



**CHRISTIAN SCHOOLS  
INTERNATIONAL**

**CSI CANADA INSURANCE PLAN AND TRUST FUND  
PREMIUM RATES EFFECTIVE SEPTEMBER 1, 2009**

**BASIC BENEFIT PLAN**

Coverage: Single includes Extended Health, Dental, Life, Accidental Death & Dismemberment, Short Term Disability and Long Term Disability.  
Family includes single coverage plus dependent Extended Health, Dental, Life and Accidental Death & Dismemberment.  
Both single and family include the Dynamic Therapeutic Formulary drug plan.

<b>Province</b>	<b>Flex 1</b>	<b>Flex 2</b>	<b>Flex 3</b>	<b>Standard</b>
<b>ALBERTA</b>				
Single: dollar amount + % of monthly salary	\$110.00 +1.618% Tax +1.564% Non	\$95.00 +1.618% Tax +1.564% Non	\$81.00 +1.618% Tax +1.564% Non	\$100.60 +1.433 % Tax +1.379% Non
Family: dollar amount + % of monthly salary	\$318.55 +1.618% Tax +1.564% Non	\$276.55 +1.618% Tax +1.564% Non	\$235.55 +1.618% Tax +1.564% Non	\$286.45 +1.433% Tax +1.379% Non
<b>BRITISH COLUMBIA</b>				
Single: dollar amount + % of monthly salary	\$88.00 +1.618% Tax +1.564% Non	\$77.00 +1.618% Tax +1.564% Non	\$67.00 +1.618% Tax +1.564% Non	\$82.60 +1.433 % Tax +1.379% Non
Family: dollar amount + % of monthly salary	\$258.55 +1.618% Tax +1.564% Non	\$224.55 +1.618% Tax +1.564% Non	\$191.55 +1.618% Tax +1.564% Non	\$231.45 +1.433% Tax +1.379% Non
<b>MANITOBA</b>				
Single: dollar amount + % of monthly salary	\$88.00 +1.618% Tax +1.564% Non	\$77.00 +1.618% Tax +1.564% Non	\$65.00 +1.618% Tax +1.564% Non	\$81.60 +1.433% Tax +1.379% Non
Family: dollar amount + % of monthly salary	\$255.55 +1.618% Tax +1.564% Non	\$221.55 +1.618% Tax +1.564% Non	\$189.55 +1.618% Tax +1.564% Non	\$229.45 +1.433% Tax +1.379% Non
<b>ONTARIO</b>				
Single: dollar amount + % of monthly salary	\$130.00 +1.747% Tax +1.689% Non	\$113.00 +1.747% Tax +1.689% Non	\$97.00 +1.747% Tax +1.689% Non	\$120.65 +1.547 % Tax +1.489% Non
Family: dollar amount + % of monthly salary	\$376.60 +1.747% Tax +1.689% Non	\$326.60 +1.747% Tax +1.689% Non	\$279.60 +1.747% Tax +1.689% Non	\$339.70 +1.547% Tax +1.489% Non
<b>PRINCE EDWARD ISLAND</b>				
Single: dollar amount + % of monthly salary	\$84.00 +1.618% Tax +1.564% Non	\$73.00 +1.618% Tax +1.564% Non	\$62.00 +1.618% Tax +1.564% Non	\$77.60 +1.433 % Tax +1.379% Non
Family: dollar amount + % of monthly salary	\$243.55 +1.618% Tax +1.564% Non	\$211.55 +1.618% Tax +1.564% Non	\$180.55 +1.618% Tax +1.564% Non	\$219.45 +1.433% Tax +1.379% Non
<b>SASKATCHEWAN</b>				
Single: dollar amount + % of monthly salary	\$92.00 +1.618% Tax +1.564% Non	\$80.00 +1.618% Tax +1.564% Non	\$67.00 +1.618% Tax +1.564% Non	\$84.60 +1.433% Tax +1.379% Non
Family: dollar amount + % of monthly salary	\$265.55 +1.618% Tax +1.564% Non	\$230.55 +1.618% Tax +1.564% Non	\$196.55 +1.618% Tax +1.564% Non	\$239.45 +1.433% Tax +1.379% Non

(More)

## LIMITED BENEFIT PLAN

Coverage: Single includes Life, Accidental Death & Dismemberment, Short Term Disability and Long Term Disability.  
Family includes single coverage plus dependent Life and Accidental Death & Dismemberment.

ONTARIO	Flex 1	Flex 2	Flex 3	Standard
Single: dollar amount + % of monthly salary	1.747% Tax 1.689% Non	1.747% Tax 1.689% Non	1.747% Tax 1.689% Non	\$3.65 +1.547% Tax +1.489% Non
Family: dollar amount + % of monthly salary	\$2.60 +1.747% Tax +1.689% Non	\$2.60 +1.747% Tax +1.689% Non	\$2.60 +1.747% Tax +1.689% Non	\$4.70 +1.547% Tax +1.489% Non
ALL OTHER				
Single: dollar amount + % of monthly salary	1.618% Tax 1.564% Non	1.618% Tax 1.564% Non	1.618% Tax 1.564% Non	\$2.60 +1.433% Tax +1.379% Non
Family: dollar amount + % of monthly salary	\$2.55 +1.618% Tax +1.564% Non	\$2.55 +1.618% Tax +1.564% Non	\$2.55 +1.618% Tax +1.564% Non	\$3.45 +1.433% Tax +1.379% Non

## BENEFIT OPTIONS

Province	Options available with both Standard and Flex Plans		Options available with Flex Plans					
	Employee Assistance Plan	Non-Tax Disability Benefit Option	6 Month Dental Option	Vision Option	LTD 3% COLA Option	Drug Plan Option		
						Flex 1	Flex 2	Flex 3
<b>ALBERTA</b>								
Single:	\$2.75	.128% of Salary	\$1.25	\$7.50	\$5.25 Tax	\$1.35	\$1.10	\$1.00
Family:			\$3.75	\$17.50	\$5.50 Non	\$3.50	\$3.00	\$2.60
<b>BRITISH COLUMBIA</b>								
Single:	\$2.75	.128% of Salary	\$1.25	\$5.50	\$5.25 Tax	\$1.10	\$0.85	\$0.80
Family:			\$3.50	\$12.75	\$5.50 Non	\$2.60	\$2.40	\$1.90
<b>MANITOBA</b>								
Single:	\$2.75	.128% of Salary	\$1.00	\$6.25	\$5.25 Tax	\$1.00	\$1.00	\$0.80
Family:			\$3.00	\$14.50	\$5.50 Non	\$2.80	\$2.55	\$2.05
<b>ONTARIO</b>								
Single:	\$3.00	.139% of Salary	\$1.50	\$8.50	\$5.75 Tax	\$1.55	\$1.30	\$1.05
Family:			\$4.25	\$19.75	\$6.00 Non	\$3.90	\$3.40	\$2.85
<b>PRINCE EDWARD ISLAND</b>								
Single:	\$2.75	.128% of Salary	\$1.00	\$6.25	\$5.25 Tax	\$1.00	\$1.00	\$0.75
Family:			\$3.00	\$14.75	\$5.50 Non	\$2.75	\$2.50	\$2.00
<b>SASKATCHEWAN</b>								
Single:	\$2.75	.128% of Salary	\$1.00	\$6.50	\$5.25 Tax	\$1.10	\$1.10	\$0.85
Family:			\$3.00	\$15.25	\$5.50 Non	\$3.10	\$2.55	\$2.25

**OPTIONAL LIFE INSURANCE COVERAGE**

Age	ONTARIO		ALL OTHER PROVINCES	
	Monthly rate per \$10,000 of benefit		Monthly rate per \$10,000 of benefit	
	Non-Smoker	Smoker	Non-Smoker	Smoker
Under 35	\$0.40	\$0.80	\$0.40	\$0.70
35-39	\$0.50	\$1.00	\$0.50	\$0.90
40-44	\$0.90	\$1.60	\$0.80	\$1.50
45-49	\$1.50	\$2.80	\$1.40	\$2.60
50-54	\$2.50	\$4.20	\$2.30	\$3.90
55-59	\$4.10	\$6.90	\$3.80	\$6.40
60-64	\$5.90	\$9.80	\$5.50	\$9.10
65-69	\$7.70	\$13.80	\$7.20	\$12.80

**OPTIONAL CRITICAL ILLNESS COVERAGE**

Age	ONTARIO*				ALL OTHER PROVINCES			
	Monthly rate per \$1,000 of benefit				Monthly rate per \$1,000 of benefit			
	Male		Female		Male		Female	
	Nonsmoker	Smoker	Nonsmoker	Smoker	Nonsmoker	Smoker	Nonsmoker	Smoker
18-24	\$ .126	\$ .151	\$ .118	\$ .146	\$ .117	\$ .140	\$ .109	\$ .135
25-29	\$ .141	\$ .175	\$ .139	\$ .178	\$ .131	\$ .162	\$ .129	\$ .165
30-34	\$ .181	\$ .240	\$ .194	\$ .264	\$ .167	\$ .222	\$ .179	\$ .244
35-39	\$ .258	\$ .385	\$ .282	\$ .416	\$ .239	\$ .356	\$ .261	\$ .385
40-44	\$ .394	\$ .684	\$ .417	\$ .668	\$ .365	\$ .634	\$ .386	\$ .618
45-49	\$ .602	\$1.260	\$ .621	\$1.127	\$ .558	\$1.167	\$ .575	\$1.044
50-54	\$ .961	\$2.308	\$ .908	\$1.833	\$ .890	\$2.137	\$ .840	\$1.697
55-59	\$1.637	\$4.058	\$1.339	\$2.844	\$1.516	\$3.758	\$1.240	\$2.633
60-64	\$2.726	\$6.501	\$1.990	\$4.238	\$2.525	\$6.019	\$1.843	\$3.924
65-69	\$4.200	\$9.454	\$3.009	\$6.110	\$3.889	\$8.754	\$2.786	\$5.657
Child Coverage	\$2.20				\$2.05			

**RETIREE COVERAGE**

	Under 65	65 and Over
<b>ALBERTA</b>		
Single	\$182	\$134
Family	\$361	\$265
<b>BRITISH COLUMBIA</b>		
Single	\$182	\$134
Family	\$361	\$265
<b>MANITOBA</b>		
Single	\$182	\$134
Family	\$362	\$264
<b>ONTARIO</b>		
Single	\$210	\$154
Family	\$418	\$306
<b>PRINCE EDWARD ISLAND</b>		
Single	\$184	\$133
Family	\$365	\$264
<b>SASKATCHEWAN</b>		
Single	\$180	\$132
Family	\$357	\$261

**CO-OP STUDENT INSURANCE**

Annual Premium per Student \$25.00
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**OCCUPATIONAL COVERAGE**

Ontario	.27% of Salary
All Other Provinces	.25% of Salary

**INTERNATIONAL STUDENT**

	Ontario	All Other Provinces
Single	\$ 63	\$ 59
EE + Spouse	\$126	\$117
Family	\$189	\$175

**CALCULATION OF MONTHLY PREMIUM**

To the flat dollar premium add the required percent of monthly salary.	
<b>For example:</b> An employee has single coverage under Flex Option 1 of the Basic Benefit Plan and the disability coverage is non-taxable. This employee lives in Ontario and has an annual salary of \$42,000.	
The monthly premium will be:	\$130.00 plus $((\$42,000/12) \times .01689)$
	\$130.00 + \$59.12 = \$189.12
Note: Ontario rates include the 8% Retail Sales Tax.	

# PERSONAL PREMIUM WORKSHEET

To calculate your monthly premium as of September 1, 2009, complete this worksheet using the rates on the Monthly Premium Rate Comparison:

## 1. Basic Benefit Plan (Includes the Limited Benefit Plan)

a. Flat Dollar Premium = \_\_\_\_\_(a)

b. \_\_\_\_\_/12 x \_\_\_\_\_% = \_\_\_\_\_(b)  
 (annual salary) (percent of salary from rate sheet)

c. Benefit Options (as chosen by your school)

• LTD 3% Cost of Living (with Flex plans only) = \_\_\_\_\_

• Vision Care (with Flex plans only) = \_\_\_\_\_

• 6 Month Dental Recall (with Flex plans only) = \_\_\_\_\_

• Drug Plan Option (with Flex plans only) = \_\_\_\_\_

• Non-Tax Disability Option (with Standard or Flex plans)

\_\_\_\_\_/12 x \_\_\_\_\_% = \_\_\_\_\_  
 (annual salary) (percent of salary from rate sheet)

Sub Total Benefit Options = \_\_\_\_\_(c)

Total Monthly Premium (a + b + c) = \_\_\_\_\_

## 2. Limited Benefit Plan

a. Flat Dollar Premium = \_\_\_\_\_(a)

b. \_\_\_\_\_/12 x \_\_\_\_\_% = \_\_\_\_\_(b)  
 (annual salary) (percent of salary from rate sheet)

c. Benefit Options (as chosen by your school)

• LTD 3% Cost of Living (with Flex plans only) = \_\_\_\_\_

• Non-Tax Disability Option (with Standard or Flex plans)

\_\_\_\_\_/12 x \_\_\_\_\_% = \_\_\_\_\_  
 (annual salary) (percent of salary from rate sheet)

Sub Total Benefit Options = \_\_\_\_\_(c)

Total Monthly Premium (a + b + c) = \_\_\_\_\_

### EXAMPLES

- Employee has single coverage in the Standard Plan with the taxable disability benefit. Employee lives in British Columbia and has an annual salary of \$35,000.

Standard Plan Health/Dental/Life/AD&D	\$ 82.60
Taxable Disability: (\$35,000/12) x .01433	<u>41.80</u>
Total Monthly Premium:	\$124.40

- Employee has family coverage in Flex Option 1, non-tax disability, and vision care. Employee B lives in Ontario and has an annual salary of \$45,000.

Flex Option 1 Health/Dental	376.60
Life/AD&D/Disability: (\$45,000/12) x .01689	\$ 63.34
Vision Care	<u>19.75</u>
Total Monthly Premium:	\$459.69