



CHRISTIAN SCHOOLS  
INTERNATIONAL

## CSI Insurance Plan & Trust Fund

# UPDATE

**Date:** June 19, 2003

**To:** Retirees Covered by Priority Health

**From:** Howard Van Mersbergen  
Executive Secretary-Treasurer

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### From Howard's Desk

The Trustees have continued to work diligently on solutions that will provide members with good benefit coverage at a reasonable cost. We, with the help of our consultants at Marsh, Inc., have negotiated with our insurance carriers in finalizing the insurance renewals for next year in an effort to minimize your cost. We have also looked at how our programs compare to the marketplace from the benefit side and have made some changes to make sure our programs are up-to-date. In particular, we've changed the prescription drug coverage, office visit copays, deductibles, and out-of-pocket maximums. In addition, we are now offering an HMO 80 plan through Priority Health. As health care costs continue to rise, we will need to continue adjusting plan design to help manage premium costs.

We recognize that the rate changes noted below, while in line with national trends, will have a significant impact on your budget. Of particular note are the above average trends for retirees under age 65. Expectations are that we will continue to see higher than average rate increases for this category. Our commitment to you is to continue to work hard to provide good benefit plans that are up to date and that make the most efficient use of your resources. We appreciate you working with us in this endeavor and continually seek your input. Feel free to contact me at 1-800-635-8288, ext. 226 by phone or email at [hvanmersbergen@csionline.org](mailto:hvanmersbergen@csionline.org) to share your ideas on ways that we can work together to provide for your insurance needs.

No. 492

(More)

## Instructions for September 1, 2003, Open Enrollment

September 1, 2003, is the deadline for open enrollment for the 2003/2004 Plan Year. **You will have the same health and dental coverage for the 2003/2004 Plan Year as you have now unless you complete a new enrollment form and change your coverage.** To obtain an enrollment form, call 1-800-635-8288 or 957-1070, x232 or x233.

If you would like optional vision coverage, you must complete the optional vision enrollment form enclosed.

### Premium Rates Effective September 1, 2003

A rate sheet for your Priority Health coverage is enclosed. All rates include both health and dental coverage.

### Change in Office Visit Copay

In an effort to manage premium costs and to keep our benefit levels in line with national norms, an adjustment to the office visit copay will be made effective September 1, 2003. The office visit copay for Priority Health HMO and POS will change to \$15 from \$10.

### Change in Prescription Drug Coverage

For both Trustmark and Priority Health plans, the mail order prescription copay amount will change from one copay to two copays for a three-month supply of medication.

**PLEASE NOTE: Regardless of the reason, members will not be able to obtain non-formulary drugs at the generic or brand name copay.** Should you have any questions concerning whether a drug is formulary or non-formulary please refer to the Priority Health website or call Customer Service at (616) 942-1221 or (800) 446-5674 for clarification.

Type of Drug	Priority Health Prescription Copay
Formulary Generic	\$15
Formulary Brand	\$25
Non-Formulary, Non-Excluded	50%
Prescription Drug Information on-line:	<a href="http://www.priority-health.com/pharmacy/rx_drugs.html">www.priority-health.com/pharmacy/rx_drugs.html</a>

## **New Plan Option for Retirees Under Age 65 - Priority Health HMO 80**

We are pleased to announce the addition of a third Priority Health plan that will be available September 1, 2003. This lower-cost plan provides you with another option when selecting a health plan. The HMO 80 plan offers these features:

80% coinsurance  
\$250 (single), \$500 (family) annual deductible  
\$800/\$2,400 out-of-pocket maximum  
\$15/\$25/50% prescription copay

The deductible does not apply toward preventive care as detailed in the guidelines, services in the primary care physician's office, maternity services, or prescription drugs.

Only copayments for inpatient and outpatient facility services apply to the out-of-pocket maximum.

### **Maternity Length of Stay**

Where a plan covers maternity benefits, guidelines for a hospital length of stay are at least forty-eight (48) hours for a vaginal delivery and ninety-six (96) hours for a cesarean delivery. The length of stay begins at the time of delivery, if the delivery takes place in a hospital. If the delivery does not take place in a hospital, the length of stay begins once the mother and newborn are admitted to the hospital as inpatients.

The mother and newborn are not required to stay 48/96 hours if the attending provider, after consulting with the mother, decides to discharge the mother and newborn earlier.

Pre-certification procedures for maternity hospital stays will be required as described in your Policy.

### **Reconstructive Surgery following Mastectomy**

Individuals receiving benefits in connection with a mastectomy may elect breast reconstruction in connection with such mastectomy. Such reconstruction includes the following:

- (1) Reconstruction of the breast on which the mastectomy has been performed;
- (2) Surgery and reconstruction of the other breast to produce a symmetrical appearance;  
and
- (3) Prosthesis and physical complications of all stages of mastectomy, include lymphedemas.

These benefits will be subject to the terms, conditions and limitations of your health coverage with Trustmark, including determinations of medical necessity and reasonable and customary charges. Coinsurance and deductibles will also continue to apply as permitted by State law.

If you have any questions concerning your coverage, including pre-certification requirements, please contact the CSI Benefits Office at 800-635-8288 or 957-1070, x232 or 233.