CALCASIEU PARISH SCHOOL BOARD - LOW OPTION - 5/1/23 - 4/30/24

| Plan Features | PPO | Non-PPO |
|---------------------------------|-----------------------|----------------------|
| Deductible | | |
| -Individual | \$3,000 | \$3,000 |
| -Family | \$6,000 | \$6,000 |
| Annual Out-of-Pocket Maximum** | | |
| -Individual | \$5,000 | \$5,000 |
| -Family | \$10,000 | \$10,000 |
| In-Patient/Out-Patient Benefits | 100% After Deductible | 80% After Deductible |
| | 100% Generic | 100% Generic |
| Prescription Drugs | 80% Name Brand | 80% Name Brand |
| | After Deductible | After Deductible |

^{**} 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.

| Coverage Level | Monthly |
|------------------------------|----------|
| Retiree Only | \$180.08 |
| Retiree + Spouse | \$404.89 |
| Retiree + Child(ren) | \$292.86 |
| Family | \$517.70 |
| *Retiree w/Medicare A & B | \$117.65 |
| *Retire + Spouse w/Med A & B | \$257.40 |

CALCASIEU PARISH SCHOOL BOARD - PPACA OPTION - 5/1/23 - 4/30/24

| 7/L9/10/L9/17/10/10/10/L9/11/10/10/11/10/10/L9/11/L9/1 | | |
|--|-----------------------|----------------------|
| Plan Features | PPO | Non-PPO |
| Deductible | | |
| -Individual | \$5,000 | \$10,000 |
| -Family** | \$9,000 | \$18,000 |
| Annual Out-of-Pocket Maximum** | | |
| -Individual | \$5,000 | \$10,000 |
| -Family** | \$9,000 | \$18,000 |
| In-Patient/Out-Patient Benefits | 100% After Deductible | 80% After Deductible |
| | 100% Generic | 100% Generic |
| Prescription Drugs | 80% Name Brand | 80% Name Brand |
| | After Deductible | After Deductible |

^{**} Family coverage includes the employee and any dependents. Deductible – Individual members on family policy cannot contribute more than \$6850 to family deductible and/or out of pocket max. 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.

| Coverage Level | Monthly |
|------------------------------|----------|
| Retiree Only | \$103.11 |
| *Family | \$471.63 |
| Retiree w/Medicare A & B | \$103.11 |
| Retiree & Spouse w/Med A & B | \$471.63 |