



Medical

APSB is proud to offer employees a choice between two medical plans administered through **Blue Cross Blue Shield of Louisiana**. The Blue Connect EPO network is anchored by Ochsner hospitals, clinics, and providers. Utilizing Blue Connect EPO network providers will lower your out-of-pocket cost. To review providers within the Blue Connect EPO network, visit www.bcbsla.com/blue-connect-epo. The following medical plan options available include:

Plan Design:	Network Options					
	Plan 1			Plan 2		
	Blue Connect EPO	PPO	Out-of-Network	Blue Connect EPO	PPO	Out-of-Network
Annual Deductible						
Individual / Family	\$900 / \$1,800	\$1,150 / \$2,300	\$1,750 / \$5,250	\$1,250 / \$2,500	\$1,500 / \$3,000	\$1,750 / \$5,250
Out-of-Pocket Maximum *includes deductible						
Individual / Family	\$3,000 / \$6,000	\$3,500 / \$7,000	\$5,500 / \$16,500	\$4,000 / \$8,000	\$4,500 / \$9,000	\$5,500 / \$16,500
Coinsurance						
Plan Pays / You Pay	90% / 10%	90% / 10%	60% / 40%	70% / 30%	70% / 30%	60% / 40%
Covered Services						
Preventative Care	Covered in full		Not Covered	Covered in full		Not Covered
Primary Care	\$30 Copayment	\$40 Copayment	40% Coinsurance after deductible	\$30 Copayment	\$40 Copayment	40% Coinsurance after deductible
Specialist	\$45 Copayment	\$55 Copayment	40% Coinsurance after deductible	\$45 Copayment	\$55 Copayment	40% Coinsurance after deductible
Outpatient Surgery Facility Fee	\$150 Copayment		40% Coinsurance after deductible	\$150 Copayment		40% Coinsurance after deductible
Emergency Room Care	\$150 Copayment		\$150 Copayment	\$150 Copayment		\$150 Copayment
Urgent Care	\$45 Copayment	\$55 Copayment	40% Coinsurance after deductible	\$45 Copayment	\$55 Copayment	40% Coinsurance

Pharmacy Benefits:

Prescription Type	Plan 1	Plan 2
Rx Out of Pocket Maximum	\$4,100	\$3,100
Generic	\$15 Copayment retail; \$45 Copayment mail order	\$15 Copayment retail; \$45 Copayment mail order
Preferred Brand	\$40 Copayment retail; \$120 Copayment mail order	\$40 Copayment retail; \$120 Copayment mail order
Non-Preferred Brand	\$75 Copayment retail; \$225 Copayment mail order	\$75 Copayment retail; \$225 Copayment mail order
Rx Specialty Drugs	Generic/Preferred Brand/Non-Preferred Brand Copays apply	Generic/Preferred Brand/Non-Preferred Brand Copays apply

Plan 1: Monthly Rates

Coverage Options	Employee Share	Board Share	Total
Employee Only	\$119.37	\$801.09	\$920.46
Employee + Spouse	\$426.89	\$1,241.57	\$1,668.46
Employee + Child(ren)	\$291.60	\$1,057.22	\$1,348.82
Employee + Family	\$580.83	\$1,413.84	\$1,994.67
(2) Employees	\$212.19	\$1,506.54	\$1,718.73
(2) Employees / Family	\$298.65	\$1,604.66	\$1,903.31

Plan 2: Monthly Rates

Coverage Options	Employee Share	Board Share	Total
Employee Only	\$51.25	\$682.50	\$733.75
Employee + Spouse	\$212.28	\$1,098.38	\$1,310.66
Employee + Child(ren)	\$137.55	\$905.14	\$1,042.69
Employee + Family	\$346.56	\$1,242.74	\$1,589.30
(2) Employees	\$90.30	\$1,249.26	\$1,339.56
(2) Employees / Family	\$172.05	\$1,333.38	\$1,505.43