

**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](https://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, deductibles, and copayments, visit [PriorityHealth.com](https://PriorityHealth.com).

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

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