

# Comparison for CSI Group Medicare Advantage Retiree Plans

01/01/2025 – 12/31/2025

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

continued>

Benefit	CSI 100% (HMO-POS)	CSI 80% (HMO)
<b>Prescription drugs</b> (for 30-day supply) <b>No deductible</b>	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)
<b>Mail order prescription</b> (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
<b>Vision</b>	\$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
<b>Hearing</b>	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
<b>Dental coverage</b>	Coverage through CSI's Delta Dental plan is included	Coverage through CSI's Delta Dental plan is included
<b>Gym membership through One Pass<sup>®1</sup></b>	Membership included	Membership included
<b>Assist America<sup>®</sup></b>	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.

<sup>1</sup>One Pass is a voluntary program. The One Pass program varies by plan/area. Information provided is not medical advice. Consult a health care professional before beginning any exercise program.