

CSI INSURANCE PLAN AND TRUST FUND

ACTIVE EMPLOYEE PREMIUM RATES

EFFECTIVE SEPTEMBER 1, 2007

LIMITED BENEFIT PLAN OPTIONAL VISION PLAN

Basic Life Accidental Death and Dismemberment	Monthly Premium
Employee Only	\$3.50
Employee with Dependents	\$5.75

Optional Vision Plan	Monthly Premium
Employee Only	\$9.50
Employee + Spouse	\$14.25
Employee + Family	\$25.75

Long Term Disability	
Employee Only	\$0.24/\$100 compensation
Example: $(.24 \times \$30,000/100)/12 = \$6.00/\text{month}$	

Trustmark PPO 90, PPO 80, PPO HSA 1, PPO HSA 2, Plan C
Rates for these plans are available by calling the CSI Insurance Plan Office at 800-635-8288, ext. 233. More information is available at www.CSionline.org .

DENTAL

Rate Category 1	Monthly Premium	States			
Employee Only	\$40				
Employee and Child(ren)	\$87	Alaska	Indiana	Pennsylvania	
Employee and Spouse	\$75	California	New Jersey	Washington	
Family	\$142	Georgia	New York		

Rate Category 2	Monthly Premium	States			
Employee Only	\$32				
Employee and Child(ren)	\$71	Arizona	Michigan	Ohio	Texas
Employee and Spouse	\$61	Florida	Minnesota	Tennessee	Virginia
Family	\$117	Massachusetts			

Rate Category 3	Monthly Premium	States			
Employee Only	\$32				
Employee and Child(ren)	\$70	Colorado	Mississippi	New Mexico	Utah
Employee and Spouse	\$59	Illinois	Missouri	North Carolina	Wisconsin
Family	\$114	Iowa	Montana	South Carolina	West Virginia
			Nebraska	South Dakota	

(More)

HEALTH COVERAGE

Schools may offer the HSA or the HRA plus two other plans from this column.

Priority Health POS (West Michigan)	Monthly Premium
Employee Only	\$347
Employee and Child(ren)	\$660
Employee and Spouse	\$798
Family	\$1,111

Priority Health HMO 100 (West Michigan)	Monthly Premium
Employee Only	\$329
Employee and Child(ren)	\$625
Employee and Spouse	\$756
Family	\$1,052

Priority Health HMO 80 (West Michigan)	Monthly Premium
Employee Only	\$298
Employee and Child(ren)	\$566
Employee and Spouse	\$685
Family	\$953

Priority Health HSA (West Michigan)	Monthly Premium
Employee Only	\$247
Employee and Child(ren)	\$469
Employee and Spouse	\$568
Family	\$789
Administration Fee is \$3.50 per employee per month	

Priority Health HRA (West Michigan)	Monthly Premium
Employee Only	\$286
Employee and Child(ren)	\$543
Employee and Spouse	\$657
Family	\$915
Administration Fee is \$4.00 per employee per month	

Schools may offer the HSA plan plus one other plan from this column.

Priority Health Incentives HMO 1	Monthly Premium
Employee Only	\$309
Employee and Child(ren)	\$586
Employee and Spouse	\$710
Family	\$987

Priority Health Incentives HMO 2	Monthly Premium
Employee Only	\$281
Employee and Child(ren)	\$533
Employee and Spouse	\$645
Family	\$897

Priority Health HSA (West Michigan)	Monthly Premium
Employee Only	\$247
Employee and Child(ren)	\$469
Employee and Spouse	\$568
Family	\$789
Administration Fee is \$3.50 per employee per month	