

HENDRIX COLLEGE  
BENEFIT COMPARISON SUMMARY

	Core PPO		High Deductible PPO	
	In-Network	Out-of-Network	In-Network	Out-of-Network
<b>Annual Deductible:</b> (Carryover)	\$450 Individual \$900 Family Aggregate	\$ 900 Individual \$1800 Family Aggregate	\$1000 Individual \$2000 Family Aggregate	\$2000 Individual \$4000 Family Aggregate
<b>Supplemental Accident Benefit:</b>	\$500 per accident	\$500 per accident	\$500 per accident	\$500 per accident
<b>Physician Services</b> 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
<b>Specialist</b>	80% after deductible	60% after deductible	80% after deductible	60% after deductible
<b>Out-Patient Prenatal Care</b>	100% not subject to ded.	60% after deductible	100%; not subject to ded.	60% after deductible
<b>Hospital Services</b>	80% after deductible	60% after deductible	80% after deductible	60% after deductible
<b>Physician Services</b>	80% after deductible	60% after deductible	80% after deductible	60% after deductible
<b>Psych &amp; Substance Abuse</b> 10 visits - per calendar year - inpatient 50 visits - per calendar year - outpatient Limit-2 admissions per lifetime for alcohol admissions	80% after In-Network deductible		80% after In-Network deductible	
<b>Preventive Care</b>	100% - No deductible		100% - No deductible	
<b>Prescriptions (NPS/PTI)</b> (Generic incentive)	<b>\$100.00 Specialty Prescription</b> <b>\$50.00 Non-Preferred</b> <b>\$30.00 Preferred</b> <b>\$5.00 Generic Brand</b> <b>OTC Claritin &amp; Prilosec (Presc. From Phys. = \$0)</b> <b>3 mo routine maint. for 2 co-pays at 3 local pharmacies</b>		<b>\$100.00 Specialty Prescription</b> <b>\$50.00 Non-Preferred</b> <b>\$30.00 Preferred</b> <b>\$5.00 Generic Brand</b> <b>OTC Claritin &amp; Prilosec (Presc. From Phys. = \$0)</b> <b>3 mo routine maint. for 2 co-pays at local pharmacies</b>	
<b>Out-of Pocket</b>	\$3000 ( plus \$450 ded.)	\$6000 (plus \$900 ded.)	\$3000 (plus \$1000 ded.)	\$6000 ( plus \$2000 ded.)

Prices Reflect Employees Choosing All Engagement Health Tiers				
Core Monthly				
	SS/DS	A/F	Others	SLT
EE	\$ 87.00	\$ 135.00	\$ 178.00	\$ 193.00
EE+SP	\$ 195.00	\$ 303.00	\$ 400.00	\$ 435.00
EE+CH	\$ 149.00	\$ 241.00	\$ 321.00	\$ 350.00
EE+FAM	\$ 243.00	\$ 401.00	\$ 532.00	\$ 580.00

High Deductible Alternative Monthly				
	SS/DS	A/F	Others	SLT
EE	\$ 58.00	\$ 93.00	\$ 125.00	\$ 135.00
EE+SP	\$ 122.00	\$ 194.00	\$ 260.00	\$ 282.00
EE+CH	\$ 96.00	\$ 166.00	\$ 222.00	\$ 241.00
EE+FAM	\$ 160.00	\$ 257.00	\$ 341.00	\$ 377.00

Core Bi-Weekly				
	SS/DS	A/F	Others	SLT
EE	\$ 40.15	\$ 62.31	\$ 82.15	\$ 89.08
EE+SP	\$ 90.00	\$ 139.85	\$ 184.62	\$ 200.77
EE+CH	\$ 68.77	\$ 111.23	\$ 148.15	\$ 161.54
EE+FAM	\$ 112.15	\$ 185.08	\$ 245.54	\$ 267.69

High Deductible Alternative Bi-Weekly				
	SS/DS	A/F	Others	SLT
EE	\$ 26.77	\$ 42.92	\$ 57.69	\$ 62.31
EE+SP	\$ 56.31	\$ 89.54	\$ 120.00	\$ 130.15
EE+CH	\$ 44.31	\$ 76.62	\$ 102.46	\$ 111.23
EE+FAM	\$ 73.85	\$ 118.62	\$ 157.38	\$ 174.00

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 10/29/2014