

November 18, 2025

To: All CPSB Medicare Blue Advantage Members

From: CPSB Risk Management/Health Insurance

Calcasieu Parish School Board's Medicare Blue Advantage plan option runs January through December. As we stated in the annual enrollment notification in March 2025, the renewal information for CPSB's Blue Advantage plan was currently unavailable and would be released Fall 2025. With that said, the renewal information for the 2026 plan year is listed below.

Effective January 1, 2026, the Medicare Blue Advantage Plan premiums will increase 15%. New rates are listed below. All members recently received the 2026 Annual Notice of Change for the Blue Advantage plan from Blue Cross Blue Shield. Please refer to the notice for plan details or call the customer service number at 1-833-969-2858. Additionally, other benefit changes are explained on the attached summary of benefit page.

### **BLUE ADVANTAGE – RATES W/ MAX BOARD CONTRIBUTION**

Coverage Level	Monthly	
	Through 12/31/25	Effective 1/1/26
Active/Retiree w/ Medicare A & B	<b>\$115.14</b>	<b>\$132.24</b>
Active/Retiree + Spouse w/ Medicare A & B	<b>\$266.64</b>	<b>\$306.24</b>
Active/Retiree Spouse Only w/ Medicare A & B	<b>\$151.50</b>	<b>\$174.00</b>
Survivor w/ Medicare A & B	<b>\$303.00</b>	<b>\$348.00</b>

Please note - Members with less than 20+ years of participation in the health plan prior to retirement, may contact the Health Insurance department at 337-217-4240 for new premium costs.

CPSB's annual enrollment to make any plan option changes is the month of April, with a May 1<sup>st</sup> effective date each year.

*This notice is for informational purposes only. No action is needed by members.*

## CALCASIEU PARISH SCHOOL BOARD – 2026 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 12/31/25	Effective 1/1/26
Active/Retiree w/ Medicare A & B	<b>\$115.14</b>	<b>\$132.24</b>
Active/Retiree + Spouse w/ Medicare A & B	<b>\$266.64</b>	<b>\$306.24</b>
Active/Retiree Spouse Only w/ Medicare A & B	<b>\$151.50</b>	<b>\$174.00</b>
Survivor w/ Medicare A & B	<b>\$303.00</b>	<b>\$348.00</b>

<b>BLUE ADVANTAGE PART D DRUG COVERAGE (5-tier Formulary)</b>	
<b>Rx Deductible</b>	\$0
<b>Preferred Retail Co-Pay</b> <i>*Albertson's, Sam's, Walgreens, Walmart*</i>	30 days: \$0 / \$12 / \$45 / \$100 / \$100 60 days: \$0 / \$24 / \$90 / \$200 / N/A 90 days: \$0 / \$0 / \$135 / \$300 / N/A Specialty drugs limited to 30-day supply
<b>Preferred Mail Order</b>	30 days: \$0 / \$12 / \$45 / \$100 / \$100 60 days: \$0 / \$24 / \$90 / \$200 / N/A 90 days: \$0 / \$0 / \$135 / \$300 / N/A Specialty drugs limited to 30-day supply
<b>Non-Preferred Retail Copay</b>	30 days: \$10 / \$18 / \$47 / \$100 / \$100 60 days: \$20 / \$36 / \$94 / \$200 / N/A 90 days: \$30 / \$54 / \$141 / \$300 / N/A 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 \$2,100, 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>	\$500 Mastercard Flex Card to pay for out-of-pocket costs, including: <ul style="list-style-type: none"> <li>• \$300 to pay for eyewear like eyeglasses and contact lenses</li> <li>• \$200 for over-the-counter supplies annually (\$50 per quarter) that you can purchase at major retailers or online.</li> </ul> Hearing Aids – \$800 allowance provided by TruHearing, please call 1-800-334-1807.
<b>Your plan also offers</b>	100% coverage for Medicare-covered preventive and wellness care, \$0 deductible for in-network medical services, Specialist visits without a referral, Covered Dental services must be provided by United Concordia dental including two dental cleanings and two exams per year covered from your first dollar of expense – no deductible, 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 healthcare based on your symptoms any time of the day or night.