

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

Plan Features	PPO	Non-PPO
Deductible		
-Individual	\$3,000	\$3,000
-Family	\$6,000	\$6,000
Annual Out-of-Pocket Maximum**		
-Individual	\$5,000	\$5,000
-Family	\$10,000	\$10,000
In-Patient/Out-Patient Benefits	100% After Deductible	80% After Deductible
Prescription Drugs	100% Generic 80% Name Brand After Deductible	100% Generic 80% Name Brand After Deductible

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

LOW OPTION – Blue Saver HSA RATES

Coverage Level	Monthly
Employee Only	\$180.08
Employee + Spouse	\$404.89
Employee + Child(ren)	\$292.86
Family	\$517.70

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

Plan Features	PPO	Non-PPO
Deductible		
-Individual	\$5,000	\$10,000
-Family**	\$9,000	\$18,000
Annual Out-of-Pocket Maximum**		
-Individual	\$5,000	\$10,000
-Family**	\$9,000	\$18,000
In-Patient/Out-Patient Benefits	100% After Deductible	80% After Deductible
Prescription Drugs	100% Generic 80% Name Brand After Deductible	100% Generic 80% Name Brand After Deductible

** Family coverage includes the employee and any dependents. Deductible – Individual members on family policy cannot contribute more than \$6850 to family deductible and/or out of pocket max. Aggregate Out of Pocket – The medical and prescription deductibles and co-pays apply towards your out-of-pocket limit.

PPACA OPTION – Blue Saver HSA RATES

Coverage Level	Monthly
Employee Only	\$103.11
*Family	\$471.63