

Andrews University

Benefits effective 7/1/2023

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

* Benefit is subject to deductible before coinsurance or copay applies

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