

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 x \$30,000/100)/12 = \$6.00/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	Alaska California Georgia	Indiana New Jersey New York	Pennsylvania Washington	
Employee and Child(ren)	\$87				
Employee and Spouse	\$75				
Family	\$142				

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

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