

Section 9: Medical Plan Premiums

**INSURANCE CARRIER:
BLUECROSS BLUESHIELD OF LOUISIANA**

POS PLAN

COVERAGE TYPE:	TOTAL MONTHLY COSTS *		
	TOTAL PREMIUM	EMPLOYER COST	MONTHLY EMPLOYEE COSTS
EMPLOYEE ONLY	\$425.65	\$319.24	\$106.41
EMPLOYEE AND SPOUSE	\$851.31	\$638.48	\$212.83
EMPLOYEE AND CHILD (REN)	\$787.39	\$590.54	\$196.85
EMPLOYEE AND FAMILY	\$1,213.03	\$909.77	\$303.26

* These rates subject to change.

MEDICAL PLAN #55



Zachary Community School Board

POS \$20 PCP CO-PAY PLAN #55			
	NETWORK	OUT-OF-NETWORK	DEPENDENT OUT-OF-AREA
Calendar Year Deductible	None	\$1,500 Individual / \$4,500 Family Aggregate	\$250 Individual / \$750 Family Aggregate
Out-of-Pocket Calendar Year Maximum	\$1,500 Individual / \$3,000 Family Aggregate	\$6,000 Individual / \$12,000 Family Aggregate (Excludes Deductible)	\$1,000 Individual / \$3,000 Family Aggregate (Excludes Deductible)
Lifetime Maximum	\$5 Million		
OFFICE VISITS AND PREVENTIVE CARE			
Office Visits	\$20 Co-pay Per Visit	70/30 Coinsurance*	80/20 Coinsurance*
Specialist Office Visits	\$35 Co-pay Per Visit	70/30 Coinsurance*	80/20 Coinsurance*
Wellness Visits	\$20 Co-pay Per Visit rendered by PCP \$35 Co-pay Per Visit rendered by Specialist	70/30 Coinsurance*	100% for Eligible Physical Exams
Vision Care	\$35 Co-pay (1 Every 24 Mos.)	\$35 Co-pay (1 Every 24 Mos.)	\$35 Co-pay (1 Every 24 Mos.)
OUTPATIENT SERVICES			
Rehabilitative Speech Therapy (up to \$2,500 per Cal Yr.)	\$20 Co-pay	70/30 Coinsurance*	80/20 Coinsurance*
Physical and Occupational Therapy (up to \$2,500 combined per year)	\$20 Co-pay Per Visit	70/30 Coinsurance*	80/20 Coinsurance*
X-ray & Lab	No Co-pay, 100%	70/30 Coinsurance*	80/20 Coinsurance*
Surgery Facility Charge	\$150 Co-pay Per Surgery*	70/30 Coinsurance*	80/20 Coinsurance*
Surgery Professional Charge	No Co-pay, 100%	70/30 Coinsurance*	80/20 Coinsurance*
INPATIENT SERVICES			
Hospital	\$150 Co-pay Per Day for 3 Days*	70/30 Coinsurance*	80/20 Coinsurance*
Professional Services	No Co-pay, 100%	70/30 Coinsurance*	80/20 Coinsurance*
MENTAL HEALTH and SUBSTANCE ABUSE SERVICES / Optional (Same as any other illness also available)			
Mental Health — Inpatient 45 days per Cal Yr — Outpatient 52 visits per Cal Yr	\$150 Co-pay Per Day for 3 days* \$35 Co-pay Per Visit	70/30 Coinsurance*	80/20 Coinsurance*
Substance Abuse — Inpatient 7 days per Cal Yr — Outpatient 20 visits per Cal Yr	\$150 Co-pay Per day for 3 Days \$35 Co-pay Per Visit	70/30 Coinsurance	80/20 Coinsurance
BENEFITS THAT REQUIRE AUTHORIZATION (does not include list of outpatient services or drugs requiring authorization)			
Organ and Tissue Transplants	Covered as any other illness	Not Available	80/20 Coins.*; \$250,000 Lifetime
Skilled Nursing Facility (90 day Maximum Per Calendar Year)	No Co-pay, 100%	70/30 Coinsurance*	80/20 Coinsurance*
Home Health Care (60 Visit Maximum Per Calendar Year)	No Co-pay, 100%	70/30 Coinsurance*	80/20 Coinsurance*
Hospice (180 Day Max)	No Co-pay, 100%	70/30 Coinsurance*	80/20 Coinsurance*
OTHER COVERED SERVICES			
Prescription Drug Copayments Refer to the contract for applicable supply limitations Retail – up to 30 day supply Mail Order – up to 90 day supply	Generic / Preferred Brand / Non-Preferred Brand / Multi-Source / Injectables (available options shown below) -Contraceptives Included - \$4 / \$30 / \$55 / \$70 / \$50 \$12 / \$90 / \$165 / \$210 / \$150		
Prenatal Visits and Delivery (Opt. for Grps 14 emps. or less)	\$35 Co-pay Per Pregnancy in addition to the Inpatient Hospital Co-pay for any related hospitalization	70/30 Coinsurance*	80/20 Coinsurance*
Emergency Room	\$100 Co-pay/Visit, Waived if Admitted	70/30 Coinsurance*	80/20 Coinsurance*
Urgent Care Center	\$50 Co-pay Per Visit	70/30 Coinsurance*	80/20 Coinsurance*
Ambulance	\$50 Co-pay Per Trip	70/30 Coinsurance*	80/20 Coinsurance*
Durable Medical Equipment (25,000 cal yr max)	80/20 Coinsurance*	70/30 Coinsurance*	80/20 Coinsurance*

All benefits based on allowable charges.*Accrues to the Out-of-Pocket Maximum ** All in Network Physician Inpatient Medical Visits are Paid at 100%
01100 00101 0108R This is only an outline all benefits are subject to the terms and conditions of the contract