



**CSI INSURANCE PLAN AND TRUST FUND**  
**Medical Plan Options 2008/2009**  
**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	\$400/\$800	\$1,250/\$2,500	\$500/\$1,000	\$1,500/\$3,000	\$600/\$1,200
Out-of-Pocket Maximum	\$1,900/\$3,800	\$5,750/\$11,500	\$2,500/\$5,000	\$5,500/\$11,000	\$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	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
Routine Immunization					
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
Primary Care & Specialty Physician Services	\$25 co-pay for office services. All other services covered 90%	Covered 70%	\$25 co-pay for office services. All other services covered 80%	Covered 60%	Covered 80%
Therapies in a physician's office: (Physical, Speech, Occupational, etc.)	Therapies limited to 60 days (visits) per year	Therapies limited to 60 days (visits) per year	Therapies limited to 60 days (visits) per year	Therapies limited to 60 days (visits) per year	Therapies limited to 60 days (visits) per year.
Urgent Care Center	\$35 Copay (facility charge only)	Covered at 70% subject to deductible	\$35 Copay (facility charge only)	Covered at 60% subject to deductible	Covered at 80% subject to deductible
Prescription Drugs	\$10 generic, \$40 preferred brand, \$60 other brand at PCS pharmacies	\$10 generic, \$40 preferred brand, \$60 other brand at PCS pharmacies	\$10 generic, \$40 preferred brand, \$60 other brand at PCS pharmacies	\$10 generic, \$40 preferred brand, \$60 other brand at PCS pharmacies	\$10 generic, \$40 preferred brand, \$60 other brand at PCS pharmacies
Inpatient Physician & Surgeon's Services	Covered 90%	Covered 70%	Covered 80%	Covered 60%	Covered 80%



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	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%	Covered 80%
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%
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	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	Covered 80% 60 visits per year
Durable Medical Equipment	Covered 50% after deductible	Covered 50% after deductible	Covered 50% after deductible	Covered 50% after deductible	Covered 50% after deductible
External Prosthetic Appliances	Covered 90%	Covered 70%	Covered 80%	Covered 60%	Covered 80%



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	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK
Family Planning Vasectomy Tubal Ligation Infertility Diagnosis & Treatment Abortions Emergency Care Doctor's Office Hospital Emergency Room or other Urgent Care Facility Ambulance	Covered 90% Covered 90%  Covered 90% \$20,000 Lifetime Max Not Covered  \$20 Co-pay Covered 90% after \$75 Access fee  Covered 90%	Covered 70% Covered 70%  Covered 70% \$20,000 Lifetime Max Not Covered  Covered 70% Covered 70% after \$75 Access Fee  Covered 70%	Covered 80% Covered 80%  Covered 80% \$20,000 Lifetime Max Not Covered  \$20 Co-pay Covered 80% after \$75 Access Fee  Covered 80%	Covered 60% Covered 60%  Covered 60% \$20,000 Lifetime Max Not Covered  Covered 60% Covered 60% after \$75 Access Fee  Covered 60%	Covered 80% Covered 80%  Covered 80% \$20,000 Lifetime Max Not Covered  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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