



**CHRISTIAN SCHOOLS
INTERNATIONAL**

**CSI INSURANCE PLAN AND TRUST FUND
Priority Health Medical Plan Options 2011/2012
Health by Choice Incentives**

MEDICAL BENEFITS	Health by Choice Incentives HMO 1		Health by Choice Incentives HMO 2	
	Choice Benefits	Standard Benefits	Choice Benefits	Standard Benefits
General Plan Information				
Annual Deductible/Individual	N/A	\$750	\$250	\$1,000
Annual Deductible/Family	N/A	\$1,500	\$500	\$2,000
Employer Funding of Deductible	N/A	N/A	N/A	N/A
Rollover	N/A	N/A	N/A	N/A
Coinsurance	100%	80%	90%	70%
Office Visit/Exam	\$10 copay PCP services	\$20 copay PCP services	\$15 copay PCP services	\$25 copay PCP services
Outpatient Specialist Visit	\$25 copay	\$35 copay	\$30 copay	\$40 copay
Annual Out-of-Pocket Limit/Individual	Copays only	\$1,500 plus copays	\$750 plus copays	\$2,250 plus copays
Annual Out-of-Pocket Limit/Family	Copays only	\$3,000 plus copays	\$1,500 plus copays	\$4,500 plus copays
Deductible Included in Out-of-Pocket	N/A	Yes	Yes	Yes
Lifetime Plan Maximum	Unlimited	Unlimited	Unlimited	Unlimited
Primary Care Physician Election Required	Yes	Yes	Yes	Yes
Preventive Services (PCP Office/Outpatient)				
Well-Child Care	100%	100%	100%	100%
Immunizations	100%	100%	100%	100%
Well Woman Exams	100%	100%	100%	100%
Mammograms	100%	100%	100%	100%
Adult Exams with Preventive Tests	100%	100%	100%	100%
Diagnostic X-Ray and Lab Tests	100%	80%, after deductible	90%, after deductible	70%, after deductible
Maternity Care				
Routine Pregnancy and Maternity Care (Pre-Natal Care)	\$10 copay, Maximum of 4 copays per pregnancy	\$20 copay, Maximum of 4 copays per pregnancy	\$15 copay, Maximum of 4 copays per pregnancy	\$25 copay, Maximum of 4 copays per pregnancy
Inpatient Delivery	100%	80%, after deductible	90%, after deductible	70%, after deductible
Inpatient Hospital Services				
Pre-Authorization of Services Required	Yes	Yes	Yes	Yes
Semi-Private Room & Board; Including Services and Supplies	100%	80%, after deductible	90%, after deductible	70%, after deductible



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Surgical Services				
Outpatient Facility Charge	100%	80%, after deductible	90%, after deductible	70%, after deductible
Emergency Services				
Emergency Room	\$100 copay	\$100 copay	\$100 copay	\$100 copay
Copay/Deductible Waived if Admitted	Copay Waived	Copay Waived, Deductible Still Applies	Copay Waived, Deductible Still Applies	Copay Waived, Deductible Still Applies
Ambulance	\$50	\$50	\$50	\$50
Urgent Care				
Urgent Care Facility	\$40 copay	\$50 copay	\$45 copay	\$55 copay
Mental Health Benefits Alcohol & Substance Abuse				
Inpatient Care	100%	80%, after deductible	90%, after deductible	70%, after deductible
Outpatient Care	\$10 copay	\$20 copay	\$15 copay	\$25 copay
Prescription Drug Benefits				
Generic	\$10 copay	\$10 copay	\$10 copay	\$10 copay
Brand (Formulary/Preferred)	\$40 copay	\$40 copay	\$40 copay	\$40 copay
Brand (Non-Formulary/Non-preferred)	\$40 copay w/approval	\$40 copay w/approval	\$40 copay w/approval	\$40 copay w/approval
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)	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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Mail Order				
Generic	\$20 copay	\$20 copay	\$20 copay	\$20 copay
Brand (Formulary/Preferred)	\$80 copay	\$80 copay	\$80 copay	\$80 copay
Brand (Non-Formulary/Non-preferred)	\$80 copay w/approval	\$80 copay w/approval	\$80 copay w/approval	\$80 copay w/approval
Number of Days Supply for Mail Order	90 days	90 days	90 days	90 days
Other Services and Supplies				
Durable Medical Equipment & Prosthetic Devices	50%	50%, after deductible	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 Annual maximum of 10 copays per individual. Copay waived if performed while confined in hospital.	\$150 copay Annual maximum of 10 copays per individual. Copay waived if performed while confined in hospital.	\$150 copay Annual maximum of 10 copays per individual. Copay waived if performed while confined in hospital.
Home Health Care	100%	100%, after deductible	100%, after deductible	100%, after deductible
Skilled Nursing or Extended Care Facility - 45 days per Contract Year	100%	80%, after deductible	90%, after deductible	70%, after deductible
Hospice Care - 45 days per Contract Year	100%	80%, after deductible	90%, after deductible	70%, after deductible
Infertility				
Diagnosis and treatment of underlying cause of infertility	50%	50%, after deductible	50%, after deductible	50%, after deductible
Rehabilitative Medicine Services				
Physical and Occupational Therapy (including spinal manipulation)	\$10 copay. Up to 30 visits/Contract Year	\$20 copay. Up to 30 visits/Contract Year	\$15 copay. Up to 30 visits/Contract Year	\$25 copay. Up to 30 visits/Contract Year
Speech Therapy	\$10 copay. Up to 30 visits/Contract Year	\$20 copay. Up to 30 visits/Contract Year	\$15 copay. Up to 30 visits/Contract Year	\$25 copay. Up to 30 visits/Contract Year
Cardiac Rehabilitation and Pulmonary Rehabilitation	\$10 copay. Up to 30 visits/Contract Year	\$20 copay. Up to 30 visits/Contract Year	\$15 copay. Up to 30 visits/Contract Year	\$25 copay. Up to 30 visits/Contract 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.

Revised 01/25/2011