

Ascension Parish School Board Blue Cross Blue Shield Plan Options

	Plan 1	Plan 2
Network	Preferred Care PPO	Preferred Care PPO
Annual Maximum	Unlimited	Unlimited
Plan Year Deductible	\$500 (2x Family) \$2,500 (2x Family)	\$750 (2x Family) \$3,500 (2x Family)
Co-Insurance Max Out-of-Pocket In-Network	Includes Plan Year Deductible, Coinsurance, & Medical Plan Copayments	Includes Plan Year Deductible, Coinsurance, & Medical Plan Copayments
Hospital Services (Inpatient) In-Network	100%-\$250 per admission	80%
Surgeon, Anesthesia, Lab & X-rays	90%	80%
Hospital ER (Facility only)	\$150 (waived if admitted)	\$150 (waived if admitted)
Ambulatory Surgical Facilities	\$150 per visit	\$150 per visit
Physician Visits	\$25 Primary Care \$40 Specialist	\$25 Primary Care \$40 Specialist
Maternity (Physician only)	\$25	\$25
Urgent Care Visits	\$40	\$40
MRI / Cat Scan	90%	80%
Sonograms	90%	80%
Chemical / Radiation Therapy	90%	80%
Pre-Admission Testing and Dialysis	90%	80%
Cardiac Rehabilitation Therapy	90%	80%
Physical and Occupational Therapy	\$40	\$40
Speech Therapy	\$40	\$40
Oral Surgery (impacted tooth removal only)	90%	80%
Routine PAP Test	100%	100%
Routine Mammogram	100%	100%
Routine PSA Screening	100%	100%
Ambulance (transportation only)	90%	80%
Ground & Licensed Air Ambulance	90%	80%
Durable Medical Equipment	90%	80%
Home Health Care Limited to 150 visits per year	90%	80%
Hospice Care	90%	80%
Wellness Program (baby/child, routine exams, scheduled immunizations, adult physical exam, lab, & x-ray)	100%	100%
Out of Network Benefit	70% of fee schedule, \$1,000 (3x) Ded., \$4,000 (3x) OOP	70% of fee schedule, \$1,000 (3x) Deductible, \$4,000 (3x) OOP
Separate RX OOP Max	\$4,100 (2x) Family	\$3,100 (2x) Family
Prescription Drug Benefit - In-Network Tier 1 / Tier 2 / Tier 3	\$15 / \$35 / \$75	\$15 / \$35 / \$75
Mail Order Drug Program - In-Network Tier 1 / Tier 2 / Tier 3	\$45 / \$105 / \$225	\$45 / \$105 / \$225
Diabetes Health Plan Prescription Drug Benefit * Tier 1 / Tier 2 / Tier 3 For Diabetes Related Medication & Supplies- Must be Enrolled in Diabetes Health Plan	\$0 / \$15 / \$75	\$0 / \$15 / \$75
Mail Order Diabetes Health Plan Prescription Drug Benefit * Tier 1 / Tier 2 / Tier 3 For Diabetes Related Medication & Supplies- * Must be Enrolled in Diabetes Health Plan	\$0 / \$15 / \$225	\$0 / \$15 / \$225