

CSI INSURANCE PLAN AND TRUST FUND
ACTIVE EMPLOYEE MONTHLY PREMIUM RATES
EFFECTIVE SEPTEMBER 1, 2010

LIMITED BENEFIT PLAN

Basic Life Accidental Death and Dismemberment	Monthly Premium
Employee Only	\$3.25
Employee with Dependents	\$5.25

OPTIONAL VISION PLAN

Optional Vision Plan	Monthly Premium
Employee Only	\$ 8.75
Employee + One	\$13.25
Employee + Family	\$23.50

Long Term Disability	66 2/3% Benefit to a max of \$9,000	60% Benefit to a max of \$5,000
Employee Only	\$0.28/\$100 compensation (.28 x \$30,000/100)/12 = \$7.00/month	\$0.21/\$100 compensation (.21 x \$30,000/100)/12 = \$5.25/month

HEALTH INSURANCE PLANS

Trustmark Plans PPO 90, PPO 80 \$500, PPO 80 \$1,000, PPO HSA 1, and PPO HSA 2
Rates for these plans are available by calling the CSI Insurance Plan Office at 877-274-8796, ext. 233. More information is available at www.CSionline.org/benefits .

DENTAL

Rate Category 1	Delta Dental Point of Service (Current Plan)	Delta Dental PPO Standard (New Option)	States			
Employee Only	\$ 42	\$ 36				
Employee and Child(ren)	\$ 90	\$ 78	Alaska	Indiana	Pennsylvania	
Employee and Spouse	\$ 78	\$ 67	California	New Jersey	Washington	
Family	\$148	\$127	Georgia	New York		

Rate Category 2			States			
Employee Only	\$ 34	\$ 28				
Employee and Child(ren)	\$ 74	\$ 63	Arizona	Minnesota	Texas	
Employee and Spouse	\$ 63	\$ 52	Florida	Ohio	Virginia	
Family	\$121	\$103	Massachusetts	Tennessee		

Rate Category 3			States			
Employee Only	\$ 32	\$ 26	Colorado	Mississippi	New Mexico	Utah
Employee and Child(ren)	\$ 71	\$ 58	Illinois	Missouri	North Carolina	Wisconsin
Employee and Spouse	\$ 60	\$ 48	Iowa	Montana	South Carolina	West Virginia
Family	\$116	\$ 94	Michigan	Nebraska	South Dakota	

