



**CHRISTIAN SCHOOLS  
INTERNATIONAL**

**CSI INSURANCE PLAN AND TRUST FUND  
Medical Plan Options 2011/2012  
Priority Health HSA Plans**

	<b>HSA LOW</b>	<b>HSA HIGH</b>
<b>General Plan Information</b>		
Annual Deductible/Individual	\$1,200	\$2,000
Annual Deductible/Family	\$2,400 (If you have family coverage, the full family deductible must met before any benefits are paid.)	\$4,000 (If you have family coverage, the full family deductible must met before any benefits are paid.)
Employer Funding of Deductible	School Choice	School Choice
Rollover of HSA Dollars	Yes	Yes
Coinsurance	80%	100%
Office Visit/Exam PCP Services	80% after deductible (Preventive care covered 100%)	100% after deductible (Preventive care covered 100%)
Outpatient Specialist Visit	80% after deductible	100% after deductible
Annual Out-of-Pocket Limit/Individual	\$2,000	\$4,000
Annual Out-of-Pocket Limit/Family	\$4,000	\$8,000
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	Preventive care 100%	Preventive care 100%
Immunizations	Preventive care 100%	Preventive care 100%
Well Woman Exams	Preventive care 100%	Preventive care 100%
Mammograms	Preventive care 100%	Preventive care 100%
Adult Periodic Exams w/ Preventive Tests	Preventive care 100%	Preventive care 100%
Diagnostic X-Ray and Lab Tests	80% after deductible	100% after deductible
<b>Maternity Care</b>		
Routine Pregnancy and Maternity Care (Pre-Natal Care)	Physician 100%.	Physician 100%.
Inpatient Delivery	80%, after deductible	100%, 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	100%, after deductible



**CSI INSURANCE PLAN AND TRUST FUND  
Medical Plan Options 2011/2012  
Priority Health HSA Plans**

	<b>HSA LOW</b>	<b>HSA HIGH</b>
<b>Surgical Services</b>		
Outpatient Facility Charge	80%, after deductible	100%, after deductible
<b>Emergency Services</b>		
Emergency Room	80%, after deductible	100%, after deductible
Copay/Deductible Waived if Admitted	No	No
<b>Urgent Care</b>		
Urgent Care Facility	80%, after deductible	100%, after deductible
<b>Mental Health Benefits Alcohol &amp; Substance Abuse</b>		
Inpatient Care	80%, after deductible	100%, after deductible
Outpatient Care	80%, after deductible	100%, after deductible
<b>Prescription Drug Benefits</b>		
Generic	\$15 copay after deductible	\$15 copay after deductible
Brand (Formulary/Preferred)	\$50 copay after deductible	\$50 copay after deductible
Brand (Non-Formulary/Non-preferred)	\$80 copay after deductible w/ approval	\$80 copay after deductible w/ approval
Specialty Drug Brand Preferred	20% copay, after deductible with \$150 per script max out of pocket \$3,600 specialty drug annual out of pocket	20% copay, after deductible with \$150 per script max out of pocket \$3,600 specialty drug annual out of pocket
Specialty Drug Brand Non Preferred	20% copay, after deductible with \$300 per script max out of pocket \$3,600 specialty drug annual out of pocket	20% copay, after deductible with \$300 per script max out of pocket \$3,600 specialty drug annual out of pocket
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)



**CHRISTIAN SCHOOLS  
INTERNATIONAL**

**CSI INSURANCE PLAN AND TRUST FUND  
Medical Plan Options 2011/2012  
Priority Health HSA Plans**

	<b>HSA LOW</b>	<b>HSA HIGH</b>
<b>Mail Order</b>		
Generic	\$30 copay after deductible	\$30 copay after deductible
Brand (Formulary/Preferred)	\$100 copay after deductible	\$100 copay after deductible
Brand (Non-Formulary/Non-preferred)	\$160 copay after deductible w/ approval	\$160 copay after deductible w/ approval
Specialty Drug Brand Preferred	Specialty Drugs are limited to a maximum of a 31 day supply per prescription or refill	Specialty Drugs are limited to a maximum of a 31 day supply per prescription or refill
Specialty Drug Brand Non Preferred	Specialty Drugs are limited to a maximum of a 31 day supply per prescription or refill	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)	80%, after deductible	100%, after deductible
Home Health Care	80%, after deductible	100%, after deductible
Skilled Nursing or Extended Care Facility - 45 days per Contract Year	80%, after deductible	100%, after deductible
Hospice Care - 45 days per Contract Year	80%, after deductible	100%, 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)	80% after deductible, up to 30 visits per year	100% after deductible, up to 30 visits per year
Speech Therapy	80% after deductible, up to 30 visits per year	100% after deductible, up to 30 visits per year
Cardiac Rehabilitation and Pulmonary Rehabilitation	80% after deductible, up to 30 visits per year	100% after deductible, 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 Certificate document between Priority Health and the Plan. Since the Certificate of Coverage document is complete in detail, the final interpretation of any specific provision is governed by it.