

HENDRIX COLLEGE
BENEFIT COMPARISON SUMMARY

	Core PPO		High Deductible PPO	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Annual Deductible: (Carryover)	\$400 Individual \$800 Family Aggregate	\$ 800 Individual \$1600 Family Aggregate	\$ 950 Individual \$1900 Family Aggregate	\$1900 Individual \$3800 Family Aggregate
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)	\$100 Specialty Prescription \$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		\$100 Specialty Prescription \$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	\$2000 (plus \$400 ded.)	\$4000 (plus \$800 ded.)	\$2000 (plus \$950 ded.)	\$4000 (plus\$1900 ded.)

Prices Reflect Employees Choosing All Engagement Health Tiers				
Core Monthly				
	SS/DS	A/F	Others	SLT
EE	\$ 80.25	\$ 124.80	\$ 164.74	\$ 179.13
EE+SP	\$ 180.45	\$ 280.80	\$ 370.66	\$ 403.31
EE+CH	\$ 138.00	\$ 223.39	\$ 297.02	\$ 323.82
EE+FAM	\$ 224.55	\$ 371.90	\$ 492.96	\$ 537.08

High Deductible Alternative Monthly				
	SS/DS	A/F	Others	SLT
EE	\$ 52.47	\$ 84.82	\$ 113.54	\$ 122.94
EE+SP	\$ 110.72	\$ 176.47	\$ 236.66	\$ 256.34
EE+CH	\$ 87.12	\$ 150.48	\$ 205.20	\$ 223.10
EE+FAM	\$ 145.37	\$ 233.93	\$ 316.01	\$ 343.05

Core Bi-Weekly				
	SS/DS	A/F	Others	SLT
EE	\$ 37.04	\$ 57.60	\$ 76.03	\$ 82.68
EE+SP	\$ 83.28	\$ 129.60	\$ 171.07	\$ 186.14
EE+CH	\$ 63.69	\$ 103.10	\$ 137.09	\$ 149.46
EE+FAM	\$ 103.64	\$ 171.65	\$ 227.52	\$ 247.88

High Deductible Alternative Bi-Weekly				
	SS/DS	A/F	Others	SLT
EE	\$ 24.22	\$ 39.15	\$ 52.40	\$ 56.74
EE+SP	\$ 51.10	\$ 81.45	\$ 109.23	\$ 118.31
EE+CH	\$ 40.21	\$ 69.45	\$ 94.71	\$ 102.97
EE+FAM	\$ 67.09	\$ 107.97	\$ 145.85	\$ 158.33

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 01/01/2014