

## 2025 Health Benefit Comparison

### Blue Advantage PPO Plan

Effective 1/1/2025	PPO	
	In-Network	Out-of-Network
Annual Deductible	\$1,500 Individual	\$ 3,000 Individual
	\$3,000 Family Aggregate	\$6,000 Family Aggregate
Supplemental Accident Benefit:	First \$500 per accident paid at 100% then 80% after deductible	First \$500 per accident paid at 100% then 60% after deductible
Primary Care 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
Outpatient Mental Health	\$20 office visit copay	60% after deductible
Preventive Care	100% - No deductible ALL mammograms and colonoscopies are covered at 100%	
Outpatient Prenatal Care	100% not subject to deductible	60% after deductible
Specialist Physician Services	80% after deductible	60% after deductible
Hospital Services	80% after deductible	60% after deductible
Inpatient Physician Services	80% after deductible	60% after deductible
Prescriptions (CVS Caremark)	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	
Out-of Pocket Max	\$6,500 individual \$13,000 family aggregate	\$13,000 individual \$26,000 family aggregate

Premiums - PPO Plan				
PPO Monthly				
	SS/DS	A/F	Others	SLT
EE	\$116.48	\$184.08	\$234.00	\$255.84
EE+SP	\$246.48	\$383.76	\$491.92	\$538.72
EE+CH	\$204.88	\$320.32	\$409.76	\$449.28
EE+FAM	\$351.52	\$549.12	\$702.00	\$768.56
PPO Bi-Weekly				
	SS/DS	A/F	Others	SLT
EE	\$53.76	\$84.86	\$107.83	\$118.31
EE+SP	\$113.76	\$177.22	\$227.14	\$248.60
EE+CH	\$94.56	\$147.76	\$189.20	\$207.17
EE+FAM	\$162.24	\$253.59	\$323.98	\$354.93
<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 2025 maximum contribution for an unreimbursable medical FSA is \$3,300. 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 1/1/2025	High Deductible QHDHP	
	In-Network	Out-of-Network
Annual Deductible - EE Only <i>No deductible carryover</i>	\$2,500 for Employee Only	\$4,000 for Employee Only
Annual Deductible - All Other Covg. Levels (Employee + 1 or more dep.)	\$5,000 Deductible for EE + 1 or more depts	\$8,000 Deductible for EE + 1 or more depts
Primary Care 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
Outpatient Mental Health	After annual deductible \$30 office visit copay	60% after deductible
Preventive Care	100% - No deductible Includes <b>preventive</b> mammograms and colonoscopies	
Outpatient Prenatal Care	80% after deductible	60% after deductible
Specialist Physician Services	80% after deductible	60% after deductible
Hospital Services	80% after deductible	60% after deductible
Inpatient Physician Services	80% after deductible	60% after deductible
Prescriptions (CVS Caremark)	Copays AFTER annual in-network deductible is met  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>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
Out-of Pocket Max for EE Only coverage	\$7,400	\$10,000
Out-of Pocket Max for Employee + 1 or more dependents	\$7,400 individual / \$11,800 family aggregate	\$10,000 individual / \$30,000 family aggregate

Premiums - HDHP Plan				
High Deductible HDHP Monthly				
	SS/DS	A/F	Others	SLT
EE	\$75.92	\$125.84	\$167.44	\$191.36
EE+SP	\$156.00	\$260.00	\$346.32	\$383.76
EE+CH	\$130.00	\$216.32	\$292.24	\$334.88
EE+FAM	\$216.32	\$361.92	\$491.92	\$540.80
High Deductible HDHP Bi-Weekly				
	SS/DS	A/F	Others	SLT
EE	\$35.04	\$57.91	\$77.38	\$88.36
EE+SP	\$72.00	\$119.81	\$159.74	\$177.22
EE+CH	\$60.00	\$99.84	\$134.78	\$154.75
EE+FAM	\$99.84	\$167.23	\$227.14	\$249.60
<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 2025 HSA maximum contribution for EE Only = \$4,300; all other = \$8,550; 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

Updated 10/23/2024