

Andrews University

Benefits effective 5/1/2026

Medical	Premier Plan		Standard Plan		High Ded/HSA Plan**	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Deductible* Individual/Family	\$500 / \$1,000	\$3,000 / \$6,000	\$650 / \$1,300	\$3,000 / \$6,000	\$1,700 / \$3,400	\$3,000 / \$6,000
General Benefit / Co-insurance % (Unless specifically stated otherwise)	90%	60%	80%	60%	80%	60%
Total Max Out-of-Pocket	\$5,000 / \$10,000	N/A	\$6,000 / \$12,000	N/A	\$4,250 / \$8,500	\$8,000/\$16,000
Preventive Care	100%		100%		100%	
Physician Care						
Office Visits (PCP/Specialist)	\$20 / \$30	60%*	\$30 / \$40	60%*	80%*	60%*
Virtual Visits	\$0	60%*	\$0	60%*	\$43 until ded is met, then \$0	60%*
Urgent Care	\$75	60%*	\$75	60%*		80%*
Emergency Room (Professional)	90%*		80%*		80%*	
Emergency Room (Facility Charge)	\$250		\$250		80%*	
Hospital Care						
Inpatient Services	90%*	60%*	80%*	60%*	80%*	60%*
Outpatient Services	90%*	60%*	80%*	60%*	80%*	60%*
Diagnostic, X-ray & Lab Charges	90%*	60%*	80%*	60%*	80%*	60%*
Preventive Drug List	N/A		N/A		80%	
Prescription Drugs	Included in Total MOOP		Included in Total MOOP			
Generic	\$25		\$25			20%*
Brand	25%-\$100		30%-\$100			20%*
Specialty	25%-\$1,000		30%-\$1,000			20%*
Hearing - Testing	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	
Preventive Services	100%	Preventive Vision Exam	\$15
Deductible*		Prescription Glasses	100%
Per Covered Person	\$25	Plan Year Maximum	
Per Family	\$75	(excluding exams)	\$350
Basic & Major services	75%*		
Plan Year Maximum / member	\$1,100		
Orthodontia	50% - \$1,760 lifetime max		

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

The Bolded number indicates wellness requirements have been met

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