



**CHRISTIAN SCHOOLS  
INTERNATIONAL**

**CSI INSURANCE PLAN AND TRUST FUND  
Medical Plan Options 2011/2012  
Priority Health Plan HMO 80**

MEDICAL BENEFITS	HMO 80 LOW	HMO 80 HIGH
<b>General Plan Information</b>		
Annual Deductible/Individual	\$500	\$1,000
Annual Deductible/Family	\$1,000	\$2,000
Employer Funding of Deductible	N/A	N/A
Rollover	N/A	N/A
Coinsurance	80%	80%
Office Visit/Exam PCP Services	\$30 copay PCP services	\$20 copay PCP services
Outpatient Specialist Visit	\$45 copay	\$35 copay
Annual Out-of-Pocket Limit/Individual	\$1,300 plus copays	\$2,500 plus copays
Annual Out-of-Pocket Limit/Family	\$3,400 plus copays	\$5,000 plus copays
Deductible Included in Out-of-Pocket	Yes	Yes
Lifetime Plan Maximum	Unlimited	Unlimited
Primary Care Physician Required	Yes	Yes
<b>Preventive Services (Outpatient)</b>		
Well-Child Care	100%	100%
Immunizations	100%	100%
Well Woman Exams	100%	100%
Mammograms	100%	100%
Adult Exams w/ Preventive Tests	100%	100%
<b>Diagnostic X-Ray and Lab Tests</b>	80%, after deductible	80%, after deductible
<b>Maternity Care</b>		
Routine Pregnancy and Maternity Care (Pre-Natal Care)	\$30 copay, Maximum of 4 copays per pregnancy	\$30 copay, Maximum of 4 copays per pregnancy
Inpatient Delivery	80%, after deductible	80%, after deductible
<b>Inpatient Hospital Services</b>		
Pre-Authorization of Services Required	Yes	Yes
Semi-Private Room & Board; Including Services and Supplies	80%, after deductible	80%, after deductible



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<b>Surgical Services</b>		
Outpatient Facility Charge	80%, after deductible	80%, after deductible
<b>Emergency Services</b>		
Emergency Room	\$100 copay	\$150 copay, after deductible
Copay/Deductible Waived if Admitted	Copay Waived, Deductible Still Applies	Copay Waived, Deductible Still Applies
Ambulance	\$50	\$150, after deductible
<b>Urgent Care</b>		
Urgent Care Facility	\$60 copay	\$75 copay
<b>Mental Health Benefits Alcohol &amp; Substance Abuse</b>		
Inpatient	80%, after deductible	80%, after deductible
Outpatient Care	\$30 copay	\$30 copay
<b>Prescription Drug Benefits</b>		
Generic	\$10 copay	\$15 copay
Brand (Formulary/Preferred)	\$40 copay	\$50 copay
Brand (Non-Formulary/Non-preferred)	\$40 copay w/approval	\$80 copay w/approval
Specialty Drug Brand Preferred	N/A	20% copay, with max out-of-pocket of \$150 per script/annual \$3,600
Specialty Drug Brand Non-Preferred	N/A	20% copay, with max out-of-pocket of \$300 per script/annual \$3,600
Number of Days Supply	30 days (90 day supply available from your local pharmacy for three copays)	30 days (90 day supply available from your local pharmacy for three copays)



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<b>Mail Order</b>		
Generic	\$20 copay	\$30 copay
Brand (Formulary/Preferred)	\$80 copay	\$100 copay
Brand (Non-Formulary/Non-preferred)	\$80 copay w/approval	\$160 copay w/approval
Specialty Drugs Brand Preferred and Brand Non-Preferred	N/A	Specialty Drugs are limited to a maximum of a 31-day supply per prescription or refill.
Number of Days Supply for Mail Order	90 days	90 days
<b>Other Services and Supplies</b>		
Durable Medical Equipment & Prosthetic Devices	50%, after deductible	50%, after deductible
Advanced Diagnostic Services (CT, CTA, MRI, Nuclear Cardiology Studies and PET Scan in an office, Outpatient or emergency setting)	\$150 copay Annual maximum of 10 copays per individual. Copay waived if performed while confined in hospital.	\$150 copay, after deductible Annual maximum of 10 copays per individual. Copay waived if performed while confined in hospital.
Home Health Care	100%, after deductible	100%, after deductible
Skilled Nursing or Extended Care Facility - 45 days per Contract Year	80%, after deductible	80%, after deductible
Hospice Care - 45 days per Contract Year	80%, after deductible	80%, after deductible
<b>Infertility</b>		
Diagnosis and treatment of underlying cause of infertility	50%, after deductible	50%, after deductible
<b>Rehabilitative Medicine Services</b>		
Physical and Occupational Therapy (including spinal manipulation)	\$30 copay, up to 30 visits per year	\$30 copay, up to 30 visits per year
Speech Therapy	\$30 copay, up to 30 visits per year	\$30 copay, up to 30 visits per year
Cardiac Rehabilitation and Pulmonary Rehabilitation	\$30 copay, up to 30 visits per year	\$30 copay, up to 30 visits per year

This is a summary of the benefits available to you through the CSI Insurance Plan. All of the provisions of the plan are contained in the Group Agreement between Priority Health and the Plan. Since the Group Agreement is complete in detail, the final interpretation of any specific provision is governed by it.