

# Andrews University

Benefits effective 5/1/2025

Medical	Premier Plan		Standard Plan		High Ded/HSA Plan**	
<b>Deductible*</b>	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Individual/Family	\$500 / \$1,000	\$3,000 / \$6,000	\$650 / \$1,300	\$3,000 / \$6,000	\$1,650 / \$3,300	\$3,000 / \$6,000
<b>General Benefit / Co-insurance %</b> (Unless specifically stated otherwise)	90%	60%	80%	60%	80%	60%
<b>Total Max Out-of-Pocket</b>	\$5,000 / \$10,000	N/A	\$6,000 / \$12,000	N/A	\$4,250 / \$8,500	\$8,000/\$16,000
<b>Preventive Care</b>	100%		100%		100%	
<b>Physician Care</b>						
Office Visits (PCP/Specialist)	\$20/ \$30	60%*	\$30/\$40	60%*	80%*	60%*
Virtual Visits	\$0	60%*	\$0	60%*	\$43 until ded is met, then \$0	60%*
Specialist Office Visit	\$20	60%*	\$30	60%*	80%*	60%*
Urgent Care	\$75	60%*	\$75	60%*	80%*	60%*
<b>Emergency Room (Professional)</b>	90%*		80%*		80%*	
<b>Emergency Room (Facility Charge)</b>	\$250		\$250		80%*	
<b>Hospital Care</b>						
Inpatient Services	90%*	60%*	80%*	60%*	80%*	60%*
Outpatient Services	90%*	60%*	80%*	60%*	80%*	60%*
<b>Diagnostic, X-ray &amp; Lab Charges</b>	90%*	60%*	80%*	60%*	80%*	60%*
<b>Preventive Drug List</b>	N/A		N/A		80%*	
<b>Prescription Drugs</b>	Included in Total MOOP		Included in Total MOOP			
Generic	\$25		\$25		20%*	
Brand	25%-\$100		30%-\$100		20%*	
Specialty	25%-\$1,000		30%-\$1,000		20%*	
<b>Hearing - Testing</b>	90%*		80%*		80%*	
Hearing - Office Visits / hearing aids (Max-\$2,500/2 benefit year periods)	\$20 OV / 75%*		\$30 OV / 75%*		80%*	

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

Dental		Vision	
<b>Preventive Services</b>	100%	<b>Preventive Vision Exam</b>	\$15
<b>Deductible*</b>		<b>Prescription Glasses</b>	100%
Per Covered Person	\$25	Plan Year Maximum	\$350
Per Family	\$75	(excluding exams)	
<b>Basic &amp; Major services</b>	75%*		
<b>Plan Year Maximum / member</b>	\$1,100		
<b>Orthodontia</b>	50% - \$1,760 lifetime max		

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

**The Bolded number indicates wellness requirements have been met**

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