



**CHRISTIAN SCHOOLS
INTERNATIONAL**

**CSI CANADA INSURANCE PLAN AND TRUST FUND
PREMIUM RATES EFFECTIVE SEPTEMBER 1, 2011**

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.

HEALTH AND DENTAL

Province	Flex 1	Flex 2	Flex 3	Flex 4	Flex 5
ALBERTA					
Single Health and Dental	\$116.00	\$108.00	\$95.00	\$73.00	\$76.00
Family Health and Dental	\$334.00	\$312.00	\$275.00	\$209.00	\$218.00
BRITISH COLUMBIA					
Single Health and Dental	\$99.00	\$93.00	\$82.00	\$62.00	\$66.00
Family Health and Dental	\$288.00	\$270.00	\$237.00	\$181.00	\$190.00
MANITOBA					
Single Health and Dental	\$94.00	\$88.00	\$77.00	\$59.00	\$62.00
Family Health and Dental	\$270.00	\$252.00	\$222.00	\$169.00	\$177.00
ONTARIO					
Single Health and Dental	\$149.00	\$139.00	\$122.00	\$94.00	\$98.00
Family Health and Dental	\$428.00	\$400.00	\$352.00	\$268.00	\$280.00
PRINCE EDWARD ISLAND					
Single Health and Dental	\$71.00	\$67.00	\$59.00	\$45.00	\$47.00
Family Health and Dental	\$205.00	\$191.00	\$169.00	\$129.00	\$135.00
SASKATCHEWAN					
Single Health and Dental	\$96.00	\$90.00	\$79.00	\$60.00	\$63.00
Family Health and Dental	\$277.00	\$259.00	\$228.00	\$174.00	\$181.00

BASIC LIFE/AD&D (School chooses for all participants)

Amount: \$25,000 (Employee)	Non-Ontario	Ontario
Single	\$3.45	\$3.75
Family with \$2,500/\$2,500	\$4.20	\$4.55
Family with \$10,000/\$5,000	\$5.75	\$6.20
Amount: 1.5xSalary (Employee)	Non-Ontario	Ontario
Single	.246%	.266%
Family with \$2,500/\$2,500	.246% + \$0.75	.266% + \$0.80
Family with \$10,000/\$5,000	.246% + \$2.30	.266% + \$2.45

DISABILITY(School chooses one option for all participants)

Amount	Non-Ontario	Ontario
STD 66.7%/LTD 60% Nontax	1.105%	1.193%
STD 75%/LTD 66.7% Nontax	1.170%	1.264%
STD 75%/LTD 66.7% Tax	1.188%	1.283%

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.

BASIC LIFE/AD&D (School chooses for all participants)

Amount: \$25,000 (Employee)	Non-Ontario	Ontario
Single	\$3.45	\$3.75
Family with \$2,500/\$2,500	\$4.20	\$4.55
Family with \$10,000/\$5,000	\$5.75	\$6.20
Amount: 1.5xSalary (Employee)	Non-Ontario	Ontario
Single	.246%	.266%
Family with \$2,500/\$2,500	.246% + \$0.75	.266% + \$0.80
Family with \$10,000/\$5,000	.246% + \$2.30	.266% + \$2.45

DISABILITY(School chooses one option for all participants)

Amount	Non-Ontario	Ontario
STD 66.7%/LTD 60% Nontax	1.105%	1.193%
STD 75%/LTD 66.7% Nontax	1.170%	1.264%
STD 75%/LTD 66.7% Tax	1.188%	1.283%

BENEFIT OPTIONS (School Choice)

Province	Options	
	Employee Assistance Plan	LTD 3% COLA Option
NON ONTARIO	\$2.75	\$4.00 Non LTD 60% \$4.30 Non LTD 66.7% \$3.90 Tax LTD 66.7%
ONTARIO	\$3.00	\$4.30 Non LTD 60% \$4.65 Non LTD 66.7% \$4.20 Tax LTD 66.7%

RETIREE COVERAGE		
ALBERTA	Under 65	65 and Over
Single	\$244	\$179
Family	\$485	\$354
BRITISH COLUMBIA		
Single	\$244	\$179
Family	\$485	\$354
MANITOBA		
Single	\$244	\$179
Family	\$485	\$354
ONTARIO		
Single	\$283	\$206
Family	\$562	\$409
PRINCE EDWARD ISLAND		
Single	\$247	\$179
Family	\$491	\$354
SASKATCHEWAN		
Single	\$244	\$179
Family	\$485	\$354

CO-OP STUDENT INSURANCE

Annual Premium per Student \$25.00

OCCUPATIONAL COVERAGE

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

INTERNATIONAL STUDENT

	Ontario All	Other Provinces
Single	\$ 58	\$ 54
EE + Spouse	\$116	\$108
Family	\$174	\$162

OPTIONAL LIFE INSURANCE COVERAGE

Age	ONTARIO Monthly rate per \$10,000 of benefit		ALL OTHER PROVINCES Monthly rate per \$10,000 of benefit	
	Non-Smoker	Smoker	Non-Smoker	Smoker
Under 35	\$0.40	\$0.70	\$0.35	\$0.65
35-39	\$0.50	\$0.90	\$0.45	\$0.85
40-44	\$0.80	\$1.45	\$0.75	\$1.35
45-49	\$1.40	\$2.55	\$1.30	\$2.35
50-54	\$2.25	\$3.80	\$2.10	\$3.55
55-59	\$3.70	\$6.20	\$3.45	\$5.75
60-64	\$5.35	\$8.85	\$4.95	\$8.20
65-69	\$6.95	\$12.40	\$6.45	\$11.50

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			

CALCULATION OF MONTHLY PREMIUM

Example 1: An employee has single coverage as listed below. This employee lives in Ontario and has an annual salary of \$42,000.

Flex 2 Health/Dental	\$139.00
Life Coverage of \$25,000	\$ 3.75
STD 75%/LTD 66.7% (($\$42,000/12$) x .01264)=	<u>\$ 44.24</u>
The total monthly premium will be:	\$186.99

Note: Ontario rates include the 8% Retail Sales Tax.

Example 2: An employee has family coverage as listed below. This employee lives in British Columbia and has an annual salary of \$45,000.

Flex 1 Health/Dental	\$288.00
Life Coverage of 1.5 x Salary (($\$45,000/12$) x .00246) + \$2.45=	\$ 11.68
STD 66.7%/LTD 60% (($\$45,000/12$) x .01105)=	<u>\$ 41.44</u>
The total monthly premium will be:	\$341.12

PERSONAL PREMIUM WORKSHEET

To calculate your monthly premium as of September 1, 2011, complete this worksheet using the rates on the Monthly Premium Rate Sheet:

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

- a. Health/Dental = _____(a)
- b. Life (flat rate or) _____/12 x _____% = _____(b)
(annual salary) (percent of salary from rate sheet + flat rate for family coverage)
- c. Disability _____/12 x _____% = _____(c)
(annual salary) (percent of salary from rate sheet)
- d. Benefit Options
- LTD 3% Cost of Living = _____
 - Employee Assistance Plan = _____
- Sub Total Benefit Options = _____(d)
- Total Monthly Premium (a + b + c + d) = _____

2. Limited Benefit Plan

- a. Life (flat rate or) _____/12 x _____% = _____(a)
(annual salary) (percent of salary from rate sheet + flat rate for family coverage)
- b. Disability _____/12 x _____% = _____(b)
(annual salary) (percent of salary from rate sheet)
- Total Monthly Premium (a + b) = _____

EXAMPLES

- Employee has single coverage in Flex 3 with 1.5 x Salary life coverage and the non-taxable STD 75%/LTD 66.7% disability benefit. Employee lives in Alberta and has an annual salary of \$35,000.

Flex 3 Health/Dental	\$ 95.00
1.5 x Salary Life: (\$35,000/12) x .00246 + 2.30	7.17
Disability Nontax STD 75%/LTD 66.7%: (\$35,000/12) x .01170	<u>34.12</u>
Total Monthly Premium:	\$136.29
- Employee has family coverage in Flex 2, \$25,000 life benefit, and the non-tax STD 66.7%/LTD 60% disability benefit. Employee lives in Ontario and has an annual salary of \$45,000.

Flex 2 Health/Dental	\$400.00
\$25,000 Life with \$2,500/\$2,500 dependent coverage:	\$ 4.55
Disability Nontax STD 66.7%/LTD 60%: (\$45,000/12) x .01193	<u>44.74</u>
Total Monthly Premium:	\$449.29