

# 2025 Comparison for CSI Non-Medicare Plans

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>Coinsurance out-of-pocket Limit</b>	<b>In-network:</b> \$0 <b>Out-of-network:</b> \$1,500	<b>In-network:</b> \$1,500 <b>Out-of-network:</b> Not applicable
<b>Total out-of-pocket maximum</b>	<b>In-network:</b> \$8,150 <b>Out-of-network:</b> \$16,300	<b>In-network:</b> \$8,150 <b>Out-of-network:</b> Not applicable
<b>Doctor visit (in-network)</b>	\$10 copay for primary care provider \$25 copay for specialist	\$20 copay for primary care provider \$35 copay for 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 (in-network)</b>	100% coverage	100% coverage
<b>Urgent &amp; emergency care (worldwide)</b>	\$40 copay for urgent care visit \$100 copay for emergency room visit	\$45 copay for urgent care visit \$100 copay for emergency room visit
<b>Ambulance</b>	\$75 copay	\$75 copay
<b>Outpatient hospital care (in-network)</b>	100% coverage	80% coverage
<b>Outpatient rehabilitation services (in-network)</b>	\$10 copay	\$20 copay
<b>Diagnostic tests, x-rays and lab services (in-network)</b>	100% coverage \$150 copay for diagnostic radiological services	80% coverage \$150 copay for diagnostic radiological services
<b>DME/P&amp;O (in-network)</b>	80% coverage	80% coverage
<b>Chiropractic services (in-network)</b>	\$10 copay	\$20 copay
<b>Preventive screenings (in-network)</b>	100% coverage	100% coverage
<b>Home health care (in-network)</b>	100% coverage	100% coverage

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Benefit	CSI 100% (HMO-POS)	CSI 80% (HMO)
<b>Prescription drugs</b> (for 31-day supply) <b>No deductible</b>	Tier 1: \$10 copay Tier 2: \$10 copay Tier 3: \$40 copay Tier 4: \$40 copay Tier 5: \$40 copay	Tier 1: \$15 copay Tier 2: \$15 copay Tier 3: \$50 copay Tier 4: \$50 copay Tier 5: \$50 copay
<b>Mail order prescription</b> (for 90-day supply)	Tier 1: \$20 copay Tier 2: \$20 copay Tier 3: \$80 copay Tier 4: \$80 copay Tier 5: 30-day supply only	Tier 1: \$30 copay Tier 2: \$30 copay Tier 3: \$100 copay Tier 4: \$100 copay Tier 5: 31-day supply only
<b>Gym membership</b>	Available through Active & Fit. \$25 monthly membership fee.	Available through Active & Fit. \$25 monthly membership fee.
<b>Dental</b>	Coverage through CSI's Delta Dental plan is included	Coverage through CSI's Delta Dental plan is included
<b>Vision</b>	N/A	N/A
<b>Hearing</b>	N/A	N/A

Total out-of-pocket maximum is a combination of the member's cost on both covered medical and pharmacy benefits (e.g. deductible, coinsurance, co-pay)