

## Active IBEW Employee Contributions Plan Year 2020: January 1, 2020 - December 31, 2020

### 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