



**CSI INSURANCE PLAN AND TRUST FUND**  
**Medical Plan Options 2006/2007**  
**Schedule A. Trustmark PPO Plans**  
**Schedule B. Trustmark Plans PPO HSA 1 and PPO HSA 2**

<b>SCHEDULE B</b>	<b>TRUSTMARK PPO HSA 1</b>		<b>TRUSTMARK PPO HSA 2</b>	
	<b>IN-NETWORK</b>	<b>OUT-OF-NETWORK</b>	<b>IN-NETWORK</b>	<b>OUT-OF-NETWORK</b>
<b>MEDICAL BENEFITS</b>				
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	\$1,050/\$2,100	\$1,050/\$2,100	\$2,700/\$5,450	\$2,700/\$5,450
Out-of-Pocket Maximum	\$3,050/\$6,100	\$5,050/\$10,100	\$3,550/\$6,600	\$6,000/\$12,000
Lifetime Maximum	\$2,000,000	\$2,000,000	\$2,000,000	\$2,000,000
Student Dependent Coverage	through Age 24	through Age 24	through Age 24	through Age 24
Primary Care Physician Services	Covered 100% (no deductible)	No Coverage	Covered 80% (deductible and coinsurance apply)	Covered 60% (deductible and coinsurance apply)
Preventive Care				
Well Child Care	<i>Adult</i> - 1 visit every 2 years to \$500 <i>Child</i> - 1 visit every 2 years to \$150 <i>Well Child</i> - 7 visits first 2 years to \$300		<i>Adult</i> - 1 visit every 2 years to \$500 <i>Child</i> - 1 visit every 2 years to \$150 <i>Well Child</i> - 7 visits first 2 years to \$300	<i>Adult</i> - 1 visit every 2 years to \$500 <i>Child</i> - 1 visit every 2 years to \$150 <i>Well Child</i> - 7 visits first 2 years to \$300
Routine Immunization				
Primary Care & Specialty Physician Services	Covered 80%	Covered 60%	Covered 80%	Covered 60%
Prescription Drugs (Oral contraceptives excluded)	Covered at in-network deductible and 80% coinsurance	Covered at in-network deductible and 80% coinsurance	Covered at in-network deductible and 80% coinsurance	Covered at in-network deductible and 80% coinsurance
Inpatient Hospital Services	Covered 80%	Covered 60%	Covered 80%	Covered 60%
S/P Room & Board				
Operating & Recovering Room				
Lab & X-Ray				
Drugs, Medications				
Hemodialysis				
Radiation & Chemotherapy				
Internal Prosthetics				
Rehabilitation Therapy				
Inpatient Physician & Surgeon's Services	Covered 80%	Covered 60%	Covered 80%	Covered 60%
Outpatient Surgical Charges	Covered 80%	Covered 60%	Covered 80%	Covered 60%
Operating & Recovery Room, Lab & X-Ray				
Outpatient Treatments	Covered 80%	Covered 60%	Covered 80%	Covered 60%
Hemodialysis				
Radiation & Chemotherapy				

All covered services have applicable deductibles, unless noted otherwise. If you have family coverage, the full family deductible must be met before any benefits are paid. In-Network deductibles and Out-of-Network deductibles accumulate separately.



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	<b>IN-NETWORK</b>	<b>OUT-OF-NETWORK</b>	<b>IN-NETWORK</b>	<b>OUT-OF-NETWORK</b>
<b>MEDICAL BENEFITS</b>				
Outpatient Professional Fees (includes anesthesiologist, surgeons, co-surgeons, pathology interpretations, etc.)	Covered 80%	Covered 60%	Covered 80%	Covered 60%
Outpatient X-Ray & Lab (including preadmission testing)	Covered 80%	Covered 60%	Covered 80%	Covered 60%
Mammograms	Covered 100% every 12 months More often if medically necessary	Covered 100% every 12 months More often if medically necessary	Covered 80% every 12 months More often if medically necessary	Covered 60% every 12 months More often if medically necessary
Other Health Care Facilities (Skilled Nursing & Rehabilitation)	Covered 80% for 180 days per year	Covered 80% for 180 days per year	Covered 80% for 180 days per year	Covered 60% for 180 days per year
Home Health Care	Covered 80% 60 visits per year	Covered 80% 60 visits per year	Covered 80% 60 visits per year	Covered 60% 60 visits per year
Family Planning Vasectomy Tubal Ligation Infertility Diagnosis & Treatment Abortions	Covered 80% Covered 80%  Covered 80% \$20,000 Lifetime Max Not Covered	Covered 60% Covered 60%  Covered 60% \$20,000 Lifetime Max Not Covered	Covered 80% Covered 80%  Covered 80% \$20,000 Lifetime Max Not Covered	Covered 60% Covered 60%  Covered 60% \$20,000 Lifetime Max Not Covered
Durable Medical Equipment	Covered 80%	Covered 60%	Covered 80%	Covered 60%
External Prosthetic Appliances	Covered 80%	Covered 60%	Covered 80%	Covered 60%
Emergency Care Doctor's Office Hospital Emergency Room or other Urgent Care Facility Ambulance	Covered 80% Covered 80% after \$75 Access Fee  Covered 80%	Covered 60% Covered 60% after \$75 Access Fee  Covered 60%	Covered 80% Covered 80% after \$75 Access Fee  Covered 80%	Covered 60% Covered 60% after \$75 Access Fee  Covered 60%
Mental Health Inpatient	Covered 80% 30 days per year	Covered 60% 30 days per year	Covered 80% 30 days per year	Covered 60% 30 days per year
Outpatient	Covered 80% Covered up to 30 visits per year	Covered 60% 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

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	<b>MEDICAL BENEFITS</b>			
	<b>IN-NETWORK</b>	<b>OUT-OF-NETWORK</b>	<b>IN-NETWORK</b>	<b>OUT-OF-NETWORK</b>
Substance Abuse Inpatient & Outpatient	Covered 80% Limited to 1 outpatient visit per 7 days. \$10,000 Plan year Max with no more that \$3,350 outpatient per year. \$25,000 Lifetime Max combined	Covered 60% Limited to 1 outpatient visit per 7 days. \$10,000 Plan year Max with no more that \$3,350 outpatient per year \$25,000 Lifetime Max combined	Covered 80% Limited to 1 outpatient visit per 7 days. \$10,000 Plan year Max with no more that \$3,350 outpatient per year. \$25,000 Lifetime Max combined	Covered 60% Limited to 1 outpatient visit per 7 days. \$10,000 Plan year Max with no more that \$3,350 outpatient per year \$25,000 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	Covered 80% for a maximum of \$1,500 per year	Covered 60% for a maximum of \$1,500 per year	Covered 80% for a maximum of \$1,500 per year	Covered 60% for a maximum of \$1,500 per year

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.

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