

St. Tammany Parish Schools GROUP HEALTH PLAN	BLUE CROSS BLUE SHIELD Current Benefits	BLUE CROSS BLUE SHIELD Effective 01/01/2019
MAJOR MEDICAL:		
Individual (Fly.) Deductible	\$500 Per Person / \$1,000 Family - Active \$300 Per Person / \$600 Family - Retiree	\$800 Per Person / \$1,600 Family - Active \$500 Per Person / \$1,000 Family - Retiree
Physician Office Visit Co-Pay	\$25 Primary Care \$45 Specialist \$45 Urgent Care	\$30 Primary Care \$45 Specialist \$50 Urgent Care
Co-Insurance Network / Non-Network	90% / 70%	90% / 70%
Co-Ins. Max. O.O.P. Individual (Fly).	\$2,000 Per Person / \$4,000 Family	\$2,750 Per Person / \$5,500 Family
Prescription Drug Benefit	\$10 Generic \$35 Preferred Brand \$55 Non-Preferred Brand \$70 Multi-Source Brand Drugs Rx OOP Max. \$5,150 (2x)	\$15 Generic \$40 Preferred Brand \$60 Non-Preferred Brand \$75 Multi-Source Brand Drugs Rx OOP Max. \$5,150 (2x)