

2026 Health Benefit Comparison

Blue Advantage PPO Plan				
Effective 1/1/2026	PPO			
	In-Network	Out-of-Network		
Annual Deductible	\$1,500 Individual \$3,000 Family Aggregate	\$ 3,000 Individual \$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) 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			
Out-of Pocket Max	\$6,500 individual \$13,000 family aggregate	\$13,000 individual \$26,000 family aggregate		

Premiums - PPO Plan				
PPO Monthly				
	<\$40k	\$40k-\$90k	>\$90k	SLT
EE	\$118.36	\$186.00	\$211.92	\$255.84
EE+SP	\$248.49	\$390.48	\$441.32	\$538.72
EE+CH	\$207.16	\$325.53	\$379.87	\$449.28
EE+FAM	\$354.98	\$557.83	\$631.49	\$768.56
PPO Bi-Weekly				
	<\$40k	\$40k-\$90k	>\$90k	
EE	\$54.63	\$85.85	\$97.81	
EE+SP	\$114.69	\$180.22	\$203.69	
EE+CH	\$95.61	\$150.24	\$175.32	
EE+FAM	\$163.84	\$257.46	\$291.46	
PREMIUM CATEGORIES: 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 2026 maximum contribution for an unreimbursable medical FSA is \$3,400. 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 1/1/2026	High Deductible QDHP			
	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 preventive 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) 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 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				
	<\$40k	\$40k-\$90k	>\$90k	SLT
EE	\$77.51	\$126.31	\$144.72	\$218.18
EE+SP	\$162.71	\$265.16	\$299.00	\$458.01
EE+CH	\$135.57	\$220.93	\$248.77	\$381.60
EE+FAM	\$232.30	\$378.56	\$416.21	\$653.88
High Deductible HDHP Bi-Weekly				
	<\$40k	\$40k-\$90k	>\$90k	
EE	\$35.77	\$58.30	\$66.79	
EE+SP	\$75.10	\$122.38	\$138.00	
EE+CH	\$62.57	\$101.97	\$114.82	
EE+FAM	\$107.22	\$174.72	\$192.10	
PREMIUM CATEGORIES: 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 2026 HSA maximum contribution for EE Only = \$4,400; all other = \$8,750; 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