



VIA Transit ATU Local 694

Rate Sheet prepared by Web User on 6/8/2010 7:42:11 PM
Texas Payroll Premium Rates are Bi-Weekly for Industry Class B

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For more information about policy benefits and limitations, please refer to the accompanying product brochure for each insurance policy listed below.

ACCIDENT INDEMNITY ADVANTAGE 24-HOUR LEVEL TWO - Series A-35200

		Premium	Total
18-49	INDIVIDUAL	\$12.24	\$12.24
50-70		\$12.24	\$12.24
18-49	HUSBAND WIFE	\$16.32	\$16.32
50-70		\$16.32	\$16.32
18-49	ONE-PARENT FAMILY	\$18.42	\$18.42
50-70		\$18.42	\$18.42
18-49	TWO-PARENT FAMILY	\$23.22	\$23.22
50-70		\$23.22	\$23.22

DISABILITY INCOME PROTECTION ADVANTAGE - Series A-57500

Elimination Period Accident/Sickness - 7/14 DAYS

Annual Income		\$22,000	\$25,000	\$25,000	\$27,000	\$29,000	\$32,000	\$34,000	\$36,000	\$39,000	\$41,000
Benefit Period	Age	\$1,000	\$1,100	\$1,200	\$1,300	\$1,400	\$1,500	\$1,600	\$1,700	\$1,800	\$1,900
6 MONTHS	18-49	\$11.40	\$12.54	\$13.68	\$14.82	\$15.96	\$17.10	\$18.24	\$19.38	\$20.52	\$21.66
	50-64	\$15.60	\$17.16	\$18.72	\$20.28	\$21.84	\$23.40	\$24.96	\$26.52	\$28.08	\$29.64

MAXIMUM DIFFERENCE CANCER PLAN LEVEL ONE - Series A-76100

		Premium	IDR	CCR	SDR	Total
18-35	INDIVIDUAL	\$7.44	\$2.52	\$3.06	\$0.60	\$13.62
36-45		\$10.80	\$4.02	\$3.72	\$0.60	\$19.14
46-55		\$15.24	\$5.16	\$4.32	\$0.60	\$25.32
56-70		\$20.10	\$5.46	\$4.74	\$0.60	\$30.90
18-35	HUSBAND WIFE	\$13.80	\$6.24	\$4.86	\$0.90	\$25.80
36-45		\$19.44	\$8.88	\$5.70	\$0.90	\$34.92
46-55		\$28.50	\$11.16	\$6.78	\$0.90	\$47.34
56-70		\$39.54	\$11.40	\$7.62	\$0.90	\$59.46
18-35	ONE-PARENT FAMILY	\$7.44	\$2.52	\$3.06	\$0.60	\$13.62
36-45		\$10.80	\$4.02	\$3.72	\$0.60	\$19.14
46-55		\$15.24	\$5.16	\$4.32	\$0.60	\$25.32
56-70		\$20.10	\$5.46	\$4.74	\$0.60	\$30.90
18-35	TWO-PARENT FAMILY	\$13.80	\$6.24	\$4.86	\$0.90	\$25.80
36-45		\$19.44	\$8.88	\$5.70	\$0.90	\$34.92
46-55		\$28.50	\$11.16	\$6.78	\$0.90	\$47.34
56-70		\$39.54	\$11.40	\$7.62	\$0.90	\$59.46

IDR: Initial Diagnosis Rider A76050 - \$2,500.00 First Occurrence Option

CCR: Wellness / Annual Care Rider A76051 - \$75.00 Wellness Option

SDR: Specified Disease Rider A76052

HOSPITAL PROTECTION PLAN TWO - Series A-46200

Age	Individual			One Parent Family			Insured/Spouse			Two Parent Family		
	Premium	Rider*	Total	Premium	Rider*	Total	Premium	Rider*	Total	Premium	Rider*	Total
18-39	\$16.26	\$3.72	\$19.98	\$22.92	\$5.40	\$28.32	\$30.18	\$7.08	\$37.26	\$34.86	\$8.76	\$43.62
40-49	\$19.74	\$4.08	\$23.82	\$25.26	\$5.52	\$30.78	\$33.84	\$7.80	\$41.64	\$37.02	\$9.12	\$46.14
50-59	\$25.38	\$5.64	\$31.02	\$30.00	\$6.24	\$36.24	\$44.16	\$10.56	\$54.72	\$47.82	\$11.16	\$58.98
60-70	\$31.02	\$8.28	\$39.30	\$38.46	\$8.76	\$47.22	\$52.68	\$16.56	\$69.24	\$58.20	\$17.04	\$75.24

* 2 units of Optional Hospital Rider A46050 (\$250 per unit) selected



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SPECIFIED HEALTH EVENT PROTECTION LEVEL TWO - Series A-71200

Individual				One Parent Family			
Age	Premium	BBR	Total	Age	Premium	BBR	Total
18-35	\$7.58	\$1.08	\$8.64	18-35	\$12.96	\$1.14	\$14.10
36-45	\$10.80	\$1.98	\$12.78	36-45	\$15.24	\$2.10	\$17.34
46-55	\$14.70	\$2.34	\$17.04	46-55	\$19.62	\$2.40	\$22.02
56-70	\$18.96	\$2.58	\$21.54	56-70	\$25.80	\$2.70	\$28.50

Insured/Spouse				Two Parent Family			
Age	Premium	BBR	Total	Age	Premium	BBR	Total
18-35	\$14.58	\$2.16	\$16.74	18-35	\$16.56	\$2.22	\$18.78
36-45	\$18.96	\$3.96	\$22.92	36-45	\$21.00	\$4.08	\$25.08
46-55	\$25.50	\$4.68	\$30.18	46-55	\$28.08	\$4.74	\$32.82
56-70	\$35.52	\$5.16	\$40.68	56-70	\$38.58	\$5.28	\$43.86

DENTAL BASIC - Series A-81100

		Premium	Total
18-65	INDIVIDUAL	\$10.80	\$10.80
18-65	ONE-PARENT FAMILY	\$18.88	\$18.88
18-65	HUSBAND WIFE	\$19.02	\$19.02
18-65	TWO-PARENT FAMILY	\$27.18	\$27.18