



**CHRISTIAN SCHOOLS
INTERNATIONAL**

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

General Plan Information		
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	Yes	Yes
Coinsurance	80%	80%
Office Visit/Exam PCP Services	80% after deductible (preventive care covered 100%)	80% after deductible (preventive care covered 100%)
Outpatient Specialist Visit	80% after deductible	80% 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
Preventive Services (Outpatient)		
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	Preventive Care - 100% otherwise 80% after deductible	Preventive Care - 100% otherwise 80% after deductible
Maternity Care		
Routine Pregnancy and Maternity Care (Pre-Natal Care)	Physician 100%.	Physician 100%.
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



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

Surgical Services		
Outpatient Facility Charge	80%, after deductible	80%, after deductible
Emergency Services		
Emergency Room	80%, after deductible	80%, after deductible
Copay/Deductible Waived if Admitted	No	No
Urgent Care		
Urgent Care Facility	80%, after deductible	80%, after deductible
Mental Health Benefits		
Inpatient Care - 20 Days per Contract Year	80%, after deductible	80%, after deductible
Outpatient Care - 20 Visits per Contract Year	80%, after deductible	80%, after deductible
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 after deductible	\$10 copay after deductible
Brand (Formulary/Preferred)	\$40 copay after deductible	\$40 copay after deductible
Brand (Non-Formulary/Non-preferred)	\$40 copay after deductible w/ approval	\$40 copay after deductible 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)



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

Mail Order		
Generic	\$20 copay after deductible	\$20 copay after deductible
Brand (Formulary/Preferred)	\$80 copay after deductible	\$80 copay after deductible
Brand (Non-Formulary/Non-preferred)	\$80 copay after deductible w/ approval	\$80 copay after deductible 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)	80%, after deductible	80%, after deductible
Home Health Care	80%, after deductible	80%, 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)	80% after deductible, up to 30 visits per year.	80% after deductible, up to 30 visits per year.
Speech Therapy	80% after deductible, up to 30 visits per year.	80% after deductible, up to 30 visits per year.
Cardiac Rehabilitation and Pulmonary Rehabilitation	80% after deductible, up to 30 visits per year.	80% 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.