

Comparison for CSI Group Medicare Advantage Retiree Plans

01/01/2024 – 12/31/2024

Benefit	CSI 100% (HMO-POS)	CSI 80% (HMO)
Medical deductibles	In-network: \$200 Out-of-network: \$200	In-network: \$425 Out-of-network: Not covered
Medical out of pocket maximum	In-network: \$1,500 Out-of-network: \$3,000	In-network \$1,500 Out-of-network: Not applicable
Doctor visit (in-network)	\$10 Primary Care Provider \$25 Specialist	\$20 Primary Care Provider \$35 Specialist
Hospitalization	In-network: 100% coverage Out-of-network: 70% coverage	In-network: 80% coverage Out-of-network: Not applicable
Skilled nursing facility (in-network)	100% coverage	80% coverage
Urgent & emergency care (worldwide)	\$40 urgent care copay \$65 emergency room copay	\$45 urgent care copay \$65 emergency room copay
Ambulance	\$75 copay	\$75 copay
Outpatient hospital care (in-network)	100% coverage	80% coverage
Outpatient rehabilitation services (in-network)	\$25 copay	\$35 copay
Diagnostic tests and lab services (in-network)	100% coverage	\$15 copay
X-rays	100% coverage	80% coverage
High Tech Radiology (in-network)	\$150 copay	\$150 copay
DME/P&O (in-network)	80% coverage	80% coverage
Chiropractic services (in-network) and acupuncture	\$20 copay	\$20 copay
Preventive screenings (in-network)	100% coverage	100% coverage
Home health care (in-network)	100% coverage	100% coverage

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Benefit	CSI 100% (HMO-POS)	CSI 80% (HMO)
Prescription drugs (for 30-day supply) No deductible	Tier 1: \$5 copay Tier 2: \$10 copay Tier 3: \$40 copay Tier 4: \$70 copay Tier 5: 20% copay (max \$100)	Tier 1: \$5 copay Tier 2: \$15 copay Tier 3: \$50 copay Tier 4: \$80 copay Tier 5: 20% copay (max \$100)
Mail order prescription (for 90-day supply)	Tier 1: \$10 copay Tier 2: \$20 copay Tier 3: \$80 copay Tier 4: \$140 copay Tier 5: 30-day supply only	Tier 1: \$10 copay Tier 2: \$30 copay Tier 3: \$100 copay Tier 4: \$160 copay Tier 5: 30-day supply only
Vision	\$25 copay for exams to diagnose and treat disease and conditions of the eye \$25 copay for one routine eye exam per year \$60 allowance per year for non-Medicare-covered eyewear	\$35 copay for exams to diagnose and treat disease and conditions of the eye \$35 copay for one routine eye exam per year \$60 allowance per year for non-Medicare-covered eyewear
Hearing	100% coverage for Medicare-covered diagnostic hearing exams 100% coverage for non-Medicare-covered diagnostic hearing exams \$300 allowance every three years for non-Medicare-covered hearing aids/hearing aid services	100% coverage for Medicare-covered diagnostic hearing exams 100% coverage for non-Medicare-covered diagnostic hearing exams \$300 allowance every three years for non-Medicare-covered hearing aids/hearing aid services
Dental coverage	Coverage through CSI's Delta Dental plan is included	Coverage through CSI's Delta Dental plan is included
Gym membership through SilverSneakers®	Membership included	Membership included
Assist America®	Coverage included	Coverage included

Priority Health has HMO-POS and PPO plans with a Medicare contract. Enrollment in Priority Health Medicare depends on contract renewal. This information is not a complete description of benefits.