

CALCASIEU PARISH SCHOOL BOARD - HIGH OPTION – 5/1/23 – 4/30/24

Plan Features	PPO		Non-PPO
Deductible -Individual -Family	\$1,250 \$3,750		\$2,500 \$7,500
Annual Out-of-Pocket Maximum** -Individual -Family	\$4,000 \$12,000		\$8,000 \$24,000
Doctor Office Visits	\$30 Co-Pay (Primary Care)	\$45 Co-Pay (Specialist)	55% After Deductible
In-Patient/Out-Patient Benefits	85% After Deductible		55% After Deductible
Prescription Drugs (w/ separate deductible) • Express Scripts Network	\$100 deductible, then: \$10 Value Drug (Tier 1) \$30 Preferred Brand (Tier 2) \$50 Non-Preferred Brand (Tier 3) \$100 Specialty Drug/Injectable (Tier 4)		
Prescription Drug Mail Order (90-day Supply) • Forms available in the Health Insurance Department and at the Blue Cross Office. • 90-day supply available only by mail order	\$100 deductible, then: \$30 Value Drug (Tier 1) \$90 Preferred Brand (Tier 2) \$150 Non-Preferred Brand (Tier 3) N/A Specialty Drug/Injectable (Tier 4)		

** Aggregate Out of Pocket – The medical and prescription deductibles and co-pays apply towards your out-of-pocket

PREMIUMS

Coverage Level	Monthly
Employee Only	\$360.13
Employee + Spouse	\$809.82
Employee + Child(ren)	\$585.69
Family	\$1,035.42