

CALCASIEU PARISH SCHOOL BOARD - LOW OPTION – 5/1/25 – 4/30/26

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
Prescription Drugs	100% Generic 80% Name Brand After Deductible	100% Generic 80% Name Brand 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	\$201.69
Retiree + Spouse	\$453.47
Retiree + Child(ren)	\$328.00
Family	\$579.81
*Retiree w/Medicare A & B	\$131.77
*Retire + Spouse w/Med A & B	\$288.29

CALCASIEU PARISH SCHOOL BOARD - PPACA OPTION – 5/1/25 – 4/30/26

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
Prescription Drugs	100% Generic 80% Name Brand After Deductible	100% Generic 80% Name Brand 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	\$114.17
*Family	\$528.21
Retiree w/Medicare A & B	\$114.17
Retiree & Spouse w/Med A & B	\$528.21