



**CHRISTIAN SCHOOLS
INTERNATIONAL**

**CSI INSURANCE PLAN AND TRUST FUND
Medical Plan Options 2010/2011
Priority Health Plan HMO 100
Schools with less than 50 eligible employees**

MEDICAL BENEFITS	HMO 100 LOW	HMO 100 MEDIUM	HMO 100 HIGH
General Plan Information			
Annual Deductible/Individual	\$250	\$500	\$1,000
Annual Deductible/Family	\$500	\$1,000	\$2,000
Employer Funding of Deductible	N/A	N/A	N/A
Rollover	N/A	N/A	N/A
Coinsurance	100%	100%	100%
Office Visit/Exam PCP Services	\$20 copay PCP services	\$30 copay PCP services	\$20 copay PCP services
Outpatient Specialist Visit	\$35 copay	\$45 copay	\$35 copay
Annual Out-of-Pocket Limit/Individual	\$250 plus copays	\$500 plus copays	\$1,000 plus copays
Annual Out-of-Pocket Limit/Family	\$500 plus copays	\$1,000 plus copays	\$2,000 plus copays
Deductible Included in Out-of-Pocket	Yes	Yes	Yes
Lifetime Plan Maximum	Unlimited	Unlimited	Unlimited
Primary Care Physician Required	Yes	Yes	Yes
Preventive Services (Outpatient)			
Well-Child Care	\$20 copay PCP services	\$30 copay PCP services	\$20 copay PCP services
Immunizations	\$20 copay PCP services	\$30 copay PCP services	\$20 copay PCP services
Well Woman Exams	\$20 copay PCP services	\$30 copay PCP services	\$20 copay PCP services
Mammograms	100%	100%	100%
Adult Periodic Exams w/ Preventive Tests	\$20 copay PCP services	\$30 copay PCP services	\$20 copay PCP services
Diagnostic X-Ray and Lab Tests	100%, after deductible	100%, after deductible	100%, after deductible
Maternity Care			
Routine Pregnancy and Maternity Care (Pre-Natal Care)	\$20 copay, Maximum of 4 copays per pregnancy	\$30 copay, Maximum of 4 copays per pregnancy	\$20 copay, Maximum of 4 copays per pregnancy
Inpatient Delivery	100%, after deductible	100%, after deductible	100%, after deductible
Inpatient Hospital Services			
Pre-Authorization of Services Required	Yes	Yes	Yes
Semi-Private Room & Board; Including Services and Supplies	100%, after deductible	100%, after deductible	100%, after deductible



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Surgical Services			
Outpatient Facility Charge	100%, after deductible	100%, after deductible	100%, after deductible
Emergency Services			
Emergency Room	\$100 copay	\$100 copay	\$100 copay
Copay/Deductible Waived if Admitted	Copay Waived, Deductible Still Applies	Copay Waived, Deductible Still Applies	Copay Waived, Deductible Still Applies
Urgent Care			
Urgent Care Facility	\$50 copay	\$60 copay	\$50 copay
Mental Health Benefits			
Inpatient Care - 20 Days per Contract Year	100%, after deductible	100%, after deductible	100%, after deductible
Outpatient Care - 20 Visits per Contract Year	\$20 copay	\$30 copay	\$20 copay
Alcohol & Substance Abuse			
Inpatient Care			
Inpatient Hospitalization: To minimum annual benefit as determined by the State of Michigan per contract year	80%, after deductible	80%, after deductible	80%, after deductible
Outpatient Care			
Outpatient Services - To minimum annual benefit as determined by the State of Michigan per contract year	80%, after deductible	80%, after deductible	80%, after deductible
Prescription Drug Benefits			
Generic	\$10 copay	\$10 copay	\$10 copay
Brand (Formulary/Preferred)	\$40 copay	\$40 copay	\$40 copay
Brand (Non-Formulary/Non-preferred)	\$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)



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MEDICAL BENEFITS	HMO 100 LOW	HMO 100 MEDIUM	HMO 100 HIGH
Mail Order			
Generic	\$20 copay	\$20 copay	\$20 copay
Brand (Formulary/Preferred)	\$80 copay	\$80 copay	\$80 copay
Brand (Non-Formulary/Non-preferred)	\$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
Other Services and Supplies			
Durable Medical Equipment & Prosthetic Devices	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
Home Health Care	100%, after deductible	100%, after deductible	100%, after deductible
Skilled Nursing or Extended Care Facility - 45 days per Contract Year	100%, after deductible	100%, after deductible	100%, after deductible
Hospice Care - 45 days per Contract Year	100%, after deductible	100%, after deductible	100%, after deductible
Infertility			
Diagnosis and treatment of underlying cause of infertility	50%, after deductible	50%, after deductible	50%, after deductible
Rehabilitative Medicine Services			
Physical and Occupational Therapy (including spinal manipulation)	\$20 copay after deductible, up to 30 visits per year	\$30 copay after deductible, up to 30 visits per year	\$20 copay after deductible, up to 30 visits per year
Speech Therapy	\$20 copay after deductible, up to 30 visits per year	\$30 copay after deductible, up to 30 visits per year	\$20 copay after deductible, up to 30 visits per year
Cardiac Rehabilitation and Pulmonary Rehabilitation	\$20 copay after deductible, up to 30 visits per year	\$30 copay after deductible, up to 30 visits per year	\$20 copay 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 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.