

2022 Benefit Comparison - Summary

Core PPO Plan		
Effective 1/1/2022	Core PPO	
	In-Network	Out-of-Network
Annual Deductible <i>(Carry-over for claims after Oct 1)</i>	\$500 Individual \$1000 Family Aggregate	\$ 1000 Individual \$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 (ProAct) 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	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

PREMIUM CATEGORIES:

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 2022 maximum contribution for an unreimbursable medical FSA is \$2,850.
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		
	High Deductible QHDHP	
	In-Network	Out-of-Network
Annual Deductible - EE Only	\$1500 Deductible	\$4000 Deductible
Annual Deductible - All Other Coverage Levels	\$2800 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 - EE ONLY COVERAGE	\$6,500 - EE only coverage	\$10,000 - EE only coverage
Out-of Pocket Maximum - All other coverages	\$8,000 individual /\$11,000 family aggregate	\$30,000 - all other coverage levels
	After annual in-network deductible	
Prescriptions (ProAct) 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.	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

PREMIUM CATEGORIES:

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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 2022 HSA maximum contribution for EE Only = \$3,650; all other = \$7,300; 55+ years=\$1,000 "catch-up".

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