CALCASIEU PARISH SCHOOL BOARD - MEDICARE BLUE ADVANTAGE (PPC	))
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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 *copay waived if admitted within 72 hours	\$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**

	Monthly	
Coverage Level	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	
МООР	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.		
Your plan also offers	<ul> <li>100% coverage for Medicare-covered preventive and wellness care,</li> <li>\$0 deductible for in-network medical services,</li> <li>Specialist visits without a referral,</li> <li>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,</li> <li>Hearing benefits.</li> </ul>	
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.	