

St. Tammany Parish School Board

Employee Benefits Information 2024

Plan Choice	Employee Contribution	Employer Contribution	Total Cost
Employee only	\$87.08	\$685.65	\$772.73
Employee with spouse*	\$404.30	\$1,298.01	\$1,702.31
Both employees	\$99.52	\$1,602.79	\$1,702.31
Employee with children	\$248.80	\$740.05	\$988.85
Family*	\$447.84	\$1,377.25	\$1,825.09
Family (both employees)	\$124.40	\$1,700.69	\$1,825.09

*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 Generic/Step 1 Preferred Brand/Step 2 Non-Preferred Brand/Step 3 Multi-Source Brand/Step 4	Member Responsibility \$15 \$40 \$60 \$75	--