



**CHRISTIAN SCHOOLS
INTERNATIONAL**

**CSI INSURANCE PLAN AND TRUST FUND
Medical Plan Options 2010/2011
Priority Health Plan HMO 80
Schools with less than 50 eligible employees**

| MEDICAL BENEFITS | HMO 80 LOW | HMO 80 HIGH |
|--|---|---|
| General Plan Information | | |
| 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 | \$30 copay PCP services |
| Outpatient Specialist Visit | \$45 copay | \$45 copay |
| Annual Out-of-Pocket Limit/Individual | \$1,300 plus copays | \$1,800 plus copays |
| Annual Out-of-Pocket Limit/Family | \$3,400 plus copays | \$4,400 plus copays |
| Deductible Included in Out-of-Pocket | Yes | Yes |
| Lifetime Plan Maximum | Unlimited | Unlimited |
| Primary Care Physician Required | Yes | Yes |
| Preventive Services (Outpatient) | | |
| Well-Child Care | \$30 copay PCP services | \$30 copay PCP services |
| Immunizations | \$30 copay PCP services | \$30 copay PCP services |
| Well Woman Exams | \$30 copay PCP services | \$30 copay PCP services |
| Mammograms | 80% | 80% |
| Adult Periodic Exams w/ Preventive Tests | \$30 copay PCP services | \$30 copay PCP services |
| Diagnostic X-Ray and Lab Tests | 80%, after deductible | 80%, after deductible |
| Maternity Care | | |
| 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 |
| Inpatient Hospital Services | | |
| 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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|---|---|---|
| Surgical Services | | |
| Outpatient Facility Charge | 80%, after deductible | 80%, after deductible |
| Emergency Services | | |
| Emergency Room | \$100 copay | \$100 copay |
| Copay/Deductible Waived if Admitted | Copay Waived, Deductible Still Applies | Copay Waived, Deductible Still Applies |
| Urgent Care | | |
| Urgent Care Facility | \$60 copay | \$60 copay |
| Mental Health Benefits | | |
| Inpatient Care - 20 Days per Contract Year | 80%, after deductible | 80%, after deductible |
| Outpatient Care - 20 Visits per Contract Year | \$30 copay | \$30 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 |
| Outpatient Care | | |
| Outpatient Services - To minimum annual benefit as determined by the State of Michigan per contract year | 80%, after deductible | 80%, after deductible |
| Prescription Drug Benefits | | |
| Generic | \$10 copay | \$10 copay |
| Brand (Formulary/Preferred) | \$40 copay | \$40 copay |
| Brand (Non-Formulary/Non-preferred) | \$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) |



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|--|--|--|
| Mail Order | | |
| Generic | \$20 copay | \$20 copay |
| Brand (Formulary/Preferred) | \$80 copay | \$80 copay |
| Brand (Non-Formulary/Non-preferred) | \$80 copay w/approval | \$80 copay w/approval |
| Number of Days Supply for Mail Order | 90 days | 90 days |
| Other Services and Supplies | | |
| 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 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 |
| Infertility | | |
| Diagnosis and treatment of underlying cause of infertility | 50%, after deductible | 50%, after deductible |
| Rehabilitative Medicine Services | | |
| Physical and Occupational Therapy (including spinal manipulation) | \$30 copay after deductible, up to 30 visits per year | \$30 copay after deductible, up to 30 visits per year |
| Speech Therapy | \$30 copay after deductible, up to 30 visits per year | \$30 copay after deductible, up to 30 visits per year |
| Cardiac Rehabilitation and Pulmonary Rehabilitation | \$30 copay after deductible, up to 30 visits per year | \$30 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.