Active IBEW Employee Contributions

Plan Year 2019: January 1, 2019 - December 31, 2019

Medical/Rx Plan Rates (Weekly)

|  |  |  |
| --- | --- | --- |
| **Plan** | **Employee Only** | **Employee + Family** |
| Premium | $58.75 | $139.63 |
| **Preferred** | $23.45 | $60.25 |
| **Economy** | $6.00 | $21.01 |

Dental Plan Rates (Weekly)

|  |  |  |
| --- | --- | --- |
| **Plan** | **Employee Only** | **Employee + Family** |
| High Option | $0.00 | $8.20 |
| **Low Option** | $0.00 | $5.02 |

**Vision Rates (Weekly)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Employee Only** | **Employee + Spouse** | **Employee + Child(ren)** | **Employee + Family** |
| $0.90 | $1.72 | $1.81 | $2.66 |