

**ACTIVE  
CALCASIEU PARISH SCHOOL BOARD  
SCHEDULE OF BENEFITS – HIGH OPTION  
EFFECTIVE 5/1/2020**

<b>BENEFITS</b>	<b>PPO</b>	<b>NON-PPO</b>
Maximum Benefit	Unlimited	Unlimited
Deductible Single Family	\$750 \$2,250	\$1,500 \$4,500
**Agg. Out of Pocket Single Family	\$3,000 \$9,000	\$6,000 \$18,000
Doctor Office Visits	\$30 Co-Pay	55%
In-Patient/Out-Patient Benefits	85% After deductible is met	55% After deductible is met
Prescription Drugs  <b>Separate Deductible</b>	<b>\$100 Deductible</b> \$10 Value Drug \$20 Preferred Brand \$40 Non-Preferred Brand \$50 Injectables, Multi- Source Brand, Specialty Drugs	<b>\$100 Deductible</b> \$10 Value Drug \$20 Preferred Brand \$40 Non-Preferred Brand \$50 Injectables, Multi- Source Brand, Specialty Drugs
Mail Order (90 Day Supply) Forms available in the Health Insurance Dept and at the Blue Cross Office <b>90 Day Supply available only by mail order</b>	<b>\$100 Deductible</b> \$25 Generic \$50 Preferred Brand \$100 Non-Preferred Brand \$125 Injectables, Multi- Source Brand, Specialty Drugs	<b>\$100 Deductible</b> \$25 Generic \$50 Preferred Brand \$100 Non-Preferred Brand \$125 Injectables, Multi- Source Brand, Specialty Drugs

**PREMIUMS - ACTIVE**

Employee	304.51
Employee & Child(ren)	495.23
Employee & Spouse	684.74
Employee, Spouse & Child(ren)	875.50

\*\* Aggregate Out of Pocket – The medical and prescription deductible as well as the co-pays now apply towards your out of pocket limit.