

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/Injectable (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: \$45 Value Drug (Tier 1) \$105 Preferred Brand (Tier 2) \$165 Non-Preferred Brand (Tier 3) N/A Specialty Drug/Injectable (Tier 4)		
• 90-day supply available only by mail order			

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.