

CSI INSURANCE PLAN AND TRUST FUND

ACTIVE EMPLOYEE PREMIUM RATES

EFFECTIVE SEPTEMBER 1, 2008

LIMITED BENEFIT PLAN

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

OPTIONAL VISION PLAN

Optional Vision Plan	Monthly Premium
Employee Only	\$8.50
Employee + One	\$12.75
Employee + Family	\$22.75

HEALTH INSURANCE PLANS

Long Term Disability
Employee Only \$0.27/\$100 compensation Example: (.27 x \$30,000/100)/12 = \$6.75/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	\$41	Alaska	Indiana	Pennsylvania	
Employee and Child(ren)	\$88	California	New Jersey	Washington	
Employee and Spouse	\$76	Georgia	New York		
Family	\$144				

Rate Category 2	Monthly Premium	States			
Employee Only	\$33	Arizona	Michigan	Ohio	Texas
Employee and Child(ren)	\$72	Florida	Minnesota	Tennessee	Virginia
Employee and Spouse	\$61	Massachusetts			
Family	\$118				

Rate Category 3	Monthly Premium	States			
Employee Only	\$32	Colorado	Mississippi	New Mexico	Utah
Employee and Child(ren)	\$71	Illinois	Missouri	North Carolina	Wisconsin
Employee and Spouse	\$60	Iowa	Montana	South Carolina	West Virginia
Family	\$115		Nebraska	South Dakota	