

2023 Health Benefit Comparison - Summary

Core PPO Plan				
Effective 1/1/2023	Core PPO		Premiums - Core PPO Plan	
	In-Network	Out-of-Network		
	Annual Deductible (Carry-over for claims after Oct 1)	\$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 (Magellan Rx) Use any pharmacy, pay only the co-pay for covered medications. See hendrix.edu/hr for a formulary.	Specialty Drugs: \$0 for Payer Matrix Program or 20% of cost up to \$250 max. if don't qualify for above. \$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		

Core PPO Monthly				
	SS/DS	A/F	Others	SLT
EE	\$112	\$177	\$225	\$246
EE+SP	\$237	\$369	\$473	\$518
EE+CH	\$197	\$308	\$394	\$432
EE+FAM	\$338	\$528	\$675	\$739
Core PPO Bi-Weekly				
	SS/DS	A/F	Others	SLT
EE	\$51.69	\$81.60	\$103.68	\$113.76
EE+SP	\$109.38	\$170.40	\$218.40	\$239.04
EE+CH	\$90.92	\$142.08	\$181.92	\$199.20
EE+FAM	\$156.00	\$243.84	\$311.52	\$341.28
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 2023 maximum contribution for an unreimbursable medical FSA is \$3,050. Core plan participants are <u>NOT</u> 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			

Premiums - Core PPO Plan				
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High Deductible HDHP		
	High Deductible QHDHP	
	In-Network	Out-of-Network
	Annual Deductible - EE Only	\$1500 Deductible \$4000 Deductible
Annual Deductible - All Other Covg. Levels	\$3000 Deductible	\$8000 Family Deductible
No deductible carry-over on HDHP plan		
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
Prescriptions (Magellan Rx) 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 is met: Specialty Drugs - \$0 for Payer Matrix program or 20% of cost up to \$250 max. if don't qualify for above. \$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 pharmacy

Premiums - HDHP Plan				
High Deductible HDHP Monthly				
	SS/DS	A/F	Others	SLT
EE	\$73	\$121	\$161	\$184
EE+SP	\$150	\$250	\$333	\$369
EE+CH	\$125	\$208	\$281	\$322
EE+FAM	\$208	\$348	\$473	\$520
High Deductible HDHP Bi-Weekly				
	SS/DS	A/F	Others	SLT
EE	\$33.69	\$55.68	\$74.40	\$84.96
EE+SP	\$69.23	\$115.20	\$153.60	\$170.40
EE+CH	\$57.69	\$96.00	\$129.60	\$148.80
EE+FAM	\$96.00	\$160.80	\$218.40	\$240.00
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The High Deductilbe 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 2023 HSA maximum contribution for EE Only = \$3,850; all other = \$7,750; 55+ years=\$1,000 "catch-up". This total must include the \$250 matching contribution by Hendrix.

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