## RETIRED CALCASIEU PARISH SCHOOL BOARD SCHEDULE OF BENEFITS – HIGH OPTION EFFECTIVE 5/1/2022

BENEFITS	РРО	NON-PPO
Maximum Benefit	Unlimited	Unlimited
Deductible		
Single	\$750	\$1,500
Family	\$2,250	\$4,500
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**Agg. Out of Pocket	<b>#2</b> 000	¢ < 000
Single	\$3,000	\$6,000
Family	\$9,000	\$18,000
PCP / Specialist – Office Visits	\$30 Co-Pay / \$45 Co-Pay	55%
In-Patient/Out-Patient	85%	55%
Benefits	After deductible is met	After deductible is met
Prescription Drugs	\$100 Deductible	\$100 Deductible
Separate Deductible	\$10 Value Drug	\$10 Value Drug
	\$30 Preferred Brand	\$30 Preferred Brand
	\$50 Non-Preferred Brand	\$50 Non-Preferred Brand
	\$100 Injectables, Multi-	\$100 Injectables, Multi-
	Source Brand, Specialty	Source Brand, Specialty
	Drugs	Drugs
Mail Order (90 Day	\$100 Deductible	\$100 Deductible
Supply)	\$30 Generic	\$30 Generic
Forms available in the	\$90 Preferred Brand	\$90 Preferred Brand
Health Insurance Dept and at	\$150 Non-Preferred Brand	\$150 Non-Preferred Brand
the Blue Cross Office	N/A Injectables, Multi-Source	N/A Injectables, Multi-
90 Day Supply available only	Brand, Specialty Drugs	Source Brand, Specialty
by mail order		Drugs

## 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.\*

Retiree	342.42
Retiree & Child(ren)	556.89
Retiree & Spouse	769.99
Retiree, Spouse & Child(ren)	984.50
*Retiree W/Medicare A & B	223.72
*Retiree & Spouse W/Med A & B	489.52

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