

## CALCASIEU PARISH SCHOOL BOARD - MEDICARE BLUE ADVANTAGE (PPO)

| 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 <i>*copay waived if admitted within 72 hours</i> | \$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

| Coverage Level                               | Monthly          |                     |
|----------------------------------------------|------------------|---------------------|
|                                              | Through 12/31/24 | Effective 1/1/25    |
| Active/Retiree w/ Medicare A & B             | \$105.26         | Available Fall 2024 |
| Active/Retiree + Spouse w/ Medicare A & B    | \$243.76         | Available Fall 2024 |
| Active/Retiree Spouse Only w/ Medicare A & B | \$138.50         | Available Fall 2024 |

| <b>BLUE ADVANTAGE PART D DRUG COVERAGE (5-tier Formulary)</b> |                                                                                                                                                                                    |
|---------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Rx Deductible</b>                                          | \$0                                                                                                                                                                                |
| <b>Preferred Retail Co-Pay</b>                                | 30 days: \$0 / \$12 / \$45 / \$100 / \$100<br>60 days: \$0 / \$24 / \$90 / \$200 / N/A<br>90 days: \$0 / \$0 / \$135 / \$300 / N/A<br>Specialty drugs limited to 30-day supply     |
| <b>Preferred Mail Order</b>                                   | 30 days: \$0 / \$12 / \$45 / \$100 / \$100<br>60 days: \$0 / \$24 / \$90 / \$200 / N/A<br>90 days: \$0 / \$0 / \$135 / \$300 / N/A<br>Specialty drugs limited to 30-day supply     |
| <b>Non-Preferred Retail Copay</b>                             | 30 days: \$10 / \$18 / \$47 / \$100 / \$100<br>60 days: \$20 / \$36 / \$94 / \$200 / N/A<br>90 days: \$30 / \$54 / \$141 / \$300 / N/A<br>Specialty drugs limited to 30-day supply |
| <b>Non-Preferred Mail Order</b>                               | N/A                                                                                                                                                                                |
| <b>Gap Coverage</b>                                           | Full gap coverage for all tiers                                                                                                                                                    |
| <b>MOOP</b>                                                   | After your maximum out-of-pocket drug costs reach \$2,500, the plan will pay 100% of your total drug costs.                                                                        |

| <b>BLUE ADVANTAGE SUPPLEMENTAL BENEFITS</b>                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                             |
|----------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Your Blue Advantage plan comes with our NEW Flex Card, making it easier than ever to use your benefits.</b> | \$1800 Mastercard Flex Card to pay for out-of-pocket costs, including: <ul style="list-style-type: none"> <li>• \$1,100 for prescription hearing aids</li> <li>• \$300 to pay for eyewear like eyeglasses and contact lenses</li> <li>• \$400 for over-the-counter supplies that you can purchase at major retailers or online</li> </ul>                                                                                   |
| <b>Your plan also offers</b>                                                                                   | 100% coverage for Medicare-covered preventive and wellness care,<br>\$0 deductible for in-network medical services,<br>Specialist visits without a referral,<br>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,<br>Hearing benefits. |
| <b>Online Primary Care</b>                                                                                     | 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.                                                                                                                                                                                                                                                                                    |
| <b>Member Wellness Rewards</b>                                                                                 | Get up to \$50 per year in gift cards from major retailers for completing approved wellness exams and/or screenings.                                                                                                                                                                                                                                                                                                        |
| <b>Fitness Program</b>                                                                                         | No-cost fitness center membership (including many YMCA locations and select premium clubs or home fitness kits).                                                                                                                                                                                                                                                                                                            |
| <b>4-hour Nurse Help Line</b>                                                                                  | Get help making the right choice in your health care based on your symptoms any time of the day or night.                                                                                                                                                                                                                                                                                                                   |