



**CHRISTIAN SCHOOLS
INTERNATIONAL**

CSI INSURANCE PLAN AND TRUST FUND Medical Plan Options 2011/2012

Schedule A: Trustmark PPO 90, PPO 80 \$500, PPO 80 \$750 and PPO 80 \$1,000

Schedule B: Trustmark PPO HSA 1 and PPO HSA 2

SCHEDULE A MEDICAL BENEFITS	TRUSTMARK PPO 90		TRUSTMARK PPO 80 \$500, PPO 80 \$750 and PPO 80 \$1,000 School chooses deductible level of \$500/\$1,000, \$750/\$1,500 or \$1,000/\$2,000					
	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK			OUT-OF-NETWORK		
Adoption (Adoption benefit is provided by CSI)	\$3,000 max per child under age 18 at adoption	\$3,000 max per child under age 18 at adoption	\$3,000 max per child under age 18 at adoption			\$3,000 max per child under age 18 at adoption		
HealthWise Wellness Program	Monthly Newsletter Annual Health Assessment Counseling for Specific Health Risks	Monthly Newsletter Annual Health Assessment Counseling for Specific Health Risks	Monthly Newsletter Annual Health Assessment Counseling for Specific Health Risks			Monthly Newsletter Annual Health Assessment Counseling for Specific Health Risks		
Contract Year Deductible Out-of-Pocket Maximum Dependent Coverage	\$500/\$1,000 \$2,500/\$5,000 through Age 26	\$1,500/\$3,000 \$6,000/\$12,000 through Age 26	<u>PPO 80 \$500</u> \$500/\$1,000 \$2,500/\$5,000 through Age 26	<u>PPO 80 \$750</u> \$750/\$1,500 \$3,250/\$6,500 through age 26	<u>PPO 80 \$1,000</u> \$1,000/\$2,000 \$7,000/\$14,000 through Age 26	<u>PPO 80 \$500</u> \$1,500/\$3,000 \$5,500/\$11,000 through age 26	<u>PPO 80 \$750</u> \$2,250/\$4,500 \$7,250/\$14,500 through age 26	<u>PPO 80 \$1,000</u> \$3,000/\$6,000 \$15,000/\$30,000 through Age 26
Primary Care Physician Services Preventive Care Well Child Care Routine Immunization Mammograms	Covered 100% (no deductible) Covered 100% every 12 months More often if medically necessary	Covered 100% (no deductible) <i>Adult</i> - \$500 plan year max <i>Child</i> - \$500 plan year max <i>Well Child</i> - \$500 plan year max Covered 100% every 12 months More often if medically necessary	Covered 100% (no deductible) Covered 100% every 12 months More often if medically necessary			Covered 100% (no deductible) <i>Adult</i> - \$500 plan year max <i>Child</i> - \$500 plan year max <i>Well Child</i> - \$500 plan year max Covered 100% every 12 months More often if medically necessary		
Primary Care & Specialty Physician Services Therapies in a physician's office: (Physical, Speech, Occupational, etc.) Urgent Care Center In-Store Health Care Clinics	\$30 co-pay for office services. All other services covered 90% Therapies limited to 60 days (visits) per year \$35 Copay (facility charge only) \$20 co-pay	Covered 70% Therapies limited to 60 days (visits) per year Covered at 70% subject to deductible Covered at 70% subject to deductible	\$30 co-pay for office services. All other services covered 80% Therapies limited to 60 days (visits) per year \$35 Copay (facility charge only) \$20 co-pay			Covered 60% Therapies limited to 60 days (visits) per year Covered at 60% subject to deductible Covered at 60% subject to deductible		
Prescription Drugs	\$15 generic, \$50 preferred brand, \$80 other brand at participating pharmacies	\$15 generic, \$50 preferred brand, \$80 other brand at participating pharmacies	\$15 generic, \$50 preferred brand, \$80 other brand at participating pharmacies			\$15 generic, \$50 preferred brand, \$80 other brand at participating pharmacies		
Inpatient Physician & Surgeon's Services	Covered 90%	Covered 70%	Covered 80%			Covered 60%		

All covered services have applicable deductibles, unless noted otherwise. In-Network deductibles and Out-of-Network deductibles accumulate separately. Out-of-Pocket Maximum totals include the deductible amount.

In this schedule, we have attempted to summarize as clearly as possible the benefits available to you under the CSI Group Insurance Plan. All the provisions of the Plan are contained in the master policy issued by Trustmark Life Insurance Company. Since the master policy is complete in detail, the final interpretation of any specific provision is governed by it.



**CHRISTIAN SCHOOLS
INTERNATIONAL**

**CSI INSURANCE PLAN AND TRUST FUND
Medical Plan Options 2011/2012**

**Schedule A: Trustmark PPO 90, PPO 80 \$500, PPO 80 \$750 and PPO 80 \$1,000
Schedule B: Trustmark PPO HSA 1 and PPO HSA 2**

SCHEDULE A	TRUSTMARK PPO 90		TRUSTMARK PPO 80 \$500, PPO 80 \$750 and PPO 80 \$1,000	
	School chooses deductible level of \$500/\$1,000, \$750/\$1,500 or \$1,000/\$2,000		IN-NETWORK	OUT-OF-NETWORK
MEDICAL BENEFITS	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK
Inpatient Hospital Services S/P Room & Board Operating & Recovering Room Lab & X-Ray Drugs, Medications Hemodialysis Radiation & Chemotherapy Internal Prosthetics Rehabilitation Therapy	Covered 90%	Covered 70%	Covered 80%	Covered 60%
Outpatient Surgical Charges Operating & Recovery Room Lab & X-Ray	Covered 90%	Covered 70%	Covered 80%	Covered 60%
Outpatient Treatments Hemodialysis Radiation & Chemotherapy	Covered 90%	Covered 70%	Covered 80%	Covered 60%
Outpatient Professional Fees (includes anesthesiologist, surgeons, co-surgeons, pathology interpretations, etc.)	Covered 90%	Covered 70%	Covered 80%	Covered 60%
Outpatient X-Ray & Lab (including preadmission testing)	Covered 90%	Covered 70%	Covered 80%	Covered 60%
Other Health Care Facilities (Skilled Nursing & Rehabilitation)	Covered for 45 days Subject to deductible and coinsurance	Covered for 45 days Subject to deductible and coinsurance	Covered for 45 days Subject to deductible and coinsurance	Covered for 45 days Subject to deductible and coinsurance
Home Health Care	Covered 90% 60 visits per year	Covered 70% 60 visits per year	Covered 80% 60 visits per year	Covered 60% 60 visits per year
Durable Medical Equipment	Covered 50% after deductible	Covered 50% after deductible	Covered 50% after deductible	Covered 50% after deductible
External Prosthetic Appliances	Covered 50%	Covered 50%	Covered 50%	Covered 50%

All covered services have applicable deductibles, unless noted otherwise. In-Network deductibles and Out-of-Network deductibles accumulate separately. Out-of-Pocket Maximum totals include the deductible amount.

In this schedule, we have attempted to summarize as clearly as possible the benefits available to you under the CSI Group Insurance Plan. All the provisions of the Plan are contained in the master policy issued by Trustmark Life Insurance Company. Since the master policy is complete in detail, the final interpretation of any specific provision is governed by it.



**CHRISTIAN SCHOOLS
INTERNATIONAL**

**CSI INSURANCE PLAN AND TRUST FUND
Medical Plan Options 2011/2012**

**Schedule A: Trustmark PPO 90, PPO 80 \$500, PPO 80 \$750 and PPO 80 \$1,000
Schedule B: Trustmark PPO HSA 1 and PPO HSA 2**

SCHEDULE A	TRUSTMARK PPO 90		TRUSTMARK PPO 80 \$500, PPO 80 \$750 and PPO 80 \$1,000 School chooses deductible level of \$500/\$1,000, \$750/\$1,500 or \$1,000/\$2,000	
	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK
Family Planning Vasectomy Tubal Ligation	Covered 90% Covered 90%	Covered 70% Covered 70%	Covered 80% Covered 80%	Covered 60% Covered 60%
Infertility Diagnosis & Treatment Abortions	Covered 90% \$20,000 Lifetime Max	Covered 70% \$20,000 Lifetime Max	Covered 80% \$20,000 Lifetime Max	Covered 60% \$20,000 Lifetime Max
Emergency Care Doctor's Office Hospital Emergency Room or other Urgent Care Facility	\$30 Co-pay Covered 90% after \$75 Access fee	Covered 70% Covered 70% after \$75 Access Fee	\$30 Co-pay Covered 80% after \$75 Access Fee	Covered 60% Covered 60% after \$75 Access Fee
Ambulance	Covered 90%	Covered 70%	Covered 80%	Covered 60%
Mental Health Inpatient	Covered 90% 30 days per year	Covered 70% 30 days per year	Covered 80% 30 days per year	Covered 60% 30 days per year
Outpatient	Covered 90% Covered up to 30 visits per year	Covered 70% Covered up to 30 visits per year	Covered 80% Covered up to 30 visits per year	Covered 60% Covered up to 30 visits per year
Substance Abuse Inpatient & Outpatient	Covered 90% Limited to 1 outpatient visit per 7 days. 20 day annual limit with no more than 30 visits outpatient per year. 50 day/visit Lifetime Max combined	Covered 70% Limited to 1 outpatient visit per 7 days. 20 day annual limit with no more than 30 visits outpatient per year 50 day/visit Lifetime Max combined	Covered 80% Limited to 1 outpatient visit per 7 days. 20 day annual limit with no more than 30 visits outpatient per year 50 day/visit Lifetime Max combined	Covered 60% Limited to 1 outpatient visit per 7 days. 20 day annual limit with no more than 30 visits outpatient per year 50 day/visit Lifetime Max combined
Hospital, Surgical, Mental Health, Pre-Certification	Employee must pre-certify \$500 non-compliance penalty	Employee must pre-certify \$500 non-compliance penalty	Employee must pre-certify \$500 non-compliance penalty	Employee must pre-certify \$500 non-compliance penalty
Pre-Existing Condition Limitations	Treatment or 12 months insured	Treatment or 12 months insured	Treatment or 12 months insured	Treatment or 12 months insured
Chiropractic Coverage	\$30 Co-pay, 20 visits per year	Covered 70%, 20 visits per year	\$30 Co-pay, 20 visits per year	Covered 60%, 20 visits per year

All covered services have applicable deductibles, unless noted otherwise. In-Network deductibles and Out-of-Network deductibles accumulate separately. Out-of-Pocket Maximum totals include the deductible amount.

In this schedule, we have attempted to summarize as clearly as possible the benefits available to you under the CSI Group Insurance Plan. All the provisions of the Plan are contained in the master policy issued by Trustmark Life Insurance Company. Since the master policy is complete in detail, the final interpretation of any specific provision is governed by it.



**CSI INSURANCE PLAN AND TRUST FUND
Medical Plan Options 2011/2012**

**Schedule A: Trustmark PPO 90, PPO 80 \$500, PPO 80 \$750 and PPO 80 \$1,000
Schedule B: Trustmark PPO HSA 1 and PPO HSA 2**

SCHEDULE A	TRUSTMARK PPO 90		TRUSTMARK PPO 80 \$500, PPO 80 \$750 and PPO 80 \$1,000 School chooses deductible level of \$500/\$1,000, \$750/\$1,500 or \$1,000/\$2,000		
	MEDICAL BENEFITS	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK

Note on PPO HSA 1 and HSA 2: Schools may offer a choice of one of the PPO HSAs and one of the following plans: PPO 90, PPO 80 \$500, PPO \$ 750, PPO 80 \$1,000

All covered services have applicable deductibles, unless noted otherwise. In-Network deductibles and Out-of-Network deductibles accumulate separately. Out-of-Pocket Maximum totals include the deductible amount.

In this schedule, we have attempted to summarize as clearly as possible the benefits available to you under the CSI Group Insurance Plan. All the provisions of the Plan are contained in the master policy issued by Trustmark Life Insurance Company. Since the master policy is complete in detail, the final interpretation of any specific provision is governed by it.