

## 2024 Health Benefit Comparison

### Blue Advantage PPO Plan

Effective 1/1/2024	PPO	
	In-Network	Out-of-Network
<b>Annual Deductible</b> <i>(Carry-over for claims after Oct 1)</i>	\$500 Individual \$,1000 Family Aggregate	\$ 1,000 Individual \$2,000 Family Aggregate
<b>Supplemental Accident Benefit:</b>	First \$500 per accident paid at 100% then 80% after deductible	First \$500 per accident paid at 100% then 60% after deductible
<b>Primary Care 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>Outpatient Mental Health</b>	\$20 office visit copay	60% after deductible
<b>Preventive Care</b>	100% - No deductible <b>ALL</b> mammograms and colonoscopies are covered at 100%	
<b>Outpatient Prenatal Care</b>	100% not subject to deductible	60% after deductible
<b>Specialist Physician Services</b>	80% after deductible	60% after deductible
<b>Hospital Services</b>	80% after deductible	60% after deductible
<b>Inpatient Physician Services</b>	80% after deductible	60% after deductible
<b>Prescriptions (Magellan Rx)</b>  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 Non-Preferred Brand \$30 Preferred Brand \$10 Generic  OTC Claritin & Prilosec with prescription \$0 3 mos maint Rx for 2 co-pays at 3 local pharmacies	
<b>Out-of Pocket Max</b>	\$5,500 individual \$11,000 family aggregate	\$10,000 individual \$20,000 family aggregate

Premiums - PPO Plan				
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
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
<b>PREMIUM CATEGORIES:</b> SS/DS = Support Staff & Dining Services A/F = Administrative Staff & Faculty SLT = Senior Leadership				

PPO Plan participants are eligible to participate in a Flexible Spending Account (FSA). The 2024 maximum contribution for an unreimbursable medical FSA is \$3,200. PPO plan participants are **NOT** eligible to participate in a 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

### Blue Advantage Qualified High Deductible Health Plan

Effective 1/1/2024	High Deductible QDHP	
	In-Network	Out-of-Network
<b>Annual Deductible - EE Only</b> <i>No deductible carry-over on HDHP plan</i>	\$1,600 for Employee Only	\$4,000 for Employee Only
<b>Annual Deductible - All Other Covg. Levels (Employee + 1 or more dep.)</b>	\$3,200 Deductible for EE + 1 or more depts	\$8,000 Deductible for EE + 1 or more depts
<b>Primary Care 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>Outpatient Mental Health</b>	<b>After annual deductible</b> \$30 office visit copay	60% after deductible
<b>Preventive Care</b>	100% - No deductible Includes <b>preventive</b> mammograms and colonoscopies	
<b>Outpatient Prenatal Care</b>	80% after deductible	60% after deductible
<b>Specialist Physician Services</b>	80% after deductible	60% after deductible
<b>Hospital Services</b>	80% after deductible	60% after deductible
<b>Inpatient Physician Services</b>	80% after deductible	60% after deductible
<b>Prescriptions (Magellan Rx)</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>	<b>After annual in-network deductible is met:</b> Specialty Drugs \$0 for Payer Matrix program or 80% of cost up to \$250 max if don't qualify. \$50 Non-Preferred Brand \$30 Preferred Brand \$10 Generic  OTC Claritin & Prilosec, \$0 w/ script 3 mos maint Rx for 2 copays at 3 local pharmacies
<b>Out-of Pocket Max for EE Only coverage</b>	\$6,500	\$10,000
<b>Out-of Pocket Max for Employee + 1 or more dependents</b>	\$8,000 individual /\$11,000 family aggregate	\$30,000

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
<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) and/or a Limited Purpose Flexible Spending Account (FSA). The 2024 HSA maximum contribution for EE Only = \$4,150; all other = \$8,300; 55+ years=\$1,000 "catch-up". This total must include the \$250 matching contribution by Hendrix.

Authorized local pharmacies (3 mos/2 co-pays)	
Baker Drugs	Front Street 329-5626
The Medicine Shoppe	College Ave. 327-8088
Smith Family Pharmacy	Dave Ward Dr. 336-8188