



CSI INSURANCE PLAN AND TRUST FUND
Medical Plan Options 2006/2007
Schedule A. Trustmark PPO 90, PPO 80 and Plan C
Schedule B. Trustmark PPO HSA 1 and PPO HSA 2

SCHEDULE A MEDICAL BENEFITS	TRUSTMARK PPO 90		TRUSTMARK PPO 80		TRUSTMARK PLAN C
	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK	IN-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	\$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	Monthly Newsletter Annual Health Assessment Counseling for Specific Health Risks
Contract Year Deductible	\$300/\$600	\$1,000/\$2,000	\$400/\$800	\$1,250/\$2,500	\$600/\$1,200
Out-of-Pocket Maximum	\$1,800/\$3,600	\$5,500/\$11,000	\$2,400/\$4,800	\$5,250/\$10,500	\$2,600/\$5,200
Lifetime Maximum	\$2,000,000	\$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	through age 24
Primary Care Physician Services	Covered 100% (no deductible)	Covered 100% (no deductible)	Covered 100% (no deductible)	Covered 100% (no deductible)	Covered 100% (no deductible)
Preventive Care Well Child Care Routine Immunization	Adult - 1 visit every 2 years to \$500 Child - 1 visit every 2 years to \$150 Well Child - 7 visits first 2 years to \$300	Adult - 1 visit every 2 years to \$500 Child - 1 visit every 2 years to \$150 Well Child - 7 visits first 2 years to \$300	Adult - 1 visit every 2 years to \$500 Child - 1 visit every 2 years to \$150 Well Child - 7 visits first 2 years to \$300	Adult - 1 visit every 2 years to \$500 Child - 1 visit every 2 years to \$150 Well Child - 7 visits first 2 years to \$300	Adult - 1 visit every 2 years to \$500 Child - 1 visit every 2 years to \$150 Well Child - 7 visits first 2 years to \$300
Primary Care & Specialty Physician Services	\$20 co-pay for office services. All other services covered 90%	Covered 70%	\$20 co-pay for office services. All other services covered 80%	Covered 60%	Covered 80%
Prescription Drugs (Oral contraceptives excluded)	\$15 generic, \$30 preferred brand, \$60 other brand at PCS pharmacies	\$15 generic, \$30 preferred brand, \$60 other brand at PCS pharmacies	\$15 generic, \$30 preferred brand, \$60 other brand at PCS pharmacies	\$15 generic, \$30 preferred brand, \$60 other brand at PCS pharmacies	\$15 generic, \$30 preferred brand, \$60 other brand at PCS pharmacies
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%	Covered 80%
Inpatient Physician & Surgeon's Services	Covered 90%	Covered 70%	Covered 80%	Covered 60%	Covered 80%



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Outpatient Surgical Charges Operating & Recovery Room Lab & X-Ray	Covered 90%	Covered 70%	Covered 80%	Covered 60%	Covered 80%
Outpatient Treatments Hemodialysis Radiation & Chemotherapy	Covered 90%	Covered 70%	Covered 80%	Covered 60%	Covered 80%
Outpatient Professional Fees (includes anesthesiologist, surgeons, co-surgeons, pathology interpretations, etc.)	Covered 90%	Covered 70%	Covered 80%	Covered 60%	Covered 80%
Outpatient X-Ray & Lab (including preadmission testing)	Covered 90%	Covered 70%	Covered 80%	Covered 60%	Covered 80%
Mammograms	Covered 100% every 12 months More often if medically necessary	Covered 100% every 12 months More often if medically necessary	Covered 100% every 12 months More often if medically necessary	Covered 100% every 12 months More often if medically necessary	Covered 100% every 12 months More often if medically necessary
Other Health Care Facilities (Skilled Nursing & Rehabilitation)	Covered 100% for first 60 days Covered 80% for next 120 days per year	Covered 100% for first 60 days Covered 80% for next 120 days per year	Covered 100% for first 60 days Covered 80% for next 120 days per year	Covered 100% for first 60 days Covered 80% for next 120 days per year	Covered 100% for first 60 days Covered 80% for next 120 days per year
Home Health Care	Covered 100% 60 visits per year	Covered 100% 60 visits per year	Covered 100% 60 visits per year	Covered 100% 60 visits per year	Covered 100% 60 visits per year
Family Planning Vasectomy Tubal Ligation Infertility Diagnosis & Treatment Abortions	Covered 90% Covered 90% Covered 90% \$20,000 Lifetime Max Not Covered	Covered 70% Covered 70% Covered 70% \$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	Covered 80% Covered 80% Covered 80% \$20,000 Lifetime Max Not Covered
Durable Medical Equipment	Covered 90%	Covered 70%	Covered 80%	Covered 60%	Covered 80%
External Prosthetic Appliances	Covered 90%	Covered 70%	Covered 80%	Covered 60%	Covered 80%



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Emergency Care Doctor's Office Hospital Emergency Room or other Urgent Care Facility Ambulance	\$20 Co-pay Covered 90% after \$75 Access fee Covered 90%	Covered 70% Covered 70% after \$75 Access Fee Covered 70%	\$20 Co-pay 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 %
Mental Health Inpatient Outpatient	Covered 90% 30 days per year Covered 90% Covered up to 30 visits per year	Covered 70% 30 days per year Covered 70% Covered up to 30 visits per year	Covered 80% 30 days per year Covered 80% Covered up to 30 visits per year	Covered 60% 30 days per year Covered 60% Covered up to 30 visits per year	Covered 80% 30 days per year Covered 80% Covered up to 30 visits per year
Substance Abuse Inpatient & Outpatient	Covered 90% 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 70% 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	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
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	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	Treatment or 12 months insured
Chiropractic Coverage	\$20 Co-pay \$1,500 per year	Covered 70% \$1,500 per year	\$20 Co-pay \$1,500 per year	Covered 60% \$1,500 per year	Covered 80% \$1,500 per Year

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 80, PPO 90 or Plan C.

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