HENDRIX COLLEGE
BENEFIT COMPARISON SUMMARY

	Core PPO		High Deductible PPO	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Annual Deductible: (Carryover)	$300 Individual $600 Family Aggregate	$ 600 Individual $1200 Family Aggregate	$ 750 Individual $1200 Family Aggregate	$1500 Individual $3000 Family Aggragate
Supplemental Accident Benefit:	$500 per accident	$500 per accident	$500 per accident	$500 per accident
Physician Services Family Practice, General Practice, Internal Medicine and Pediatrician (includes routine immunizations)	$15 office visit copay, 100% Eligible services (billed and rendered in the office setting)	60% after deductible	$30 office visit copay, 100% Eligible services (billed and rendered in the office setting)	60% after deductible
Specialist	80% after deductible	60% after deductible	80% after deductible	60% after deductible
Out-Patient Prenatal Care	100% not subject to ded.	60% after deductible	100%; not subject to ded.	60% after deductible
Hospital Services	80% after deductible Physician Services	60% after deductible 60% after deductible	80% after deductible 80% after deductible	60% after deductible 60% after deductible
Psych & Substance Abuse 10 visits - per calendar year - inpatient 50 visits - per calendar year - outpatient Limit-2 admissions per lifetime for alcohol alcohol admissions (Does not contribute to Stop Loss)	80% after In-Network deductible		80% after In-Network deductible	
Preventive Care	100% - No deductible		100% - No deductible	
Prescriptions (NPS/PTI) (Generic incentive)	**$50.00 Non-Preferred** **$30.00 Preferred** **$5.00 Generic Brand** **OTC Claritin & Prilosec (Presc. From Phys. = $0)** **3 mo routine maint. for 2 co-pays at 3 local pharmacies**		**$50.00 Non-Preferred** **$30.00 Preferred** **$5.00 Generic Brand** **OTC Claritin & Prilosec (Presc. From Phys. = $0)** **3 mo routine maint. for 2 co-pays at local pharmacies**	
Out-of Pocket	$1500 ($1200 plus ded.)	$3000 ($2400 plus ded.)	$1950 ($1200 plus ded.)	$3900 ($2400 plus ded.)

Prices Reflect Employees Choosing All Engagement Health Tiers

Core Monthly	Support	Administrative	Others
EE	65/mo	90/mo	122/mo
EE+SP	149/mo	205/mo	277/mo
EE+CH	120/mo	169/mo	228/mo
EE+FAM	191/mo	278/mo	375/mo

High Deductible Alternative Monthly	Support	Administrative	Others
EE	34/mo	52/mo	73/mo
EE+SP	73/mo	109/mo	153/mo
EE+CH	64/mo	100/mo	140/mo
EE+FAM	103/mo	151/mo	211/mo

Core Bi-Weekly	Support	Administrative	Others
EE	30/pp	42/pp	56/pp
EE+SP	69/pp	95/pp	128/pp
EE+CH	55/pp	78/pp	105/pp
EE+FAM	89/pp	128/pp	173/pp

High Deductible Alternative Bi-Weekly	Support	Administrative	Others
EE	14/pp	24/pp	34/pp
EE+SP	30/pp	50/pp	71/pp
HC EE+CH	27/pp	46/pp	65/pp
EE+FAM	43/pp	70/pp	97/pp

Authorized local pharmacies (3 mo./2 co-pays):	
Baker Drugs	Front Street 329-5626
The Medicine Shoppe	College Ave. 327-8088
The Medicine Shoppe	Dave Ward Dr. 329-3777

Prepared by: Lynn 1/1/2012