## HENDRIX COLLEGE BENEFIT COMPARISON SUMMARY

Physician Services \$15 office visit copay, 100% 60% after deductible S30 office visit copay, 100% 60% after deductible EE (FAM \$ 263 \$ 434 \$ 576 \$ 627   Physician Services \$151 office visit copay, 100% 60% after deductible \$60% after deductible <		Core PPO		High Deductible PPO									
Anumal Deductibile: (Carryover)   Stop Individual (Stop Parcial Market Stop Family Aggregate   Individual (Stop Family Aggregate   Core Manthy.   U   U     Supplemental Accident Benefit: (Carryover)   5500 per accident   5500 per accident <th>Effective 1/1/2018</th> <th colspan="6">A/F=Administrative or Faculty</th>	Effective 1/1/2018					A/F=Administrative or Faculty							
Stop Individual S900 Individual S900 Fanily Aggregate Stop Individual S900 Fanicipation		In-Network	Out-of-Network	In-Network	Out-of-Network	SS/DS=Support Staff or Dining Service					ervices		
Syno Family Aggregate   Site on Family Aggregate   Secon Family Family Aggregate   Secon Family Famil	Annual Deductible:					Core Monthly							
Supplemental Accident Benefit:   \$500 per accident   \$500 per accident   \$500 per accident   EE-RP   \$ 211   \$ 328   \$ 433   \$ 473   \$ 378     Physician Services   \$15 office visit copay. 100%   60% after deductible   \$30 office visit copay. 100%   60% after deductible   \$261   \$ 344   \$ 378   \$ 627     Physician Services   \$15 office visit copay. 100%   60% after deductible   \$60% after deductible   \$60% after deductible   \$100% in output   \$300   \$100% in output   \$100% after deductible   \$0% after	(Carryover)	\$450 Individual	\$ 900 Individual	\$1000 Individual	\$2000 Individual		SS	S/DS	A/F > 30k	Oth	ers	SLT	
Stop per accident\$500 per accident\$500 per accident\$500 per accident\$500 per accident $S00 per accidentS00 per accide$		\$900 Family Aggregate	\$1800 Family Aggregate	e \$2000 Family Aggregate	\$4000 Family Aggragate	EE	\$	95	\$ 146	\$	192	\$ 209	
Physician Services   S15 office visit copay, 100%   60% after deductible   50 office visit copay, 100%   60% after deductible						EE+SP	\$	211	\$ 328	\$	433	\$ 470	
Physician Services \$15 office visit copay, 100% 60% after deductible \$30 office visit copay, 100% 60	Supplemental Accident Benefit:	\$500 per accident	\$500 per accident	\$500 per accident	\$500 per accident	EE+CH	\$	161	\$ 261	\$	348	\$ 378	
Fundity Practice, General Practice, Intern Eligible services (billed and Medicine and Pediatrician (includes rour rendered in the office setting) Eligible services (billed and Indered in the office setting) Indered in the office setting)   immunizations) Immunizations I	-			_		EE+FAM	\$	263	\$ 434	\$	576	\$ 627	
Medicine and Pediatrician (includes rout rendered in the office setting) immunizations) rendered in the office setting) rendered in the office setting) rendered in the office setting) High Deductible Alternative Multiput with the setting withe setting with the setting with the setting wit	Physician Services	\$15 office visit copay, 100%	60% after deductible	\$30 office visit copay, 100%	60% after deductible								
Medicine and Pediatrician (includes rout rendered in the office setting) immunizations) rendered in the office setting) rendered in the office setting) rendered in the office setting) High Deductible Alternative Multiput with the setting withe setting with the setting with the setting wit	Family Practice, General Practice, Intern	Eligible services (billed and		Eligible services (billed and									
Specialist80% after deductible60% after deductible80% after deductible60% after deductible60% after deductible60% after deductible80% after n-Network	-	rendered in the office setting)		•		High Deductible Alternative Monthly							
Specialist80% after deductible60% after	immunizations)						<u>SS/DS</u> <u>A/F</u> >30k Others			ers	SLT		
<b>Dut-Patient Prenatial Care</b> Hospital Services R0% after deductible 60% after deductible B0% after deductible 60% after deductibleEE+CH\$100\$190\$2.55\$2.75EE+CH\$100\$100%; not subject to ded. 60% after deductible 60% after deductible 60% after deductible 60% after deductible 60% after deductibleEE+CH\$100\$190\$2.25\$2.75\$2.75EE+CH\$100\$100% </td <td></td> <td></td> <td></td> <td></td> <td></td> <td>EE</td> <td>\$</td> <td>67</td> <td>\$ 107</td> <td>\$</td> <td>144</td> <td>\$ 155</td>						EE	\$	67	\$ 107	\$	144	\$ 155	
Out-Patient Prenatal Care Hospital Services100% not subject to ded. 60% after deductible 60% after deductibleEE+FAM\$184\$2.95\$3.91\$4.32Preventive Substance Abuse 10 visits - per calendar year - outpatient 20 visits - per calendar year - outpatient admissions per lifetime for alcohol80% after In-Network deductible 80% after In-Network deductible80% after In-Network deductible 80% after In-Network deductibleEE+FAM\$184\$2.95\$3.91\$4.32Preventive Care80% after In-Network deductible LNorker Care00% after In-Network deductible80% after In-Network deductible80% after In-Network deductibleEE+SP\$ $$$1.02$$10.02$$1.02$$10.02$$1.02$$10.02$$1.02$1.02$$1.02$$1.02$$1.02$$1.02$$1.02$1.02$1.02$1.02$1.02$1.02$1.02$1.02$1.02$1.02$1.02$1.02$1.02$$1.02$1$	Specialist	80% after deductible	60% after deductible	80% after deductible	60% after deductible	EE+SP	\$	140	\$ 222	\$	298	\$ 323	
Hospital Services   80% after deductible B0% after fueloutible b0% after deductible b0% after deductible b0% after deductible b0% after fueloutible b0% after fuelout						EE+CH	\$	110	\$ 190	\$	255	\$ 275	
Physician Services   80% after deductible   80% after deductible   60% after deductible   60% after deductible     Psych & Substance Abuse 10 visits - per calendar year - inpatient 50 visits - per calendar year - outpatient Limit-2 admissions per lifetime for alcohol admissions per lifetime for alcohol admissions per lifetime for alcohol admissions per lifetime for alcohol   80% after In-Network deductible   80% after In-Network deductible   80% after In-Network deductible   EE   SS/DS   A/F > 30,k   Others   SLT     Preventive Care   100% - No deductible   100 - N	Out-Patient Prenatal Care	100% not subject to ded.	60% after deductible	100%; not subject to ded.	60% after deductible	EE+FAM	\$	184	\$ 295	\$	391	\$ 432	
SrDsCore Bi-WeeklySrDsAF>30kOthersSLT10 visits - per calendar year - inpatient80% after In-Network deductibleSolspan="2">SrDsAF>30kOthersSLTEE+SPS $-7.46$ S $-7.46$ <td colspa<="" td=""><td>Hospital Services</td><td>80% after deductible</td><td>60% after deductible</td><td>80% after deductible</td><td>60% after deductible</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></td>	<td>Hospital Services</td> <td>80% after deductible</td> <td>60% after deductible</td> <td>80% after deductible</td> <td>60% after deductible</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>	Hospital Services	80% after deductible	60% after deductible	80% after deductible	60% after deductible							
Psych & Substance Abuse 10 visits - per calendar year - inpatient 50 visits - per calendar year - outpatient Limit-2 admissions per lifetime for alcohol admissions 80% after In-Network deductible S0% after In-Network deductible SS/DS A/F > 30k Others SLT   EE \$ 43.64 \$ 67.40 \$ 88.50 \$ 96.49   EL+SP \$ 97.46 \$ 151.29 \$ 199.78 \$ 217.02   EE+FAM \$ 121.22 \$ 200.26 \$ 265.72 \$ 289.52   Preventive Care 100% - No deductible 100% - No deductible LL Manmograms and Colonoscopies are covered 100% EE+FAM \$ 121.22 \$ 200.26 \$ 265.72 \$ 289.52   Preventive Care 100% - No deductible LL Manmograms and Colonoscopies are covered 100% LL Manmograms and Colonoscopies are covered 100% \$ SS/DS A/F > 30k \$ 49.25 \$ 66.30 \$ 71.36   Generic incentive) Specialty Drugs—20% of prescription cost up to a MAXIMUM of \$250 MAXIMUM of \$250 \$ 50.00 Generic Brand OTC Claritin & Prilosec (Presc. From Phys. = \$0) MAXIMUM of \$230 \$ 117.64 \$ 127.11   EE+FAM \$ 84.71 \$ 130.00 \$ 180.44 \$ 199.21 \$ 100.45 \$ 199.21   MAXIMUM of \$250 \$ 50.00 Generic Brand OTC Claritin & Prilosec (Presc. Fr	Physician Services	80% after deductible	60% after deductible	80% after deductible	60% after deductible								
Psych & Substance Abuse 10 visits - per calendar year - inpatient 50 visits - per calendar year - outpatient Limit-2 admissions per lifetime for alcohol admissions 80% after In-Network deductible S0% after In-Network deductible SS/DS A/F > 30k Others SLT   EE \$ 43.64 \$ 67.40 \$ 88.50 \$ 96.49   EL+SP \$ 97.46 \$ 151.29 \$ 199.78 \$ 217.02   EE+FAM \$ 121.22 \$ 200.26 \$ 265.72 \$ 289.52   Preventive Care 100% - No deductible 100% - No deductible LL Manmograms and Colonoscopies are covered 100% EE+FAM \$ 121.22 \$ 200.26 \$ 265.72 \$ 289.52   Preventive Care 100% - No deductible LL Manmograms and Colonoscopies are covered 100% LL Manmograms and Colonoscopies are covered 100% \$ SS/DS A/F > 30k \$ 49.25 \$ 66.30 \$ 71.36   Generic incentive) Specialty Drugs—20% of prescription cost up to a MAXIMUM of \$250 MAXIMUM of \$250 \$ 50.00 Generic Brand OTC Claritin & Prilosec (Presc. From Phys. = \$0) MAXIMUM of \$230 \$ 117.64 \$ 127.11   EE+FAM \$ 84.71 \$ 130.00 \$ 180.44 \$ 199.21 \$ 100.45 \$ 199.21   MAXIMUM of \$250 \$ 50.00 Generic Brand OTC Claritin & Prilosec (Presc. Fr													
10 visits - per calendar year - inpatient 80% after In-Network deductible 80% after In-Network deductible EE \$ 43.64 \$ 67.40 \$ 88.50 \$ 96.49   50 visits - per calendar year - outpatient Limit-2 admissions per lifetime for alcohol \$ 97.46 \$ 151.29 \$ 199.78 \$ 217.02   EE+SP \$ 97.46 \$ 151.29 \$ 199.78 \$ 217.02   EE+FAM \$ 120.25 \$ 160.53 \$ 174.66   EF+FAM \$ 121.22 \$ 200.26 \$ 265.72 \$ 289.52   Preventive Care   100% - No deductible L. Mammograms and Colonoscopies are covered 100 L. Mammograms and Colonoscopies are covered 100 \$ S/DS A/F > 30k Others \$ SLT   Freeriptions (NPS/PTI) Specialty Drugs—20% of prescription cost up to a MAXIMUM of \$250 \$ 50.00 Ron-Preferred \$ 5.00 Generic Brand \$ 100C + Claritin & Prilosec (Presc. From Phys. = \$0) \$ 117.64 \$ 127.11   EF+CH \$ 50.03 \$ 84.71 \$ 136.06 \$ 180.44 \$ 199.21   \$ 50.00 Ron-Preferred \$ \$5.00 Generic Brand OTC Claritin & Prilosec (Presc. From Phys. = \$0) \$ moroutine maint. for 2 co-pays at 3 local pharmacies \$ Pont Street 329-50.68   Bake Drugs Front Street 329-50.68					Core Bi-Weekly								
50 visits - per calendar year - outpatient Limit-2 admissions per lifetime for alcohol admissions    Preventive Care 100% - No deductible   L/marmograms and Colonoscopies are covered 1000 100% - No deductible   L/marmograms and Colonoscopies are covered 1000 L/marmograms and Colonoscopies are covered 1000   Prescriptions (NPS/PTI) (Generic incentive) Specialty Drugs—20% of prescription cost up to a MAXIMUM of \$250 \$5.000 Reneric Brand OTC Claritin & Prilosec (Presc. From Phys. = \$00) B mo routine maint. for 2 co-pays at 3 local pharmacies Specialty Drugs-20% of prescription cost up to a MAXIMUM of \$250 \$3.000 Preferred \$3.000 Pre	Psych & Substance Abuse					$\underline{SS/DS}$ $\underline{A/F} > 30k$ $\underline{Others}$ $\underline{SLT}$							
Limit-2 admissions per lifetime for alcohol admissions Image: Construction of the construction of th	10 visits - per calendar year - inpatient	80% after In-Network deductible		80% after In-Network deductible		EE	\$	43.64	\$ 67.40	\$	88.50	\$ 96.49	
admissions EE+FAM \$ 121.22 \$ 200.26 \$ 265.72 \$ 289.52   Preventive Care 100% - No deductible Interventive Care 100% - No deductible Interventive Care Interventive Care 100% - No deductible Interventive Care <	50 visits - per calendar year - outpatient	50 visits - per calendar year - outpatient				EE+SP	\$	97.46	\$ 151.29	\$ 1	99.78	\$ 217.02	
Preventive Care 100% - No deductible 100% - No deductible High Deductible Alternative Bi-Weekly   L Mammograms and Colonoscopies are covered 100% L Mammograms and Colonoscopies are covered 100% L Mammograms and Colonoscopies are covered 100% SS/DS A/F > 30k Others SLT   Prescriptions (NPS/PTI) (Generic incentive) Specialty Drugs—20% of prescription cost up to a MAXIMUM of \$250 \$50.00 Non-Preferred \$30.00 Preferred \$30.00 Preferred \$50.00 Generic Brand OTC Claritin & Prilosec (Presc. From Phys. = \$0) B mo routine maint. for 2 co-pays at 3 local pharmacies Specialty Drugs—20% of prescription cost up to a MAXIMUM of \$250 \$50.00 Son-Preferred \$30.00 Preferred \$30.00 Preferred \$50.00 Generic Brand OTC Claritin & Prilosec (Presc. From Phys. = \$0) B mo routine maint. for 2 co-pays at 3 local pharmacies Mathorized local pharmacies (3 mo/Z co-pays): Baker Drugs Front Street 329-357.60   High Deductible Image: Pront Street 329-377.70 S 117.64 \$ 127.11	Limit-2 admissions per lifetime for alcohol					EE+CH	\$	74.19	\$ 120.25	\$ 1	60.53	\$ 174.66	
It Mammograms and Colonoscopies are covered 100% It Mammograms and Colonoscopies are covered 100% SS/DS A/F >30k Others SLT   It Mammograms and Colonoscopies are covered 100% It Mammograms and Colonoscopies are covered 100% EE \$ 30.80 \$ 49.25 \$ 66.30 \$ 71.36   Prescriptions (NPS/PTI) Specialty Drugs—20% of prescription cost up to a MAXIMUM of \$250 Secialty Drugs—20% of prescription cost up to a \$ 50.00 Non-Preferred \$ 30.00 Preferred \$ 30.00 Preferred \$ 30.00 Preferred \$ 30.00 Preferred \$ 5.00 Generic Brand MAXIMUM of \$250 \$ 136.06 \$ 180.44 \$ 199.21   OTC Claritin & Prilosec (Presc. From Phys. = \$0) 3 mo routine maint. for 2 co-pays at 3 local pharmacies OTC Claritin & Prilosec (Presc. From Phys. = \$0) 3 mo routine maint. for 2 co-pays at 3 local pharmacies Front Street 329-5626   The Medicine Shoppe College Ave. 327-8088 The Medicine Shoppe Dave Ward Dr. 329-3777	admissions					EE+FAM	\$ 1	21.22	\$ 200.26	\$ 2	65.72	\$ 289.52	
It Mammograms and Colonoscopies are covered 100% It Mammograms and Colonoscopies are covered 100% SS/DS A/F >30k Others SLT   It Mammograms and Colonoscopies are covered 100% It Mammograms and Colonoscopies are covered 100% EE \$ 30.80 \$ 49.25 \$ 66.30 \$ 71.36   Prescriptions (NPS/PTI) Specialty Drugs—20% of prescription cost up to a MAXIMUM of \$250 Secialty Drugs—20% of prescription cost up to a \$ 50.00 Non-Preferred \$ 30.00 Preferred \$ 30.00 Preferred \$ 30.00 Preferred \$ 30.00 Preferred \$ 5.00 Generic Brand MAXIMUM of \$250 \$ 136.06 \$ 180.44 \$ 199.21   OTC Claritin & Prilosec (Presc. From Phys. = \$0) 3 mo routine maint. for 2 co-pays at 3 local pharmacies OTC Claritin & Prilosec (Presc. From Phys. = \$0) 3 mo routine maint. for 2 co-pays at 3 local pharmacies Front Street 329-5626   The Medicine Shoppe College Ave. 327-8088 The Medicine Shoppe Dave Ward Dr. 329-3777													
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Image: Prescriptions (NPS/PTI) Specialty Drugs—20% of prescription cost up to a MAXIMUM of \$250 Specialty Drugs—20% of prescription cost up to a MAXIMUM of \$250 Image: Prescription cost up to a Specialty Drugs Prescription cost up to a MAXIMUM of \$250 Image: Prescription cost up to a Specialty Drugs Prescription cost up to a MAXIMUM of \$250 Image: Prescription cost up to a Specialty Drugs Prescription cost up to a MAXIMUM of \$250 Image: Prescription cost up to a Specialty Drugs Prescription cost up to a MAXIMUM of \$250 Image: Prescription cost up to a Specialty Drugs Prescription Prescription Cost up to a Specialty Drugs Prescription Cost up to a Specialty Drugs Prescription Cost up to a Special Spe	Preventive Care	100% - No deductible		100% - No deductible		<u></u>							
Image: Prescriptions (NPS/PTI) Specialty Drugs—20% of prescription cost up to a MAXIMUM of \$250 Specialty Drugs—20% of prescription cost up to a MAXIMUM of \$250 Image: Prescription cost up to a Specialty Drugs Prescription cost up to a MAXIMUM of \$250 Image: Prescription cost up to a Specialty Drugs Prescription cost up to a MAXIMUM of \$250 Image: Prescription cost up to a Specialty Drugs Prescription cost up to a MAXIMUM of \$250 Image: Prescription cost up to a Specialty Drugs Prescription cost up to a MAXIMUM of \$250 Image: Prescription cost up to a Specialty Drugs Prescription Prescription Cost up to a Specialty Drugs Prescription Cost up to a Specialty Drugs Prescription Cost up to a Special Spe		L Mammograms and Colonoscopies are covered 1009		LL Mammograms and Colonoscopies are covered 100%			SS	S/DS	A/F > 30k	Oth	ers	SLT	
(Generic incentive) MAXIMUM of \$250   MAXIMUM of \$250 MAXIMUM of \$250   \$50.00 Non-Preferred \$50.00 Non-Preferred   \$30.00 Preferred \$30.00 Preferred   \$5.00 Generic Brand \$5.00 Generic Brand   OTC Claritin & Prilosec (Presc. From Phys. = \$0) 3m oroutine maint. for 2 co-pays at 3 local pharmacies   3 mo routine maint. for 2 co-pays at 3 local pharmacies 3m oroutine maint. for 2 co-pays at 3 local pharmacies						EE	\$	30.80	\$ 49.25	\$	66.30	\$ 71.36	
\$50.00 Non-Preferred \$50.00 Non-Preferred   \$30.00 Preferred \$30.00 Preferred   \$5.00 Generic Brand \$50.00 Generic Brand   OTC Claritin & Prilosec (Presc. From Phys. = \$0) 3 mo routine maint. for 2 co-pays at 3 local pharmacies   3 mo routine maint. for 2 co-pays at 3 local pharmacies 3 mo routine maint. for 2 co-pays at 3 local pharmacies	Prescriptions (NPS/PTI)	Specialty Drugs—20% of p	prescription cost up to a	a Specialty Drugs—20% of p	rescription cost up to a	EE+SP	\$	64.69	\$ 102.68	\$ 1	37.60	\$ 148.89	
\$30.00 Preferred \$30.00 Preferred   \$5.00 Generic Brand \$5.00 Generic Brand   OTC Claritin & Prilosec (Presc. From Phys. = \$0) OTC Claritin & Prilosec (Presc. From Phys. = \$0)   3 mo routine maint. for 2 co-pays at 3 local pharmacies 3 mo routine maint. for 2 co-pays at 3 local pharmacies   Authorized local pharmacies Front Street 329-5626   The Medicine Shoppe College Ave. 327-8088   The Medicine Shoppe Dave Ward Dr. 329-3777	(Generic incentive)	MAXIMUM of \$250		MAXIMUM of \$250		EE+CH	\$	50.83	\$ 87.79	\$ 1	17.64	\$ 127.11	
\$5.00 Generic Brand OTC Claritin & Prilosec (Presc. From Phys. = \$0) B mo routine maint. for 2 co-pays at 3 local pharmacies\$5.00 Generic Brand OTC Claritin & Prilosec (Presc. From Phys. = \$0) 3 mo routine maint. for 2 co-pays at 3 local pharmaciesAuthorized local pharmacies (3 mo./2 co-pays): Baker DrugsBaker DrugsFront Street 329-5626 The Medicine ShoppeCollege Ave. 327-8088 The Medicine ShoppeDate Ward Dr. 329-3777		\$30.00 Preferred \$5.00 Generic Brand OTC Claritin & Prilosec (Presc. From Phys. = \$0)		\$50.00 Non-Preferred		EE+FAM	\$	84.71	\$ 136.06	\$ 1	80.44	\$ 199.21	
OTC Claritin & Prilosec (Presc. From Phys. = \$0) OTC Claritin & Prilosec (Presc. From Phys. = \$0) Authorized local pharmacies (3 mo./2 co-pays):   3 mo routine maint. for 2 co-pays at 3 local pharmacies 3 mo routine maint. for 2 co-pays at 3 local pharmacies Baker Drugs Front Street 329-5626   The Medicine Shoppe College Ave. 327-8088 The Medicine Shoppe Dave Ward Dr. 329-3777				\$30.00 Preferred									
B mo routine maint. for 2 co-pays at 3 local pharmacies 3 mo routine maint. for 2 co-pays at 3 local pharmacies Baker Drugs Front Street 329-5626   The Medicine Shoppe College Ave. 327-8088   The Medicine Shoppe Dave Ward Dr. 329-3777				\$5.00 Gener									
The Medicine ShoppeCollege Ave. 327-8088The Medicine ShoppeDave Ward Dr. 329-3777						Authorized local pharmacies (3 mo./2 co-pays):							
The Medicine Shoppe Dave Ward Dr. 329-3777						Baker Drugs Front Street 329-5626							
		•							College Ave. 327-8088				
Out-of Pocket   \$3000 (plus \$450 ded.)   \$6000 (plus \$900 ded.)   \$3000 (plus \$1000 ded.)   \$6000 (plus \$2000 ded.)   Smith Family Pharmacy   Dave Ward Dr. 336-8188													
	Out-of Pocket	\$3000 ( plus \$450 ded.)	\$6000 (plus \$900 ded.)	\$3000 (plus \$1000 ded.)	\$6000 ( plus \$2000 ded.)	Smith Family	Pharm	nacy	Dave Ward	Dr. 336-	8188		