

CALCASIEU PARISH SCHOOL BOARD - MEDICARE BLUE ADVANTAGE (PPO)

Plan Features	PPO	Non-PPO
Medical Out-of-Pocket Maximum	\$1,000	\$1,000
Deductible	\$0	\$0
Inpatient Hospital	\$0 Co-Pay	\$0 Co-Pay
Inpatient Services for Mental Health/Substance Abuse	\$0 Co-Pay	\$0 Co-Pay
Skilled Nursing Facility	\$0 Co-Pay	\$0 Co-Pay
Home Health Care	\$0 Co-Pay	\$0 Co-Pay
Urgent Care	\$0 Co-Pay	\$0 Co-Pay
Emergency Room <i>*copay waived if admitted within 72 hours</i>	\$50 Co-Pay	\$50 Co-Pay
Outpatient Surgery	\$0 Co-Pay	\$0 Co-Pay
Outpatient Hospital Services & Procedures	\$0 Co-Pay	\$0 Co-Pay
Partial Hospitalization	\$0 Co-Pay	\$0 Co-Pay
Blood	\$0 Co-Pay	\$0 Co-Pay
PCP Visits (Includes Routine Physical Exam)	\$0 Co-Pay	\$0 Co-Pay
Specialist Visits	\$0 Co-Pay	\$0 Co-Pay
Mental Health/Psychiatric and Substance Abuse (Outpatient)	\$0 Co-Pay	\$0 Co-Pay
Podiatry	\$0 Co-Pay	\$0 Co-Pay
Diagnostic Lab Tests	\$0 Co-Pay	\$0 Co-Pay
Radiology (diagnostic)	\$0 Co-Pay	\$0 Co-Pay
Radiology (therapeutic)	\$0 Co-Pay	\$0 Co-Pay
X-Rays	\$0 Co-Pay	\$0 Co-Pay
PT/OT/SP Therapy	\$0 Co-Pay	\$0 Co-Pay
Cardiac Rehab/CORF	\$0 Co-Pay	\$0 Co-Pay
Dialysis Treatment/ESRD	\$0 Co-Pay	\$0 Co-Pay
Part B Covered Drugs	\$0 Co-Pay	\$0 Co-Pay
Chemotherapy Drugs	\$0 Co-Pay	\$0 Co-Pay
DME & Prosthetics & Diabetes Supplies	\$0 Co-Pay	\$0 Co-Pay
Ambulance	\$0 Co-Pay per trip	\$0 Co-Pay per trip

BLUE ADVANTAGE – RATES W/ MAX BOARD CONTRIBUTION

Coverage Level	Monthly	
	Through 12/31/23	Effective 1/1/24
Active/Retiree w/ Medicare A & B	\$100.32	\$105.26
Active/Retiree + Spouse w/ Medicare A & B	\$232.32	\$243.76
Active/Retiree Spouse Only w/ Medicare A & B	\$132.00	\$138.50

BLUE ADVANTAGE PART D DRUG COVERAGE (5-tier Formulary)	
Rx Deductible	\$0
Preferred Retail Co-Pay	30 days: \$3 / \$12 / \$45 / \$100 / \$100 60 days: \$6 / \$24 / \$90 / \$200 / N/A 90 days: \$0 / \$0 / \$135 / \$300 / N/A Specialty drugs limited to 30-day supply
Preferred Mail Order	30 days: \$3 / \$12 / \$45 / \$100 / \$100 60 days: \$6 / \$24 / \$90 / \$200 / N/A 90 days: \$0 / \$0 / \$135 / \$300 / N/A Specialty drugs limited to 30-day supply
Non-Preferred Retail Copay	30 days: \$10 / \$18 / \$47 / \$100 / \$100 60 days: \$20 / \$36 / \$94 / \$200 / N/A 90 days: \$30 / \$54 / \$141 / \$300 / N/A Specialty drugs limited to 30-day supply
Non-Preferred Mail Order	N/A
Gap Coverage	Full gap coverage for all tiers
MOOP	After your maximum out-of-pocket drug costs reach \$2,500, the plan will pay 100% of your total drug costs.

BLUE ADVANTAGE SUPPLEMENTAL BENEFITS	
Your Blue Advantage plan comes with our NEW Flex Card, making it easier than ever to use your benefits.	\$925 Mastercard Flex Card to pay for out-of-pocket costs, including: <ul style="list-style-type: none"> • \$500 for prescription hearing aids • \$225 to pay for eyewear like eyeglasses and contact lenses • \$200 for over-the-counter supplies that you can purchase at major retailers or online
Your plan also offers	100% coverage for Medicare-covered preventive and wellness care, \$0 deductible for in-network medical services, Specialist visits without a referral, Access a nationwide doctor and hospital network that covers 100 million Americans (BlueCard Program), Dental benefits including two dental cleanings and two exams per year covered from your first dollar of expense – no deductible, Hearing benefits.
Online Primary Care	Use BlueCare to see a primary care provider 24/7 with a \$0 copay through any computer, tablet or smartphone with internet and a camera.
Member Wellness Rewards	Get up to \$50 per year in gift cards from major retailers for completing approved wellness exams and/or screenings.
Fitness Program	No-cost fitness center membership (including many YMCA locations and select premium clubs or home fitness kits).
4-hour Nurse Help Line	Get help making the right choice in your health care based on your symptoms any time of the day or night.