

## 2021 Benefit Comparison - Summary

Core PPO Plan		
<b>Effective 1/1/2021</b>	<b>Core PPO</b>	
	<b>In-Network</b>	<b>Out-of-Network</b>
<b>Annual Deductible</b> <i>(Carry-over for claims after Oct 1)</i>	\$500 Individual \$1000 Family Aggregate	\$ 1000 Individual \$2000 Family Aggregate
<b>Supplemental Accident Benefit:</b>	\$500 per accident	\$500 per accident
<b>Physician Services</b> 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
<b>Preventive Care</b>	100% - No deductible <b>ALL Mammograms and Colonoscopies are covered 100%</b>	
<b>Out-Patient Prenatal Care</b>	100% not subject to ded.	60% after deductible
<b>Specialist</b>	80% after deductible	60% after deductible
<b>Hospital Services</b>	80% after deductible	60% after deductible
<b>Physician Services</b>	80% after deductible	60% after deductible
<b>Mental Health</b> 10 visits - per calendar year - inpatient 50 visits - per calendar year - outpatient <b>Substance Abuse</b> Limit-2 admissions per lifetime for drug/alcohol admissions	80% after In-Network deductible	
<b>Prescriptions (ProAct)</b> Use any pharmacy, pay only the co-pay for covered medications. See hendrix.edu/hr for a formulary	<b>Specialty Drugs—20% of prescription cost up to a MAXIMUM of \$250</b> <b>\$50.00 Non-Preferred</b> <b>\$30.00 Preferred</b> <b>\$10.00 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>Out-of Pocket Maximum</b>	\$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	Others	SLT
EE	\$112	\$170	\$216	\$237
EE+SP	\$237	\$355	\$455	\$498
EE+CH	\$197	\$296	\$379	\$415
EE+FAM	\$338	\$508	\$649	\$711
Core PPO Bi-Weekly				
	SS/DS	A/F	Others	SLT
EE	\$51.69	\$78.46	\$99.69	\$109.38
EE+SP	\$109.38	\$163.85	\$210.00	\$229.85
EE+CH	\$90.92	\$136.62	\$174.92	\$191.54
EE+FAM	\$156.00	\$234.46	\$299.54	\$328.15
<b>PREMIUM CATEGORIES:</b> SS/DS = Support Staff & Dining Services A/F = Administrative Staff & Faculty SLT = Senior Leadership				

Core PPO Plan participants are eligible to participate in Flexible Spending Account (FSA). The 2021 maximum contribution for an unreimbursable medical FSA is \$2,750.  
Core plan participants are NOT eligible to participate in the Health Savings Account (HSA).

### 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		
	<b>High Deductible QHDHP</b>	
	<b>In-Network</b>	<b>Out-of-Network</b>
<b>Annual Deductible - EE Only</b>	\$1500 Deductible	\$4000 Deductible
<b>Annual Deductible - All Other Coverage Levels</b>	\$2800 Deductible	\$8000 Family Deductible
<i>No deductible carry-over on HDHP plan</i>		
<b>Physician Services</b> Family Practice, General Practice, Internal Medicine and Pediatrician	<b>After annual deductible:</b> \$30 office visit copay, 100% Eligible services (billed and rendered in the office setting)	60% after deductible
<b>Preventive Care</b>	100% - No deductible Includes <b>preventative</b> mammograms and colonoscopies	
<b>Out-Patient Prenatal Care</b>	80% after deductible	60% after deductible
<b>Specialist</b>	80% after deductible	60% after deductible
<b>Hospital Services</b>	80% after deductible	60% after deductible
<b>Physician Services</b>	80% after deductible	60% after deductible
<b>Mental Health</b> 10 visits - per calendar year - inpatient 50 visits - per calendar year - outpatient <b>Substance Abuse</b> Limit-2 admissions per lifetime for drug/alcohol admissions	80% after In-Network deductible	
<b>Out-of Pocket Maximum - EE ONLY COVERAGE</b>	\$6,500 - EE only coverage	\$10,000 - EE only coverage
<b>Out-of Pocket Maximum - All other coverages</b>	\$8,000 individual /\$11,000 family aggregate	\$30,000 - all other coverage levels
	<b>After annual in-network deductible</b>	
<b>Prescriptions (ProAct)</b> Use any pharmacy, pay only the co-pay for covered medications. See hendrix.edu/hr for a formulary	<b>Copays AFTER annual in-network deductible is met.</b>	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	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	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
<b>PREMIUM CATEGORIES:</b> SS/DS = Support Staff & Dining Services A/F = Administrative Staff & Faculty SLT = Senior Leadership				

The High Deductible plan is a Qualified High Deductible plan. Participants in this plan may participate in a Health Savings Account (HSA) or a Flexible Spending Account (FSA). The 2021 HSA maximum contribution for EE Only = \$3,600; all other = \$7,200; 55+ years=\$1,000 "catch-up".

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