

EMPLOYEE BENEFIT GUIDE



CALCASIEU PARISH SCHOOL BOARD
BUILDING FOUNDATIONS FOR THE FUTURE

MAY 1, 2026 – APRIL 30, 2027



Table of Contents

WELCOME

- 3 FROM OUR SUPERINTENDENT
- 4 FROM OUR AGENT

ELIGIBILITY | QUALIFYING LIFE EVENTS | OPEN ENROLLMENT

- 5 EMPLOYEE & DEPENDENT ELIGIBILITY
- SPECIAL ENROLLMENT
- OPEN ENROLLMENT

MEDICAL PLAN OVERVIEW

- 6 WELLNESS PROGRAM & PREVENTATIVE CARE INCENTIVE
- 7 HIGH OPTION
- 8 LOW, MID, & PPACA OPTIONS
- 9-10 MEDICARE ADVANTAGE PLAN
- 11-12 BCBSLA MyLABlue ACCOUNT
- 13 BCBSLA MEDICAL ID CARD
- 14 PREVENTIVE CARE SERVICES / SAFE HARBOR DRUGS
- 15 WHERE TO GO
- 16 HEALTH SAVINGS ACCOUNT INFORMATION

DENTAL PLAN OVERVIEW

- 17 DENTAL PLAN DESIGN & RATES

GROUP BASIC & OPTIONAL LIFE INSURANCE OVERVIEW

- 18 CLASS OF COVERAGE / BASIC & OPTIONAL LIFE PLAN & RATES

GROUP VOLUNTARY LIFE INSURANCE OVERVIEW

- 19 VOLUNTARY PLAN DESIGN & RATES

SUPPLEMENTAL ACCIDENTAL DEATH & DISMEMBERMENT

- 20-21 ACCIDENTAL DEATH & DISMEMBERMENT PLAN & RATES

NOTIFICATIONS & LEGAL NOTICES

- 22 CPSB RETIREE PARTICIPATION

WHO TO CONTACT

- 23 CONTACT LIST

NOTES

- 24 MEMBER NOTES

●●●
**This guide is
an overview of
your benefit
options
beginning
May 1, 2026
through
April 30, 2027.**

**Prior to selecting
your benefit
elections, please
take the time to
thoroughly review
the options
presented in this
guide.**

**Summary Plan
Documents can
be obtained
from the Health
Insurance
Department &
are available at
cpsb.org**





Calcasieu Parish School Board

BUILDING FOUNDATIONS FOR THE FUTURE

Dr. Jason VanMetre, Superintendent



Welcome to the Calcasieu Parish School Board. Our Risk Management team works hard to provide our employees and their families with a competitive and comprehensive benefit offering. As a member of the CPSB family, we are excited to share information regarding these benefits with you. Please look over the attached benefits and see if any of them are right for you.

If you have any questions or if we can be of help in any way, please feel free to contact us. We are happy to help. The Health Insurance Department is located on the second floor of our Central Office at 3310 Broad Street.

Sincerely,
Dr. Jason VanMetre
Superintendent





We at Gregory Benefits & Consulting want to thank you for the opportunity to serve your insurance and employee benefit needs. We take pride in providing quality service to you and your families. Our team has 200+ years of combined experience and is capable of helping you with just about any service issues you might incur. This includes enrollment questions, claims assistance, and other benefit related concerns.

Please don't hesitate to start with us when you need help! Employee benefits can be complicated, and it is our job to make them easier for you. For your convenience, we have included a list of team members who are ready to assist you.

GREGORY BENEFITS & CONSULTING
(A Division of HUB International)
422 E. College St.
Lake Charles, LA, 70605
Phone: 337-429-2842

ACCOUNT EXECUTIVES

Richie Gregory
Cell: 337-302-7940
Richie.Gregory@hubinternational.com

John Gregory
Cell: 337-274-7921
John.Gregory@hubinternational.com

Kathy Sonnier
Cell: 337-660-1505
Kathy.Sonnier@hubinternational.com

ACCOUNT MANAGER

Donna Teer
Donna.Teer@hubinternational.com

ENROLLMENT & BENEFITS

Allison Mott
Allison.Mott@hubinternational.com

Eligibility/Qualifying Events/Open Enrollment

ELIGIBLE EMPLOYEES

- Regular, full-time employees and benefit eligible part-time employees (28+ hours per week) are eligible to elect insurance benefits.
- Benefits will begin the first day of the month, following 30 days of employment.

ELIGIBLE DEPENDENTS

- Legal spouses.
- Any legal dependent up to age 26
- Any child under legal guardianship of employee up to age 26 except where otherwise noted.
- Stepchildren of employee up to age 26
- Dependent child(ren) ordered to be covered through a Qualified Medical Support Order.
- Any child meeting the criteria above who is over the age of 26 and legally incapacitated.
- Please call the Health Insurance Department or refer to Benefit Book for additional details.

QUALIFYING LIFE EVENTS (SPECIAL ENROLLMENT)

An application for special enrollment must be completed and signed within 30 days of the qualifying life event for coverage to be effective on the date other coverage is lost.

- Loss of other coverage includes:
 - i. COBRA continuation period was exhausted
 - ii. Loss of coverage due to legal separation, divorce, loss of dependent status, death, termination of employment, or reduction in the hours of employment.
 - iii. Termination of employer contributions to the other coverage.
- Special Enrollment of a dependent child due to loss of coverage under the Children's Health Insurance Program or Medicaid. *Requests for this specific loss must be received by BCBS of LA within the 60-day period following the loss of coverage. All other losses should be sent within 30 days of the loss.*
- When a person becomes a dependent of the covered employee through marriage, birth, adoption, or placement for adoption, they are eligible to enroll within 30 days of the event.

OPEN ENROLLMENT

Open enrollment for our medical, basic/optional and voluntary life, and dental insurance policies is during the month of April each year for a May 1st effective date.

During this time, you can change plans, add/drop coverage, add/drop dependents from coverage. You will receive a notification regarding open enrollment and due dates for changes to be processed.

SELF-INSURED PLAN

Calcasieu's health plan is a Self-Insured plan. A self-insured group health plan (also known as self-funded) is one in which the employer (CPSB) is responsible for each claim dollar paid – Medical and Pharmacy. The employee premiums and the CPSB premiums collected monthly are used to pay the claims. Blue Cross Blue Shield of LA and Express Scripts administer our claims. They are paid a set rate to process claims, negotiate the best rates with hospitals, doctors, and pharmacies, and to make sure the CPSB plan is compliant with laws.

**Please note, Calcasieu Parish School Board is not part of Office of Group Benefits (OGB).*

Wellness Program / Voluntary Preventative Care Incentive

Voluntary Preventative Care Incentive

Full-time CPSB employees & retirees earning a total of 8 points by completing any of the services listed below will receive a **10% discount** off the employee (not dependent) portion of the health insurance premium for the following plan year.

- ✓ Points must be earned during the program year.
- ✓ All documentation must be submitted by April 30, 2027.
- ✓ Members may email wellness information to wellness@cpsb.org.

Earn 8 of the possible 20 points listed below by April 30, 2027

<ul style="list-style-type: none"> • Perform blood work at the CPSB Wellness Fair (+) or with primary care physician (#) CPSB Wellness Fair: Saturday, October 17, 2026 7AM - 10AM NEW Location: CPSB Central Office (3310 Broad St.) 	3 points
<ul style="list-style-type: none"> • Participate in the scavenger hunt at the CPSB wellness fair (+) 	1 point
<ul style="list-style-type: none"> • Take flu, shingles, fully COVID Vaccinated, or pneumonia shot (#) 	1 point each
<ul style="list-style-type: none"> • Attend any of CPSB health related informational seminars (+) <i>Dates TBA</i> 	1 point each
<ul style="list-style-type: none"> • Annual Wellness Exam/Physical (#) 	1 point
<ul style="list-style-type: none"> • Mammogram, Prostate Exam, or Bone Density (#) 	2 points
<ul style="list-style-type: none"> • Colonoscopy (#) 	2 points
<ul style="list-style-type: none"> • Annual eye exam (#) 	1 point
<ul style="list-style-type: none"> • Annual dental check-up (#) 	1 point
<ul style="list-style-type: none"> • Participate in School-Based Wellness Program – TBA (+) <i>Active Employees Only</i> 	2 points

(+) Participant does NOT need to turn in documentation for these points

(*) Physician completes Biometric Screening Form

(#) Physician completes CPSB Wellness Program Verification Form or you may email your EOB to wellness@cpsb.org.

2026 – 2027 Premium Savings

Plan	Monthly	Annually
High Option	\$43.08	\$516.96
Mid Option	\$30.35	\$364.20
Low Option	\$21.54	\$258.48
PPACA	\$12.19	\$146.28
Medicare Blue Advantage (Through 12/31/26)	\$13.22	\$158.64

A unique feature of your health benefit plan is that you can keep it into retirement! There are rules however and a vesting schedule to be aware of in order to have benefits when you retire. Please refer to cpsb.org or call the Health Insurance Department for more information.

HIGH OPTION

Plan Features	PPO		Non-PPO
Deductible			
-Individual	\$1,250		\$2,500
-Family	\$3,750		\$7,500
Annual Out-of-Pocket Maximum**			
-Individual	\$4,500		\$9,000
-Family	\$13,500		\$27,000
Doctor Office Visits	\$40 Co-Pay (Primary Care)	\$55 Co-Pay (Specialist)	55% After Deductible
In-Patient/Out-Patient Benefits	85% After Deductible		55% After Deductible
Prescription Drugs (w/ separate deductible)			
• Express Scripts Network	\$250 deductible, then:		
	\$15	Value Drug (Tier 1)	
	\$35	Preferred Brand (Tier 2)	
	\$55	Non-Preferred Brand (Tier 3)	
	\$105	Specialty Drug/Injectible (Tier 4)	
Prescription Drug Mail Order (90-day Supply)			
• Forms available in the Health Insurance Department and at the Blue Cross Office.	\$250 deductible, then:		
• 90-day supply available only by mail order	\$45	Value Drug (Tier 1)	
	\$105	Preferred Brand (Tier 2)	
	\$165	Non-Preferred Brand (Tier 3)	
	N/A	Specialty Drug/Injectible (Tier 4)	

HIGH OPTION – Group Care PPO RATES

Coverage Level	Employee Monthly Cost	CPSB Benefit	Full Premium
Employee Only	\$430.76	\$757.46	\$1,188.22
Employee + Spouse	\$968.64	\$1,347.22	\$2,315.86
Employee + Child(ren)	\$700.55	\$1,053.28	\$1,753.83
Family	\$1,238.47	\$1,643.07	\$2,881.54

** Aggregate Out of Pocket –The medical and prescription deductible as well as the co-pays apply towards your out-of-pocket limit.

MID OPTION HSA & FSA-Eligible	PPO	Non-PPO
Deductible		
-Individual	\$2,000	\$4,000
-Family	\$4,000	\$8,000
Annual Out-of-Pocket Maximum**		
-Individual	\$4,000	\$8,000
-Family	\$8,000	\$16,000
In-Patient/Out-Patient Benefits	70% After Deductible	50% After Deductible
Prescription Drugs	100% Generic; 70% Name Brand After Deductible	100% Generic; 50% Name Brand After Deductible

MID OPTION – Blue Saver HSA/FSA RATES

Coverage Level	Employee Monthly Cost	CPSB Benefit	Full Premium
Employee Only	\$303.45	\$533.59	\$837.04
Employee + Spouse	\$770.22	\$1,071.26	\$1,841.48
Employee + Child(ren)	\$601.82	\$904.84	\$1,506.66
Family	\$1,079.27	\$1,431.84	\$2,511.11

LOW OPTION HSA & FSA-Eligible	PPO	Non-PPO
Deductible		
-Individual	\$3,000	\$3,000
-Family	\$6,000	\$6,000
Annual Out-of-Pocket Maximum**		
-Individual	\$5,000	\$5,000
-Family	\$10,000	\$10,000
In-Patient/Out-Patient Benefits	100% After Deductible	80% After Deductible
Prescription Drugs	100% Generic; 80% Name Brand After Deductible	100% Generic; 80% Name Brand After Deductible

LOW OPTION – Blue Saver HSA/FSA RATES

Coverage Level	Employee Monthly Cost	CPSB Benefit	Full Premium
Employee Only	\$215.40	\$378.72	\$594.12
Employee + Spouse	\$484.30	\$673.61	\$1,157.91
Employee + Child(ren)	\$350.30	\$526.64	\$876.94
Family	\$619.22	\$821.54	\$1,440.76

PPACA OPTION HSA & FSA-Eligible	PPO	Non-PPO
Deductible		
-Individual	\$5,000	\$10,000
-Family**	\$9,000	\$18,000
Annual Out-of-Pocket Maximum**		
-Individual	\$5,000	\$10,000
-Family**	\$9,000	\$18,000
In-Patient/Out-Patient Benefits	100% After Deductible	80% After Deductible
Prescription Drugs	100% Generic; 80% Name Brand After Deductible	100% Generic 80% Name Brand After Deductible

PPACA OPTION – Blue Saver HSA RATES

Coverage Level	Employee Monthly Cost	CPSB Benefit	Full Premium
Employee Only	\$121.93	\$248.23	\$370.16
Employee + Spouse	\$564.12	\$992.01	\$1,556.13

** Aggregate Out of Pocket –The medical and prescription deductible as well as the co-pays apply towards your out-of-pocket limit.

Medicare Advantage

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 (Included worldwide)	\$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
	Effective through 12/31/26
Active/Retiree w/ Medicare A & B	\$132.24
Active/Retiree + Spouse w/ Medicare A & B	\$306.24
Active/Retiree Spouse Only w/ Medicare A & B	\$174.00
Survivor w/ Medicare A & B	\$348.00

BLUE ADVANTAGE PART D DRUG COVERAGE (5-tier Formulary)

Rx Deductible	\$0
Preferred Retail Co-Pay & Mail Order	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
Non-Preferred Retail Copay	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
Non-Preferred Mail Order	N/A
Gap Coverage	Full gap coverage for all tiers
MOOP	After your maximum out-of-pocket drug costs reach \$2,100, the plan will pay 100% of your total drug costs.

BLUE ADVANTAGE SUPPLEMENTAL BENEFITS

Flex Card Info	\$500 Mastercard Flex Card to pay for out-of-pocket costs, including: <ul style="list-style-type: none"> • \$300 to pay for eyewear like eyeglasses and contact lenses • \$200 for over-the-counter supplies annually (\$50 per quarter) for purchases at major retailers or online • Hearing Aids: \$800 allowance provided by TruHearing; Please call 1-800-334-1807
Your plan also offers	<ul style="list-style-type: none"> • 100% coverage for Medicare-covered preventive and wellness care • \$0 deductible for in-network medical services • Specialist visits without a referral • Access a nationwide doctor and hospital network that covers 100 million Americans (BlueCard Program) • Dental benefits including two dental cleanings and two exams per year covered from your first dollar of expense – no deductible • Hearing benefits
Online Primary Care	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.
Member Wellness Rewards	Get up to \$50 per year in gift cards from major retailers for completing approved wellness exams and/or screenings.
Fitness Program	No-cost fitness center membership (including many YMCA locations and select premium clubs or home fitness kits).
24-hour Nurse Help Line	Get help making the right choice in your health care based on your symptoms any time of the day or night.

Activate MyLABlue TODAY!

Track your insurance activity, connect securely with customer service, estimate costs, search in-network doctors, download your digital ID card and much more.

Get your personal insurance information in the way that's most convenient to you – online, through the MyLABlue app or within your MyChart account.



lablue.com/welcome

There are a few ways to get started. Choose the one that best fits your needs.

1. Instant Activation via Email or SMS

This is the most streamlined way to register. Louisiana Blue members who already have an account should receive an activation link through email or SMS. Upon clicking the link:

- Verify your identity.
- Create a username and password.
- Agree to terms and conditions, and you're in!

2. Activation Using a Manual Code

These instructions are for members who receive an activation code rather than a clickable link.

Follow these steps:

- Go to my.lablue.com and fill in your username and password.
- Enter the activation code.
- Verify your identity.
- Enter the verification code you receive via email or SMS.
- Create a username and password, agree to the terms and conditions, and get started!

If you don't have an activation code, you can call the Customer Service number on the back of your ID card, and a Louisiana Blue representative can give you one.

3. Using Existing Portal Access

These instructions are for members who already have access to their accounts:

- Go to my.lablue.com and click “Activate with Your Existing Login.”
- Log in with your old credentials and click the activation link within the old portal.
- You’ll be redirected to **MyLABlue** to verify your identity.
- Create a new username and password, agree to the terms and conditions, and you’re good to go!

4. Self Sign-Up

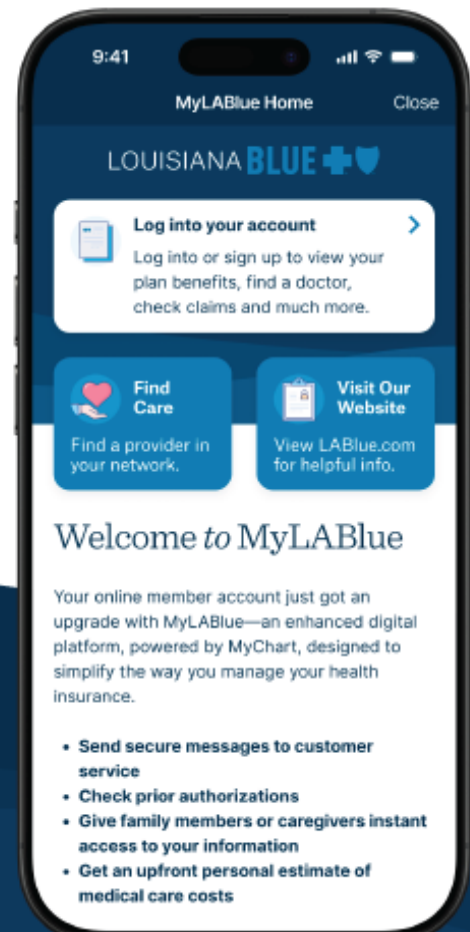
- If you’re a new member or if you don’t have a code or link, you can follow these steps: Go to my.lablue.com and click “Sign Up” and select “Sign up with your information.”
- Complete a registration form with the required personal details.
- Enter the verification code you receive via email or SMS.
- Once the code is entered, confirm a username and password, agree to the terms and conditions, and you’re in!

5. Use the MyLABlue App:

- Download the **MyLABlue** app from the iOS App Store or Google Play Store.
- Sign up using your member ID and personal details.
- If you had the old app, it will automatically update to the new version.

Link via MyChart:

After you activate your account, open your **MyChart** app and add “Louisiana Blue” as an organization. This links your health insurance and health data in one place.



Need Help?

Visit <https://my.lablue.com> or call the Customer Service number on the back of your member ID card.



**USE YOUR
DIGITAL ID CARD**
when you need to
see a doctor!



If you do need to see a doctor in person, you now have the option to present a digital ID card. You can access your ID card from your mobile device and online through the member portal. You'll need to have an online account to access your digital ID card. If you don't have an online account, register today at www.bcbsla.com/login.

- **From the BCBSLA mobile app**, first make sure you have the latest update of the app. Once you log in, click **My ID Card** to see the ID cards available to you.
- **From the Blue Cross member portal**, log into your online account at bcbsla.com. You'll see My ID Card with a dropdown menu of the ID cards available for viewing. You can save these as PDF files.

Front

 HMO Louisiana Community Blue	
Member Name JON DOE	MEDICAL BENEFITS
Member ID XUP000111222	
Grp/Subgroup AA000ABC/1234	Deductible \$1200
RxMbr ID 000111222	Physician/Office Co-Pay \$25
RxBIN 001122 ABCDEFGHI1	Specialty Co-Pay \$50
RxGrp OGB	
BC PLAN 000 BS PLAN 000	
04100 01320 1115R 	

Back

 Louisiana	www.bcbsla.com
	Customer Service 800-496-2583
	Find a Provider 800-810-2583
	Authorizations 800-523-6435
	Dental Questions 888-445-5338
	Pharmacy Questions 866-781-7533
Hospitals and Physicians: File claims with your local Blue Cross and/or Blue Shield Plan.	
Vision: File claims with Davis Vision	
Dental: File claims with United Concordia	
File Medicare primary claims with Medicare.	
	Blue Cross and Blue Shield of Louisiana
	P.O. Box 98029
	Baton Rouge, LA 70898-9829
	An independent licensee of the Blue Cross and Blue Shield Association and incorporated as Louisiana Health Service & Indemnity Company. Printed: 07/23/2019
 EXPRESS SCRIPTS*	Pharmacy Benefits Administrator

If you or your dependents need to visit a doctor in person, please consider using your digital ID card instead of your plastic ID card. Digital ID cards are currently available for medical policies only.

Blue Cross and Blue Shield of Louisiana is here to help. Please visit our website at www.bcbsla.com/covid19 for ongoing updates.

Preventative Care Services

We want to help you protect your health and that starts with disease prevention and early detection. If you use a provider in your Blue Card PPO network, you can receive certain routine preventive services at no extra cost to you. This means that visit is not subject to copays or coinsurance, per applicable plan benefits. **It is covered at 100%.** Please see your Health Insurance Department for more information.

	Example of Services
Exams or tests (High-Tech Imaging services such as an MRI, MRA, CT scan, PET scan and nuclear cardiology are not covered under this no-cost preventive benefit but may be covered under other policy benefits. Check your benefit plan.)	<ul style="list-style-type: none"> Routine wellness physical & diagnostic tests such as urinalysis, CBC, cholesterol and glucose Lung cancer screening & tobacco use screening/counseling (adults) Colonoscopy (age 45-75, 1x every 10 years) Women: Routine gynecologist or obstetrician visit
Cancer & other disease screenings	<ul style="list-style-type: none"> Women: Mammography (3D), routine pap smear, BRCA genetic testing, Osteoporosis screening Men: Prostate cancer screening & PSA test
Other screenings & services	<ul style="list-style-type: none"> Blood pressure screening Skin cancer counseling
Immunizations	<ul style="list-style-type: none"> Any immunization recommended by a physician Seasonal flu shots and H1N1 immunizations
Additional Children Benefits	<ul style="list-style-type: none"> Autism screening Developmental & behavioral assessments Anxiety & depression screening Hearing & vision screening Well baby care
Colorectal Cancer Screening	<ul style="list-style-type: none"> Cologuard DNA testing (45-75 years: 1 per benefit period. For more screenings, you pay Deductible Amounts and Coinsurance percentages shown in the Schedule of Benefits) Computer tomographic (CT) colonography (45-75 years: 1 every 5 years. For more screenings, you pay Deductible Amounts and Coinsurance percentages shown in the Schedule of Benefits) <p>(Cologuard and CT Colonography are noninvasive colorectal cancer screenings used as an alternative to colonoscopies for individuals showing no signs or symptoms and no previous concerning medical history.)</p>

* This is a partial list. The services noted above are paid at 100% for network providers when filed with a wellness code.

Please note: This list is not comprehensive and is subject to change. Some services may have risk, age, time limit or gender limitations.

Preventive Care/Safe Harbor Drugs at \$0 Copay

Preventive Care/Safe Harbor Drugs are drugs that can help keep you from developing a health condition or related complications of a health condition. For the **Blue Saver plan**, the generic preventive care/safe harbor drugs are available at **100% coverage with the deductible waived**, when purchased at an in-network pharmacy. A listing of these drugs can be found at <https://www.bcbsla.com/find-a-doctor/rx-drug-resources>.



Where should I go if I'm sick or injured?

When to Visit Primary Care:

Your primary care doctor is your partner in good health and your main point of contact for your health care needs. Your doctor gives you routine care and will treat you when you have a problem that is not an emergency. You should see your doctor once a year and as needed to help you with ongoing health problems. Your doctor usually can see you during the day Monday through Friday.



Routine Well Visits



Preventative Care



Immunizations or Shots



Diabetes (Sugar)



Rashes



Cold & Flu Symptoms



Colonoscopy



High Blood Pressure



Tooth Pain



Sore Throat



Pink Eye



Lower Back Pain



Animal or Insect Bite



Urinary Tract Infection



Pap Smear

When to Visit Urgent Care:

When your primary care doctor isn't available, or if you are hurt from an injury and you need to see a doctor quickly, urgent care is there to help you. Urgent care can treat any health problem where you need to be seen quickly but is not an emergency. Urgent Care has evening and weekend hours when your primary care doctor may not be available.



Sprains & Strains



Stitches



Rashes



Cold & Flu Symptoms



Tooth Pain



Sore Throat



Pink Eye



Lower Back Pain



Animal or Insect Bite



Urinary Tract Infection

When to Visit the Emergency Room:

You should use the emergency room for any life or death emergency. You should follow up with your primary care doctor after a visit to emergency room.



Allergic Reactions



Babies Needing Immediate Care



Serious Eye or Head Injuries



Severe Burns



Suspected Drug Overdose or Poisoning



Severe Abdominal or Chest Pain



Breathing Problems



Heart Attack Symptoms



High Fevers



Stroke Symptoms

When in doubt, dial 911

Health Savings Account (HSA)

If you enroll in the Low Option medical plan, you're also eligible to open a Health Savings Account (HSA).

The account can be funded with your tax-exempt dollars to help pay for eligible medical expenses not covered by an insurance plan, including the deductible and co-insurance.

Should you choose to participate in the HSA account, Calcasieu Parish School Board will deduct the amount you choose per paycheck and deliver to your HSA account, provided by First Financial.

Please call First Financial for additional information at 1-866-541-5096.

HSA Benefits

- ✓ All money in the HSA is owned by you.
- ✓ You are not required to spend the savings in a single year.
- ✓ Contributions and interest are tax free.
- ✓ You can change the amount that is deposited in the account from month-to-month.

Tax Benefits

- ✓ Contributions to HSAs are not subject to federal income taxes.
- ✓ Earnings to an HSA from interest and investments are tax-free.
- ✓ Distributions from an HSA to pay for qualified medical expenses are tax-free.

2026 Contribution Limits:

\$4,400 Individual

\$8,750 Family

\$1,000 Catch-up
(Age 55+)

Examples of Qualified Expenses

- Acupuncture
- Alcoholism treatment
- Ambulance
- Artificial limbs
- Artificial teeth
- Breast reconstruction surgery (mastectomy-related)
- Chiropractic services
- Cosmetic surgery (only if due to trauma or disease)
- Dental treatment (X-rays, fillings, braces, extractions, etc.)
- Diagnostic devices (such as blood sugar test kits for diabetics)
- Doctor's office visits and procedures
- Drug addiction treatment
- Eyeglasses, contact lenses and eye exams
- Eye surgery (such as laser eye surgery)
- Fertility enhancements
- Hearing aids (and batteries for use)
- Hospital services
- Laboratory fees
- Long-term care (for medical expenses and premiums)
- Menstrual care products
- Nursing home
- Nursing services
- Operations/surgery (excluding unnecessary cosmetic surgery)
- (Certain) over-the-counter drugs and medications
- Physical therapy
- Prescription medicines or drugs
- Psychiatric care
- Psychologist counseling
- Speech therapy
- Stop-smoking programs
- Vasectomy
- Weight-loss programs (to treat a specific disease diagnosed by a physician)
- Wheelchairs
- X-rays

Example of Non-qualified Expenses

- Advance payment for future medical care
- Amounts reimbursed from any other source (such as other health coverage or a flexible spending account)
- Babysitting, childcare and nursing services for a normal, healthy baby
- Cosmetic surgery (unless due to trauma or disease)
- Diaper services
- Electrolysis or hair removal
- Funeral expenses
- Gasoline expenses to doctor visits
- Health club dues
- Household help
- Massage (unless a prescription is presented)
- Maternity clothes
- Meals
- Nutritional supplements
- Personal-use items (such as toothbrush/toothpaste)
- Swimming lessons
- Teeth whitening



Important Note: Participants in the tax favored health savings account are required to meet certain IRS guidelines to participate. The Blue Saver plans offered are qualified HSA plans. Enrollment in one of these plans should be the only health plan you are covered by in order to make contributions on a tax favored basis. If you are participating in another health plan including Champus or Medicare, please contact your benefits administrator to discuss further or consult your tax advisor.



Dental Insurance

Calcasieu Parish School Board offers voluntary dental insurance to all full-time eligible employees. Below you will see the benefit features as well as your monthly premium.

CALENDAR YEAR MAXIMUM	IN-NETWORK	OUT-OF-NETWORK
Type I, II, III (Preventive, Basic and Major Services)	\$1,000 per person (includes Preventive Rewards)	\$1,000 per person (includes Preventive Rewards)
Type IV Ortho Service (Dependent children only; Up to age 26)	\$1,000 lifetime per child	\$1,000 lifetime per child

CALENDAR YEAR DEDUCTIBLE

PROCEDURE	IN-NETWORK	OUT-OF-NETWORK
Type I Preventive Services	N/A	N/A
Type II, III (Basic and Major Services)	\$50 individual/\$150 family	\$50 individual/\$150 family
Type IV Ortho Services	N/A	N/A

THE PLAN PAYS THE FOLLOWING PERCENTAGE FOR PROCEDURES

PROCEDURE	IN-NETWORK	OUT-OF-NETWORK
Type I Preventive Services	100%	100%
Type II Basic Services	80%	80%
Type III Major Services	50%	50%
Type IV Ortho Services	50%	50%

DENTAL PROCEDURES COVERED

Type I Preventive Dental Services, including:

- Oral evaluations – 2 in any calendar year
- Routine dental cleanings – 2 in any calendar year (frequency combined with periodontal maintenance)
- Fluoride treatment – 1 in any 6 month period.
Only for children under age 14
- Sealants – no more than 1 per tooth in any 36 month period, only for permanent molar teeth. *Only for children under age 14*
- Space maintainers – *only for children under age 14*
- Bitewing x-rays – 1 in any calendar year
- Intraoral complete series x-rays – 1 in any 60 month period
- Genetic test for susceptibility to oral diseases

Type II Basic Dental Services, including:

- New fillings
- Simple extractions, incision and drainage
- Localized delivery of antimicrobial agents
- Stainless steel crowns – *only for children under age 19*

Type III Major Dental Services, including:

- Dentures and bridges – subject to 5 year replacement limit
- Inlay, onlay, and crown restorations – 1 per tooth in any 5 year period
- Dental implants – subject to 5 year replacement limit
- Surgical extractions of erupted teeth, impacted teeth, or exposed root
- Biopsy (including brush biopsy)
- Endodontics (includes root canal therapy) – 1 per tooth in any 24 month period
- Complex oral surgery
- General anesthesia/IV sedation – medically required
- Minor gum disease (non-surgical periodontics)
- Scaling and root planing – 1 in any 36 month period per area
- Periodontal maintenance – 1 time in 3 consecutive months, frequency combined with routine dental cleanings and limited to 4 in any 12 consecutive months
- Major gum disease (surgical periodontics)

Type IV Ortho Services, including:

- Orthodontic treatment is limited to your dependent children up to age 26.

DENTAL RATES

Coverage Level	Monthly
Employee Only	\$38.18
Family	\$97.03

Waiting Periods

For a complete description of services and waiting periods, please review your certificate of insurance. If you were covered under your employer's prior plan the wait will be waived for any type of service covered under the prior plan and this plan.

- No waiting period for preventive, basic, or major services
- No waiting period for orthodontic services

Class of Coverage

Class I	Active employees who are employed as Administrators, Supervisors, Assistant Supervisors, Coordinators, Directors, Psychologists, Principals, Assistant Principals, Nurses, Maintenance Foreman, Data Processing Managers, Administrative Interns, Accountants, Auditors, active School Board Members and Programmers.
Class III	Active employees who are employed as Maintenance and Warehouse Personnel, Media Specialists and Electronic Technicians
Class V	Active employees who are employed as Central Office Personnel Staff (other than those in Class I), Unclassified employees, Lunchroom Managers and Assistant Lunchroom Managers
Class VII	Active employees who are employed as Teachers, Counselors, Librarians, Coaches, Secretaries, Clerks, Resource Specialists, Strategists, Teachers Aides, Tutors, Consultants, Assessment Teachers, Consultant Strategists, Social Workers, Evaluation Personnel and Printers
Class IX	Active employees who are employed as Bus Drivers and Bus Driver Aides
Class XI	Active employees who are employed as Cafeteria Workers and Janitors

You have the option to choose additional (optional) life insurance for yourself and your family. Below is a chart (listed by class) showing the cost of the Basic Life, the cost of the Optional Life as well as the cost for both the Basic & Optional Life.

You have the choice of the following amounts:

- A. Basic Amount Only
Or
 B. Basic Amount + Optional Amount (for total life coverage amount shown)

Class	Basic Life Coverage Amount	Basic Life Monthly Rate	Optional Life Coverage	Optional Life Monthly Rate	Total Life Coverage Amount	Total Monthly Rates
Class I	\$30,000	\$18.51	\$20,000	\$22.49	\$50,000	\$41.00
Class III	\$20,000	\$11.04	\$15,000	\$11.27	\$35,000	\$22.31
Class V	\$10,000	\$3.51	\$10,000	\$7.51	\$20,000	\$11.02
Class VII	\$10,000	\$3.51	\$15,000	\$11.27	\$25,000	\$14.78
Class IX	\$5,000	\$0.00	\$5,000	\$3.51	\$10,000	\$3.51
Class XI	\$5,000	\$0.00	\$2,000	\$1.26	\$7,000	\$1.26

Dependent Life is paid for by Calcasieu Parish School Board if employee has Basic Life coverage:

- \$1,000 Spouse
- \$100 Children age birth to six months
- \$1,000 Children age six months to age 21 (or 24 if a full-time student and unmarried)

Age reductions are as follows:

- Reduces by 25% at age 65
- Then an additional 25% at age 70

Benefits continue into retirement, subject to terms of the policy.

Calcasieu Parish School Board offers Voluntary Term Life insurance for employees and dependents. The following information provides plan options as well as a monthly premium schedule.

Coverage Options	Plan I	Plan II	Plan III	Plan IV	Plan V	Plan VI
Employee	\$10,000	\$25,000	\$50,000	\$100,000	\$150,000	\$200,000
Spouse (50% of employee amount, up to \$50,000 maximum)	\$5,000	\$12,500	\$25,000	\$50,000	\$50,000	\$50,000
Children (Age 6 months to 21 years, 24 if full-time student)	\$1,000	\$2,500	\$5,000	\$10,000	\$10,000	\$10,000
Children (Age 14 days to 6 months)	\$500	\$500	\$500	\$500	\$500	\$500

- Retirees are eligible to continue coverage after retirement. Retiree must be eligible as a Retiree under his/her specific retirement system.
- Retirees are not eligible for total and permanent disability waiver of premium.
- Maximum Benefit available for Retirees is \$50,000 with Spouse limited to 50% of Retiree benefit to a maximum of \$25,000.
- **All coverage terminates at age 70**
- Total and permanent disability of the Employee allows coverage to be extended until 70 or until recovered without premium payment for the employee benefits.
- Continuation of coverage and conversion privilege are available for both Employee and Dependents.
- Dependents who are hospitalized or unable to perform the normal duties of a person of like age on the proposed effective date for increased coverage, will not become effective and existing coverage may not be increased until the Dependent is released from the hospital by the attending physician and actually does his/her normal duties.
- Evidence of Insurability is required on amounts in excess of \$50,000 (during scheduled open enrollment).

VOLUNTARY GUARANTEE ISSUE

OPEN ENROLLMENT PERIOD: All new employees actively at work on the effective date of coverage will be guaranteed issued \$50,000.

The open enrollment for new employees will only apply to the first 30 days of employment.

VOLUNTARY LIFE MONTHLY PREMIUM SCHEDULE

Age	PLAN I		PLAN II		PLAN III		PLAN IV		PLAN V		PLAN VI	
	Single	Family	Single	Family	Single	Family	Single	Family	Single	Family	Single	Family
Under 30	\$0.50	\$ 1.20	\$ 1.25	\$ 3.00	\$ 2.50	\$ 6.00	\$ 5.00	\$ 12.00	\$ 7.50	\$ 14.50	\$ 10.00	\$ 17.00
30 – 39	\$0.70	\$ 1.70	\$ 1.75	\$ 4.25	\$ 3.50	\$ 8.50	\$ 7.00	\$ 17.00	\$ 10.50	\$ 20.50	\$ 14.00	\$ 24.00
40 – 44	\$1.20	\$ 2.40	\$ 3.00	\$ 6.00	\$ 6.00	\$12.00	\$ 12.00	\$ 24.00	\$ 18.00	\$ 30.00	\$ 24.00	\$ 36.00
45 – 49	\$1.70	\$ 3.30	\$ 4.25	\$ 8.25	\$ 8.50	\$16.50	\$ 17.00	\$ 33.00	\$ 25.50	\$ 41.50	\$ 34.00	\$ 50.00
50 – 54	\$2.70	\$ 5.10	\$ 6.75	\$12.75	\$13.50	\$25.50	\$ 27.00	\$ 51.00	\$ 40.50	\$ 64.50	\$ 54.00	\$ 78.00
55 – 59	\$4.40	\$ 7.80	\$11.00	\$19.50	\$22.00	\$39.00	\$ 44.00	\$ 78.00	\$ 66.00	\$100.00	\$ 88.00	\$122.00
60 – 64	\$6.10	\$10.50	\$15.25	\$26.25	\$30.50	\$52.50	\$ 61.00	\$105.00	\$ 91.50	\$135.50	\$122.00	\$166.00
65 – 69	\$8.30	\$14.20	\$20.75	\$35.50	\$41.50	\$71.00	\$ 83.00	\$142.00	\$124.50	\$183.50	\$166.00	\$225.00

- Age changes will occur on September 1, each year for individuals entering new age brackets.



Supplemental Accidental Death & Dismemberment

To elect this coverage, find your class & amount and check the corresponding boxes on the enrollment form under: Employee Basic Life, Spouse Basic Life, Child(ren) Basic Life and Optional Employee Life.

All full-time active employees are eligible to enroll in Supplemental Accidental Death & Dismemberment insurance. There is no age limit for the employee but the policy age limit for a spouse is 70.

Principal Sum Amount has a minimum of \$10,000 and a maximum of \$250,000 in \$10,000 increments. For amounts above \$150,000, the principal sum requested cannot exceed the lesser of 10 times your earnings or the maximum above.

Age reductions are as follows:

<u>Your age:</u>	<u>Percentage of Principal Sum:</u>	
Ages 70-74	65%	<ul style="list-style-type: none"> • These reductions also apply if you become covered the policy or your coverage increases on or after the date you attain age 70. • This benefit is payable to you or your covered dependents, when you sustain an injury that results in any of the following losses within 365 days of the date of the accident:
Ages 75-79	45%	
Ages 80-84	30%	
Ages 85+	15%	

For Loss of:	Benefit:
Life	Principal Sum
Both Hands or Both Feet or Sight of Both Eyes	Principal Sum
One Hand and One Foot	Principal Sum
Speech and Hearing in Both Ears	Principal Sum
Either Hand or Foot and Sight of One Eye	Principal Sum
Movement of Both Upper and Lower Limbs (Quadriplegia)	Principal Sum
Movement of Both Lower Limbs (Paraplegia)	Three-Quarters of Principal Sum
Movement of Three Limbs (Triplegia)	Three-Quarters of Principal Sum
Movement of the Upper and Lower Limbs of One Side of the Body (Hemiplegia)	One-Half of Principal Sum
Either Hand or Foot	One-Half of Principal Sum
Sight of One Eye	One-Half of Principal Sum
Speech or Hearing in Both Ears	One-Half of Principal Sum
Movement of One Limb (Uniplegia)	One-Quarter of Principal Sum
Thumb and Index Finger of Either Hand	One-Quarter of Principal Sum

Loss means with regard to:

1. Hands and feet, actual severance through or above wrist or ankle joints;
2. Sight, speech and hearing, entire and irrecoverable loss thereof;
3. Thumb and index finger, actual severance through or above the metacarpophalangeal joints; or
4. Movement, complete and irreversible paralysis of such limbs.

Principal Sum for each of your eligible dependents

Principal Sum	Spouse	Each Dependent Child
Spouse Only	50%	0%
Spouse & Dependent Child(ren)	40%	10%
Dependent Child(ren) Only	0%	15%

Principal Sum for any one Child cannot exceed the lesser of the amount calculated above or \$50,000.

Monthly Deductions

Principal Sum	Employee Only Plan	Family Plan
\$10,000	\$0.34	\$0.50
\$20,000	\$0.68	\$1.00
\$30,000	\$1.02	\$1.50
\$40,000	\$1.36	\$2.00
\$50,000	\$1.70	\$2.50
\$60,000	\$2.04	\$3.00
\$70,000	\$2.38	\$3.50
\$80,000	\$2.72	\$4.00
\$90,000	\$3.06	\$4.50
\$100,000	\$3.40	\$5.00
\$110,000	\$3.74	\$5.50
\$120,000	\$4.08	\$6.00
\$140,000	\$4.76	\$7.00
\$150,000	\$5.10	\$7.50
\$160,000	\$5.44	\$8.00
\$170,000	\$5.78	\$8.50
\$180,000	\$6.12	\$9.00
\$190,000	\$6.46	\$9.50
\$200,000	\$6.80	\$10.00
\$210,000	\$7.14	\$10.50
\$220,000	\$7.48	\$11.00
\$230,000	\$7.82	\$11.50
\$240,000	\$8.16	\$12.00
\$250,000	\$8.50	\$12.50






I have been informed that if I choose to participate in the group health insurance plan upon my retirement, the premium will be subjected to the following structure and is based on **Years of Participation*** in the health insurance plan. **Please Note** – Employee's years of participation do not include years as a dependent child.

I also have been informed that it is my responsibility to add any new dependents and cancel any ineligible dependents from my insurance policies within 30 days of their eligibility/ineligibility by the employee visiting the health insurance office and providing the appropriate documentation.

<u>Retirees</u>	<u>Years of Participation*</u>	<u>Employer Contribution</u>
	Less than 1 year	0%
	At least 1 year, but less than 10 years	16%
	At least 10 years, but less than 15 years	32%
	At least 15 years, but less than 20 years	47%
	20 years or more	62%
<u>Dependents</u>	<u>Years of Participation*</u>	<u>Employer Contribution</u>
	Less than 1 year	0%
	At least 1 year, but less than 10 years	12%
	At least 10 years, but less than 15 years	25%
	At least 15 years, but less than 20 years	38%
	20 years or more	50%

WHO TO CONTACT

Blue Cross Blue Shield of LA		www.bcbsla.com	1-800-599-2583
Express Scripts (BCBS Pharmacy Network)		www.express-scripts.com	1-866-781-7533
First Financial HSA Banking & Supplemental Plans		www.ffga.com	1-866-541-5096
Sun Life Dental		www.sunlife.com	1-800-442-7742
Trustmark		www.trustmarkbenefits.com	1-337-217-4240 X3009
The Hartford		www.thehartford.com	1-337-217-4240 X3009

DISCLAIMER: The material in this benefits brochure is for informational purposes only and is neither an offer of coverage or medical or legal advice. It contains only a partial description of plan or program benefits and does not constitute a contract. Please refer to the Summary Plan Description (SPD) for complete plan details. In case of a conflict between your plan documents and this information, the plan documents will always govern.

Annual Notices: ERISA and various other state and federal laws require that employers provide disclosure and annual notices to their plan participants. The company will distribute all required notices annually.

CPSB Contact Name	Email Address	337-217-4240
Stacey Vezinot	Stacey.Vezinot@cpsb.org	X 3009
Stacy Howard	Stacy.Howard@cpsb.org	X 3012
Sheri Maddox	Sheri.Maddox@cpsb.org	X 3010
Megan Guidry	Megan.Guidry@cpsb.org	X 3013

