

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

<b>Plan Features</b>	<b>PPO</b>		<b>Non-PPO</b>
<b>Deductible</b> -Individual -Family	\$1,250 \$3,750		\$2,500 \$7,500
<b>Annual Out-of-Pocket Maximum**</b> -Individual -Family	\$4,000 \$12,000		\$8,000 \$24,000
<b>Doctor Office Visits</b>	\$30 Co-Pay (Primary Care)	\$45 Co-Pay (Specialist)	55% After Deductible
<b>In-Patient/Out-Patient Benefits</b>	85% After Deductible		55% After Deductible
<b>Prescription Drugs (w/ separate deductible)</b> <ul style="list-style-type: none"> <li>Express Scripts Network</li> </ul>	<b>\$100 deductible, then:</b> \$10 Value Drug (Tier 1) \$30 Preferred Brand (Tier 2) \$50 Non-Preferred Brand (Tier 3) \$100 Specialty Drug/Injectable (Tier 4)		
<b>Prescription Drug Mail Order (90-day Supply)</b> <ul style="list-style-type: none"> <li>Forms available in the Health Insurance Department and at the Blue Cross Office.</li> <li>90-day supply available only by mail order</li> </ul>	<b>\$100 deductible, then:</b> \$30 Value Drug (Tier 1) \$90 Preferred Brand (Tier 2) \$150 Non-Preferred Brand (Tier 3) N/A Specialty Drug/Injectable (Tier 4)		

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

**PREMIUMS – RETIRED 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.\*

<b>Coverage Level</b>	<b>Monthly</b>
Retiree	\$360.13
Retiree + Spouse	\$809.82
Retiree + Child(ren)	\$585.69
Family	\$1,035.42
*Retiree w/Medicare A & B	\$235.30
*Retiree & Spouse w/Med A & B	\$514.82