Summary of Benefits and Coverage: What this Plan Covers & What it Costs ANDREWS UNIVERSITY: PPO HDHP Plan (No Specialty RX)

Coverage Period: 07/01/2024 - 06/30/2025

Common		What You Will Pay		
Medical Events	Services You May Need	Network Provider (You will pay the least)	Non-Network Provider (You will pay the most)	Limitations, Exceptions & Other Important Information
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Common Medical Events	Services You May Need		u Will Pay Non-Network Provider (You will pay the most)	Limitations, Exceptions & Other Important Information
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 $[\]hbox{\bf *} \ \, \text{For more information about limitations and exceptions, see the plan or policy document at PriorityHealth.com}.$

C o mo mo o m		What You	ı Will Pay	
Common Medical Events	Services You May Need	Network Provider (You will pay the least)	Non-Network Provider (You will pay the most)	Limitations, Exceptions & Other Important Information
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