

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

Plan Features	PPO		Non-PPO
Deductible			
-Individual	\$1,250		\$2,500
-Family	\$3,750		\$7,500
Annual Out-of-Pocket Maximum**			
-Individual	\$4,500		\$8,000
-Family	\$13,500		\$24,000
Doctor Office Visits	\$40 Co-Pay (Primary Care)	\$55 Co-Pay (Specialist)	55% After Deductible
In-Patient/Out-Patient Benefits	85% After Deductible		55% After Deductible
Prescription Drugs (w/ separate deductible)	\$250 deductible, then:		
• Express Scripts Network	\$15	Value Drug (Tier 1)	
	\$35	Preferred Brand (Tier 2)	
	\$55	Non-Preferred Brand (Tier 3)	
	\$105	Specialty Drug/Injectible (Tier 4)	
Prescription Drug Mail Order (90-day Supply)	\$250 deductible, then:		
• Forms available in the Health Insurance Department and at the Blue Cross Office.	\$45	Value Drug (Tier 1)	
• 90-day supply available only by mail order	\$105	Preferred Brand (Tier 2)	
	\$165	Non-Preferred Brand (Tier 3)	
	N/A	Specialty Drug/Injectible (Tier 4)	

PREMIUMS – RETIRED WITH MAXIMUM BOARD CONTRIBUTION *Please call Health Ins for premium costs if you do not have 20+ years of coverage.

Coverage Level	Monthly
Retiree Only	\$403.34
Retiree + Spouse	\$906.98
Retiree + Child(ren)	\$655.96
Family	\$1,159.64
*Retiree w/Medicare A & B	\$263.53
*Retiree + Spouse w/Med A & B	\$576.59

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

Plan Features	PPO	Non-PPO
Deductible		
-Individual	\$2,000	\$4,000
-Family	\$4,000	\$8,000
Annual Out-of-Pocket Maximum**		
-Individual	\$4,000	\$8,000
-Family	\$8,000	\$16,000
In-Patient/Out-Patient Benefits	70% After Deductible	50% After Deductible
Prescription Drugs	100% Generic; 70% Name Brand After Deductible	100% Generic; 50% Name Brand After Deductible

PREMIUMS – RETIRED WITH MAXIMUM BOARD CONTRIBUTION *Please call Health Ins for premium costs if you do not have 20+ years of coverage.

Coverage Level	Monthly
Retiree Only	\$284.13
Retiree + Spouse	\$721.19
Retiree + Child(ren)	\$563.51
Family	\$1,010.57
*Retiree w/Medicare A & B	\$185.64
*Retiree + Spouse w/Med A & B	\$457.31