

Benefit Comparison - Summary
Core PPO Plan

	Core PPO	
	In-Network	Out-of-Network
Effective 1/1/2019		
Annual Deductible <i>(Carry-over for claims after Oct 1)</i>	\$500 Individual	\$ 1000 Individual
	\$1000 Family Aggregate	\$2000 Family Aggregate
Supplemental Accident Benefit:	\$500 per accident	\$500 per accident
Physician Services Family Practice, General Practice, Internal Medicine and Pediatrician	\$20 office visit copay, 100% Eligible services (billed and rendered in the office setting)	60% after deductible
Preventive Care	100% - No deductible ALL Mammograms and Colonoscopies are covered 100%	
Out-Patient Prenatal Care	100% not subject to ded.	60% after deductible
Specialist	80% after deductible	60% after deductible
Hospital Services	80% after deductible	60% after deductible
Physician Services	80% after deductible	60% after deductible
Mental Health 10 visits - per calendar year - inpatient 50 visits - per calendar year - outpatient Substance Abuse Limit-2 admissions per lifetime for drug/alcohol admissions	80% after In-Network deductible	
Prescriptions (CastiaRX) Use any pharmacy, pay only the co-pay for covered medications. See hendrix.edu/hr for a formulary	Specialty Drugs—20% of prescription cost up to a MAXIMUM of \$250 \$50.00 Non-Preferred \$30.00 Preferred \$10.00 Generic Brand OTC Claritin & Prilosec (Presc. From Phys. = \$0) 3 mo routine maint. for 2 co-pays at 3 local pharmacies	
Out-of Pocket Maximum	\$5,500 individual \$11,000 family aggregate	\$10,000 individual \$20,000 family aggregate

Premiums - Core PPO Plan

Core PPO Monthly				
	SS/DS	A/F >30k	Others	SLT
EE	\$ 108	\$ 163	\$ 208	\$ 228
EE+SP	\$ 228	\$ 341	\$ 437	\$ 479
EE+CH	\$ 189	\$ 285	\$ 364	\$ 399
EE+FAM	\$ 325	\$ 488	\$ 624	\$ 684
Core PPO Bi-Weekly				
	SS/DS	A/F >30k	Others	SLT
EE	\$ 49.85	\$ 75.23	\$ 96.00	\$ 105.23
EE+SP	\$ 105.23	\$ 157.38	\$ 201.69	\$ 221.08
EE+CH	\$ 87.23	\$ 131.54	\$ 168.00	\$ 184.15
EE+FAM	\$ 150.00	\$ 225.23	\$ 288.00	\$ 315.69

Core PPO Plan participants are eligible to participate in the Flexible Spending Account (FSA).

Core plan participants are **NOT** eligible to participate in the Health Savings Account (HSA)
Unreimbursed Medical FSA maximum for 2019 = \$2,700

Authorized local pharmacies (3 mo./2 co-pays):

Baker Drugs	Front Street 329-5626
The Medicine Shoppe	College Ave. 327-8088
Smith Family Pharmacy	Dave Ward Dr. 336-8188

High Deductible HDHP

	High Deductible QDHP	
	In-Network	Out-of-Network
Annual Deductible - EE Only	\$1500 Deductible	\$4000 Deductible
Annual Deductible - All Other Coverage Levels	\$2700 Deductible	\$8000 Family Deductible
<i>No deductible carry-over on HDHP plan</i>		
Physician Services Family Practice, General Practice, Internal Medicine and Pediatrician	After annual deductible: \$30 office visit copay, 100% Eligible services (billed and rendered in the office setting)	60% after deductible
Preventive Care	100% - No deductible Includes preventative mammograms and colonoscopies	
Out-Patient Prenatal Care	80% after deductible	60% after deductible
Specialist	80% after deductible	60% after deductible
Hospital Services	80% after deductible	60% after deductible
Physician Services	80% after deductible	60% after deductible
Mental Health 10 visits - per calendar year - inpatient 50 visits - per calendar year - outpatient Substance Abuse Limit-2 admissions per lifetime for drug/alcohol admissions	80% after In-Network deductible	
Out-of Pocket Maximum	\$6,500 - EE only coverage	\$10,000 - EE only coverage
Out-of Pocket Maximum	\$10,000 - all other coverage levels	\$30,000 - all other coverage levels
Prescriptions (CastiaRX) Use any pharmacy, pay only the co-pay for covered medications. See hendrix.edu/hr for a formulary	Copays AFTER annual in-network deductible is met.	After annual in-network deductible Specialty Drugs - 20% of cost up to MAXIMUM of \$250 \$50.00 Non-Preferred \$30.00 Preferred \$10.00 Generic Brand OTC Claritin & Prilosec, \$0 w/ script 3 mo maint rx for 2 mo copay @ local

Premiums - HDHP Plan

High Deductible HDHP Monthly				
	SS/DS	A/F >30k	Others	SLT
EE	\$ 73	\$ 116	\$ 155	\$ 177
EE+SP	\$ 150	\$ 240	\$ 320	\$ 355
EE+CH	\$ 125	\$ 200	\$ 270	\$ 310
EE+FAM	\$ 208	\$ 335	\$ 455	\$ 500
High Deductible HDHP Bi-Weekly				
	SS/DS	A/F >30k	Others	SLT
EE	\$ 33.69	\$ 53.54	\$ 71.54	\$ 81.69
EE+SP	\$ 69.23	\$ 110.77	\$ 147.69	\$ 163.85
EE+CH	\$ 57.69	\$ 92.31	\$ 124.62	\$ 143.08
EE+FAM	\$ 96.00	\$ 154.62	\$ 210.00	\$ 230.77

The High Deductible plan is a Qualified High Deductible plan. Participants in this plan are able to participate in the Health Savings Account (HSA) or Flexible Spending Account (FSA). HSA contribution max EE Only = \$3500; All other = \$7,000

Authorized local pharmacies (3 mo./2 co-pays):

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updated 10/31/18