

Blue Advantage (PPO) Medicare Advantage Calcasieu Parish School Board

Schedule of Benefits

Your Covered Benefits Are:

	In-Network	Out-of-Network
Medical Out-of-Pocket (OOP) Maximum	\$1,000	\$1,000
Blue Advantage Covered Benefits		
Deductible	\$0	\$0
Inpatient Hospital	\$0 Copay	\$0 Copay
Inpatient Services for Mental Health/Substance Abuse	\$0 Copay	\$0 Copay
Skilled Nursing Facility	\$0 Copay	\$0 Copay
Home Health Care	\$0 Copay	\$0 Copay
Urgent Care	\$0 Copay	\$0 Copay
Emergency Room (including worldwide)	\$50 Copay	\$50 Copay
Outpatient Surgery	\$0 Copay	\$0 Copay
Outpatient Hospital Services & Procedures	\$0 Copay	\$0 Copay
Partial Hospitalization	\$0 Copay	\$0 Copay
Blood	\$0 Copay	\$0 Copay
PCP Visits (Includes Routine Physical Exam)	\$0 Copay	\$0 Copay
Specialist Visits	\$0 Copay	\$0 Copay
Mental Health/Psychiatric and Substance Abuse (Outpatient)	\$0 Copay	\$0 Copay
Podiatry	\$0 Copay	\$0 Copay
Diagnostic Lab Tests	\$0 Copay	\$0 Copay
Radiology (diagnostic)	\$0 Copay	\$0 Copay
Radiology (therapeutic)	\$0 Copay	\$0 Copay
X-Rays	\$0 Copay	\$0 Copay
PT/OT/SP Therapy	\$0 Copay	\$0 Copay
Cardiac Rehab/CORF	\$0 Copay	\$0 Copay
Dialysis Treatment/ESRD	\$0 Copay	\$0 Copay
Part B Covered Drugs	\$0 Copay	\$0 Copay
Chemotherapy Drugs	\$0 Copay	\$0 Copay
DME & Prosthetics & Diabetes Supplies	\$0 Copay	\$0 Copay
Ambulance	\$0 Copay per trip	\$0 Copay per trip

Blue Advantage Supplemental Benefits

Wellness	100% Coverage for Bone Mass Measurement, ALL Mammogram (screening and other), Pap Smear, Pelvic exam, Pneumonia, Flu and Hepatitis B Vaccines, ALL Colorectal (screening and other) and Prostate Cancer Screening Exams
Preventative Care & Testing	100% coverage for additional preventatives, including Aortic Aneurysm Screening, Diabetes Screening, Glaucoma Screening and Nutrition Therapy for ESRD. Includes one-time "Welcome to Medicare" preventive visit (IPPE) & an annual wellness visit (AWV)
Vision Exam	\$0 Copay

Eyewear	\$130 Allowance
Hearing Exam	\$0 Copay per visit
Hearing Aids	\$500 allowance every year, total for both ears
Dental Care	\$0 Copay for preventive services
Fitness	\$0 Copay
Diabetes Monitoring	\$0 Copay for diabetes self-monitoring training and 0% coinsurance on covered diabetic supplies.
Diabetes Shoes/Inserts	\$0 Copay

Blue Advantage Part D Drug Coverage (5-tier Formulary)

Rx Deductible	\$0
Preferred Retail Copay	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.

PREMIUMS – WITH MAXIMUM BOARD CONTRIBUTION

Please call Health Insurance for premium costs if you do not have 20+ years of coverage or you are not Grandfathered.

Active/Retiree w/Medicare A & B	97.28 through 12/31/22
Active/Retiree & Spouse w/Med A & B	225.28 through 12/31/22
Active/Retiree Spouse only w/Med A & B	128.00 through 12/31/22
Active/Retiree w/Medicare A & B	100.32 effective 01/01/23
Active/Retiree & Spouse w/Med A & B	232.32 effective 01/01/23
Active/Retiree Spouse only w/Med A & B	132.00 effective 01/01/23