

St. Tammany Parish School Board

Employee Benefits Information 2023

| Plan Choice | Employee Contribution | Employer Contribution | Total Cost |
|-------------------------|-----------------------|-----------------------|------------|
| Employee only | \$87.08 | \$658.01 | \$745.09 |
| Employee with spouse* | \$404.30 | \$1,245.69 | \$1,649.99 |
| Both employees | \$99.52 | \$1,550.47 | \$1,649.99 |
| Employee with children | \$248.80 | \$710.22 | \$959.02 |
| Family* | \$447.84 | \$1,321.74 | \$1,769.58 |
| Family (both employees) | \$124.40 | \$1,645.18 | \$1,769.58 |

*Employee premiums are payroll deducted semi-monthly. Premiums noted above are the monthly cost to the employee.

*An additional \$100.00 will be added to this premium if spouse has group coverage available through his/her employer and declines their coverage

| Blue Cross Blue Shield | Member Responsibility | Blue Connect |
|--|---|--|
| Plan Year Deductible (Family) | \$800 per person \$1,600 per family Network and Non-Network | \$600 per person \$1,200 per family Blue Connect Network Only |
| Co-Insurance | 90% / 70% Network and Non-Network | 90% Blue Connect Network Only |
| Maximum Out-of-Pocket | \$2,750 per person \$5,500 per family Network and Non-Network | \$2,500 per person \$5,000 per family Blue Connect Network Only |
| In-Patient Hospital Services | Deductible and Co-Insurance 90% / 70% Network and Non-Network | Deductible and Co-Insurance 90% Blue Connect Network Only |
| Physician Office Visits Primary/Specialist Urgent Care | \$30 / \$45 \$50 | \$25 / \$35 \$40 Blue Connect Network Only |
| Preventative Care Routine Well Care | 100% | 100% |
| RxBenefits Plan Coverage Prescription Drug Information | Member Responsibility | -- |
| Generic/Step 1 | \$15 | |
| Preferred Brand/Step 2 | \$40 | |
| Non-Preferred Brand/Step 3 | \$60 | |
| Multi-Source Brand/Step 4 | \$75 | |