

# STPPS Open Enrollment

October 13 – November 21



## Open Enrollment is Coming!

- Open enrollment is the time to make changes to or enroll in medical coverage
- Eligible employees (6, 7 and 8 hour employees) not currently enrolled in coverage
- Employees making changes to existing coverage
- No changes to health insurance? No action needed

## Changes for January 1, 2026

- Standard will be the new provider for both life insurance and the EAP (Employee Assistance Program)
- BlueCare will phase out effective 12/1/2025. Telehealth visits remain an option but through your Primary Care or Urgent Care Physician of choice. Standard cost-share applies.

## Additional Resources

- Scan the QR code to review a brief educational video about your two medical plan offerings
- Review your 2026 Benefits Enrollment Guide to learn more about Health Savings Accounts, your Employee Assistance Program, and more
- Visit LA Blue’s website to make sure you are registered to access your medical ID card, review claims, and search for providers. Download the new MyLABlue app today!
- Visit [BalanceWithBlueLA.com](https://BalanceWithBlueLA.com) to register for the wellness program

Coverage Tier	Blue Connect EPO (Monthly)	HDHP (Monthly)	Difference in Premium (Annual)
Employee Only	\$100.14	\$87.08	\$156.72
Employee + Spouse	\$444.73	\$404.30	\$485.16
Employee + Spouse (both employees)	\$139.33	\$99.52	\$477.72
Employee + Child(ren)	\$273.68	\$248.80	\$298.56
Employee + Family	\$492.62	\$447.84	\$537.36
Employee + Family (both employees)	\$174.16	\$124.40	\$597.12



Contact our Insurance Department for  
Required Health Insurance Forms

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## Medical Benefits (Blue Connect EPO)

Louisiana Blue Blue Connect EPO Health Plan			
	Blue Connect EPO Providers	In-Network	Out-of-Network
<b>Annual Deductible</b>	\$600 Individual \$1,200 Family	\$800 Individual \$1,600 Family	\$800 Individual \$1,600 Family
<b>Coinsurance after deductible</b>	90%/10%	90%/10%	70%/30%
<b>Annual Out-of-Pocket Maximum</b>	\$2,500 Individual \$5,000 Family	\$2,750 Individual \$5,500 Family	\$2,750 Individual \$5,500 Family
<b>Lifetime Max</b>	Unlimited	Unlimited	Unlimited
<b>Preventive Care</b>	100%	100%	Not Covered
<b>Office Visits</b> Primary Care Urgent Care Specialist	\$25 copay \$40 copay \$35 copay	\$30 copay \$50 copay \$45 copay	30% after deductible 30% after deductible 30% after deductible
<b>Emergency Room</b>	10% after deductible	10% after deductible	10% after deductible
<b>Hospital Services</b> Outpatient Facility Diagnostic X-ray and Lab Inpatient Hospital / Delivery	10% after deductible 10% after deductible 10% after deductible	10% after deductible 10% after deductible 10% after deductible	30% after deductible 30% after deductible 30% after deductible
<b>Mental Health/Substance Abuse</b> Inpatient Outpatient Office Visit	10% after deductible \$35 copay	10% after deductible \$45 copay	30% after deductible 30% after deductible
	<b>34-Day Supply Retail</b>	<b>90-Day Supply Mail Order</b>	
<b>Generic Drugs / Tier 1</b>	\$15	\$30	
<b>Preferred Brand / Tier 2</b>	\$40	\$80	
<b>Non-Preferred Brand / Tier 3</b>	\$60	\$120	
<b>Multi-Source Brand</b>	\$75	\$150	

### Maximum Out-of-Pocket (MOOP): \$5,150 single / \$10,300 family

The calendar year MOOP applies to pharmacy. Each individual family member must meet the single MOOP unless the family MOOP has been met by any two or more covered family members. Once met, your covered prescriptions are paid at 100%.

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## Medical Benefits (High-Deductible Health Plan or HDHP)

Louisiana Blue High-Deductible Health Plan			
	Blue Connect EPO Providers	In-Network	Out-of-Network
<b>Annual Deductible</b>			
Individual	\$2,000	\$3,000	\$4,000
Per Member within a Family	\$4,000	\$6,000	\$8,000
Family	\$4,000	\$6,000	\$8,000
<b>Coinsurance after deductible</b>	10%	20%	30%
<b>Annual Out-of-Pocket Maximum</b>			
Individual	\$5,000	\$6,000	\$10,000
Per Member within a Family	\$5,000	\$6,000	\$20,000
Family	\$10,000	\$12,000	\$20,000
<b>Lifetime Max</b>	Unlimited	Unlimited	Unlimited
<b>Preventive Care</b>	100%	100%	Not Covered
<b>Office Visits</b>	10% Coinsurance after deductible	20% Coinsurance after deductible	30% Coinsurance after deductible
Primary Care			
Urgent Care			
Specialist			
<b>Emergency Room</b>	10% Coinsurance after deductible	10% Coinsurance after deductible	10% Coinsurance after deductible
<b>Hospital Services</b>	10% Coinsurance after deductible	20% Coinsurance after deductible	30% Coinsurance after deductible
Outpatient Facility			
Diagnostic X-ray and Lab			
Inpatient Hospital / Delivery			
<b>Mental Health/Substance Abuse</b>	10% Coinsurance after deductible	20% Coinsurance after deductible	30% Coinsurance after deductible
Inpatient			
Outpatient Office Visit			

**Maximum Out-of-Pocket (MOOP):** The medical and pharmacy deductibles and out-of-pocket maximums are integrated. Generic drugs are 10% coinsurance, and all other tiers are 20% coinsurance.