



CHRISTIAN SCHOOLS
INTERNATIONAL

CSI Insurance Plan & Trust Fund

UPDATE

Date: April 25, 2005

To: Participating Boards and Participants
Covered by Priority Health

From: Howard Van Mersbergen,
Executive Secretary-Treasurer

- From Howard's Desk
- CSI Web Site
- Premium Rate Changes Effective September 1, 2005
- Change in Prescription Drug Copay
- 90-Day Medication List
- Changes in Coverage
- Changes in Dental Rate Categories
- HSA/HRA Plan Benefits
- "Health by Choice" from Priority Health
- CSI Contact Information

From Howard's Desk

The Trustees continue to work diligently to provide member schools 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 existing plans to make sure our programs are up-to-date. In addition, we are now offering two new plans through Priority Health: a Health Savings Account (HSA) and a Health Reimbursement Account (HRA). Refer to Update 520 sent in early April for an explanation of the HSA/HRA concept. Schools may offer up to three plans: the HSA or HRA plus up to two selections from the POS, HMO 100 or HMO 80 plans. As health care costs continue to rise, we will need to continue adjusting plan design to help manage premium costs.

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 school and employee resources. We appreciate you working with us in this endeavor and continually seek your input. Feel free to contact me by phone at 800-635-8288, ext. 226, or by e-mail at hvanmersbergen@csionline.org to share your ideas on ways that we as a group of schools working together can provide for the dedicated staff of our Christian schools.

CSI Web Site

We have expanded the Benefits section of the CSI web site to make it a valuable tool for you. Go to www.CSionline.org and select the Employee Benefits tab to see the useful items available. The site contains information on CSI benefits, forms that you may need, and benefit publications like plan books and Updates.

(More)

No. 523

Premium Rate Changes Effective September 1, 2005

- The Trustees have received and negotiated the 2005–2006 insurance renewals. Based on this information, the Trustees approved new rates to take effect September 1, 2005.
- The specific components of the rate changes are as follows:

Life/Accidental Death & Dismemberment

Single	12.5%	decrease
Family	9.4%	decrease
Optional Life:	0%	increase
Optional Vision:	0%	increase
Long Term Disability:	7.1%	decrease
Dental:	0%	overall increase
Health:		
Trustmark Plan C, PPO 80, PPO 90, PPO HSA 1 and PPO HSA 2	4.1%	overall increase
Priority Health POS	5.7%*	overall increase
Priority Health HMO 100	7.6%*	overall increase
Priority Health HMO 80	10.0%*	overall increase

* Note: A 1% discount is available for participation in the Health by Choice program.

- [Click here](#) for rates for Priority Health coverage and the Limited Benefit Plan (the plan that provides Life, Accidental Death and Dismemberment, Long-Term Disability and Dental coverage).
- For Trustmark Plans C, PPO 80, PPO 90, PPO HSA 1 and PPO HSA 2: Premium rates are calculated separately for each school based primarily on the school's location and the demographics (age, gender, etc.) of the school's employees. For schools with 10 or fewer employees covered for health care, rates are calculated separately for each age group based on individual demographics. If you would like a quote on a Trustmark plan, we will need a census of your employees; contact us for details.

Change in Prescription Drug Copay

Effective September 1, 2005, for the Trustmark plans, the prescription copay amount is changing from \$15/\$30/\$50 to \$15/\$30/\$60 (generic/preferred brand/non-preferred brand).

Effective September 1, 2005, for the Priority Health plans, the prescription copay amount is changing from \$15/\$30/50% (for generic/brand/non-formulary) to \$15/\$30 (for generic/brand). This means that non-formulary drugs will no longer be covered unless your doctor and Priority Health authorize its continued use.

If you are using a non-formulary drug because you have tried other alternatives on the formulary and they have been ineffective, your doctor will need to contact Priority Health's pharmacy department in order to authorize continuation of coverage for the non-formulary drug. When approved, the drug will be covered at the appropriate brand or generic copay level.

If you have not tried a formulary alternative, you will need to discuss with your doctor if doing so is appropriate for your needs. If your doctor and Priority Health determine that the non-formulary drug is best for you, your doctor can authorize the drug to be covered at the appropriate brand or generic copay. If you continue to use a non-formulary drug after September 1, 2005, without obtaining authorization, the drug will not be covered.

90-Day Medication List

Priority Health has expanded the 90 Day Medication List. The drugs on this list are low-cost drugs and Priority Health passes the savings on to you. If a drug is on the list, you may purchase a 90-day supply of medication at your pharmacy for one copay. You can read more about the 90-Day Medication List by using the link on the CSI web site. Go to www.CSIonline.org and select Employee Benefits, United States, CSI Insurance Plan, and Links.

Changes in Coverage

• Changes in Medical Coverage

Plan	Current	Effective 09/01/05
Priority Health POS	<ul style="list-style-type: none">• \$15 Office Visit Copay• No Deductible	<ul style="list-style-type: none">• \$20 Office Visit Copay• \$100/\$200 Deductible (Alternate Deductible \$500/\$1,000)
Priority Health HMO100	<ul style="list-style-type: none">• \$15 Office Visit Copay• No Deductible	<ul style="list-style-type: none">• \$20 Office Visit Copay• \$100/\$200 Deductible
Trustmark PPO 80	<ul style="list-style-type: none">• \$15 Office Visit Copay• \$300/\$600 Deductible (Out-of-Network Deductible \$1,000/\$2,000)	<ul style="list-style-type: none">• \$20 Office Visit Copay• \$400/\$800 Deductible (Out-of-Network Deductible \$1,250/\$2,500)
Trustmark PPO 90	<ul style="list-style-type: none">• \$15 Office Visit Copay• \$250/\$500 Deductible (Out-of-Network Deductible \$750/\$1,500)	<ul style="list-style-type: none">• \$20 Office Visit Copay• \$300/\$600 Deductible (Out-of-Network Deductible \$1,000/\$2,000)
Trustmark Plan C	<ul style="list-style-type: none">• \$500/\$1,000 Deductible	<ul style="list-style-type: none">• \$600/\$1,200 Deductible

• Change in Vision Coverage

The annual allowance for contact lenses purchased through Vision Service Plan (VSP) will increase to \$120 from \$105 effective September 1. Premium rates for the vision plan will not increase.

• Changes in Long-Term Disability Coverage

The following changes will be made effective September 1 to long-term disability benefits:

- The maximum monthly benefit will increase to \$9,000 from \$5,000.
- LTD benefits for self-reported illnesses will be limited to 24 months.
- Family social security benefits will be integrated with the disabled individual's LTD benefits.

Changes in Dental Rate Categories

Trustmark has made the following changes to the three dental rate categories:

Georgia and Indiana are now in Rate Category 1

Florida and Ohio are now in Rate Category 2

Illinois is now in Rate Category 3

(More)

HSA/HRA Plan Benefits

A summary of the benefits available through the HSA and HRA plans:

Benefit	Priority Health	
	Health Savings Account (HSA)	Health Reimbursement Account (HRA)
Annual Deductible	\$1,000 single/\$2,000 family	\$1,000 single/\$2,000 family
Employer Funding of Deductible	Varies by school	First 90% of deductible
Rollover	Yes	No Rollover
Coinsurance	80%	100%
Office Visit Copay PCP	80% after deductible	\$20
Outpatient Specialist	80% after deductible	\$20 after deductible
Annual Out-of-Pocket Limit	\$2,000 single/\$4,000 family*	Deductible plus copays
Preventive Care	100%	Most services with \$20 copay
Prescription Drugs	80% after deductible**	\$15 generic/\$30 brand
Administration Fee	\$3.50 per employee per month	\$4.00 per employee per month

* Correction to Update 520: The HSA \$2,000 single/\$4,000 family out-of-pocket maximum includes the deductible.

**There is a \$10 generic/\$40 brand copay from September 1, 2005, to December 31, 2005. Effective January 1, 2006, the benefit is 80% after deductible. Copays made from September to December will apply to the deductible.

“Health by Choice” from Priority Health

Last year CSI and Priority Health partnered to offer a reduction in premium rates in return for more personal involvement in managing your health. A 1% discount was made available for individuals who participate in Health by Choice and make these four commitments during the current plan year:

1. Complete the on-line Health Risk Assessment (HRA)
 - The initial HRA was due by November 30, 2004
 - The HRA needs to be updated during June 2005
2. Comply with preventive health guidelines (physicals, mammograms, etc.) before June 30, 2005.
3. Opt into disease management programs if applicable by June 30, 2005.
4. Set a personal health goal (the deadline was November 30, 2004).

Individuals who did not qualify for the 1% discount beginning September 1, 2005, can qualify beginning September 1, 2006, by completing the commitments during the 2005/2006 plan year. Details will be sent at a later date.

CSI Contact Information

For benefit information, publications and links, go to the CSI web site at www.CSIonline.org and select the Employee Benefits tab. If you have questions about the CSI Insurance Plan call Lois at 800-635-8288 or 616-957-1070, ext. 233.