

2024 Comparison for CSI Non-Medicare Plans

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

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Prescription drugs (for 31-day supply) No deductible	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
Mail order prescription (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
Gym membership	Available through Active & Fit. \$25 monthly membership fee.	Available through Active & Fit. \$25 monthly membership fee.
Dental	Coverage through CSI's Delta Dental plan is included	Coverage through CSI's Delta Dental plan is included
Vision	N/A	N/A
Hearing	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)