Summary of Benefits and Coverage: What this Plan Covers & What it Costs ANDREWS UNIVERSITY: PPO Standard Plan

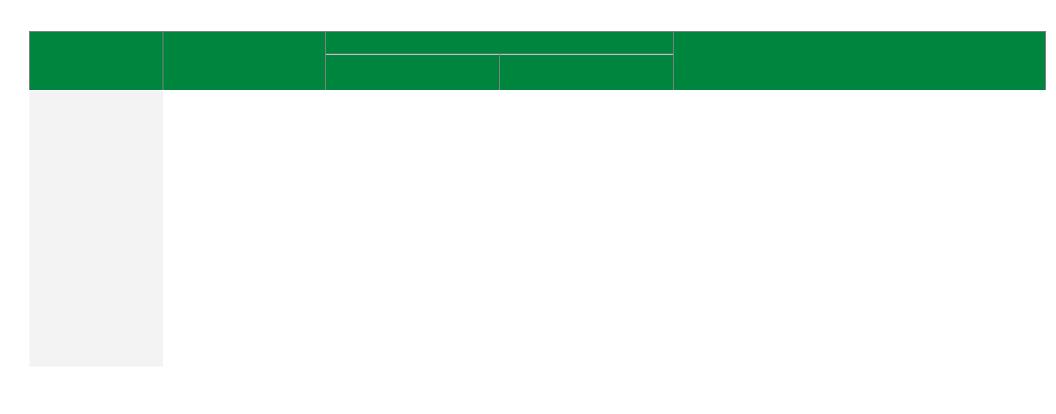
Coverage Period: 07/01/2024 - 06/30/2025

Coverage for: Subscriber/Dependent | Plan Type: PPO

For more information about your coverage or to get a copy of the complete terms of coverage, visit us at PriorityHealth.com or call the number on the back of your Priority Health ID card. For general definitions of common terms, such as allowed amount, balance billing, co-insurance, co-payment, dedu0 g0 G -0.12

All <u>co-payment</u> and <u>co-insurance</u> costs shown in this chart are after your <u>deductible</u> has been met, if a <u>deductible</u> applies.

<sup>\*</sup> For more information about limitations and exceptions, see the plan or policy document at PriorityHealth.com.



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