

HENDRIX COLLEGE
BENEFIT COMPARISON SUMMARY

Effective 1/1/2018

| | Core PPO | | High Deductible PPO | |
|--|------------------------|-------------------------|-------------------------|-------------------------|
| | In-Network | Out-of-Network | In-Network | Out-of-Network |
| Annual Deductible: (Carryover) | | | | |
| | \$450 Individual | \$ 900 Individual | \$1000 Individual | \$2000 Individual |
| | \$900 Family Aggregate | \$1800 Family Aggregate | \$2000 Family Aggregate | \$4000 Family Aggregate |

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|---------------------------------------|--------------------|--------------------|--------------------|--------------------|
| Supplemental Accident Benefit: | \$500 per accident | \$500 per accident | \$500 per accident | \$500 per accident |
|---------------------------------------|--------------------|--------------------|--------------------|--------------------|

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|---|---|----------------------|---|----------------------|
| Physician Services Family Practice, General Practice, Internal Medicine and Pediatrician (includes routine immunizations) | \$15 office visit copay, 100% Eligible services (billed and rendered in the office setting) | 60% after deductible | \$30 office visit copay, 100% Eligible services (billed and rendered in the office setting) | 60% after deductible |
|---|---|----------------------|---|----------------------|

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|-------------------|----------------------|----------------------|----------------------|----------------------|
| Specialist | 80% after deductible | 60% after deductible | 80% after deductible | 60% after deductible |
|-------------------|----------------------|----------------------|----------------------|----------------------|

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|----------------------------------|--------------------------|----------------------|---------------------------|----------------------|
| Out-Patient Prenatal Care | 100% not subject to ded. | 60% after deductible | 100%; not subject to ded. | 60% after deductible |
| Hospital Services | 80% after deductible | 60% after deductible | 80% after deductible | 60% after deductible |
| 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 | 80% after In-Network deductible |
|---|---------------------------------|---------------------------------|

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|------------------------|---|--|
| Preventive Care | 100% - No deductible | 100% - No deductible |
| | L Mammograms and Colonoscopies are covered 100% | LL Mammograms and Colonoscopies are covered 100% |

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| Prescriptions (NPS/PTI) (Generic incentive) | Specialty Drugs—20% of prescription cost up to a MAXIMUM of \$250 \$50.00 Non-Preferred \$30.00 Preferred \$5.00 Generic Brand OTC Claritin & Prilosec (Presc. From Phys. = \$0) 3 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 Non-Preferred \$30.00 Preferred \$5.00 Generic Brand OTC Claritin & Prilosec (Presc. From Phys. = \$0) 3 mo routine maint. for 2 co-pays at 3 local pharmacies |
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|----------------------|---------------------------|--------------------------|---------------------------|----------------------------|
| Out-of Pocket | \$3000 (plus \$450 ded.) | \$6000 (plus \$900 ded.) | \$3000 (plus \$1000 ded.) | \$6000 (plus \$2000 ded.) |
|----------------------|---------------------------|--------------------------|---------------------------|----------------------------|

| A/F=Administrative or Faculty SS/DS=Support Staff or Dining Services | | | | |
|---|--------|----------|--------|--------|
| Core Monthly | | | | |
| | SS/DS | A/F >30k | Others | SLT |
| EE | \$ 95 | \$ 146 | \$ 192 | \$ 209 |
| EE+SP | \$ 211 | \$ 328 | \$ 433 | \$ 470 |
| EE+CH | \$ 161 | \$ 261 | \$ 348 | \$ 378 |
| EE+FAM | \$ 263 | \$ 434 | \$ 576 | \$ 627 |

| High Deductible Alternative Monthly | | | | |
|-------------------------------------|--------|----------|--------|--------|
| | SS/DS | A/F >30k | Others | SLT |
| EE | \$ 67 | \$ 107 | \$ 144 | \$ 155 |
| EE+SP | \$ 140 | \$ 222 | \$ 298 | \$ 323 |
| EE+CH | \$ 110 | \$ 190 | \$ 255 | \$ 275 |
| EE+FAM | \$ 184 | \$ 295 | \$ 391 | \$ 432 |

| Core Bi-Weekly | | | | |
|----------------|-----------|-----------|-----------|-----------|
| | SS/DS | A/F >30k | Others | SLT |
| EE | \$ 43.64 | \$ 67.40 | \$ 88.50 | \$ 96.49 |
| EE+SP | \$ 97.46 | \$ 151.29 | \$ 199.78 | \$ 217.02 |
| EE+CH | \$ 74.19 | \$ 120.25 | \$ 160.53 | \$ 174.66 |
| EE+FAM | \$ 121.22 | \$ 200.26 | \$ 265.72 | \$ 289.52 |

| High Deductible Alternative Bi-Weekly | | | | |
|---------------------------------------|----------|-----------|-----------|-----------|
| | SS/DS | A/F >30k | Others | SLT |
| EE | \$ 30.80 | \$ 49.25 | \$ 66.30 | \$ 71.36 |
| EE+SP | \$ 64.69 | \$ 102.68 | \$ 137.60 | \$ 148.89 |
| EE+CH | \$ 50.83 | \$ 87.79 | \$ 117.64 | \$ 127.11 |
| EE+FAM | \$ 84.71 | \$ 136.06 | \$ 180.44 | \$ 199.21 |

| Authorized local pharmacies (3 mo./2 co-pays): | |
|--|------------------------|
| Baker Drugs | Front Street 329-5626 |
| The Medicine Shoppe | College Ave. 327-8088 |
| The Medicine Shoppe | Dave Ward Dr. 329-3777 |
| Smith Family Pharmacy | Dave Ward Dr. 336-8188 |