



CHRISTIAN SCHOOLS  
INTERNATIONAL

**CSI INSURANCE PLAN AND TRUST FUND**  
**Medical Plan Options 2006/2007**  
**Priority Health Plans POS, HMO 100, HMO 80, HSA, and HRA**

MEDICAL BENEFITS	POS (Point-of-Service)		HMO 100	HMO 80	HSA Health Savings Account	HRA HealthAdvantage HMO
	In-Network	Out-of-Network				
<b>General Plan Information</b>						
Annual Deductible/Individual	\$100	\$500	\$100	\$250	\$1,050	\$1,000
Annual Deductible/Family	\$200	\$1,000	\$200	\$500	\$2,100 (If you have family coverage, the full family deductible must met before any benefits are paid.)	\$2,000
Employer Funding of Deductible	N/A	N/A	N/A	N/A	School Choice	School Choice: First 90% of deductible, or 50% up to the deductible
Rollover	N/A	N/A	N/A	N/A	Yes	No
Coinsurance	100%	70% of R&C	100%	80%	80%	100%
Office Visit/Exam	\$20 copay PCP services	70% of R&C after deductible	\$20 copay PCP services	\$25 copay PCP services	80% after deductible	\$20 copay PCP services
Outpatient Specialist Visit	\$20 copay, after deductible	70% of R&C after deductible	\$20 copay after deductible	\$25 copay after deductible	80% after deductible	\$20 copay after deductible
Annual Out-of-Pocket Limit/Individual	\$100 plus copays	\$1,500	\$100 plus copays	\$1,050 plus copays	\$2,100	\$1,000 plus copays
Annual Out-of-Pocket Limit/Family	\$200 plus copays	\$3,000	\$200 plus copays	\$2,900 plus copays	\$4,200	\$2,000 plus copays
Deductible Included in Out-of-Pocket	Yes	Yes	Yes	Yes	Yes	Yes
Lifetime Plan Maximum	Unlimited	\$1,000,000	Unlimited	Unlimited	Unlimited	Unlimited
Primary Care Physician Election Required	Yes	No	Yes	Yes	Yes	Yes
<b>Preventive Services (Outpatient)</b>						
Well-Child Care	\$20 copay	70% of R&C after deductible	\$20 copay	\$25 copay	Preventive care 100%	\$20 copay
Immunizations	\$20 copay	70% of R&C after deductible	\$20 copay	\$25 copay	Preventive care 100%	\$20 copay
Well Woman Exams	\$20 copay	70% of R&C after deductible	\$20 copay	\$25 copay	Preventive care 100%	\$20 copay
Mammograms	100%	70% of R&C after deductible	100%	80%	Preventive care 100%	100%
Adult Periodic Exams with Preventive Tests	\$20 copay	70% of R&C after deductible	\$20 copay	\$25 copay	Preventive care 100%	\$20 copay
Diagnostic X-Ray and Lab Tests	100%, after deductible	70% of R&C after deductible	100%, after deductible	80%, after deductible	Preventive Care - 100% otherwise 80% after deductible	100%, after deductible
<b>Maternity Care</b>						
Routine Pregnancy and Maternity Care (Pre-Natal Care)	\$20 copay, Maximum copay of \$60	70% of R&C after deductible	\$20 copay, Maximum Copayment of \$60	\$25 copay, Maximum Copayment of \$60	Physician 100%.	\$20 copay, Maximum Copayment of \$60
Inpatient Delivery	100%, after deductible	70% of R&C after deductible	100%, after deductible	80%, after deductible	80%, after deductible	100%, after deductible
<b>Inpatient Hospital Services</b>						
Pre-Authorization of Services Required	Yes by PCP	Yes by member. 20% penalty for non-precertification.	Yes	Yes	Yes	Yes
Semi-Private Room & Board; Including Services and Supplies	100%, after deductible	70% of R&C after deductible	100%, after deductible	80%, after deductible	80%, after deductible	100%, after deductible



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<b>Surgical Services</b>						
Outpatient Facility Charge	100%, after deductible	70% of R&C after deductible	100%, after deductible	80%, after deductible	80%, after deductible	100%, after deductible
<b>Emergency Services</b>						
Emergency Room	\$75 copay, after deductible	\$75 copay, after deductible	\$75 copay, after deductible	\$75 copay, after deductible	80%, after deductible	\$75 copay, after deductible
Copay/Deductible Waived if Admitted	Copay Waived, Deductible Still Applies	Copay Waived, Deductible Still Applies	Copay Waived, Deductible Still Applies	Copay Waived, Deductible Still Applies	No	Copay Waived, Deductible Still Applies
<b>Urgent Care</b>						
Urgent Care Facility	\$20 copay, after deductible	70% of R&C after deductible	\$20 copay, after deductible	\$25 copay, after deductible	80%, after deductible	\$20 copay, after deductible
<b>Mental Health Benefits</b>						
Inpatient Care - 20 Days per Contract Year	100%, after deductible	70% of R&C after deductible	100%, after deductible	80%, after deductible	80%, after deductible	100%, after deductible
Outpatient Care - 20 Visits per Contract Year	\$20 copay, after deductible	70% of R&C after deductible	\$20 copay, after deductible	\$20 copay, after deductible	80%, after deductible	\$20 copay after deductible
<b>Alcohol &amp; Substance Abuse</b>						
<b>Inpatient Care</b>						
Inpatient Hospitalization: To minimum annual benefit as determined by the State of Michigan per contract year	80%, after deductible	70% of R&C after deductible. 20% Penalty for non-pre-certification	80%, after deductible	80%, after deductible	80%, after deductible	80%, after deductible
<b>Outpatient Care</b>						
Outpatient Services - To minimum annual benefit as determined by the State of Michigan per contract year	80%, after deductible	70% of R&C after deductible	80%, after deductible	80%, after deductible	80%, after deductible	80%, after deductible
<b>Prescription Drug Benefits</b>						
Generic	\$15 copay	\$15 copay	\$15 copay	\$15 copay	80% after deductible	\$15 copay
Brand (Formulary/Preferred)	\$30 copay	\$30 copay	\$30 copay	\$30 copay	80% after deductible	\$30 copay
Brand (Non-Formulary/Non-preferred)	\$30 copay with approval	\$30 copay with approval	\$30 copay w/approval	\$30 copay w/approval	80% after deductible w/ approval	\$30 copay w/approval
Number of Days Supply	31 days	31 days	31 days	31 days	31 days	31 days



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<b>Mail Order</b>						
Generic	\$30 copay	\$30 copay	\$30 copay	\$30 copay	80% after deductible	\$30 copay
Brand (Formulary/Preferred)	\$60 copay	\$60 copay	\$60 copay	\$60 copay	80% after deductible	\$60 copay
Brand (Non-Formulary/Non-preferred)	\$60 copay with approval	\$60 copay with approval	\$60 copay w/approval	\$60 copay w/approval	80% after deductible w/ approval	\$60 copay w/approval
Number of Days Supply for Mail Order	90 days	90 days	90 days	90 days	90 days	90 days
<b>Other Services and Supplies</b>						
Durable Medical Equipment & Prosthetic Devices	50%, after deductible	50% of R&C after deductible	50%, after deductible	50%, after deductible	50%, after deductible	50%, after deductible
Home Health Care	100%, after deductible	70% of R&C after deductible	100%, after deductible	100%, after deductible	80%, after deductible	100%, after deductible
Skilled Nursing or Extended Care Facility - 45 days per Contract Year	100%, after deductible	70% of R&C after deductible	100%, after deductible	80%, after deductible	80%, after deductible	100%, after deductible
Hospice Care - 45 days per Contract Year	100%, after deductible	70% of R&C after deductible	100%, after deductible	80%, after deductible	80%, after deductible	100%, after deductible
Chiropractic Services	Not covered	50% of R&C after deductible Maximum of \$300 per Contract Year	Not covered	Not covered	Not covered	Not covered
<b>Infertility</b>						
Diagnosis	50%, after deductible	Not covered	50%, after deductible	50%, after deductible	50%, after deductible	50%, after deductible
Treatment	50%, after deductible	Not covered	50%, after deductible	50%, after deductible	50%, after deductible	50%, after deductible
<b>Outpatient Rehabilitative Therapy Services</b>						
Includes physical, occupational, speech, cardiac & pulmonary therapies. Benefit is combined for all therapies.	Deductible applies. \$20 copay Maximum of 60 visit per contract year - Maximum of \$200 Out of Pocket	70% of R&C after deductible Maximum of 60 visit per contract year	Deductible applies. \$20 copay Up to 60 visits per Contract Year - \$200 Out of Pocket Maximum.	Deductible applies. \$25 copay Up to 60 visits per Contract Year - \$200 Out of Pocket Maximum.	80%, after deductible up to 60 visits per contract year.	Deductible applies. \$20 copay Up to 60 visits per Contract Year - \$200 Out of Pocket Maximum.

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.