

HENDRIX COLLEGE
BENEFIT COMPARISON SUMMARY

	Core PPO		High Deductible PPO	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Annual Deductible: (Carryover)	\$450 Individual \$900 Family Aggregate	\$ 900 Individual \$1800 Family Aggregate	\$1000 Individual \$2000 Family Aggregate	\$2000 Individual \$4000 Family Aggregate
Supplemental Accident Benefit:	\$500 per accident	\$500 per accident	\$500 per accident	\$500 per accident
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
Specialist	80% after deductible	60% after deductible	80% after deductible	60% after deductible
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 Physician Services	60% after deductible 60% after deductible	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 alcohol admissions (Does not contribute to Stop Loss)	80% after In-Network deductible		80% after In-Network deductible	
Preventive Care	100% - No deductible		100% - No deductible	
Prescriptions (NPS/PTI) (Generic incentive)	Specialty Prescription- 20% of cost up to max 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 Prescription- 20% of cost up to max 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 local pharmacies	
Out-of Pocket	\$3000 (plus \$450 ded.)	\$6000 (plus \$900 ded.)	\$3000 (plus \$1000 ded.)	\$6000 (plus\$2000 ded.)

Employee Contributions				
Core Monthly				
	SS/DS	A/F	Others	SLT
EE	\$ 90.00	\$ 139.00	\$ 183.00	\$ 199.00
EE+SP	\$ 201.00	\$ 312.00	\$ 412.00	\$ 448.00
EE+CH	\$ 153.00	\$ 248.00	\$ 331.00	\$ 360.00
EE+FAM	\$ 250.00	\$ 413.00	\$ 548.00	\$ 597.00

High Deductible Alternative Monthly				
	SS/DS	A/F	Others	SLT
EE	\$ 60.00	\$ 96.00	\$ 129.00	\$ 139.00
EE+SP	\$ 126.00	\$ 200.00	\$ 268.00	\$ 290.00
EE+CH	\$ 99.00	\$ 171.00	\$ 229.00	\$ 248.00
EE+FAM	\$ 165.00	\$ 265.00	\$ 351.00	\$ 388.00

Core Bi-Weekly				
	SS/DS	A/F	Others	SLT
EE	\$ 41.54	\$ 64.15	\$ 84.46	\$ 91.85
EE+SP	\$ 92.77	\$ 144.00	\$ 190.15	\$ 206.77
EE+CH	\$ 70.62	\$ 144.46	\$ 152.77	\$ 166.15
EE+FAM	\$ 115.38	\$ 190.62	\$ 252.92	\$ 275.54

High Deductible Alternative Bi-Weekly				
	SS/DS	A/F	Others	SLT
EE	\$ 27.69	\$ 44.31	\$ 59.54	\$ 64.15
EE+SP	\$ 58.15	\$ 92.31	\$ 123.69	\$ 133.85
EE+CH	\$ 45.69	\$ 78.92	\$ 105.69	\$ 114.46
EE+FAM	\$ 76.15	\$ 122.31	\$ 162.00	\$ 179.08

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.	336-8177