



**CHRISTIAN SCHOOLS  
INTERNATIONAL**

**CSI CANADA INSURANCE PLAN AND TRUST FUND  
PREMIUM RATES EFFECTIVE SEPTEMBER 1, 2010**

**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	\$106.00 +1.434% Tax +1.381% Non	\$92.00 +1.434% Tax +1.381% Non	\$79.00 +1.434% Tax +1.381% Non	\$98.10 +1.213 % Tax +1.162% Non
Family: dollar amount + % of monthly salary	\$307.55 +1.434% Tax +1.381% Non	\$266.55 +1.434% Tax +1.381% Non	\$227.55 +1.434% Tax +1.381% Non	\$275.95 +1.213% Tax +1.162% Non
<b>BRITISH COLUMBIA</b>				
Single: dollar amount + % of monthly salary	\$98.00 +1.434% Tax +1.381% Non	\$85.00 +1.434% Tax +1.381% Non	\$73.00 +1.434% Tax +1.381% Non	\$90.10 +1.213 % Tax +1.162% Non
Family: dollar amount + % of monthly salary	\$285.55 +1.434% Tax +1.381% Non	\$247.55 +1.434% Tax +1.381% Non	\$211.55 +1.434% Tax +1.381% Non	\$255.95 +1.213% Tax +1.162% Non
<b>MANITOBA</b>				
Single: dollar amount + % of monthly salary	\$90.00 +1.434% Tax +1.381% Non	\$79.00 +1.434% Tax +1.381% Non	\$66.00 +1.434% Tax +1.381% Non	\$83.10 +1.213% Tax +1.162% Non
Family: dollar amount + % of monthly salary	\$260.55 +1.434% Tax +1.381% Non	\$226.55 +1.434% Tax +1.381% Non	\$193.55 +1.434% Tax +1.381% Non	\$234.95 +1.213% Tax +1.162% Non
<b>ONTARIO</b>				
Single: dollar amount + % of monthly salary	\$146.00 +1.547% Tax +1.491% Non	\$127.00 +1.547% Tax +1.491% Non	\$109.00 +1.547% Tax +1.491% Non	\$135.65 +1.310 % Tax +1.255% Non
Family: dollar amount + % of monthly salary	\$423.60 +1.547% Tax +1.491% Non	\$368.60 +1.547% Tax +1.491% Non	\$313.60 +1.547% Tax +1.491% Non	\$382.70 +1.310% Tax +1.255% Non
<b>PRINCE EDWARD ISLAND</b>				
Single: dollar amount + % of monthly salary	\$79.00 +1.434% Tax +1.381% Non	\$69.00 +1.434% Tax +1.381% Non	\$59.00 +1.434% Tax +1.381% Non	\$74.10 +1.213 % Tax +1.162% Non
Family: dollar amount + % of monthly salary	\$231.55 +1.434% Tax +1.381% Non	\$200.55 +1.434% Tax +1.381% Non	\$171.55 +1.434% Tax +1.381% Non	\$207.95 +1.213% Tax +1.162% Non
<b>SASKATCHEWAN</b>				
Single: dollar amount + % of monthly salary	\$97.00 +1.434% Tax +1.381% Non	\$84.00 +1.434% Tax +1.381% Non	\$71.00 +1.434% Tax +1.381% Non	\$90.10 +1.213% Tax +1.162% Non
Family: dollar amount + % of monthly salary	\$281.55 +1.434% Tax +1.381% Non	\$244.55 +1.434% Tax +1.381% Non	\$208.55 +1.434% Tax +1.381% Non	\$253.95 +1.213% Tax +1.162% 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	1.547% Tax 1.491% Non	1.547% Tax 1.491% Non	1.547% Tax 1.491% Non	\$3.65 +1.310% Tax +1.255% Non
Family: dollar amount + % of monthly salary	\$2.60 +1.547% Tax +1.491% Non	\$2.60 +1.547% Tax +1.491% Non	\$2.60 +1.547% Tax +1.491% Non	\$4.70 +1.310% Tax +1.255% Non
ALL OTHER				
Single: dollar amount + % of monthly salary	1.434% Tax 1.381% Non	1.434% Tax 1.381% Non	1.434% Tax 1.381% Non	\$3.10 +1.213% Tax +1.162% Non
Family: dollar amount + % of monthly salary	\$2.55 +1.434% Tax +1.381% Non	\$2.55 +1.434% Tax +1.381% Non	\$2.55 +1.434% Tax +1.381% Non	\$3.95 +1.213% Tax +1.162% 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	.114% of Salary	\$1.25	\$7.25	\$4.50 Tax	\$1.20	\$1.05	\$0.95
Family:			\$3.75	\$17.00	\$4.75 Non	\$3.30	\$2.85	\$2.50
<b>BRITISH COLUMBIA</b>								
Single:	\$2.75	.114% of Salary	\$1.35	\$6.00	\$4.50 Tax	\$1.00	\$0.90	\$0.80
Family:			\$4.00	\$13.75	\$4.75 Non	\$2.75	\$2.35	\$2.00
<b>MANITOBA</b>								
Single:	\$2.75	.114% of Salary	\$1.00	\$6.50	\$4.50 Tax	\$1.05	\$1.00	\$0.80
Family:			\$3.00	\$14.75	\$4.75 Non	\$2.90	\$2.50	\$2.15
<b>ONTARIO</b>								
Single:	\$3.00	.124% of Salary	\$1.75	\$9.50	\$4.80 Tax	\$1.60	\$1.40	\$1.15
Family:			\$5.00	\$22.00	\$5.00 Non	\$4.30	\$3.75	\$3.20
<b>PRINCE EDWARD ISLAND</b>								
Single:	\$2.75	.114% of Salary	\$1.00	\$5.25	\$4.50 Tax	\$0.85	\$0.75	\$0.65
Family:			\$3.00	\$12.50	\$4.75 Non	\$2.30	\$2.02	\$1.75
<b>SASKATCHEWAN</b>								
Single:	\$2.75	.114% of Salary	\$1.25	\$6.50	\$4.50 Tax	\$1.10	\$1.00	\$0.85
Family:			\$3.50	\$15.25	\$4.75 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**

	<b>Under 65</b>	<b>65 and Over</b>
<b>ALBERTA</b>		
Single	\$221	\$164
Family	\$440	\$327
<b>BRITISH COLUMBIA</b>		
Single	\$221	\$164
Family	\$440	\$327
<b>MANITOBA</b>		
Single	\$223	\$164
Family	\$443	\$326
<b>ONTARIO</b>		
Single	\$257	\$190
Family	\$510	\$377
<b>PRINCE EDWARD ISLAND</b>		
Single	\$225	\$164
Family	\$446	\$325
<b>SASKATCHEWAN</b>		
Single	\$219	\$162
Family	\$436	\$322

**CO-OP STUDENT INSURANCE**

Annual Premium per Student \$25.00
------------------------------------

**OCCUPATIONAL COVERAGE**

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

**INTERNATIONAL STUDENT**

	<b>Ontario</b>	<b>All Other Provinces</b>
Single	\$ 58	\$ 54
EE + Spouse	\$116	\$107
Family	\$174	\$161

**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:	\$146.00 plus $((\$42,000/12) \times .01491)$
	\$146.00 + \$52.19 = \$198.19
Note: Ontario rates include the 8% Retail Sales Tax.	

# PERSONAL PREMIUM WORKSHEET

To calculate your monthly premium as of September 1, 2010, 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	\$ 90.10
Taxable Disability: (\$35,000/12) x .01213	<u>35.38</u>
Total Monthly Premium:	\$125.48

- 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	423.60
Life/AD&D/Disability: (\$45,000/12) x .01491	\$ 55.91
Vision Care	<u>22.00</u>
Total Monthly Premium:	\$501.51