term disability insurance pays you a weekly benefit if you have a covered off-job disability (accident or illness) that keeps you from working.

Weekly Benefit Amount: This benefit pays 60% of weekly earnings or a maximum weekly benefit of $1,000. 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.

Elimination and Benefit Duration Periods: The elimination period is the number of days that must pass between the first day of your covered disability and the day you begin to receive benefits. For both accident and illness, the elimination period is 7 days. The benefit duration is the maximum number of weeks you can receive benefits while you are disabled. The plan offers a 12-week duration, however not all covered disabilities are granted the full 12-week benefit duration. For example, there is a 6 week benefit for maternity coverage.

Definition of Disability: You are considered disabled when Unum determines that, due to sickness or injury:

- You are limited from performing the material and substantial duties of your regular occupation
- AND you have a 20% or more loss in weekly earnings.
- You must be under the regular care of a physician to be considered disabled. “Substantial and material acts” means the important tasks, functions and operations generally required by employers from those engaged in your usual occupation that cannot be reasonably omitted or modified. Unless the policy specifies otherwise, as part of the disability claims evaluation process, Unum will evaluate your occupation based on how it is normally performed in the national economy, not how work is performed for a specific employer at a specific location or in a specific region.

Coverage Exclusions: Your plan does not cover any disabilities caused 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;
- Any occupational injury or sickness
- 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 Hospital Indemnity provided through Unum

Benefit Year (SHORT): The 10-month period beginning July 1, 2025 thru April 30, 2026

Group Hospital insurance helps covered employees and their families cope with the financial impacts of a hospitalization. You can receive benefits when you're admitted to the hospital for a covered accident, illness, or childbirth.

Eligibility: Employees must be actively at work to enroll in coverage. If employees purchase Hospital Insurance for themselves, there are also options to cover dependent spouses and/or children.

Benefits: The Hospital Indemnity plan pays the following:

- **Hospital Admission**: $1,000, payable for a maximum of 1 day per year
- **ICU Admission** (added to Admission benefit): $500, payable for a maximum of 1 day per year
- **Hospital Daily Stay**: $100, payable per day up to 365 days
- **ICU Daily Stay** (added to Daily stay): $100, payable per day up to 15 days
- **Well Child Benefit**: $50, payable for a maximum of 4 days per child before child reaches age 1

Monthly Premiums:

- Employee Only: $13.61
- Employee and Spouse: $26.84
- Employee and Child(ren): $18.28
- Employee, Spouse, and Child(ren): $31.51

Pre-Existing Conditions: This plan has a pre-existing condition limitation. The pre-existing condition provision applies to any insured's initial coverage and any increases in coverage.

- Unum will not pay benefits for a claim when the covered loss occurs in the first 12 months following the insured's effective date and the covered loss is caused by, contributed to by, or resulting from any of the following:
    - A pre-existing condition; or complications arising from treatment or surgery for, or medications taken for a Pre-existing condition.
- An insured has a pre-existing condition if within the 12 months prior to their coverage effective date they have an injury or sickness, whether diagnosed or not for which:
    - Medical treatment, consultation, care or services, or diagnostic measures were received or recommended to be received during that period; Drugs or medications were taken, or prescribed to be taken during that period; or symptoms existed
- Pre-existing condition requirements are not applicable to children who are newly acquired after your coverage effective date and any coverage applied for when an insured is first eligible to enroll for coverage

Exclusions/Limitations: Unum won't pay benefits for a claim that is caused by, contributed to by, or resulting from: committing or attempting to commit a felony; being engaged in an illegal occupation or other willful criminal activity, participating in war or any act of war, declared or undeclared; combat or training for combat while serving in the armed forces of any nation or authority, including the National Guard or similar government organizations; a loss that occurs while an insured is legally incarcerated in a penal/correctional institution; elective procedures, cosmetic surgery, or reconstructive surgery unless it is a result of organ donation, trauma, infection, or other diseases; treatment for dental care or dental procedures unless treatment is the result of a covered accident**; any admission or daily stay of a newborn child immediately following childbirth unless the newborn is injured or sick;** mental or nervous disorders. This exclusion does not include dementia if it is a result of a stroke, Alzheimer's disease, trauma, viral infection or other conditions which are not usually treated by a mental health provider or other qualified provider using psychotherapy, psychotropic drugs or other similar methods of treatment.

Voluntary Accident provided by Unum

Benefit Year (SHORT): The 10-month period beginning July 1, 2025 thru April 30, 2026

Voluntary accident provides lump sum benefits for covered accidents that occur 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/expenses and their cash benefit:

- Broken bones: Rib = $550, Foot = $800
- Burns: < 5% of body, 2nd degree = $750
- Torn ligaments: Meniscus injury = $200, meniscus surgical repair = $1,000
- Stitches: 2-6 inch repair = $400
- Concussion = $200
- Medical Imaging: X-ray = $100
- Physical, Occupational Therapy = $50
- Hospital stay: Admission = $1,000 plus additional $500 for the ICU. Daily stay = $400, Short stay = $200
- Accidental Death: Employee = $75,000, Spouse = $37,500, Child = $18,750

The following benefits are automatically included in your plan:

- Organized Sports benefit: Each covered family member is eligible for a 25% increase in payable benefits within the injury and treatment schedule of benefits if the covered accident occurs while playing in an organized sport that required formal registration to participate and is officiated by someone certified to act in that capacity.
- **Building benefit:** Benefits increase the value of benefits over years enrolled. If coverage is in force 13-36 months = 5%; 37-60 months = 10%; 16+ months = 15%
- **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.

Monthly Premiums:

- Employee Only: $6.40
- Employee and Spouse: $10.98
- Employee and Child(ren): $14.37
- Employee, Spouse, and Child(ren): $18.95

Exclusions and Limitations: Unum will not pay benefits for a claim caused by, contributed to by, or occurs as a result of: committing or attempting to commit a felony; being engaged in an illegal occupation or other willful criminal activity; participating in war or any act of war, declared on undeclared; combat or training for combat while serving in the armed forces of any nation or authority; a covered loss that occurs while the insured is legally incarcerated in a penal or correctional institution; elective procedures unless it is a result of organ donation, trauma, infection, or other diseases; an occupation injury; any sickness, bodily infirmity, or other abnormal physical condition or mental or nervous disorders including diagnosis, treatment, or surgery for it; infection (except when infection is due to a cut or wound sustained in a covered accident); experimental or investigational procedures; operating, learning to operate, serving as a crew member of any aircraft or hot air balloon unless flying as a fare paying passenger; jumping, parachuting, or falling from an aircraft or hot air balloon, travel or flight in any aircraft or hot air balloon if it is being used for testing or experimental purposes, used by or for any military authority, or used for travel beyond the earth's atmosphere; practicing for or participating in a semi-professional or professional athletic contest for which any compensation or renumeration is received; riding or driving an air, land, or water vehicle in a race, speed or endurance contest; engaging in hang-gliding, bungee jumping, sail gliding, parasailing, parakiting, or BASE jumping

Voluntary Critical Illness provided through Unum

Benefit Year (SHORT): The 10-month period beginning July 1, 2025 thru April 30, 2026

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.

Eligibility:

- **Employee and Child(ren):** Must be actively at work. Can purchase benefits of $10,000, $20,000 or $30,000. Dependent children up to age 26 are automatically covered at 50% of the employee benefit at no additional cost.
- **Spouse:** Spouses are covered at 50% of the employee benefit.

Examples of covered illnesses:

- Heart attack
- Stroke
- Major organ failure
- Lupus
- Coma
- Dementia and Alzheimer's
- End Stage Renal Failure
- Coronary Artery Disease
- Cancer

Examples of additional illnesses covered for dependent children (diagnosis must occur after effective date):

- Cerebral Palsy
- Cleft Lip or Palate
- Cystic Fibrosis
- Downs Syndrome
- Spinal Bifida
- Type 1 Diabetes

Reoccurrence Benefit: You can use Critical Illness coverage more than once. Even after you receive a payout for one illness, you are covered for the remaining conditions and of the reoccurrence of any critical illness with the exception of skin cancer. The reoccurrence benefit can pay 100% of your coverage amount. Diagnoses must be at least 180 days apart or the conditions can't be related to each other.

Pre-existing conditions (Pre-Ex):

- Unum will not pay benefits for a claim when the covered loss occurs in the first 12 months following the coverage effective date and the covered loss is caused by, contributed to by, or occurs as the result of any of the following:
    - A pre-existing condition
    - Complications arising from treatment or surgery for, or medications taken for a pre-existing condition
- An insured has a Pre-Ex if, within the 12 months prior to their coverage effective date, they have an injury or sickness, whether diagnosed or not, for which:
    - Medical treatment, consultation, care or services, or diagnostic measures were received or recommended to be received during that period;
    - Drugs or medications were taken, or prescribed to be taken during that period; or
    - Symptoms existed.
- The Pre-ex provision applies to any insured's initial coverage and any increases in coverage. Coverage effective date refers to the date any initial coverage or increases in coverage become effective.
- Pre-Ex requirements are NOT applicable to children who are newly acquired after the coverage effective date.

Monthly Rates per $10,000 for Employee and $5,000 for Spouse		
Issue Age	Employee and Child(ren)	Spouse
<25	$1.60	$0.80
25-29	$2.20	$1.10
30-34	$2.90	$1.45
35-39	$3.80	$1.90
40-44	$5.30	$2.65
45-49	$7.40	$3.70
50-54	$10.20	$5.10
55-59	$14.20	$7.10
60-64	$24.10	$12.05
65-69	$32.70	$16.35
70-74	$42.10	$21.05
75-79	$58.40	$29.20
80-84	$80.00	$40.00
85+	$101.10	$50.55

**Attained age rates and costs are based on the insured's age each year on the policy anniversary date and increase as the insured ages and moves into new age bands.*

Exclusions and Limitations: Unum will not pay benefits for a claim caused by, contributed to by, or occurs as a result of: committing or attempting to commit a felony; being engaged in an illegal occupation or other willful criminal activity; participating in war or any act of war, declared on undeclared; combat or training for combat while serving in the armed forces of any nation or authority; a covered loss that occurs while the insured is legally incarcerated in a penal or correctional institution or under house arrest or confinement. No benefits will be paid for a loss that occurs prior to the coverage effective date.

Whole Life provided through Unum

Benefit Year (SHORT): The 10-month period beginning July 1, 2025 thru April 30, 2026

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 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

Vacation / Paid Leave Plan

Because we recognize the importance of vacation time in providing the opportunity for rest, recreation, and renewal physically, emotionally and spiritually, Andrews University provides annual, paid vacations to its benefit eligible employees. Employees are encouraged to take vacation appropriate to their accrual levels, and supervisors should work with employees to ensure vacation time is not lost in the annual rollover.

Staff

Leave accrual and usage will be based on hours for staff. For each hour reported (work or leave time), hours will be accrued into the vacation/paid leave bank. Time begins to accrue on the first day of employment. Time accrues into the bank only on the first 80 hours of paid time in a two-week pay period.

The calculation of the accrual rate for the bank is based on an individual's length of service in the denomination and relevant work experience. Maximum annual accrual is the total annual vacation days multiplied by average daily hours worked in a week. Hourly rate accrual is the maximum annual accrual hours divided by the total hours worked for the year.

Note: below is based on an 8-hour per day schedule

Years of Service	Vacation Days	Maximum Hours Accrual	Hourly Rate of Accrual
1 – 4	10	80 hours	0.0384615
5 – 9	15	120 hours	0.0576923
> 9	20	160 hours	0.0769231

Administrative Level

Administrative staff that are half-time or more appointment at the level of President, Chief Academic Officer, Vice President, Associate/Assistant Vice President, Dean, and Associate Dean are eligible for an annual four-week vacation.

Faculty

Each 12-month faculty member is eligible for an annual four-week vacation. Ten-month faculty members may take time during semester breaks and between May 31 – August, no other vacation time is provided for this faculty category. A vacation week is equivalent to five working days. Faculty members should work in advance with their chair/supervisor regarding their itinerary and how they may be contacted in an emergency when traveling away from the campus.

For complete details regarding employee vacation, including rollover and payout information, 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 15%, it will increase by 1% each July until your contribution reaches 15%. 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.

Legal Resources

Legal Resources gives you and your family access to an attorney for everyday needs. Whether your legal matter is expected or unexpected, you'll have immediate and ongoing access to a network of highly rated law firms. You pay no attorney fees for all Fully Covered Services and pre-existing legal matters are covered at a 25% discount. To enroll, call 800.728.5768 or visit www.legalresources.com. You may still be responsible for non-attorney-related expenses such as court fees, filing fees, fines, etc. Fully Covered Services include, but are not limited to:

- Will preparation
- Traffic court
- Advice and consultation
- Real estate matters
- Uncontested divorce
- Billing disputes


Andrews University
Seek Knowledge. Affirm Faith. Change the World.