

Summary of Benefits and Coverage: What this Plan Covers & What it Costs

ANDREWS UNIVERSITY: PPO Premier Plan (No Specialty Rx)

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

Coverage for: Subscriber/Dependent |

If you need drugs to treat your illness or condition <u>prescription drug coverage</u> <hr/> <hr/> <hr/>				

* For more information about limitations and exceptions, see the plan or policy document at PriorityHealth.com.



Excluded Services & Other Covered Services:

Services Your <u>Plan</u> Generally Does NOT Cover
Other Covered Services

Your Rights to Continue Coverage: There are agencies that can help if you want to continue your coverage after it ends. The contact information for those agencies is: Department of Insurance and Financial Services (DIFS) at 1-877-999-6442 or difs-HICAP@michigan.gov; the Department of Health and Human Services, Center for Consumer Information and Insurance Oversight at 1-877-267-2323 x61565 or www.cciio.cms.gov; or the Department of Labor's Employee Benefits Security Administration at 1-866-444-EBSA (3272) or www.dol.gov/ebsa/healthreform. Other coverage options may be available to you too, including buying individual insurance coverage through the Health Insurance Marketplace. For more information, visit www.healthcare.gov.

Your Grievance and Appeals Rights: There are agencies that can help if you have a complaint against your plan for a denial of a claim. This complaint is called a grievance or appeal. For more information about your rights, look at the explanation of benefits you will receive for that medical claim. Your plan documents also provide complete information to submit a claim, appeal, or a grievance for any reason to your plan. For more information about your rights, this notice, or assistance, contact: Priority Health at the number on the back of your Priority Health ID card or www.priorityhealth.com; the Department of Labor's Employee Benefits Security Administration at 1-866-444-EBSA (3272).

